

**DOMESTIC VIOLENCE AND CHILD ABUSE
IN THE MILITARY**

HEARING

BEFORE THE

SUBCOMMITTEE ON
PERSONNEL

OF THE

COMMITTEE ON ARMED SERVICES
UNITED STATES SENATE

ONE HUNDRED FIFTEENTH CONGRESS

SECOND SESSION

—————
MARCH 8, 2018
—————

Printed for the use of the Committee on Armed Services



Available via: <http://www.govinfo.gov>

—————
U.S. GOVERNMENT PUBLISHING OFFICE

WASHINGTON : 2021

COMMITTEE ON ARMED SERVICES

JOHN McCAIN, Arizona, *Chairman*

JAMES M. INHOFE, Oklahoma	JACK REED, Rhode Island
ROGER F. WICKER, Mississippi	BILL NELSON, Florida
DEB FISCHER, Nebraska	CLAIRE McCASKILL, Missouri
TOM COTTON, Arkansas	JEANNE SHAHEEN, New Hampshire
MIKE ROUNDS, South Dakota	KIRSTEN E. GILLIBRAND, New York
JONI ERNST, Iowa	RICHARD BLUMENTHAL, Connecticut
THOM TILLIS, North Carolina	JOE DONNELLY, Indiana
DAN SULLIVAN, Alaska	MAZIE K. HIRONO, Hawaii
DAVID PERDUE, Georgia	TIM Kaine, Virginia
TED CRUZ, Texas	ANGUS S. KING, JR., Maine
LINDSEY GRAHAM, South Carolina	MARTIN HEINRICH, New Mexico
BEN SASSE, Nebraska	ELIZABETH WARREN, Massachusetts
TIM SCOTT, South Carolina	GARY C. PETERS, Michigan

CHRISTIAN D. BROSE, *Staff Director*
ELIZABETH L. KING, *Minority Staff Director*

SUBCOMMITTEE ON PERSONNEL

THOM TILLIS, North Carolina, <i>Chairman</i>	KIRSTEN E. GILLIBRAND, New York
JONI ERNST, Iowa	CLAIRE McCASKILL, Missouri
LINDSEY GRAHAM, South Carolina	ELIZABETH WARREN, Massachusetts
BEN SASSE, Nebraska	

CONTENTS

MARCH 8, 2018

	Page
DOMESTIC VIOLENCE AND CHILD ABUSE IN THE MILITARY	1
Perry, Adrian	13
McKinley, Merci	20
Vega, Iris, Domestic Violence Court Advocate, Doorways for Women and Families	27
Dodge, Dr. Kenneth A., Professor in the Sanford School of Public Policy, Duke University	31
Campbell, Dr. Jacquelyn C., RN, FAAN, Professor, Anna D. Wolf Chair, Johns Hopkins School of Nursing	33
Taft, Dr. Casey T., Professor of Psychiatry, Boston University School of Medicine	36
Barna, Stephanie, Senior Policy Advisor, Under Secretary of Defense, Personnel and Readiness	38
Questions for the Record	56

DOMESTIC VIOLENCE AND CHILD ABUSE IN THE MILITARY

THURSDAY, MARCH 8, 2018

UNITED STATES SENATE,
SUBCOMMITTEE ON PERSONNEL,
COMMITTEE ON ARMED SERVICES
Washington, DC.

The subcommittee met, pursuant to notice, at 2:18 p.m. in Room SD-G50, Dirksen Senate Office Building, Senator Thom Tillis (chairman of the subcommittee) presiding.

Subcommittee Members present: Senators Tillis, Ernst, Gillibrand, McCaskill, and Warren.

OPENING STATEMENT OF SENATOR THOM TILLIS

Senator TILLIS. The hearing will come to order.

The Senate Armed Services Subcommittee on Personnel meets this afternoon to receive testimony on domestic violence and child abuse in the military.

On panel one, we will hear from witnesses about their personal experiences of domestic violence and child abuse and from a victim advocate: Ms. Adrian Perry, the mother of military child abuse survivors; Ms. Merci McKinley, a medically retired Army veteran who sustained injuries as a result of intimate partner violence; and Ms. Iris Vega, Senior Court Advocate, Doorways for Women and Families.

I will introduce the second panel when we transition to their testimony.

In the United States, domestic violence, including intimate partner violence and child abuse, are significant problems that cause immense harm in our society. The most current data published by the Centers for Disease Control and Prevention, the CDC, show that 27 percent of women and 11 percent of men have experienced either sexual violence, physical violence, or stalking by an intimate partner. The CDC estimates that domestic violence victims lose nearly 8 million days of paid work and 5.6 million hours of household productivity annually.

Additionally, the CDC reports that in 2012 State and local child protective services received an estimated 3.4 million referrals of children being abused or neglected and an estimated 1,340 children died from maltreatment during that year.

Clearly, as a Nation we must do more to address the many factors, relationship, community, and societal, that may lead to domestic violence and child abuse. We must also develop evidence-

based prevention strategies and implement comprehensive support programs to help the victims.

Let me state, however, that domestic violence and child abuse are not just problems in local communities around the country. They are also a problem within the military services. While the data shows that the military's domestic violence and child abuse incidence rates are lower than comparable rates in civilian communities, I am deeply disturbed that both intimate partners and children die every year at the hands of military servicemembers. DOD [Department of Defense] and the Services must not rest until they totally eliminate violence and abuse of intimate partners and children within their ranks. I will assure everyone here today that this Subcommittee will provide whatever additional resources DOD and the Services need to strengthen its programs of prevention and victim support.

Finally, I want to thank Ms. Perry and Ms. McKinley specifically for their testimonies today. I know it is not easy to discuss the painful events of the past, events where either you or a family member has suffered as victims of domestic violence and child abuse. I thank you for your courage to speak to us today to provide us with some important insight into your experiences.

Senator Gillibrand?

STATEMENT OF SENATOR KIRSTEN E. GILLIBRAND

Senator GILLIBRAND. Thank you, Mr. Chairman. I am really grateful to you for holding this hearing, and I want to join you in welcoming our witnesses who are here to speak with us about two very difficult topics, intimate partner violence and child abuse in the military.

To Adrian and Merci, thank you for being here to share with us what I can only imagine were very painful experiences for you. Your bravery is inspiring.

In 2005, 5-year-old Talia Williams was killed by her father and stepmother. Her father was a soldier stationed in Hawaii. This crime happened after months of abuse and after multiple reports to military authorities that were never shared with the civilian child protective services.

In the 12 years since Talia's death, it is clear that this problem has not gone away. Just last year in the Department of Defense's fiscal year 2016 report on child abuse and domestic violence, they documented 13,916 reports of suspected incidents of child abuse and neglect and 18 child abuse-related fatalities. All of the deceased victims were under 5 years old. Half of them were under 1 year old.

The Defense Department's report also documented 15,144 reported incidents of domestic abuse and 9 intimate partner fatalities in fiscal year 2016 alone, and these are just the reported incidents.

We still do not have an accurate estimate of the prevalence of child abuse and intimate partner violence in the military because there is no prevalence survey like the one we have for servicemembers on sexual assault and harassment. We only have the reported numbers, and that is not enough. Just as the sexual assault prevalence survey helped shine a light on the issue, we need to understand the scope of the problem so that we can better

do our job supporting servicemembers and their families. Congress has already made some efforts to solve this problem, but it really has not been enough.

Thanks to advocacy of the Hawaiian delegation, Talia's Law was signed into law by President Obama in 2016. It required all personnel who are in supervisory positions within the chain of command to report suspected child abuse and neglect. This law was a good first step, but we need to do much more to prevent these crimes from happening in the first place. We need to help stop the abuse before it begins and properly address it once it happens.

To address intimate partner violence and child abuse, we must start by addressing the unique stressors on our military families. The challenges of deployment and reintegration, isolation from support networks, and fears that reporting your servicemembers for violence may result in the end of his or her or career and potentially the loss of income and benefits for the family put significant strains on those families. These difficult factors make hard decisions about coming forward even harder.

When it comes to intimate partner violence, we must not only look at the psychological consequences of abuse but also the long-term physical health risks it causes. Approximately 20 million women experience intimate partner violence-related traumatic brain injury in this country every year. One study found that 92 percent of women in domestic violence shelters in New York State were hit in the head by their partner between 1 and 20 times, and 50 percent of intimate partner violence survivors are strangled at some point in the course of their relationship. Yet, survivors of intimate partner violence are not routinely screened for strangulation or brain injury in emergency rooms, and they often do not themselves realize that they have lost consciousness.

In addition to the health concerns posed by these injuries, lack of awareness of their cognitive and behavioral effects, such as loss of memory, confusion, or agitation, can impact the way a survivor is treated during an investigation. First responders and law enforcement personnel who are unaware of these consequences may misinterpret these behaviors as lack of cooperation or a difficult personality and decline to move forward with additional inquiry or intervention.

The Family Advocacy Program has grown and improved in the last several years, and I know hard-working, dedicated personnel who care deeply about the prevention of violence. The implementation of a more structured criteria for evaluating cases and increased, more sophisticated training and education of response personnel is encouraging. However, I believe more can be done and must be done for our military and their families, especially the children who are most vulnerable.

For too long intimate partner violence and child abuse have been characterized as family issues to be kept private. As a result, the violence and trauma of abuse has lived in the shadows. It is time we shine a light on these experiences.

I have also received written letters from three separate individuals, Captain Levi Fuller, Ms. Jennifer Elmore, and Ms. Celina Meadows, who would like to share their experiences, and I would like to have these statements included in the record.

Senator TILLIS. Without objection.
[The information follows:]

PREPARED LETTER BY CAPTAIN LEVI FULLER

PURPOSE.

The purpose of this memorandum is to provide my personal story regarding how the Army handled my allegations of intimate partner violence, and a brief overview of what policies I feel should be changed in response.

BACKGROUND.

My name is Captain Levi Fuller. I am a captain on Active Duty with the U.S. Army. My branch designation is 27A, Judge Advocate General's (JAGs) Corps. I have been an officer in the JAG Corps for almost 4 years. As a Judge Advocate, I am also a licensed attorney eligible to practice in all military trial and appellate courts, the State of Texas, and the Eastern District of Texas. Prior to entering the JAG Corps, I served in the Army National Guard as an Artilleryman (13B) and Infantryman (11B) attaining the rank of sergeant.

Three years ago I was dating a co-worker who began exhibiting abusive and sexually violent behaviors. My attempts to sever the relationship resulted in my offender sexually harassing me at work, and eventually stalking me. When I didn't reciprocate her feelings she began screaming in my office in front of witnesses and my supervisors during work hours. After work, my offender began coming to my home and would ring my door bell or knock on my door, sometimes for hours. I began retreating into my home and only leaving to go to work or places where there would be witnesses. At work, I would retreat into my office, closing the door until the day was over.

