

STATEMENT OF

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BEFORE THE  
UNITED STATES SENATE COMMITTEE ON ARMED SERVICES  
SUBCOMMITTEE ON PERSONNEL

DOMESTIC VIOLENCE AND CHILD ABUSE PREVENTION AND  
RESPONSE IN THE DEPARTMENT OF DEFENSE

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Chairman Tillis, Ranking Member Gillibrand, and members of this distinguished Subcommittee, the Department of Defense (DoD) is committed to preventing and responding to domestic abuse/intimate partner violence and child abuse and neglect in the military community. On behalf of Mr. Robert Wilkie, the Under Secretary of Defense for Personnel and Readiness, and the cadre of dedicated and expert professionals who comprise the DoD Family Advocacy Program (FAP) team, I appreciate the opportunity to appear before you today to highlight the Department's efforts to keep our families and children safe and healthy. Our sincere thanks to you for your continued, stalwart support of programs that help our Service members and their families stay strong and resilient.

Although domestic abuse and child abuse and neglect are serious national public health issues, the Department is committed to a military culture in which domestic abuse and child maltreatment<sup>1</sup> of any kind are not tolerated, condoned, or ignored. The welfare and well being of our Service members and their families are imperative to the readiness of our force. In addressing domestic abuse and child abuse and neglect, we use a comprehensive approach that promotes awareness, highlights prevention, emphasizes early intervention, mandates timely reporting, and utilizes evidenced-based tools to support response and treatment.

### **Overview of the Department's Approach - A Coordinated Community Response**

Central to the DoD strategy for addressing the multidimensional and complex nature of domestic abuse and child maltreatment is the coordinated community prevention and response model, a best practice adopted from the civilian sector. This model employs the comprehensive resources of a Service member's command, medical, military law enforcement, legal, the chaplaincy, civilian child protective services (CPS), and other community-based resources to prevent, identify, and respond to family violence, abuse, and neglect. This dynamic approach recognizes that, depending on the circumstances, multiple, simultaneous responses to an incident are necessary and beneficial. Each component of the coordinated community response effort contributes to the shared mission of ensuring the safety and welfare of Service members and their families. At the same time, each component is charged to execute its own unique, but equally important mission. Any element of the coordinated community response network may

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<sup>1</sup> "Child maltreatment" is an umbrella term encompassing both child abuse and child neglect.

receive a report of an incident of domestic abuse or child maltreatment; receipt of such a report “lights up the system”, initiating reciprocal reporting to other members of the coordinated community response and signaling each member to respond to the report as appropriate to its unique mission and functions. For example, a child abuse allegation involving a Service member or family member would involve mandatory reporting to civilian CPS, which would determine if the allegation meets its threshold for investigation and intervention. Every child abuse allegation also mandates a report to military law enforcement, which determines if law enforcement action, or action by a military criminal investigative organization is required, with the possibility of referral to the military Staff Judge Advocate or other legal counsel action that may include criminal prosecution or other disciplinary or adverse administrative action. The allegation is also reported to the Service member’s commander, who determines how the command can best support the family and what actions should be taken to hold the offender accountable. Finally, the allegation is reported to the Department’s Family Advocacy Program (FAP) for immediate assessment and to ensure victim safety, determination as to whether the incident meets the Department’s definition of child abuse or neglect, and the delivery of support and clinical services to both the victim and the offender, as may be appropriate given the individual facts and circumstances of the case.

These same actions occur when a domestic abuse allegation is received,<sup>2</sup> unless the victim has elected to make a “restricted report.” The option of restricted reporting is provided to adult victims of domestic abuse who wish to receive medical services, clinical counseling, and victim advocacy support, but do not wish the chain of command or law enforcement to become involved. It is important to note that “restricted report” procedures *are not* available with regard to allegations of child abuse or neglect.

Coordinated community response partners work together—through parallel, but distinct processes. We believe that when each partner focuses on fulfilling its own critical mission, the Department achieves a holistic system of prevention and support. For example, while FAP provides treatment and support to victims, law enforcement is working to investigate the matter. This separation of functions and lines of effort ensures that FAP can maintain its primary focus on ensuring victim safety; providing clinical services to reduce and mitigate victim trauma; and supporting family re-stabilization, as appropriate; meanwhile, law enforcement and legal

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<sup>2</sup> Except for reporting to civilian CPS, which occurs only in cases involving children.

personnel can apply their efforts and expertise to investigating criminal allegations and prosecuting offenders, as warranted.

### **The Family Advocacy Program**

The keystone of the Department of Defense's response to domestic abuse and child maltreatment is the Family Advocacy Program. The Department's FAP program is designed solely to prevent and address domestic abuse and child abuse and neglect in military families. The Department of Defense FAP office (DoD FAP) is the policy proponent for prevention and response to domestic abuse and child abuse and neglect. FAP services are provided through the Military Service FAPs, which foster awareness of the program across their Service; train leaders, Service members, and their families; and implement initiatives geared to preventing domestic abuse and child abuse and neglect. Each Military Service FAP coordinates with CPS, ensures adult and child victim safety, provides victim advocacy and support, and manages the Incident Determination Committee (IDC) process for determining if an incident meets the clinical threshold for intervention services and recording in the FAP Central Registry—a database for tracking trends across DoD.

Importantly, the Family Advocacy Program recognizes that there exist unique, military-specific factors that may contribute to domestic abuse and child abuse and neglect incidents, and provides military-specific support and services to Service members and their families. The Family Advocacy Program's 5-year Strategic Prevention Plan establishes a common direction for abuse and neglect prevention efforts across the Department.

### **FAP Oversight**

To ensure consistency in the implementation of the FAP across the Military Services, DoD FAP provides oversight of Service FAP programs, policies, and procedures, through a comprehensive FAP Oversight Framework. The objective of the FAP Oversight Framework is to ensure that all three Military Departments, for the four Military Services, implement and execute a comprehensive FAP—across the domains of prevention, response, reporting, intervention, treatment, advocacy, risk management, and safety planning. The goals of the framework are twofold: compliance, to ensure the Military Services are complying with applicable law, regulation, and policy; and evaluation, to confirm that Service FAP programs and

efforts meet the high standards established by Congress, DoD, and the Service's own regulations and policies. Oversight also includes standardization of processes and procedures, management of research activities, evaluation of the research results, implementation of the evidence-based programs, and to the extent possible, emphasis on the utilization of metrics as the basis for program compliance and evaluation.