In May 2015, during a period when my co-worker and I were dating off and on, she sexually assaulted me. My offender pulled my pants down and tried to perform fellatio on me. When I stopped her, she became more aggressive and the harder I pushed back the harder she tried to force me to have sex with her. She pulled my pants down around my knees, pulled her pants off, and climbed on top of me while I asked her to stop and tried to push her off in a way that didn't hurt her. When she reached down and grabbed my penis to insert it into her vagina, I slapped her and stopped my sexual assault.

Nine months later, I was given a reprimand for assaulting my offender and for lying about being sexually assaulted which is permanently filed in my Official Military File. That reprimand will prevent me from being promoted, and will be the basis for my resignation from the Army this fall.

THE PROCESSES: FACTS AND FAILURES.

U.S. Army Criminal Investigation Command (CID)

My case was investigated by the supervisory special agent for all special victim's crimes for an Army division. In that position, she oversaw all sex crimes on her installation and had access to all of the sexual assault training available. Despite this, there were several missteps in the investigation. Initially, I only reported that I was a victim of sexual harassment and stalking. The investigator never made contact with me to ask me for an interview. When I amended my complaint later to include an incident of sexual assault, she almost immediately accused me of fabricating my allegations, and made it clear that she did not plan on investigating my sexual assault allegations.

Five days after I made my sexual assault allegation, the agent contacted my special victim's counsel (SVC) to tell them that I would be investigated for assault for the act of defending myself against my offender. Normally the decision to treat a victim as a suspect for false allegations is a well-thought out process that's carefully weighed against the evidence in coordination with experienced prosecutors. The CID agent did it in less than a week.

During other interviews, the agent made statements to witnesses indicating she didn't believe men could be victims of sexual assault. To two witnesses she said, "I didn't know a male could be sexually assaulted by a female," and to another, "Oh, I thought we had something on [me]," while telling another witness she was trying to protect the credibility of my offender. She wrote in the margins of my statement to CID, "These people couldn't have witnessed this event."

Over the course of her investigation, the agent accused me of eight separate offenses stemming from my allegations; including assault, dereliction of duty, mis-

prison of a serious offense, obstruction of justice, false swearing, and conduct unbecoming an officer. The first and only time that I ever met the CID agent investigating my sexual assault allegations was when she was reading me my rights. Yet, the Army CID Inspector General investigated and recommended no action on the basis that the CID Agent did not commit any misconduct in the way she handled my case.

The Army Judge Advocate General's Corps

The Judge Advocate overseeing my case concurred that I had fabricated my sexual assault allegations. The Special Victim's Prosecutor (SVP) for the installation was not actively working on cases when my case was being investigated. Instead of requesting another Special Victim's Prosecutor, the Staff Judge Advocate (SJA) gave my case to the Chief of Justice (COJ) to review.

In the Army, the Chief of Justice essentially serves in the same capacity as a District Attorney in the civilian sector and oversees all criminal actions for an installation consisting of approximately 30,000 soldiers. However, the COJ that reviewed my case had never stepped inside of a court-room or tried a case in criminal, civil, or otherwise. He had been a licensed attorney for 5 years, but only had 2 years of practice experience. He was selected as the Chief of Justice for a division in order for him to attain experience with military justice.

The agent, COJ, and the Staff Judge Advocate, refused to provide my SVC with any victim updates or even speak to us about the investigation or my case. The SJA told another JAG that my SVC had not been helpful by asking for victim updates and had burned many bridges by threatening to call the Inspector General (IG) unless the agent provided them. The Special Agent in Charge (SAC), the agent's supervisor, told my SVC that if he went to IG, the SAC would ruin his career.

I told CID that I slapped my offender because she was straddling me, hysterical, and attempting to insert my penis into her vagina, and a month later I told the Colorado Springs Police Department that I slapped her because when she grabbed my penis, it hurt me. The COJ opined that this was a "significant inconsistency that negated the veracity of [my] allegations." To this day, the Colorado Springs police officer is the only person who's ever asked if it hurt when she grabbed my penis.

The COJ later told the Department of Defense Inspector General that the reason he didn't believe my allegations was because "counterintuitive behavior does not explain why he would continue to contact his offender after the alleged sexual assault." If they had asked me, I would have told them how hard I tried to pretend like nothing happened because I was afraid of what making a sexual assault allegation would do to my reputation, career, and my office.

Seven months after I made my allegations, I was informed that my sexual assault allegations were [found] unfounded and that I would be punished for assaulting my offender and fabricating allegations. The COJ and SJA stated that if I resigned my commission immediately and left the Army they would not recommend a reprimand. When I refused, I was given a reprimand and they recommended to my commander that I be eliminated from service.

All of my other allegations were ignored or unfounded. The COJ did not provide opines for multiple other uncontroverted instances of sexual harassment, or on the multiple violations of the military protective order issued against my offender.

The COJ concluded that my offender didn't commit assault for another instance where she sat on my lap and touched me after I asked her to leave, after he applied the wrong legal standard for assault. He opined that I had committed conduct unbecoming of an officer because he believed I only informed CID of my offender's other victims to discredit her. To my knowledge, the COJ never reached out to the Trial Counsel Assistance Program (TCAP) or anyone else for guidance.

Because the COJ chose to punish me administratively, the only opportunity I was given to present evidence on my behalf was to submit a binder with statements of support. I provided statements from over 20 people who specialize in special victim's cases all stating unequivocally that I was a victim of sexual assault. It didn't matter. My commanding general told investigators that even though he went through my packet he deferred to the advice of the less experienced Judge Advocates.

The COJ is currently part of the team that travels to explain the Military Justice Act of 2016 to Judge Advocates across the globe.

My Offender's Chain of Command

My offender's Chain of Command actively prevented me from being protected from my offender. A military protective order (MPO) was put in place on 6 August to protect me from my offender. I was not provided a copy of it until 11 days later. Although the MPO stated my offender had to be at least 500 feet away from me, I was ordered to go to physical training (PT) with her every morning, and her office

was moved to another room on the same floor of the same single hallway building. My offender would use the opportunity to stand right outside of my office multiple times during the day.

After I learned of the MPO, my Deputy Staff Judge Advocate (DSJA) told me on multiple occasions that he wanted to amend it to allow my offender to continue to work in the same building and do PT with me. The MPO was not enforced at all the entire month of August. It took my commander and SVC contacting my SJA directly to remove my offender from my building.

After she was removed, my offender began running around my brigade building during times where she was supposed to be at work. When I reported her to her commander for violating the MPO, my supervisor was admonished by our DSJA because I "took it outside of the JAG Chain". Two days later she was in the same location, so I reported it to my DSJA who refused to report it to her commander.

After 2 months of the MPO not being enforced, I tried to file for a civilian restraining order. My offender's company commander was the only person who testified on her behalf. She told the judge that she did not feel I was in any danger and the judge dismissed my case. In retaliation, my offender left human feces on my door step and wrapped toilet paper around my porch banister.

After more MPO violations, my brigade commander decided to intervene and he called a meeting with the Family Advocacy Program (FAP) and my offender's commander because FAP concluded that my case had a high potential for lethality based on my offender's conduct and how it was being handled. During that meeting, my offender's command stated that they felt FAP was "overstepping their clinical role."

My offender's commander offered to meet with me to alleviate any of my concerns. During that meeting, I told him that I felt the only way to stop the violations was to punish my offender. He stated he didn't believe there had been any violations of the MPO, and threatened to tell my command (to include the division commander) that I was disrespectful to him. After 5 minutes of him yelling at me, the FAP representative in the room canceled the meeting and escorted him from the building.

POLICY RECOMMENDATIONS.

Greater Quality Control for Army CID. For military law enforcement investigations, I recommend an Article III law enforcement organization (LEO) tasked with providing quality control for how military LEO's conduct investigations, or at a minimum a non-military task force to review any sexual assault allegation that is unfounded by CID. The CID IG recommended no action against the CID agent for my case on the basis that she did not commit any misconduct. While that point can be contended, committing a crime or violating a regulation should not be the standard by which investigator's actions are judged. If CID is incapable of investigating the judgement decisions made by their agents, then outside organizations need to be tasked.

Greater Quality Control for Army Judge Advocates. For the Judge Advocate General's Corps, there should be a requirement that you cannot supervise an area of law without a skill identifier or some sort of designator indicating proficiency or at least experience in that field. In the 4 years I have been in the JAG Corps, I know of at least three times there has been a Chief of Justice without *any* military justice experience and last year it happened in 2 of the 4 divisions in III Corps. It is unfathomable that the Army Chief of Staff can say the Army is doing its best to prosecute sex crimes, when military justice for multiple divisions is being handled by attorneys with no trial experience.

More Legal Oversight. When I went to the Department of Defense Inspector General's Office with my complaint, I was told that they would not be able to do anything regarding my criminal investigation because they couldn't review criminal allegations. In my investigative packet there is a statement from my accused stating that she sexually assaulted me, and another statement from a witness that she admitted to it. Despite these damning statements, there is no one at all that I can present this evidence to. There is no process for legal review for contested allegations in the U.S. Army.

Less Training, More Accountability. There was not a single person involved in my case who had not received several hours of training on how to react to a sexual assault offense. The only way to get results out of the military is through accountability. Army personnel will ignore training unless there is the risk of punishment for failure to adhere to basic standards. Until someone is relieved there will not be any change moving forward.

More Authority for Treating Clinicians. The FAP in the Army is made up of competent professionals who are all experienced with domestic violence. In my case, FAP told a commander that I was at a high risk and he told them he did not care. The FAP is commander-driven and if there are no repercussions for when a commander wants to ignore it then it's not worth having around.

Greater Investigative Oversight. Everything contained in this memorandum has been investigated by the Department of Defense. None of it has been refuted and the DOD IG has concluded that everything above is acceptable. It is clear that the military will never be able to fix the problem of intimate partner violence or sexual assault without a substantial overhaul of the DOD IG.

THE AFTERMATH.

The only reason I'm still here today is because of my wife. Between the time I enlisted in 2004, to when I was sexually assaulted in 2015, all I wanted was to be an Army officer. When I was told I was being punished for doing the right thing, I went home and thought about putting a gun barrel in my mouth and pulling the trigger. The pain of having to hide from someone for almost a year, only to be betrayed by an organization I had served more than a decade was the worst pain I've ever felt.

If you're reading this, I hope you never have to go through what I've gone through. I spent an entire year of my life hiding in my home, afraid to leave because I couldn't stop someone from touching me. Years later, I still have nightmares about my offender coming into my office and touching me, and there not being anything I could do about it. I've gone to treatment to deal with the memories of it all and it just makes me angrier. I've lost faith in the Army and the people around me.

I wish I were in your shoes right now. I would find a case like mine (and I guarantee there are several) and I would go to the commanders and I would fire all of them. Then I would go to the next service, and do it all over again. I would go to agents who treated victims the way I was treated and fire them. I would go to JAGs in charge of military justice who weren't doing their jobs and I would fire them. I would get rid of everyone who didn't take this problem seriously until the only people left were the ones that did.

PREPARED LETTER BY MS. JENNIFER ELMORE

Chairman Tillis, Ranking Member Gillibrand and Members of the Subcommittee, thank you for your leadership in conducting the hearing on domestic violence and child abuse in the military, as well as ongoing dialogue to address this critical matter. While unable to offer my testimony at the hearing held on March 8, 2018, I was personally in attendance and impacted by the testimony's that were presented. It is my desire to have this written statement included in the official record on the matter.

UNDERSTANDING THE COMMITTEE OBJECTIVES

It is my understanding that the goals of this Subcommittee are: 1) to initiate ongoing dialogue that seeks to assess the issue of intimate partner and child abuse in the military services, while understanding that real change can only come from committed follow through; 2) develop concrete methods to determine the scope, scale and key contributors to the epidemic; and 3) implement plans for comprehensive prevention and support for survivors.

That you are interested in learning from victims, as well as professionals with expertise in the resulting trauma, causes of abuse, the effectiveness of programs meant to serve victims, and creative ideas to gather meaningful data, is encouraging. The task at hand is complex and challenging, but it is most certainly one that our Nation and our military Services must address. I am grateful that this Subcommittee has chosen to begin the process.

MY STORY

Born to a barely wed and newly graduated West Point cadet in 1971, my mother once wrote that my father's "belittling" of me began the "moment that I drew my first breath." It wasn't too many years later, at the age of 3, that my father led me to the dark abandoned basement of my grandmother's apartment in upstate New York, sat me on a washing machine and masturbated, while touching me. Year after year, until I turned 18, the level of physical, emotional, and sexual violence escalated, as did his rank. Nighttime visits to my bedroom and, multiple acts of rape

were, for me, normal. As he would describe later, “The only thing that I could have done worse would have been to murder you.”

Among the vivid memories of abuse that haunt me are:

- vicious beatings that, on occasion, involved beds being lifted and dropped on my body as punishment for my room not “passing inspection”;
- physical “punishments” that were so severe that my mother pleaded with him to stop before he killed me;
- countless sexual violations;
- withholding of food, then providing it as a precursor to his sexual assaults;
- tying my hands behind my back, covering them in hot sauce and seating me on the floor next to his chair for hours, to teach me not to put my hands in my mouth;
- cruel degradation, humiliation, and isolation daily.

My first night of rest came well into my freshman year in college, when I could finally begin to believe that he was no longer able to sneak into my room or have easy access to me on a regular basis. I may have escaped to a safe bed, but the terror and memories remained. I held close the lessons I had learned and know that to remain silent was to survive. Here are some of those lessons:

- With the terror that my father embedded in me through years of “training,” I knew there would be punishment of some kind for speaking out. Even if I could find the courage to speak, what would I say? Who would have been able to hear, hold, and then act in response to the level of darkness I would describe? Who would even believe a child’s word against that of a military leader?
- Many nights, as I heard him approaching my room, I would tell myself that “If my Mother only knew what he was doing, she would leave him, or she would kill him.” But I had already learned that speaking would devastate my mother and destroy my family. He had long since “trained” me to believe I was responsible for his actions, holding his secret, and thereby the fate of my family. Learning later that my mother was well-aware of what was taking place and, at some level, made the decision to sacrifice her daughter for the sake of position, power and prestige, only reinforced the futility of speaking.
- Constant isolation is a product of the frequent changes in tour of duty and relocations. By the time I left for college, I had lived in 11 different locations across the country and the world. There was never enough time to establish meaningful friendships or connections that might have been a means of rescue. In addition, my parents purposely kept me separated from friends, school mates and even other parents. I couldn’t trust anyone in my parent’s sphere of influence and never had a chance to establish the kind of trust necessary to feel safe sharing what was happening to me with anyone outside their sphere. Finally, having begun my “training” by the time I was three, my father ensured that no one would have the opportunity to see changes in my behavior that would have offered some indication of what was occurring inside our home.
- Frequently I witnessed my father’s alcoholism and his violence against my mother and brother. On occasion, these events were brought to the attention of others who were in the position to act. Instead, these events were hidden, ignored, and denied. Given that my secret was much bigger and darker, I watched and understood clearly that I was utterly alone, no help would come, to speak out was an exercise in futility, and my situation was hopeless.
- A few years ago, in a letter to me, my mother wrote that one of her greatest sources of pride was how her children had maintained the “honor” of the family and not broken silence about what had taken place in our home. She and my father are fiercely protective of the reputation that comes from his illustrious military career.

That career began at the United States Military Academy, where he graduated in 1971 and returned for subsequent tours as an instructor. He attended the Army Command and General Staff College, the National War College, and rose through the ranks for 32 years, ultimately attaining the rank of Major General. Immediately preceding his retirement in 2005, he served as the Director of Force Development, Office of the Deputy Chief of Staff at the Pentagon. For his service, he has received the Decorated Legion of Merit, Meritorious Service medal, Army Commendation medal and others. He has spoken at the funerals of fallen servicemembers on numerous occasions, is held out as a military hero and an example of the best the Army has to offer. What victim has a voice loud enough to be heard above the “hero’s” voice and the strength necessary to use it?

SPEAKING NOW

Why speak now? Since coming forward in 2015, many have asked that very question, "Why?" or "Why now?" For those who do not understand the impact of abuse as I've experienced it, I suppose I can appreciate the nature of the question. Convincing others of the credibility of my life experience is not helpful. I live it, know the truth, and survived. Mere survival, however is not the purpose of my life, there is more.

There are some very personal reasons why I stand and speak, now. First and most simply, I can. It took me 43 years to realize that I have the strength to stand up for the young girl who suffered; the young girl that no one else saw, no one risked helping or believed was worth rescuing. It has not been an easy path to be able to stand, but I am here now and well-equipped.

Second is the legacy that I will one day leave to my own young daughters. I am fierce in my desire to not hand them a legacy of lies and dark secrets. I want them to know that when integrity, truth and unseating evil are at stake, the battle is worth fighting and no price too great. I want them to know this is especially true when the battle may impact others who, for whatever reason, are not able to fight for themselves.

Finally, by speaking on my own behalf, I wish to reclaim that which was savagely ripped from me; my dignity, my truth, my identity free of shame. My father made the conscious choice to steal these things for his own pleasure and gain. By first-hand experience, I can also say that pursuing justice comes at nearly as great a cost as the abuse itself. It in many ways reinforces the violence, distorts truth, cares little for a victim's dignity and thrives on a shame-based approach to degrading the victim in order that the perpetrator be defended. Daring to hope for justice is as terrifying as the hope that the footsteps will not stop at your bedroom door. For too many, the cost is too high.

My deepest desire is that a sea change be upon us and that our commitment to prevent, see, care for victims, and prosecute the perpetrators of violence against children and intimate partners within the military Services is engaged with the same fervor with which this great Nation takes on the most serious threats to its citizens.

CREATING CHANGE

A climate of trust must be created for any real change to occur and the programs put into place to succeed. I suggest the following ideas and steps as a means of fostering that trust:

- *Understanding that Intimate Partner and Child Abuse are Blind to Class, Rank, Race, Sex, Religion, and Social Status.* The abuse I suffered occurred at every rank, beginning when my father was a 2nd lieutenant. My father retired as a Major general. Abuse is happening across all ranks of the military Services and should be addressed without bias. The statistics that attempt to capture the prevalence of abuse stem from reported cases only. What we can be certain of is that these statistics represent silence of victims. When combined with the implied or express authority provided by power and rank, victims are functionally discouraged from reporting their abuse. Therefore, providing a means for victims to speak and trust they won't be re-abused by the process is critical.
- *Assessing the Risk Factors that Make the Military Services Fertile Ground for Abuse of Intimate Partners and Children.* There is a need to acknowledge the enhanced risk environment associated with our military Services, identify the risk factors, and develop methods to diminish the impact of those risk factors. Among the key risk factors are: 1) isolation of military life; 2) protectionism within ranks; 3) lack of specialized resources and training in matters related to abuse; 4) lack of an independent investigative and legal process that recognizes the unique characteristics of a case involving abuse.
- *Education Regarding the Trauma Resulting from Intimate Partner and Child Abuse.* It seems easiest to be horrified by and want to act in those cases of abuse that result in the death of a child or intimate partner. Certainly, those cases are devastating and should turn the stomachs of any who hear of them. However, the cases of abuse in which the victim does not die are just as costly and important, often leaving the victim with a lifetime of devastating challenges. Broad education of Family Advocacy Program members, investigators, Special Victim Counsel, prosecutors, caregivers, and commanders regarding the trauma of sustained abuse would help foster the trust that is critical for a victim to feel safe speaking about their experience.
- *Willingness to See, Hear, Hold the Truth and Act.* Children are this Nation's most valuable resource and yet our children are being sacrificed by a system

that cares first about the protection of perpetrators and their rights. It is a system that refuses to see the dark realities for the victims. A system that, even when the darkness is seen, seems unwilling to protect the rights of victims as energetically as it does perpetrators. Our Nation and its military fight to end human rights violations across the globe. I submit that there are human rights violations happening right under our noses, within the military Services, that we seem to be afraid to acknowledge and address.

CONCLUSION

The closing statements made at last week's hearing by the Honorable Senator Tillis indicated that the full resources and capabilities of this Subcommittee would be brought to bear in addressing the many facets of this matter, such that there would eventually be "fewer and fewer victims, until there are none." I thank you and join you in the quest for change.

PREPARED LETTER BY MS. CELINA MEADOWS

Thank you for allowing me to contribute to your very important discussion here today. Let me introduce myself. I'm a patriot; I love the United States of America. I'm from a military family and I have deep respect for the U.S. Armed Forces. I am the proud mother of three beautiful children. My name is Celina Meadows, and I am the now-estranged wife of an Active Duty 7th Group Special Forces Weapon Sergeant in the U.S. Army. (For the purpose of this letter, I'll refer to him as "John.") To be honest, this is a new thing for me. Just a few months ago I would have kept my name confidential for fear of endangering my children. Now I believe I'm better off with a large network of people who know my name and would notice if I suddenly fell out of sight.

My children and I suffered terrible physical, verbal, emotional, and financial abuse at John's hands over the course of several years. When we moved to John's Florida Army base, it was clear that everything in the region revolved around his unit, 7GSF.

During the 7 years preceding his military service, I was the household's sole breadwinner. I'd paid the bills, I paid for food and family expenses. I paid for the gear John needed to prepare for his military career. I sacrificed my own good credit to pay down his sizeable debt, a necessary step for him to obtain and keep the requisite level of security clearance to be Special Forces.

Upon John's entrance into the military, he established new ground rules. I was not to contact HIM because he needed to focus on keeping his 18X contract; he would not allow the children OR me to "mess this up" for him. Information would be provided on a need-to-know basis. He would deposit HIS earnings into a single account at his discretion. I remember just being grateful I had separation pay from my last job, since John clearly had forgotten my previous substantial contributions. In an unsettlingly small period of time, he managed to remove me from all our financial accounts, our car insurance, our car, and he took the debit and credit cards with him. He left a PayPal card which he reluctantly and very sporadically funded. While his absence was a relief, he left us isolated, penniless, and without transportation. I home schooled the children and was a stay-at-home mom for the duration of his deployment, exactly as he instructed.