The framework is designed to allow for some customization by each Service, as may be appropriate to address unique Service-specific factors, and to fit best with Service identity and culture. Most importantly, the FAP Oversight Framework ensures that prevention efforts are focused on identified risk and protective factors; that clinical assessment and treatment protocols utilizes the best, evidence-based models; that awareness and education campaigns are military-specific; and that victim advocacy is guided by the most current best practices in addressing victim safety and reduction of risk.

### **FAP Process**

In general, the FAP reporting and response process begins when FAP receives an allegation that an incident of domestic abuse or child abuse or neglect has occurred. The report may come to FAP directly (such as from the victim or neighbor who may have observed the incident) or may be forwarded to FAP from another coordinated community response partner (such as law enforcement, the chain or command, or a medical care provider). If the incident involves a child, FAP notifies CPS, military law enforcement, and the commander of the member's military unit (presuming that these coordinated community response partners have not already been notified). If physical injury is involved, FAP makes a referral for medical assessment and treatment, as well. A FAP clinician responds and performs an assessment to ensure the safety of the victim and all other family members and to gather clinical information to determine immediate support needs. Concurrently, the member's command, military law enforcement, and CPS execute their respective processes.

Within 30 days of the incident report, the Service FAP IDC will meet and employ a rigorous and quantifiable evidence-based tool, called the Decision Tree Algorithm, to determine if the incident meets the clinical threshold for abuse. If the IDC determines that an incident "meets criteria", the case is referred to a clinical case review team, which develops an intervention plan. Even if the IDC determines that the incident does not meet the clinical

threshold for abuse, but that risk factors for potential abuse are present, appropriate intervention services will be offered to the Service member and family.

When an allegation of domestic or intimate partner abuse is received, the victim is immediately offered the services of a domestic abuse victim advocate. Otherwise, the notification process is the same as set forth above, except that civilian CPS is not notified. Victims of domestic and intimate partner abuse may elect to file a “restricted report”, however. When a victim elects to file a “restricted report,” the command and law enforcement are not notified, but all other medical and victim advocacy support services are provided.

### ***Child Abuse***

The Department’s definitions of child maltreatment and its policies for preventing and responding to child abuse and neglect are fully aligned with the federal Child Abuse Prevention and Treatment Act. In accordance with the Act, prevention, public awareness, training, reporting, and treatment are addressed in comprehensive Department policies. Identification and reporting are considered the responsibility of all Service members, family members, and individuals in a Service member’s chain of command. By law, covered professionals (i.e., FAP staff, military law enforcement and criminal investigative personnel, medical personnel, child care givers) are required to report directly to the appropriate civilian CPS agency and to FAP, any information that gives reason to suspect that a child in the family or home of a Service member has suffered an incident of abuse or neglect. And, on June 12, 2017, the Department implemented section 575 of the National Defense Authorization Act for Fiscal Year (FY) 2017, to mandate reporting to FAP, by any individual within a Service member’s chain of command, of any credible information of child abuse or neglect in a military family.

### ***Domestic Abuse***

In order to assist the Department in improving its response to domestic violence, section 591 of the National Defense Authorization Act for FY 2000 required the Secretary of Defense to establish the Defense Task Force on Domestic Violence. From 2000-2003, the Task Force conducted a comprehensive review of the Department’s efforts to address domestic violence, and generated recommendations that today remain embedded in prevention and response processes across the coordinated community response. A key enhancement to the Family Advocacy Program was the addition of domestic abuse victim advocates to provide early engagement and support of domestic abuse victims in a confidential environment.

A victim's decision to report domestic abuse can be a complicated and traumatic choice, as some victims of domestic abuse may elect to stay in the relationship with the offender. The Department has long acknowledged that the stigma and victim re-traumatization often associated with law enforcement and command involvement in responding to domestic abuse were powerful disincentives to reporting; yet a victim who declined to report had little hope of receiving necessary treatment, care, and support. With a view to resolving this conundrum in favor of caring for victims, the Department introduced the "restricted reporting" option for adult victims of domestic abuse.

A "restricted report" is an option for adult victims who *do not* want an official investigation of the incident. Victims of domestic abuse who desire to make a "restricted report" must report the abuse to one of the following specified personnel: a victim advocate, a healthcare provider, or a FAP clinician or supervisor. Restricted reporting ensures that every victim has access to medical care, clinical counseling, support, and victim advocacy services, even if that victim does not wish to pursue law enforcement or command actions against the offender. The victim always retains the option to change the report to "unrestricted," at which time the law enforcement and the command would be engaged. "Restricted reporting" gives adult victims additional time to consider reporting the domestic abuse incident to law enforcement or the command, while benefiting from receiving relevant information, treatment, and support. DoD policy requires a response that is respectful of the victim's personal relationship decisions and choice of reporting options.

### **FAP Support**

The Department is committed to providing services that address victim safety, respect victim rights, and support stabilizing the family as a unit, when indicated. Department policy, updated in April of 2017, addresses both standards of competence for all victim assistance personnel and standards of service—all of which are consistent with national victim assistance standards, while remaining cognizant of the unique needs of the military community. Although many partners in the coordinated community response model designate victim advocates, Service FAP clinicians and FAP domestic abuse victim advocates are assigned specifically to respond to victims of domestic abuse at the installation level. FAP clinicians are licensed clinical providers who offer services and support to domestic abuse victims and to abusers, as well as to children

affected by domestic abuse. Clinicians conduct psycho-social assessments, risk assessments and safety planning, develop treatment plans, and provide clinical services. Clinical treatment aims to support the victim, mitigate the impact of the abuse, and assist the abuser in ending the abusive behavior. FAP domestic abuse victim advocates are available 24-hours a day and work directly with victims, provide ongoing safety assessments, and when needed, accompany victims to court to secure protective orders, all with a view to reducing the risk of re-offense and promoting victim and family safety and victim empowerment. Victim advocacy services are offered to victims with the goal of ensuring that victims are actively involved in all aspects of their safety and service plans. FAP clinicians and domestic abuse victim advocates assess risk and safety on a continual basis while providing services to victims, to include any safety planning and referrals to civilian resources or Veterans Affairs if a victim leaves the military system. The Department is committed to ensuring an appropriate and timely response to victims and has initiated the development of a staffing model to ensure that an adequate number of trained FAP clinicians and victim advocates are always available for this purpose.