After 6 months of his 1st and only deployment, John returned. He'd been angry before, and now he was even angrier. He showed off a fist full of negative counsels he had received, and he seemed almost proud. The reasons for the counsels? Laughing during firefights. Cursing out the team captain. Publicly berating his team sergeant.

He also brought back a collection of personal items he had stolen from dead bodies. I learned this from my children and confronted him immediately.

"Why did our daughter just tell me she was playing with a walkie-talkie Daddy took off a dead body?"

"Not like they need it anymore," he answered, mildly irritated at the ridiculous question.

"Why? Why would you take things off dead bodies? Why would you bring them home? Why would you let your children play with them? Why would you TELL your children they were playing with dead people's things?"

He stared at me, baffled, and proceeded to explain that the kids should know "what Dad does," and that I was only preparing them for Fancy World. Then he launched into his anything-can-happen-at-any-time doomsday lecture.

I followed established procedures after I met with a 7th Group Special Forces Family Life Counselor. I was directed to the Eglin AFB [Air Force Base] Domestic Abuse Victims Advocates (DAVA) for a “safe plan out.” Once going to DAVA, they reported the abuse to John’s command. Ultimately I escaped with our children from Florida with the assistance of the Air Force.

The argument could be made that the Army recruited my husband to the elite forces BECAUSE he exhibited characteristics of a sociopath. They then went on to exploit his lack of empathy, accelerating his transformation into a weapon. So he is now an Army-trained assassin and an expert in weaponry, interrogation techniques, and survival skills. He is cruel, volatile, and frequently noncompliant. The Army knew that he had a wife and small children, and must have known he was capable of domestic violence. Yet when I reported abuse, the Army stood behind their man. They should have protected my children and me from the monster they helped polish.

After our initial escape, my kids and I were forced to be put in a certain level of hiding for more than a year. We resided at three Arizona DV [domestic violence] shelters. My objective was to find us a safe place to live, but whichever direction I headed, obstacles piled up in my way. The programs created to protect and address the needs of domestic violence victims are, unfortunately, grossly inadequate; when you shift the focus to military families, it seems even worse. Nobody wants to believe a soldier who risks his life to protect his country is going home at night to beat his wife and kids. Naturally, people are a little reluctant to rush to judgment when it comes to soldiers. The public seems more willing to excuse, ignore, or quietly accept the behavior, and the results can be catastrophic. My husband “allegedly” (current Phoenix police case) found a way to access information about my location at an Arizona DV shelter, after he was sent to training per his command from his base in Florida to stalk the children and me. Other shelter residents reported seeing him at the shelter, and we were immediately relocated to a different DV shelter. How many people were endangered as a result of that inexplicable breach?

My husband’s abuse was despicable, but he has not yet been punished for it. I have worried at times that from the Army’s perspective, I have been a bigger liability than he is. I gave 7GSF the chance to make a difference in my domestic abuse crisis. I went to them, hoping they would listen to me, shoulder some responsibility for my husband’s behavior (the blurring line between his performance as a soldier and his increasingly dark interactions with my children and me), hold a mirror up to him and show him how unbecoming a soldier his behavior truly had become. Had his unit done this, the military’s reputation would have remained unblemished in my mind. Given the unit’s elite status, I expected nothing less.

I went full disclosure thinking John’s command would understand exactly who and what he is. Not only as a mother protecting her children, but as a citizen protecting others and an Armed Forces supporter trying to avoid the tarnished reputation of the Army. This man used multiple different abuses on our household. This almost cost my son & myself our lives. Our dog wasn’t so lucky and died at the hands of domestic violence. In addition to this he engaged in a lot of questionable activities that pose public safety concerns. Abuse should never be ignored! Especially on the caliber of threat John blatantly presents.

FACT: Domestic abuse is now part of the culture of 7GSF. Domestic abuse has become the norm, not the exception. Nobody talks about it or questions it, so by default it becomes permissible, and then comfortable. When something like domestic abuse becomes comfortable in the culture, it is very, very difficult to change without enormous resistance. In the meantime, the number of military families ensnared in this very unhealthy cycle continues to grow.

We expect military families to support those who serve. This is a much greater burden in families where servicemembers go through special training meant to transform soldiers into sophisticated military weapons. Their training diminishes personal attributes like remorse, conscience, and empathy, with a logical net result. The better these soldiers become as weapons, the less able they are to access what makes them human beings. We must recognize the cause and the inevitable effect: domestic abuse.

I am writing today to ask for your help to exact MEANINGFUL CHANGE.

I believe domestic abuse in military families can become part of the community’s culture, becoming so common that it is excused, ignored, or accepted. 7GSF’s culture was quiet acceptance of domestic abuse that inherently isolated and excluded abuse victims. We MUST enact legislation that shines a spotlight on this ugliness.

Here are my suggestions:

1. Establish clear and specific procedures for reporting abuse and/or transitioning out of abusive situations without interference by military personnel (command, unit members). Provide victims referrals (legal, community, housing, transpor-

tation, etc.) to facilitate their safe exit. Communicate these procedures clearly and frequently to military families.

2. The management and investigation of domestic abuse allegations should shift from command to military advocates, who should have greater accountability for the safety of abuse victims. Increase training so military advocates detect domestic abuse situations sooner.

COMMAND	MILITARY ADVOCATES
Relationships with abuser is not likely to align with the best interests of abuse victims	Educated in abuse psychology, intervention, and treatment
May be perceived as intimidating and not approachable by victims	Perceived as less intimidating, more approachable
Observations and input are a very important part of determining whether a case is domestic abuse	Equipped to prescribe treatments (stress exercises, preventative care), encourage abuse awareness, provide support

3. Schedule mandatory, regular physical well checks for all members of military families. Take command out of this loop, thus enabling medical staff to record and track family members' health and well-being and detect early signs of domestic abuse.
4. Tighten privacy standards on medical records to encourage open discourse with victims of domestic abuse. Medical staff training should include early detection of domestic abuse.
 - a. Require family members to schedule a private initial visit with medical staff. During this visit, establish a safe word or PIN to authorize the release of medical records to a third party. If a soldier then requests the release of a family member's records (one way of maintaining control over victims) without the safe word or PIN, medical staff could reasonably assume follow-up may be necessary and contact the appropriate military advocate.
5. Establish frequent contact between military families and support services. If a soldier displays unhealthy or unfavorable behavior on duty, require military advocates to check in on families and perform stress management evaluations.
6. Proposed policy: When a soldier has an open order of protection against him or her, it is mandatory that the soldier's whereabouts be accounted for. Notify all complainant(s) promptly about post reassignments or other location changes that might put the complainant(s) in danger. Make command accountable for noncompliance.

I believe it is time to make the safety of military families a priority, especially now when we expect so much from them and they are so vulnerable. Thank you for your time, and thank you in advance for enacting legislation that pulls the issue of domestic violence in military families to center stage.

Senator GILLIBRAND. I hope that today's hearing is the beginning of a productive dialogue that can do just that, shine a light on these issues. I hope we all listen to the survivors of these crimes, listen to the advocates who work on these cases day in and day out, and listen to the experts to truly gain a better understanding of these cases and what we could do to improve our prevention and response. I hope that some day we are all here again talking about how far we have come in celebrating that there are no more cases like Talia's.

Senator TILLIS. Do any other senators wish to make a comment before the testimony?

Senator MCCASKILL. If I could briefly?

Senator TILLIS. Senator McCaskill?

STATEMENT OF SENATOR CLAIRE McCASKILL

Senator McCASKILL. I have to catch a plane, and I want to apologize to everyone who will testify today because I will not be able to stay for all of it.

But I think this is such an important topic for us to tackle because if you really understand domestic violence, you realize that the unique characteristics of military service and their impact on the family could, in fact, be a dangerous Petri dish for domestic violence flourishing.

By that I say that one of the biggest challenges we have with domestic violence—I will never forget when I began the domestic violence unit in Kansas City when I was the elected prosecutor in the 1990s, and I had a fight on my hands with the police department and even with my assistant prosecutors. They said, you know, Claire, we cannot prosecute this crime because there was not a witness because the victims always decide they are not going to go forward. And I said, well, we better shut down the homicide unit then because we manage to prosecute homicides when the victim does not speak. So we need to build a case, and if we build a case, then victims will begin to trust us that we can move forward and find justice and protection for them. But if we just keep doing this circular reasoning—

Why I mentioned the military as particularly a challenge, there is isolation for families within the military, particularly as people are transferred with some regularity. It is not as if many military families have the opportunity to set down roots and have the kind of support system that is so necessary to protect the victims of domestic violence. If there is not a support system in the community, then more domestic violence incidents will end up as homicide incidents.

So I am anxious to be part of this. I appreciate you all having this hearing. I do think we need to look at the support system right now in the military for people who have been victimized by domestic violence and are trying to find a way forward because if it is hard to figure out your personal life going forward when your partner has a civilian job, imagine how difficult it is if your partner is a member of the military and you are dependent in so many other ways.

So I do think it is terrific, and I will follow up and read all of your testimony. And I will look forward to working with my colleagues, Senator Ernst, Senator Tillis, and Senator Gillibrand, as we try to find better solutions and support for addressing this problem within the Department of Defense. Thank you all very much.

Senator TILLIS. Thank you, Senator McCaskill. We will now begin with the testimony, and Ms. Perry, we will start with you.

STATEMENT OF ADRIAN PERRY

Ms. PERRY. I would like to thank each and every one of you for allowing me this opportunity to appear before you today and share my family's story, as well as offer my perspective on the prevention, detection, investigation, and treatment of childhood abuse and sexual assault within the military.

My name is Adrian Perry and I am the spouse of an Active Duty United States Marine. My husband, Rick Perry, is a Major in the

United States Marine Corps serving as an executive officer and is currently deployed. This is my husband's fifth deployment we have gone through together as a family. I have always been so proud of my husband's service to our country, and I have always been so proud to hold the title of a United States Marine spouse. This life has brought us so many amazing opportunities. We have lived in Quantico, Virginia; Camp Lejeune, North Carolina; Oahu, Hawaii; and Okinawa, Japan. Our children have been given the gift of world travel, and through that, we have been able to make precious and priceless memories as a family. The patriotism that resides in the heart of each member of our family is immeasurable.

Unfortunately, my love for the military was forever tainted by the acts of a colonel, a colonel named Daniel Hunter Wilson. Wilson was one of my husband's previous bosses in Okinawa. From Okinawa, Wilson was sent to Camp Lejeune, North Carolina to be the 2nd Marine Expeditionary Force G-3 operations officer. Shortly after Wilson arrived at Lejeune, our family was moved to Lejeune as well. Wilson was one of the very first people to reach out to us and offer us support when we arrived at our new duty station.

Within a matter of a couple of weeks of visiting the Wilsons' house, my 6-year-old daughter confided in me that Wilson sexually abused her during that time. This disclosure occurred in the Wilsons' home.

Upon finding out this horrible, heinous act had been committed upon our child, my husband and I drove to our house where we immediately called the military police (MPs). We had the MPs at our home in a matter of minutes, as well as Naval Criminal Investigative Service, also known as NCIS. This was the start of the investigation. When NCIS came to our home, we disclosed to them what our daughter had told me.