FAP is designed to be both preventive and rehabilitative in nature, and to facilitate clinical treatment for both victims and offenders. FAP clinical cases are closed as either “resolved” or “unresolved” based on FAP assessment of victim safety and security and FAP determinations of the likelihood of offender recidivism. It is important to note that under the coordinated community response model, FAP *does not* conduct criminal investigations of domestic abuse or neglect, has *no role* in disciplinary action against Service members found to have engaged in criminal or inappropriate conduct, and *does not* track adjudication of cases by law enforcement, the command, or the judicial system. Under the coordinated community response model, these other processes are the sole responsibility of Military Service law enforcement and military criminal investigative organizations, lawyers, the commander, and duly empowered judges. Under the coordinated community response model, these other process are separate from FAP, although law enforcement investigations, command-imposed discipline, and criminal prosecutions may be conducted in parallel to FAP processes.

The important distinctions between FAP and these other processes notwithstanding, FAP clinicians and victim advocates work regularly with the chain of command to provide information about what the commander can do to protect and assist the victims of abuse. FAP



also works with Staff Judge Advocates and other legal counsel to refer victims who qualify for assistance through the Special Victim Investigation and Prosecution Counsel services.

The Department places specific emphasis on primary and targeted prevention activities, to include promoting awareness of signs, symptoms, and risk factors associated with domestic abuse and child maltreatment, as well as the treatment and rehabilitative services FAP provides. Department policy requires Service FAPs at the installation level to promote public awareness of the FAP program, and to provide training and education to commanders, senior enlisted advisors, Service members and their families, DoD civilian employees, and contractors about domestic abuse and child abuse and neglect, and on the services and support available through FAP. The Department also endeavors to strengthen family functioning and resilience by promoting the protective factors that serve as buffers to abuse, including building and sustaining safe, stable, and nurturing family relationships. Training activities in this vein include information and classes to assist Service members and their families in strengthening their relationships, building parenting skills, and adapting successfully to military life.

### **Data Collection/Reporting and Trends in Domestic Abuse and Child Abuse and Neglect**

Data collection is critical to the Department's efforts to track, identify, and understand domestic abuse and child abuse and neglect trends, with a view to informing future prevention and response actions and initiatives. The FAP Central Registry captures demographic and FAP-specific clinical data on domestic abuse and child abuse and neglect incidents that a Service FAP Incident Determination Committee found to "meet criteria" for abuse or maltreatment.

It is important to note that measures of accountability (such as command action), law enforcement data, and legal dispositions related to domestic abuse and child maltreatment cases are deliberately tracked via mechanisms *separate from* the FAP Central Registry. The Department believes that co-mingling accountability, law enforcement, and legal disposition data with FAP clinical data, could have significant adverse consequences and unintended second- and third-order effects. If every report or referral to FAP is perceived to require a follow-on investigative, legal, or command disciplinary action, we are likely to experience a decrease in self-reporting and participation in treatment for both victims and offenders, as well as a decline in command referrals for preventive intervention. Similar to the situation that existed prior to the Department's introduction of the "restricted reporting" option for adult victims of domestic

abuse, because a victim of domestic abuse may choose to stay in the relationship with the offender, the perception that seeking help through FAP is inevitably associated with command or legal action that may threaten family integrity or adversely affect an offender's military career could make a victim reluctant to seek help through FAP, and in the process, deprive that victim of necessary care, support, and advocacy services.

### ***Child Abuse and Neglect***

Department policy defines child abuse and neglect [together called "child maltreatment"] for military families as follows: "The physical or sexual abuse, emotional abuse, or neglect of a child by a parent, guardian, foster parent, or by a caregiver, whether the caregiver is interfamilial or extra familial, under circumstances indicating the child's welfare is harmed or threatened. Such acts by a sibling, other family member, or other person shall be deemed to be child abuse only when the individual is providing care under express or implied agreement with the parent, guardian, or foster parent."

Although the victimization rate for child abuse and neglect per 1,000 military children (5.1 in FY16) is approximately half that of the civilian sector (9.1 in FY16<sup>3</sup>), DoD is committed to doing all it can to prevent **any** occurrence of child abuse or neglect in our military families. To this end, DoD provides FAP services across the Military Services through licensed clinical providers, domestic abuse victim advocates, New Parent Support Home Visitors, and expert prevention staff.

In Fiscal Year (FY) 2016, there were 13,916 reports to FAP of suspected child abuse and neglect. Approximately half of those incidents (6,998) met the DoD clinical criteria for child abuse and neglect. These "met criteria" incidents involved 4,960 unique child victims. Child neglect was the largest category, accounting for nearly 59 percent of these "met criteria" incidents. Approximately 4 percent of "met criteria" child abuse incidents involved sexual abuse.

Between FY 2009 and FY 2014, the Department observed a slight year-to-year upward trend in the rate of incidents of child maltreatment that "met criteria". To address this trend, DoD and the Military Services initiated targeted prevention and research efforts and

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<sup>3</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau. (2017) *Child maltreatment 2016*. Available from: <https://www.acf.hhs.gov/cb/resource/child-maltreatment-2016>

subsequently implemented programs to target specific risk factors. Some of these programs were focused on preventing infant head trauma related to abusive shaking, strengthening father-child bonding, decreasing distracted parenting, and creating safe sleeping environments to prevent child suffocation. We continue to administer these prevention programs diligently, and it is important to note that this slight upward trend in incidents has not continued in recent years. As compared to FY 2014, the rate of “met criteria” child maltreatment incidents decreased slightly in both FY 2015 and FY 2016.

### ***Domestic Abuse***

The Department defines domestic abuse, which includes domestic violence, as “a pattern of behavior resulting in emotional/psychological abuse, economic control, and/or interference with personal liberty that is directed toward a person who is a current or former spouse; a person with whom the abuser shares a child in common; or a current or former intimate partner with whom the abuser shares or has shared a common domicile.” DoD policy distinguishes two types of adult victims under the category of domestic abuse: spouses and intimate partners. Spouse abuse involves an incident in which either the victim or offender may be an active duty Service member or the civilian spouse of an active duty Service member. Intimate partner abuse is defined as an incident in which either the victim or offender may be an active duty Service member or civilian partner who is “a former spouse, a person with whom the victim shares a child in common, or a current or former intimate partner with whom the victim shares or has shared a common domicile.” Individuals who experience sexual assault and fall outside of the definition of intimate partner receive services through the Department’s Sexual Assault Prevention and Response program

In FY 2016, FAP received 15,144 reports of suspected spouse abuse. Approximately half of those incidents (7,651) met the DoD criteria for domestic abuse. These “met criteria” incidents involved 6,033 unique spouse victims. The FY 2016 rates of spouse abuse reporting and “met-criteria” incidents do not indicate significant increases when compared to the past decade. In FY 2016, there were 1,022 incidents of “met criteria” intimate partner abuse, involving 847 unique victims. Unlike child abuse and neglect, for which there exist federal definitions and standards, and which are tracked nationwide through the Department of Health and Human Services, there is no standard or centralized mechanism in the civilian sector to track civilian rates of domestic abuse for comparison to the military population. This is due, in part, to

the fact that each state has different laws and definitions of domestic abuse, which makes tracking, aggregation, and comparison of incidents difficult, if not impossible.

## **Initiatives and Programs**

Although the Department considers our prevention and response actions to be comprehensive, we recognize that, much like sexual assault and suicide, domestic abuse and child abuse and neglect present human factor challenges that require continuous and persistent efforts to train and educate our leaders, Service members, and families, and to improve the effectiveness and responsiveness of our system.

Notably, DoD is partnering with the UCLA/Duke and the National Child Traumatic Stress Network to train FAP clinicians and home visitors on trauma-informed care in the military setting. DoD FAP is also collaborating with the National Center on Shaken Baby Syndrome to deliver standardized training to new parents to cope with periods of inconsolable infant crying. In addition, we collaborate across all four Services and leverage the resources of Military OneSource, the Department's 24-7/365 virtual family support information and referral service, to sustain standardized public awareness messages and provide direct access to resources that encourage Service members and families to seek help early and often.

Further, DoD is leading several ongoing initiatives to strengthen our FAP processes. The scope and breadth of these ongoing initiatives are significant. Once brought to fruition, these initiatives will affect policies and processes both internal and external to the DoD: we are working with expert academic partners to develop cutting-edge clinical tools to aid FAP clinicians in risk assessment and safety planning; and we are engaging in concerted efforts to inform state lawmakers of the benefits of requiring reciprocal reporting to FAP by their state civilian CPS agencies, of child abuse and neglect allegations involving military families. Finally, the Department is sponsoring numerous research projects to develop new evidence-based tools and processes that will enable FAP to better determine risk and protective factors associated with domestic abuse and child abuse and neglect, and to enhance the effectiveness of abuse prevention and response training for commanders, leaders, and first responders.

A brief discussion of some of the Department's major initiatives and programs follows:

### ***Child Abuse and Neglect and Domestic Abuse Integrated Project Team***

In 2013, the Undersecretary of Defense for Personnel and Readiness directed a comprehensive review of all components of the coordinated community response to domestic abuse and child maltreatment. Two Rapid Improvement Events resulted in the identification of 37 recommendations warranting focused attention. An integrated project team of senior executives and leaders tracked the assessment of these issues. As of 2018, all 37 of the recommendations have been addressed or implemented, resulting in improvements across all elements of the coordinated community response system.

### ***Incident Determination Committee (IDC)/ Decision Tree Algorithm (DTA)***

The purpose of the IDC, an evidence-based approach designed by researchers from New York University (NYU), with sponsorship by the Department of the Air Force, is to determine whether reports of suspected domestic abuse or child abuse and neglect meet the DoD definitions of abuse, and thereby must be documented in the FAP Central Registry. This decision is known as the incident status determination (ISD). All incidents of alleged abuse or neglect must be presented to the IDC.

The IDC uses a DTA, also developed by NYU, which was developed and rigorously tested prior to its implementation DoD-wide. The DTA process provides the IDC with clear and consistent descriptors of the acts and the impact on the victim, which in conjunction determine whether the incident “meets criteria” for abuse or neglect. In child sexual abuse and domestic abuse related sexual assault, the determination as to whether an incident “meets criteria” is based solely on the act. The DTA provides a consistent, Department-wide process and criteria for assessing incidents of domestic abuse and child abuse and neglect.

### ***Incident Severity Scales***

The Incident Severity Scale is an evidence-based algorithm developed by researchers at NYU to accurately determine the level of severity of an incident of domestic abuse or child abuse or neglect. Historically, abuse and maltreatment incident severity ratings were based on the FAP clinician’s individual clinical judgment. Given the potentially significant effects of abuse on victims and the implications for an offender’s rehabilitation, FAP committed to ensuring that its evaluations of incident severity were evidence-based and implemented the Incident Severity Scale’s proven algorithm to enhance the accuracy and consistency of its

assessments. Continued monitoring by DoD and Service FAPs, supplemented by implementation support provided by the Penn State University's Clearinghouse for Military Family Readiness through the Department's partnership with the United States Department of Agriculture, will ensure that the Incident Severity Scale accurately reflects the severity of "met criteria" domestic abuse and child maltreatment cases.

### ***Intimate Partner Physical Injury Risk Assessment Tool***

The Intimate Partner Physical Injury-Risk Assessment Tool (IPPI-RAT), developed by researchers from Kansas State University and Northern Illinois University, is an evidence-based tool used to predict and manage the risk of domestic and intimate partner violence ***with physical injury*** among individuals (both males and females) who have already experienced any incident of domestic or intimate partner violence, whether or not the initial incident involved physical abuse or injury. The IPPI-RAT was developed through extensive research funded by the DoD and Service FAPs and has been rolled out for use DoD-wide. This tool was designed specifically for use by FAP clinical providers as part of the comprehensive clinical assessment completed when an incident of domestic or intimate partner violence is reported. The IPPI-RAT is military-specific and has been determined to be as accurate as the best available civilian-sector instruments using similar risk measures. Standardized training on the application of the IPPI-RAT is available, and the tool is supplemented by a field-tested user's manual.