The next morning we received a call from an NCIS agent asking if we could be at the Onslow County Child Advocacy Center for a forensics interview. This is a child advocacy center that is off base and is civilian-run.

A couple of NCIS agents met us at the center. While the civilian forensics interviewers spoke to my daughters, NCIS was in a separate room monitoring the interview via a live feed. My daughters' interviews were conducted with no input or follow-up from NCIS. The agent himself later stated that he left the decisions regarding the interview solely up to the forensics interviewer. A couple of days after we reported what happened to our daughter, NCIS called us to set up a forensics exam. There was a huge challenge finding an expert in the town of Jacksonville, North Carolina who could do a forensics exam on a 6-year-old child. There were no pediatric forensic exam specialists available in our area to do our daughter's exam. The specialist the child advocacy center utilizes was not available. We were sent 2 hours away to Greenville, North Carolina to the Teddy Bear Clinic for her exam.

As parents, our hearts were shattered. Many days I felt as though I could barely breathe. Just when I did not think things could get any worse, one of our other daughters shared with us that Wilson had done something to her as well. She too was 6. It was her twin sister.

We notified investigators as soon as this was brought to our attention. As the investigation began, it started to seem as though every bit of information and the evidence obtained by NCIS was information and evidence my husband and I were giving to them. NCIS obtained my cell phone, as well as my husband's cell phone, and did a complete data dump from both of our phones. We gave them our Facebook passwords so they could scour through any and all information we might possibly have that could assist with the investigation.

I assumed NCIS would be doing the exact same thing with Wilson's devices. However, I was very wrong on that. Wilson's cell phone and computer were never seized to this day. I continuously asked about the possible seizure of Wilson's personal electronic devices. The responses I would get varied on the issue. A few times I received responses that made me think they were in planning mode to seize his personal devices, and other times they gave me responses that made it seem as though legally they could not seize his personal devices without causing negative ramifications for our case.

I understand that I am not a trained investigator. However, my common sense told me and still tells me that investigation 101 would have led to the seizure of his personal devices given the charges and allegations against Wilson.

I come from a line of law enforcement professionals, both police and FBI [Federal Bureau of Investigation], and each and every one of them were appalled and shocked that Wilson's personal computer and personal cell phone were never seized.

Despite the near exclusive reliance on me and my husband for the facts, no one from NCIS ever sat down with us to create a timeline or verify facts and dates. My husband and I on several occasions questioned why no one was speaking to us to pull together the facts. We questioned how they would be capable of formulating a solid case without speaking to us. As a matter of fact, my husband and I began to feel that this case was too big for NCIS alone. The tentacles were deep and it required a widespread net to be cast as far as investigative work is concerned. We are talking about a "full bird" marine colonel, one rank shy of being a general, with over 35 years of service who has been stationed, deployed, or temporary Active Duty in multiple countries and multiple States across the United States of America.

We asked on numerous occasions for a meeting with the Special Assistant U.S. Attorney, also referred to as the SAUSA, in order to discuss possibly bringing in the FBI to collaborate on this case with NCIS. The SAUSA would not meet with us whatsoever.

In one of the many attempts to give NCIS information, my husband and I shared with NCIS that prior to coming to Camp Lejeune, Wilson had been abruptly removed within a matter of days from a temporary command he was given where he was in charge of a 6-month exercise between the United States Marines and the Australian Defense Force in Darwin, Australia. We suggested NCIS look into why he was removed from his position.

It came out during the investigation that Wilson had made a sexually inappropriate comment to the wife of a United States contractor in Australia. He had sent overly friendly text messages to

a female Australian Defense Force major. He drank alcohol excessively. He shared risqué photos of one of his captain's wives to the Australian Defense Force commander. He snuck on to a secure government computer belonging to a female Australian Defense Force contractor and sent out an inappropriate email to the Australian Defense Force commander.

This misconduct, most of which was sexual in nature, showed prior similar behavior. Based upon my perception, I do not feel Wilson's prior misconduct was adequately investigated. These allegations led to questions of possible prior sexual misconduct while Wilson was stationed in Okinawa. However, NCIS was nonresponsive to investigating Okinawa concerns. Overall, it appeared as though there really was no attempt to delve into Wilson's past to discover prior misconduct, despite the fact that he was charged with a child sex crime.

Even after uncovering that Wilson had been alleged to have behaved in such a sexually inappropriate way in Australia, to include nearly nude photos of one of his captain's wives on his Facebook messenger, NCIS still did not seize Wilson's personal devices. I cannot wrap my brain around the failure of NCIS to act swiftly to obtain evidence from Wilson via his personal devices. This failure has me questioning heavily how lower ranking servicemembers in situations like ours are treated and how their cases are handled.

Nearly 5 months—5 months—into the investigative process, our case was assigned to three powerhouse attorneys who did an unbelievable job in seeing to it that justice was somewhat served for our daughter. Our case eventually went to a general court martial where Wilson was found guilty for sexual assault of a child, conduct unbecoming of an officer and gentleman for all charges against him in Australia, and unauthorized absence. Wilson was sentenced to 5-½ years in the military brig. During our trial, I was not given the opportunity to give a victim impact statement on behalf of my 6-year-old daughter. I was reminded of the pain I felt due to my voice being restricted at sentencing when I saw the gymnasts who were victims of Larry Nassar giving their victim impact statements. We were not given that opportunity to be heard. Part of being able to heal from something as traumatic as this is to be able to speak to those who have harmed you. Those gymnasts were given such a gift by having their voices heard. It was a gift we did not receive.

In our trial, not only were our voices restricted, but the judge directly addressed the jury and read aloud all of Wilson's military accomplishments, stating for the jury to consider his prior military service to our country when they went to sentence him. I will never forget that moment. It was like a slap in my face as a mother. Hearing his awards, accomplishments, deployments, and leadership accolades be read aloud as if they erased what was done to my daughter crushed me. I sat there speechless, absolutely dumfounded and in shock as to what my ears were hearing. Then I sat and watched his defense attorney get up and hand a huge album over to the jury that was filled with photos of Wilson as a child, all the way up through his adulthood and military career. Where was my daughter's photo album for them to look through as they considered his fate?

My personal experience through the investigation process has led me to the following conclusions.

Number one, reports and concerns brought to the people in positions of legal power are not always welcomed or taken as seriously as they should be. In our case, we requested meetings on multiple occasions in order to address concerns we had for our own personal safety. We were often met with absolute refusal to be heard, or when granted a meeting, we had to fight tooth and nail to be heard. For example, we had to fight to have a protective order enforced properly against Wilson. He was being allowed to drive by our home multiple times a day to get to and from work. I should not have to fight to keep my children, my husband, and myself safe.

What would the outcome have been for a young lance corporal in the same situation?

Wilson was not detained for what he did to our daughter until 5 months—5 months—after we reported what happened. For 5 months, we had to live with Wilson roaming free wherever he pleased on base, living about a half a mile from our house. That was traumatizing to say the least. We had to restructure our way of life in order to live on base with Wilson due to a state of constant fear for our safety.

The only reason he was finally detained was because an adult female came forward alleging that Wilson had sexually assaulted her as well.

Number two, rank matters. I am very concerned how other survivors are being treated who may not have the same resources or the ability to advocate for their case like my husband and I did. To be quite honest, they should not have to fight to be heard, believed, and taken seriously. I want to make something very clear here. Rank matters in how these cases are treated, and that is unfortunate. I believe wholeheartedly had my husband and I stayed silent and let the system as it is right now do its job, justice would never have been somewhat served for our daughter.

Number three, there is a serious failure to provide adequate resources for survivors of sexual assault. There is the failure to provide mental health care. The only resource we were given in regards to mental health care was from that of Onslow County Child Advocacy Center. I was handed a sheet of paper with three names on it of counselors who specialized in child trauma therapy. Two of those were on base and one was off base. I did not feel comfortable with going on base for any help after what we had suffered at the hands of someone in the military. That left us with one option for emotional help.

One, it is not okay that a victim of child sexual abuse is not being afforded more options for mental health than a mere sheet of paper with three names on it. Keep in mind that the little help that was offered was not from the military. It was from Onslow County. Our civilian victims legal counsel who worked pro bono on our case stepped in and worked tirelessly to find us a therapist that could see our entire family. Let that resonate. Our civilian legal counsel that we ourselves sought out had to fill in the gap for the military and get us the help we truly needed. Where was the

military when we needed them? What did the survivors who do not have the resources we had do? What is happening to them?

The military needs to adequately provide mental health care resources for survivors of all types of abuse. It is my humble opinion after our experience and after speaking with many survivors that the military is falling incredibly short in this arena. Providing mental health care should be on the forefront, a must-do for the military in order for survivors to be able to begin to heal and have the support and help they need and deserve in order to get through this type of trauma and the trauma that comes with having to prepare for and go to trial.

There is also the failure to provide sexual assault forensics experts and specialists. After reporting what happened to our daughter, a couple days later NCIS requested we take our daughter to have a forensics exam. We had to drive over 2 hours away to have our daughter be seen by a pediatric forensics exam specialists because there were not any available to see her in or around Camp Lejeune, North Carolina. My daughter and every other survivor of sexual assault should be afforded a prompt, readily available forensics exam. It is unacceptable to me that we had to drive for 2 daunting hours to take our child to do something no parent should ever have to take their child to do because the resources required were nowhere to be found within our vicinity.

Number four, there is a lack of properly trained investigators. In our case, NCIS failed to seize Wilson's personal cell phone and his personal computer. I question why there was such refusal to seize his devices. They also failed to thoroughly delve into Wilson's past in order to connect and look into prior similar behavior.

Another concern is that NCIS did not seem to be properly trained in regards to how child forensic interviews should be carried out and handled. This is evident by the lack of a follow-up interview with my children.

NCIS was not quick to respond to obtaining any evidence whatsoever from the accused. The sole means of evidence collection should not be from the victim. Their failure to promptly obtain evidence resulted in very little evidence being collected from Wilson. Although there were two personal hard drives found belonging to Wilson right before the trial began, they were not discovered in enough time prior to trial to be used in any way for trial or charge purposes. NCIS had plenty of time to put forth a solid investigation, but it came across as though our case was not a priority.

Wilson went to trial with over 20 charges against him. It is my belief that had NCIS conducted a more thorough and solid investigation, more of these charges would have stuck. A finding of not guilty is not a finding of innocence.

NCIS was apparently not trained in such a way that provided a proactive role in our case. The investigators working sexual assault cases need to be trained more thoroughly. Their lack of knowledge in how to properly handle and investigate these sensitive cases is failing survivors and making the possibility of justice nearly impossible. We deserve so much better.

Number five, there is inadequate sexual assault prevention follow-through from commanders. Yes, there is plenty of training being given to these commanders, but where is the follow-through?