### ***New Parent Support Program (NPSP)***

The NPSP is a prevention program used across DoD to provide intensive, voluntary home visitation and support services to expectant and new parents of children from birth to age three. Families may self-refer or may be referred by military or civilian service providers for voluntary screening, assessment, and services. NPSP services include: (1) screening for risk and protective factors associated with child abuse and neglect; (2) parent education and support targeted to the developmental needs of the infant or young child; (3) promoting nurturing and attachment to support the social and emotional development of children; (4) strengthening formal and informal social support; (5) referrals to concrete services and resources during times of need; and (6) building coping skills and strategies to strengthen family resilience.

### ***New Parent Support Program Continuous Quality Improvement (CQI) Project***

The NPSP CQI Project is an evaluation of the NPSP across the four Services. The evaluation plan was co-developed by the DoD FAP, NPSP Program Managers, and research and evaluation scientists at the Penn State University's Clearinghouse for Military Family Readiness.

The objectives of the CQI are to test a common evaluation plan for NPSP at four installations, assess both current and potential measures for accurately identifying decreases in a family's risk for child maltreatment and unhealthy parenting practices, understand how variations in program implementation may impact program outcomes, and provide home visitors with tools that could help them better identify and meet the needs of NPSP families. The NPSP CQI program evaluation runs through FY 2018.

### ***Period of PURPLE Crying***

The DoD *Period of PURPLE Crying* Program is an evidence-based prevention program to prevent abusive head trauma in infants related to shaking. The program is delivered in "three doses" through the New Parent Support Program and in military medical inpatient post-natal departments.

The National Center on Shaken Baby Syndrome (NCSBS) converted the *Period of PURPLE Crying* shaken baby syndrome prevention program into a mobile and web app (*PURPLE* app) to enable military families to access program information about infant crying and the dangers of shaking a baby, from any smartphone, tablet, or computer. The NCSBS also developed a web-based training platform for military service providers to receive training about infant crying, soothing, coping, the dangers of shaking a baby, and the process for providing military families with the *PURPLE* app, by which the military service provider can generate access codes that permit a military family to activate the *PURPLE* app on up to five devices. All NPSP home visitors are required to complete the service provider training, which allows them to teach parents enrolled in NPSP about the *Period of PURPLE Crying* with fidelity and to supply *PURPLE* app access codes to new parents.

### ***Family Foundations***

Family Foundations is a series of participatory classes for expectant and new parents. This evidence-based program helps prepare couples for parenthood by fostering attitudes and skills related to positive family relationships, particularly positive parenting teamwork. National Institutes of Health-funded and subsequent research has shown Family Foundations to be

effective in all targeted domains: parenting, couple relations, and parent and child well being. Approximately 250 FAP personnel have been trained to offer Family Foundations to parents.

### ***National Child Traumatic Stress Network (NCTSN)***

The NCTSN, co-led by experts from the University of California Los Angeles (UCLA) and Duke University, is a unique collaboration of academic and community-based service centers, whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of childhood traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

DoD FAP has partnered with the NCTSN. Through this project, NCTSN is developing the “Academy of Child Traumatic Stress” and an interactive website, “NCTSNAcademy.org”, to provide FAP and NPSP staff with comprehensive training in trauma-informed care and continuing education units on childhood traumatic stress and specific practices to address the trauma associated with specific types of child abuse and neglect. The site offers a unique blend of social and multi-media activities to enhance staff learning through self-paced events and live, interactive webinars.

Training consists of three main courses—Foundational Knowledge, Core Curriculum on Child Trauma/Problem-Based Learning, and Trauma-Specific Practices. Additionally, supplemental information and resource libraries are available to FAP and NPSP providers. An online wellness center offers the practitioner opportunities to learn and practice self-care activities when working with demanding and complex child and family trauma cases. NCTSN will equip FAP and NPSP staff with the most informed, effective, cutting-edge tools and resources to support our military Service members and families.

### ***Collaboration with Federal and External Civilian Agencies***

Service members and their families belong to a unique military community, but are also citizens of the larger society. In addition to efforts internal to the Department, FAP endeavors to address domestic abuse and child abuse and neglect through extensive active engagement and collaboration with our federal partners and other civilian agencies with experience in addressing similar challenges, including:



- The Department Of Health and Human Services Office on Child Abuse and Neglect
- The Department of Veterans Affairs
- The National Domestic Violence Hotline
- The Department of State Family Advocacy Program
- The Department of Justice
- The Federal Interagency Working Group on Violence Against Women
- The Federal Interagency Working Group on Child Abuse and Neglect
- The Federal Committee on Women and Trauma

### ***Research***

The Department places great importance and significant emphasis on developing the best possible understanding of human factor-related behaviors, like domestic abuse and child abuse and neglect. Research represents a critical component of the Department’s comprehensive effort to address these complex issues.

Currently underway are two research projects focused on domestic abuse and child maltreatment. The first is a two-part study to identify “Military-specific Risk Factors Associated with Child Abuse and Neglect,” in progress at the Uniformed Services University of the Health Sciences (USUHS). Part I of the study will compare demographic, family, and military experience data associated with active duty military families (Service members, spouses, and children) who experienced one or more “met criteria” incidents of child abuse or neglect between October 1, 2013 and September 30, 2014, to a propensity score-matched sample of active duty military families who had one or more dependent children during 2014, but no history of child maltreatment. Analysis of these data will allow USUHS to frame a model of risk and protective factors for military child abuse and neglect that will inform a follow-on comprehensive analysis of data from FYs 2004 to 2014. Part II of the study will employ a comprehensive retrospective examination of demographic and health care data to model the course of the military experience and dynamics of families who experienced at least one incident of “met criteria” child abuse or neglect during an 11-year period (October 1, 2003 through September 30, 2014). The study findings will contribute to the development of a risk and protection model that will inform policy and practice approaches to preventing child abuse and neglect, above and beyond the best practices the Department has already established.