This was evident in the lack of response to the concerns and red flags that were raised in regards to Wilson's prior misconduct in Australia that was sexual in nature. Had Wilson's command properly addressed the many reports of misconduct from Australia, Wilson would never have been able to take our child's innocence from her. Commanders need to know how to identify red flags, take them seriously, and respond accordingly. It took an Australian commander to point out to American Marine commanders that the Marine Corps had a serious problem on their hands with Wilson. How did our own military miss this?

Catching and acting on those red flags is the vital step that is missing in our military when it comes to prevention. These predators are not being caught until it is too late and another human being's life is torn apart. The cost of failing to prevent these predators is too high to just turn a blind eye. In our case, the cost was that of my 6-year-old daughter's innocence. I will never be able to fix that or get her innocence back for her. The evil that was done to her is an evil only God can redeem, but it is an evil that the Marine Corps could have prevented. I cannot stress enough the need for military leadership to identify red flag behavior, and not only do they need to identify this behavior, but act on it promptly.

Finally, trained legal professionals should be spearheading these cases. Our team of attorneys, Lieutenant Colonel John Stevens, Captain Sam Adams, and Captain Cory Wheelert, were nothing short of a powerhouse team. Each one of them brought something powerful and important to the table. If it were not for these men coming on board nearly 5 months after we reported what happened to our daughter, we would never have had any hope of seeing justice somewhat served. They were phenomenal. When they stepped in, it was as if order had finally come. The importance of the legal professionals cannot be overlooked and needs to be embraced and supported.

There also needs to be a focus on ensuring that survivors of all types of abuse are afforded victims legal counsel. I do not know what we would have done without our military VLC, Major Nathan Cox, and our civilian team of VLCs from Arnold and Porter. They were our voice. And without them, we would never have been heard.

In closing, I would like to thank you all again for your time. I want everyone to understand that I love our military, and I love the United States Marine Corps. Yes, what happened to our daughter shook our world up and it changed so much in our lives. What Wilson did to our daughters changed them permanently. This devastation done to our daughters crippled my husband and I to our core. I personally grew very angry, but what I realized is that my anger was and is righteous. Part of that anger and hurt stems from the fact that the very institution that my husband and I have remained loyal to for over 18 years and continue to remain loyal to despite what we have suffered has still yet to offer a simple apology for what was done to our daughters.

I knew I had to take the hurt and the pain and anger and the evil done to our family and do good. I am here today to do good for our military and our Marine Corps. I am here in hopes that my voice will be heard on behalf of all survivors of abuse so that the

principles and values of what the Marine Corps and our entire United States military were founded on can be salvaged.

It is extremely unsettling to me that the first question I am asked when people find out that I am advocating on this matter is, how has this affected your husband's career? It is a serious problem when advocating for what is right and good in regards to child sexual abuse is looked at as a threat to positive progression in the career of a servicemember.

If our military continues to turn a blind eye to the dark culture breeding in our military's ranks, the military will be the victim of their own demise. This culture has to be attacked. The enemy is not always fought abroad. In this case, it is staring us right in the face in our very own ranks. Our country is the great force that it is because we have fought for and accepted change over time throughout the history of our Nation. This very same concept applies for our military and how cases of abuse are handled. We can no longer accept the current handling of these cases. Times are changing, and the military should be the first to not only adapt but act, setting the tone for all institutions on how these cases should be handled. We are known for our powerful Armed Forces. And the fact that this is happening in our own ranks is a sign of weakness to rest of the world. It is a mission the United States military is failing at currently.

The military should be the institution that is setting the precedent in what right looks like in regards to how these cases are investigated and treated. It is time for military leadership to become part of the solution. As a mother, I will not stop fighting for justice for my daughters and for those who cannot fight for themselves.

Thank you so much for your time.

Senator TILLIS. Thank you, Ms. Perry.

Ms. McKinley?

STATEMENT OF MERCI MCKINLEY

Ms. MCKINLEY. Senators, thank you for having me today. My name is Staff Sergeant, retired, Merci L. McKinley from the United States Army, and I am a survivor of intimate partner violence in the military.

I am here today to be on the front line to share my experiences and recommendations in an effort to improve the military's approach towards domestic violence as a whole. I am going to disclose the following: the type of abuse I experienced, my interaction with the Killeen Police Department, the type of medical care I received, my process with the Family Advocacy Program, experiences with other survivors prior to separation from service and after separation from service, the process I took to even receive the justice rendered that I now question, and the overall recommendations based upon the aforementioned.

While stationed at Fort Hood, Texas from September 2014 to January 2015, I was involved in an intimate relationship with a military member of equal rank. During the course of this relationship, I was both strangled and beaten. I was strangled in such a manner that I had to take muscle relaxers long after just to be able to talk, eat, and swallow.

The measures I was using to conceal the extent of my injuries was not working. After 3 days of attempting ice packs, I elected to be seen at the troop medical clinic in which I was prescribed muscle relaxers.

In January 2015, I was physically assaulted which resulted in significant bruising in my torso, legs, back, arms, and additional damage sustained to my prosthetic knee. At the time, I was being medically retired for failure to progress in a certain amount of time following a left total knee replacement and other treatments to address the wear and tear that deployment in military assignments had placed upon my body.

During the assault, the servicemember repeatedly struck, kicked, and stomped in the area where I had my implant, which caused it to become loosened. In June of that year, I had to undergo surgery to repair the additional damage.

Immediately following the assault, I reported it to the Killeen Police Department where I was greeted by both a male and female police officer. The male police officer took my statement while the female police officer's responsibility was to photograph and document my injuries. While I was attempting to explain the cuts on the inside of my lip, the female officer replied, oh, it is not that bad. From this statement alone, I deduced that she was not taking me seriously. At the conclusion, I was given the card of the male police officer on duty who advised me that usually the full extent of one's injuries do not surface until the following morning.

The next morning I noticed I was sore, had significant bruising in certain areas of my body, my breathing was labored, and I was limping. Rather than report to early accountability formation in that condition, I went to Carl R. Darnall Hospital emergency room to be seen. I explained what happened to the attending physician who completed my exam and ordered x-rays to ensure I did not have internal injuries or bleeding. The attending physician asked if I was sexually assaulted as well, which I denied. I was prescribed additional pain medications. I was released, but neither medical personnel from either the troop medical clinic nor the Carl R. Darnall Hospital emergency room elected to notify the military police.

I confided in a female noncommissioned officer within my unit who recommended that I go to Family Advocacy to seek additional care and counseling. Under her recommendation, I went to Family Advocacy on Fort Hood, Texas and completed an initial intake. During my intake, the representative asked if I wanted to complete a restricted or unrestricted report, and they completed a matrix. Based upon my response to the matrix, the representative excused herself to go speak with the director.

Due to the severity score received from the matrix, I was advised that a restricted report was not an option, as my overall safety was at stake. I was also informed that I was perhaps de-sensitized and in denial that I could not see the escalation of abuse nor how it affected my overall safety. I was provided a packet that included information on how to file a pro se protective order, my responsibility to complete the enrollment in Family Advocacy Program, and a safety plan.

The next day I contacted the district clerk's office of Bell County, Texas to inquire about what all was needed for the pro se protective order. I was told I would need copies of medical evidence and anything else that would support my request for an order of protection. I had to go to the Carl R. Darnall Hospital correspondent's office to obtain copies of every time I was medically seen for the abuse. This took some time because I had to wait for clearance from my supervisors to grant me permission to take care of what was required. I also had to wait until the hospital correspondent's office retrieved the copies of my exams from my medical records. Depending on what is required to be retrieved from your medical records, it can be an immediate response, a 72-hour turnaround, or as long as a month.

Once I had what was required, I went to the district clerk's office to file my pro se protective order request in person. I had to wait the majority of the day for it to be accepted, approved, signed by a judge, and given a court date. From there, I had to take all of the approved documentation myself, the temporary protective order, and court date to the Killeen constable office so they could, in return, serve the accused. Before the accused could be served, the Killeen constable office had to coordinate with the Fort Hood provost marshal office to serve the papers on a military installation, as the accused was trying to avoid being served off post. I cannot definitively say the time frame this process took, but it was neither immediate nor within a 1-day time period.

I was accepted by Lone Star Legal Aid to assist with my upcoming court hearing in reference to my protective order.

The day of the first court date, the judge delayed the hearing to provide the accused ample time to seek legal counsel, as well as fulfill his financial obligations to the court.

Between that period of waiting for the next court date of February 18th, 2015, the accused had contacted my legal aid to try to get the protective order amended to suit his needs. My legal aid called me and said directly, "Ma'am, I think he is just trying to save his career and convince me to oblige of his request." I was not clear as to her stance and whose side she was on directly. So I fired her.

In an effort not to be without legal representation by the next court date, I tried to find an attorney within the local vicinity. It took me going through a total of 10 attorneys to find one who did not attempt to throw me out of their office and accept a payment plan based upon their fees.

Needless to say, my 2-year protective order was granted on February 18, 2015. The presiding judge, who was a retired colonel from the JAG Corps, distinctly asked me if I knew the difference between a civil court and a criminal court. She also asked why weren't any charges filed. I responded with the detective assigned was hard to reach, and I was also informed that they were backed up with other cases and that was the explanation that I received as to why no charges were filed. She was flabbergasted in a sense, but advised my attorney to make sure I obtained a copy of the court transcript and proceedings to provide to the Killeen Police Department and the military. She ordered the accused to reim-

burse my attorney fees, pay the court, and adhere to the 2-year protective order.

The victim advocate from Family Advocacy Program who accompanied me to court assisted with obtaining the written military protective order once the civilian protective order was granted.

My attorney informed me that I was the first case in which the judge ordered the accused to reimburse the attorney fees and had given a direct order to provide the court transcript to the local and military authorities.

I met with my attorney once more who said directly—and I guess this was just his opportunity to try to properly advise me. He said, “I am going to advise you as if you were my own daughter standing before me.” He said, “Do you honestly think the Killeen Police Department is concerned about a few cuts and bruises here and there? If you want justice in any form, you need to knock on the doors of 3rd Corps, which is Fort Hood, Texas and the general over Fort Hood, Texas. I have seen too many cases like this, and the military needs to do something.”

Under his advisement and insistence from the judge, I followed and commenced the process. I paid for the court transcript, and I contacted the 3rd Corps commander’s secretary asking to be placed on his calendar. Furthermore, I met with the supervisor of the detective to express my concerns with the lack of investigating. I spent the majority of the time thereafter pleading with both parties to transfer jurisdiction to the military.

The military took jurisdiction. Criminal Investigation Division performed their investigation, and the Family Advocacy Program case review committee convened. Both the Family Advocacy Program case and the Criminal Investigation Division came back rather quickly with the result found. Charges were conferred for a court martial. However, the accused was administratively separated in lieu of the court martial, and I now question the full extent of whatever consequences the accused actually received.

Prior to this, the prosecuting attorney kept advising me that she represented the chain of command and the chain of command’s best interests. This was to make it abundantly clear that she was not my attorney. However, due to the rapport I am assuming she and I developed, she had expressed frustration with previous cases in a generalized manner. She expressed her confidence of dotting all of her I’s and crossing all of her T’s to ensure a conviction and failed to obtain one. She also expressed in confidence of how after selecting the panel for court, some members still hold firm to the belief of why did they not just leave or assaults occur in dark alleys by complete strangers.

I was provided a copy of the case review committee results, and an attorney from his chain of command was content with the results because at least something was done.

The key takeaway from this whole process is what I had to do and the effort it took on my part. Not all survivors of intimate partner violence are the same. If we go forward expecting this to continue to be the process in any way, shape or form, justice could be delayed or even denied. The cycle of abuse will continue because some will compare the amount of effort it takes in an attempt to

compartmentalize and rationalize the abuse as a means to stay in the situation.

Prime example. In 2017, after separating from service, I encountered a female friend who was Active Duty and in the Navy. Her civilian husband had punched her in the face while she was holding their infant daughter and attempted to push both of them down a flight of stairs. She approached me with her situation, and I immediately advised her to see the Navy's Family Advocacy. They handed her the same packet I was provided. Where she and I differ was no reference list was given of legal aid services.

Finally, we contacted—well, she and I contacted the House of Ruth. She rarely had any contact with her legal aid, and when she did, it was minimal at best. A blanket service was being provided rather than tailored to her situation.

When she attempted to change the locks of her own home, she was advised she was not allowed to do that. In addition, her husband had control of all of the finances. She could not afford a real attorney nor could she adequately afford Pampers and necessities for her child.

I told her to contact the Navy's version of the Army emergency relief of her command financial noncommissioned officer. She was denied financial assistance.

I cannot definitively say what became of her situation because our contact became few and far between by her choice as she dealt with what she was facing. Despite my providing her financial support or trying to develop ways to afford an attorney retainer fee for her, it was not enough. I tried my best to advise her based upon my own personal experiences. Her unit did not even attempt to grant her accommodations on the military installation, which is local here, since she was advised she was not allowed to change the locks on her home.

Throughout my process, I still had to complete the mandatory counseling through Family Advocacy. There was a slight miscommunication with scheduling my appointment to being seen to enroll in the mandatory counseling required. The receptionist was attempting to place me within a support group prior to be seen by a licensed clinical social worker. The normal process—and it should be the process—is for the licensed clinical social worker to first determine if one-on-one counseling sessions would be more suitable for treatment as opposed to group sessions.

During the group sessions, we were provided handouts that predominantly covered the warning signs of abuse. The start of each group session was to discuss the warning signs of abuse, where we were in the process with regards to our cases. Some sessions included spouses and military personnel expressing trying to reconcile with their abuser, their abuser cutting off utilities, freezing their bank cards, not being able to get a hold of anyone within their abuser's unit, not receiving adequate assistance, et cetera. There were some spouses from foreign countries and other spouses who did not know their abuser's unit, where they specifically worked on the military installation, or where important agencies and resources were located. Quite frankly, some appeared as though they were at their breaking point.

The civilian that was running the group sessions sat stoic in a sense, determined to keep us all on track with the handouts provided. I almost equated this experience to being a student under the care of a substitute teacher who provided us busy work.

What had occurred was I connected with some of the spouses that expressed not knowing where certain agencies and assistance were located both on the military installation and locally. I had arranged a time after our group sessions to personally take them from point A to point B. If a spouse indicated that they had not heard from their victim advocate, which was quite often, or direct representation from Family Advocacy in X amount of days, I would physically take her to the FAP to be seen.

On one particular incident, a spouse was told quite frankly in an abrupt manner, "You need to get a job." This was in response to expressing the utilities were shut off purposely by the abuser or withholding financial assets. It was the manner in which the spouse was spoken to that I had a direct problem with. This very same spouse was without a GED [General Education Development], as it was required for her to support her husband's career, stay house-ridden rather than further her own goals. This prevented her from getting a job.

However, I took her to the Army community service building that was advertising classes for both GED and English as a single language classes. This simple assistance served other females within that domestic violence support group conducted by Family Advocacy Program well and empowered them to make better decisions towards their situations. The key takeaway is that I had to be the one to do it.

Given the aforementioned details account of my experiences, I believe intimate partner violence in the military needs to be approached strategically. This strategic approach should involve accountability, care, and be streamlined. Furthermore, it should be approached with an understanding of all the dynamic factors involved.

Accountability entails ensuring all military installations have memorandum of understanding on file with their local civilian law enforcement and support agencies. It appears, from just my experience alone, equal efforts need to be given to address intimate partner violence that occurs off military installations. To my knowledge, not all branches of service and military installations have this memorandum of understanding in place. At the very least, it could include identifying if the parties involved in a domestic dispute are military. There should be an automated system that the local authorities can reference to validate who are military personnel. Immediately following, procedures should be in place of how to contact the local military installation is provost marshal office. In return, this will ensure it appears on a blotter report for the military as a whole, as well as both military police and chain of command to have oversight.

I am well aware that when it comes to jurisdiction in certain cases, the type of offense, severity, and monetary factors influence who takes jurisdiction. Needless to say, oversight needs to be achieved.

In 1929, the Uniform Crime Report system was developed, which is a nationwide program that law enforcement agencies report data to on crimes that occur within their jurisdiction. This includes crimes reported. Perhaps it should become a policy that all provost marshals of the military installation be allowed to review that database because if you do not have that oversight—and just from my experience alone, working with the Killeen Police Department and working with the local community, their decision was not to properly investigate. Nor do I think that they thought that I deserved any form of justice. If I did not go through 3rd Corps or beg and plead for the military to take jurisdiction of my case, how would they have known?

So I think that is why I am proposing that a better memorandum of understanding be placed for all military installations regardless of the branch of service and that the provost marshal of the military installations be allowed to review these databases.

What I have noticed is that each branch of service has their own central registry for reporting incidents and crimes involving domestic violence. They also have their own system that is unique to their branch to adhere to what is mandated by all DOD regulations. In return, they are each responsible for providing the data to the Defense Incident Base Reporting System and what is required to the National Incident Base Reporting System.

You cannot win a battle with a lack of accountability, a lack of true standardization, and lack of constantly streamlining the process. If the Department of Defense can collapse logistics information systems of all branches of the military into one, they can collapse these databases into one so better oversight and accountability can be adhered to.

One might think how much training is truly needed, but it should always be revamped and residual. Training is the only way to ensure the quality of care received or influence justice rendered.

What resonates with me the most is the lack of confidence expressed from the attorney in the military panel that hears certain cases in military court. Perhaps all panelists should be subject to training on intimate partner violence and dispelling the myths associated with it. This training should be compelling, involve storytelling, solicit feedback, and encourage engagement in dialogue. Panelists that receive this training should be identified by an additional skill identifier within the training requirements and resource system. Although dispelling myths, combating organizational behaviors and culture can prove to be an arduous task, it is not impossible, nor should it hinder constant efforts to try. At the very least, consider this recommendation so justice can be achieved. Clearly you cannot always rely on local law enforcement agencies to do that particular job.

Lastly, at the heart of the matter is the care. I am asking that special victims counsel be assigned to all victims of intimate partner violence in the military. We have heard of my process and how the unit's attorney made it clear she was not my direct attorney. The special victim counsel can assist with the legal aspects, especially with both the civilian and military protective order that should be required. No one should be provided a packet and say that is it. Here, go do this, go do that. We have to constantly take

into account one's emotional state, the duration and level of abuse when first saying here is a packet. We are living in an information age, but given how isolated the abused partner is, they may not have direct access to what is needed.

In addition, it should be required that all spouses of military personnel have their own in-processing system on a military installation. I can only speak from an Army perspective. Perhaps it should be held at the Soldier Family Assistance Center. This will eliminate some of the spouses I have referenced who did not know where anything was, could not tell me what unit their spouse was in. All they could tell me was their spouse had the same patch I was wearing at the time. How then can we expect them to know the full extent of what assistance the Family Advocacy, first responders, and even their spouse's units can offer? To eliminate this problem a separate in-processing should be performed for all spouses that includes Family Advocacy.

Also, another factor that can be considered is organizing the domestic violence groups better so targeted outreach can be performed. We are living in changing times with the relationship dynamics, preferred gender identification, et cetera. Furthermore, I am well aware that civilian spouses are offered financial assistance throughout the process and even after conviction of domestic violence from the military. However, financial assistance was denied to my friend who was Active Duty and whose spouse was civilian.

That is all. Thank you.

Senator TILLIS. Thank you, Ms. McKinley.

Ms. Vega, so that we can have adequate time for the second panel, if you could keep your—

Ms. PERRY. Sorry.

Senator TILLIS. Oh, no. Actually there is no way—you put a lot of work into your opening statements. They are obviously going to be in the record. And, Ms. Perry, in your particular case there are a number of actions that we are taking in our office about the specifics of your case. But thank you for your testimony. It was very helpful, particularly the suggestions for moving forward.

Ms. Vega?

**STATEMENT OF IRIS VEGA, DOMESTIC VIOLENCE COURT
ADVOCATE, DOORWAYS FOR WOMEN AND FAMILIES**

Ms. VEGA. Good afternoon, Senators. I want to thank each of you for the opportunity to be here and share the experience and the stories of the survivors.

My name is Iris Vega. I serve as the court advocate for Doorways for Women and Families, a nonprofit whose mission is to create pathways out of homelessness, domestic violence, and sexual assault. So my role as the court advocate is to work with survivors who come into the courthouse. We work on protective orders, safety planning, and child support and custody issues. So these are the stories that I will share with you today in regards to what they experienced.

Survivor number one came to the courthouse with her victim advocate from the military. And what she explained in her statement was that her husband had strangled her on several occasions in front of their 9-year-old baby girl that was with them. She was

scared. She did not know what to do. She reached out to the military family victim advocacy who, in return, referred her to get a protective order at the civilian court.

She also had reached out to the commander who was the military spouse commander, and he had placed the abusive partner out of the home and in the barracks.

So she pretty much felt very supported through the military process. But her challenge was to face the civilian side, which was where we were.

The civilian side, as you know, is not connected with the military. There is a big gap in communication there. So when the survivor comes in and her abusive partner is in the military, there is no way we can know what is happening in the military side. We do not know what the commanders have done. We do not know what the victim service has done with them. They just come with what they tell us. And our judges most of the time require proof. Did you call the police? Who is involved? Have you told somebody? A lot of the survivors that will come in do not have that because there is no communication between those two. The commanders are not there to explain what had happened. Sometimes the victim advocate would not be there with them. They will be by themselves. In this case, she really had to retell her story again and again to different people, to the judge that was there to try to get that protective order in place.

With a lot of work, she was able to do it. We were able to connect her with legal aid so they can represent her with a protective order. But the fact that she has to go through so many loops to be able to tell her story and get safety nets was something that we have to keep providing her with emotional support to continue to that process. She was able to secure one and able to make out safety in that case.

Our survivor number two came to us through the hotline. She described her husband as having post traumatic stress disorder (PTSD) and that he had become increasingly angry towards her violently. He would hit the walls, destroy personal property, and tell her that if she ever was planning on leaving him, that they both would end up dead. So she became very worried for her life and safety concerns. Because there was no physical abuse, it was very difficult for her to reach out.