RAND is conducting a second study on “Improving Resources to Reduce and Remedy Violence and Maltreatment within Military Families”. This study has as its goal the identification and assessment of military and civilian resources directed toward the response to, and reduction of, violence in military families. The study will incorporate information pertaining to active duty families who live on a military installation, active duty families who live in local civilian communities, and families of Reserve and National Guard members who live in the civilian community. The information gleaned from this study, expected to be completed in by the end of calendar year 2018, will result in recommendations for strategies to enhance awareness of, and increase access to, resources for military families experiencing family violence.

### ***Fatality Reviews***

Family violence fatalities reflect the most serious breakdown in family well-being. In an effort to understand and learn from the circumstances involved in domestic and child abuse fatalities, the Department has directed the Military Departments to establish fatality review teams, conduct annual fatality reviews, and provide the summarized results of their reviews to the DoD. An annual DoD Fatality Review Summit is subsequently convened to review and discuss the findings and recommendations of the Military Department fatality review teams.

DoD FAP invites federal partners and experts on child abuse and domestic violence fatality reviews from the Department of Health and Human Services, the Department of Justice, the National Resource Center on Domestic Violence, and the Defense Centers of Excellence—, Violence Prevention and Resilience Directorate, to participate in these heart-wrenching, but necessary Fatality Review Summits. This rich collaboration provides information on military and civilian sector trends and promotes an exchange of ideas on strategies to improve the quality of fatality reviews and identify best practices in the review process. Most importantly, the collaboration seeks to identify areas of focus that will contribute meaningfully to the reduction and elimination of abuse-related fatalities. The *Period of PURPLE Crying* initiative resulted directly from observations generated through the fatality review process.

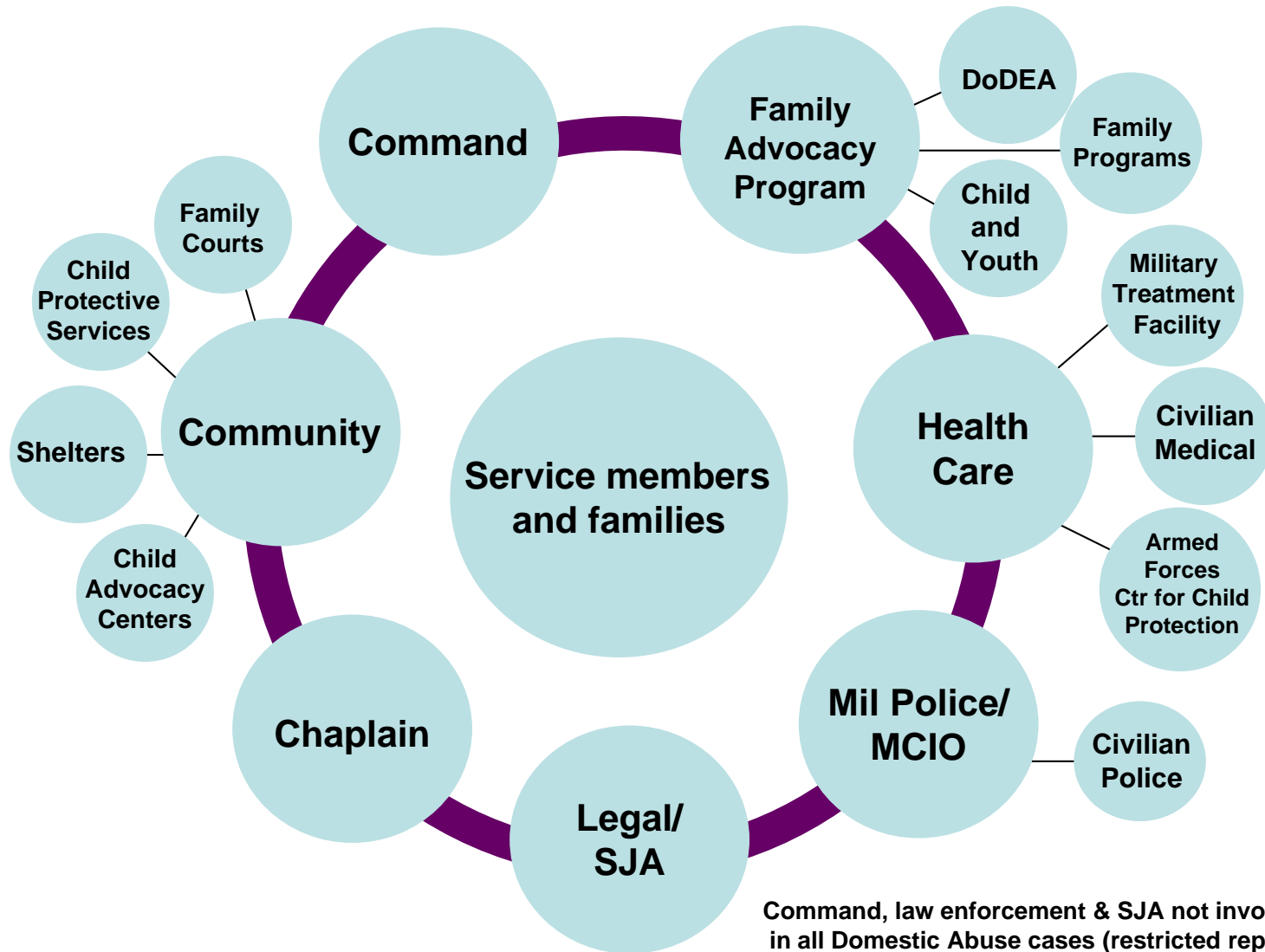
### **Conclusion**

The Department of Defense is committed to continuing its efforts to seek, develop, and implement processes and practices that provide the highest caliber of support for families

impacted by domestic abuse and child abuse and neglect. Through our Family Advocacy Program, we will continue to focus on prevention and rehabilitation, striving always for a military community that fosters safe, healthy, and resilient relationships. We are acutely aware that there is much more work to be done and we pledge our unflagging efforts to effectively preventing and responding to domestic abuse and child abuse and neglect in the military. We need and welcome the continued interest and support of this Subcommittee, and the Congress, in advancing this essential work.



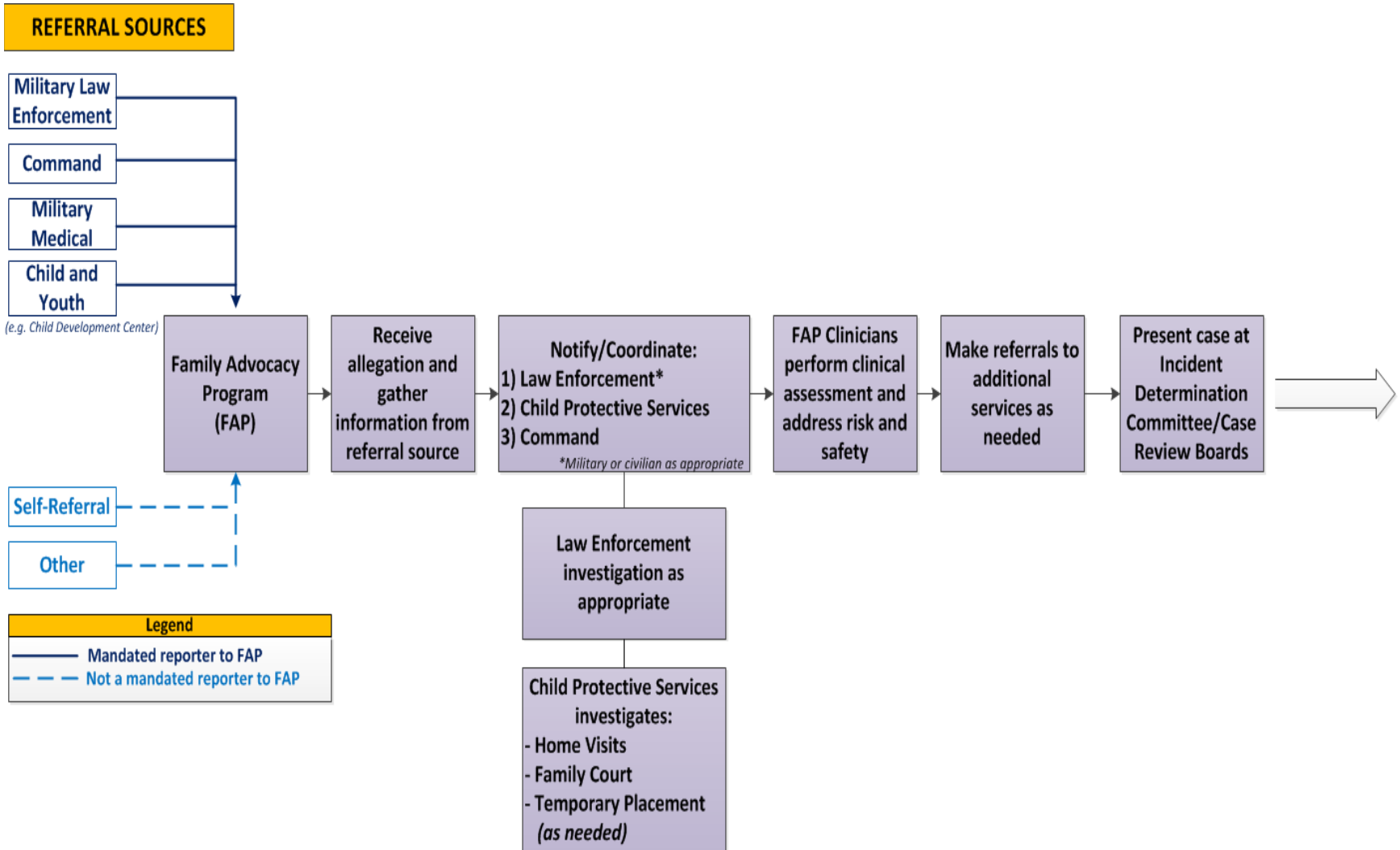
# Coordinated Community Response for Child Abuse/Neglect and Domestic Abuse



Command, law enforcement & SJA not involved in all Domestic Abuse cases (restricted reporting)

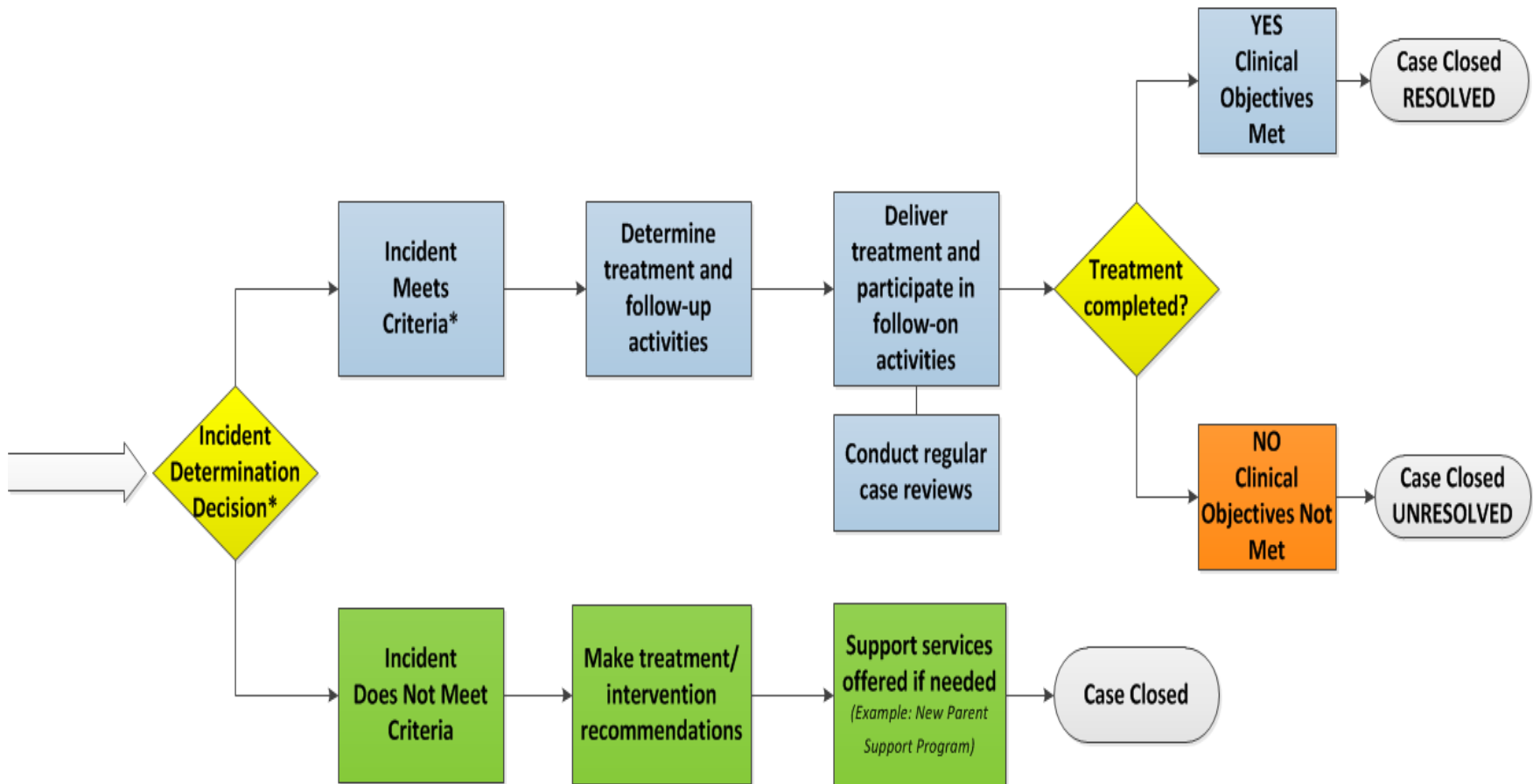


# FAP PROCESS FLOW (Part 1)





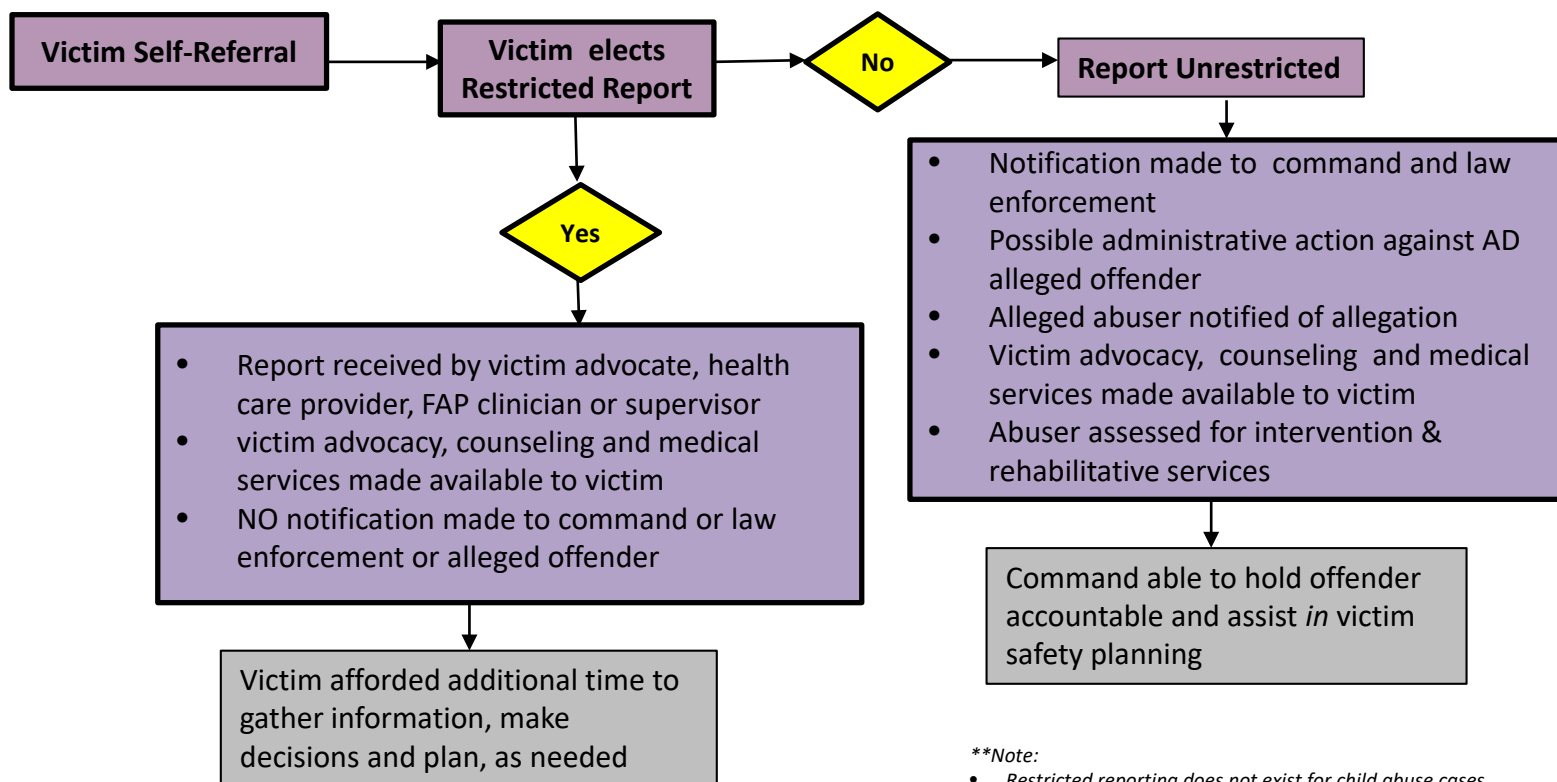
# FAP PROCESS FLOW (Part 2)



*\* If the Incident Determination Committee determines that a reported incident "meets criteria" that incident is recorded in the FAP Central Registry and included in the Fiscal Year annual data report.*



# Reporting Options for Domestic Abuse & Intimate Partner Violence



**\*\*Note:**

- Restricted reporting does not exist for child abuse cases
- Only victim advocates, health care providers, FAP clinician or supervisor can offer a restricted report.
- Reports made to other persons can impact the victim's option for a restricted report