She finally decided to reach out to the—not to the commander but the higher ranking from her husband. And he told her that this will be taken care of. With time, nothing really happened.

She then reached out to the family advocacy center at the military, who gave her resources and told her where to call and where to go, but she was expecting more action from them. Nothing really happened.

She decided to take things in her own hand, came to Arlington, got a protective order, the preliminary one. But it was very difficult again to make it permanent because there is no report. There are no police calls. There is no physical abuse.

She strongly believed that the problem was that her husband was a sergeant, and that nobody was willing to do anything because of that. She felt that she was left alone, that there was nobody there to support her in regards to the military side.

But not only that, she also was challenged on our civil side because the judge—when we went in front of the judge, he looked at her and said, do you know you can ruin his career doing this? So it was not about the safety of the survivor. It was more about he is a sergeant and you are going to ruin his career. So this is the message that she got through everywhere that she went, that nobody was going to do something, anything because of that.

She was denied a protective order. It never became permanent. We had to do a lot of safety planning. She eventually made it out, but it was a long way for her. It was not easy. We had to get her into counseling, get her outside resources that would be able to help her.

And this also is the same thing you see over and over again. When there is emotional and psychological abuse and you do not have a lot of the physical, it is very hard for the survivors to even reach out to the commanders, to the advocacy center when there is nothing they can show for.

Survivor number three came to us at the Poor House. She was sent there actually by her commander because she was told that it would be easier and faster if she would do the protective order through the civil side first. She believed strongly that the commander did not want to do anything because, in her words, they were buddies with her husband, and she felt that he did not want to get involved. It was a domestic violence situation, and it was between them. So he told her if you get a civil protective order, then I can do something in here.

And for her, she did have a lot of physical abuse. There was a lot of pushing to the point that he would grab her by the neck, choke her. And when she came to the courthouse, she had bruises on her lips and her mouth, and it was very obvious. So in her case, it was not difficult to get a protective order because you could see it. But in the other cases, it was not that easy.

So once she was able to get that protective order, she took it back to the commander and he was able to proceed with that.

So those are some of the challenges that we see not only in these cases but in other cases that we have dealt with. One, which is a big one, is the lack of communication between the civilian side and the military. That includes CPS [child protective services]. It includes nonprofits. Even with the victim advocacy center and other advocates that are outside, police, judges, there is no connection. A way to break that has to be in place.

Another big challenge that we see—and we have seen it over and over again—is the officer's rank. Many of the survivors are scared. They said if I go forward with this, he is big, he is doing this, his career will be ruined, and I do not want to put that in him. And when they do decide to go forward, there is very little support in the military for that and very little protection for them.

So based on those challenges we have seen, we think some other recommendations would be to be able to put a system in place that will be able to facilitate the military and the civilian communication at all those different levels.

The second would be to provide training. We believe so strongly that training does make a difference. And the people who are in charge, higher ranks, officers, commanders who are the ones who

are making those decisions right now—and the moment that victim, the survivor is calling out and reaching out to the military, everybody who is involved, the prosecutors, the panelists, everybody who is involved in that process needs to be trained, and they need to be trained in trauma-informed, and it has to be survivor-centered.

Once again, collaborating. I think collaboration with the outside resources is very important. As we heard in some of the cases that we have here today, outside civilian resources sometimes make a big difference. So being able to have the military connect the survivors with those resources outside, knowing what they are, what they are doing, connecting them is very important. And I believe that is the only way we can continue to nurture the culture that starts by believing that, yes, that happened. Start by believing the survivor and having a survivor-centered approach to them.

Thank you.

Senator TILLIS. Thank you, Ms. Vega.

Ms. Perry and Ms. McKinley, thank you so much for the work you put into your opening statements. And we will have those for the record.

And, Ms. Perry, Ms. McKinley, this is the first—once we receive your testimony—the first exposure I have had to your case, but I am sure that our staff, the committee staff, and our offices' staff, will have follow-up questions for you and Ms. Perry.

You touched in your opening statement about Wilson—it is impossible for me to call him “Mr.”—had behaviors that were clearly exhibited in Australia and what I consider to be an unacceptable disconnect between the commands in Australia and back at Camp Lejeune that we are taking a personal interest in and we are going to continue to speak with you and try to identify how we can prevent that in the future. But we also have to hold people accountable for this particular breakdown.

So thank you all for being here today and for your time up here. And I know that this committee is being held because we know that you are only two of so many victims, that we need to do a better job as we move forward with policies on this committee. So thank you very much for your testimony.

Ms. PERRY. Thank you so much.

Senator TILLIS. We are now going to transition to the second panel. The panel will consist of Ms. Stephanie Barna, the Senior Policy Advisor for the Under Secretary of Defense, Personnel and Readiness; Dr. Kenneth Dodge, Pritzker Professor of Early Learning, Policy Studies, and Professor of Psychology and Neuroscience at Duke University; Casey Taft, Ph.D., Professor of Psychiatry at the Boston University School of Medicine; and Jacqueline Campbell, Ph.D., Professor of Nursing at Johns Hopkins School of Nursing.

Thank you all for being here. And if we could have your testimony limited to about 5 minutes so that we can have adequate time for questions. And I am going to take a home State prerogative and start with Dr. Dodge.

**STATEMENT OF DR. KENNETH A. DODGE, PROFESSOR IN THE
SANFORD SCHOOL OF PUBLIC POLICY, DUKE UNIVERSITY**

Dr. DODGE. Thank you very much for the opportunity to be here today.

I am a clinical psychologist, research scientist, and faculty member at Duke University in North Carolina, which is proud home to several military bases.

Since Dr. Henry Kempe first identified the battered child syndrome in 1962, most of our Nation's efforts have been directed toward protecting battered children after the fact of child abuse. This is understandable, but this is a never-win situation because the battered keep on coming. So what I want to talk with you about is moving upstream.

We have moved upstream to try to understand how child abuse occurs in the first place and how we can prevent it from happening, beginning in the very first year of life. We have made progress in helping entire communities lower their infant abuse rate. I began my work in Durham, North Carolina in 2001. Since that date, the population-wide rate of child maltreatment in Durham by official statistics has declined by 67 percent.

We have learned a great deal from scientific research on the causes of child abuse and neglect in early life. We have learned that one size does not fit all. Some families become abusive because of alcohol or opioid or other drug use problems. Still other families may be maternal depression or domestic violence or family financial instability or maybe for a young person, a lack of knowledge about child development and parenting skills. We know financial stress causes challenges that make the problem worse. For some parents it is the stress of a crying baby at 2 o'clock in the morning or in the middle of the night. On the positive side, we know what can protect families. Social connectedness to families, friends, pastors, and professionals can make a difference.

So these diverse needs tell us that one professional intervention will not solve the problem for everybody, but we have interventions that can address the needs of different families. And so what we really face is an engineering problem. How do we understand individual family needs and then direct community resources to the right families at the right time, not to direct resources to all families when they do not need it and not to let families fall through the cracks.

So we have created the Family Connects approach to community child abuse prevention. This program is trauma-informed. It draws on the work from the National Center for Child Traumatic Stress and the Family Assistance Program and other good programs.

Family Connects has three pillars. First, we try to reach every family in the community at the time of birth. We go to the hospital where the birth occurs. We invite ourselves into the home. A trained nurse will have one to three home visits, up to seven contacts with the family. She tries to understand what that particular family needs. Maybe it is professional substance abuse treatment. Maybe it is a parenting support group. Maybe it is an emergency housing loan. She then tries to connect the family. She does education, universal education on sleeping and crying and breastfeeding and a number of other areas. And then she also con-

nects the family to their community resources that particular family needs.

The second pillar is if we are going to make these community resource connections, we have to align all the community resources. In Durham, where I live, we have an electronic annotated directory of over 400 community agencies that we have rallied and learned about to help families at the time of birth. The nurse has this directory at her disposal as she works with families.

The third pillar is an integrated computer data system that tracks every family's contacts and progress so that we can be efficient in our work, we can hold our staff accountable, we can hold agencies accountable, we cannot direct too many resources toward one family but spread them out appropriately, we can track progress and evaluate the impact of what we do.

Now, the Family Connects program is brief. It is temporary. It is community-wide. It costs about \$500 per family for every family in a community. Many families use less than that. Some families use more, but that is the average.

Now, we have evaluated the Family Connects impact as rigorously as we can. We have had two randomized controlled trials, a third field quasi-experiment, a lot of qualitative evaluation as well with over 7,000 families in these experiments and trials so far. Our published evaluations show that the Family Connects program decreases mothers' anxiety, increases their confidence, improves parenting, but most importantly, it reduces official rates of child abuse in a community by one-third. It also reduces injuries and illnesses in emergency rooms as detected by official records.

So we are now disseminating the Family Connects program across the Nation. We are working with 28 communities today. We plan to grow to several hundred communities. With each new community, we learn and we adapt the program. We believe military communities such as the Army's Fort Bragg near Fayetteville and the Marines' Camp Lejeune in Jacksonville are terrific opportunities to promote infant healthy development and prevent child abuse. We believe we can lower the child abuse rate in these military communities.

Thank you.

[The prepared statement of Dr. Dodge follows:]

PREPARED STATEMENT BY KENNETH A. DODGE

Thank you for the opportunity to speak with you today. I am a clinical psychologist, research scientist, and faculty member at the Sanford School of Public Policy at Duke University in North Carolina, proud home to several large military bases.

Since Dr. Henry Kempe first identified the battered child syndrome in 1962, most of our Nation's efforts have been devoted to protecting battered children after the fact of child abuse. This is a never-win situation because battered children keep coming. As we all know, even in the military, the rate of child abuse is too high and has not declined enough in the past several years.

Recently, the field has moved upstream to understand how child abuse occurs and how to prevent it within families in the first year of life. We have made progress in helping entire communities lower their child abuse rate. Our work began in 2001 in Durham, North Carolina. Since that date, the population-wide rate of substantiated infant abuse in Durham has declined by over 67 percent.

We have learned a great deal from scientific research on the causes of child abuse and neglect in early life. Abusive parents are not necessarily "evil people" but rather are struggling due to circumstances. A large body of research tells us that every family is at risk after the birth of a child, but the particular reason for risk varies

across families. Alcohol and drug abuse, maternal depression, and domestic violence are factors for some parents. Lack of knowledge about child development and parenting skills are common. Financial stress makes the challenges worse for other families. For some parents, the stress of a crying baby in the middle of the night can be overwhelming. On the positive side, we know that social connectedness—to family, friends, neighbors, pastors, and professionals—can protect parents from going over the edge.

These diverse needs tell us that no single intervention will help all families. The field does have intervention programs that rigorous evaluations have shown are effective for small numbers of families, such as the Nurse-Family Partnership and Trauma-Focused Cognitive Behavior Therapy. But these programs by themselves do not solve the child abuse problem for an entire community. Instead, what we need is a system that reaches every family but quickly triages and provides different resources to different families. We must identify each family's unique needs, address those needs quickly, and match families in need with professional community resources. What we need is a system of engineering to understand what a family needs and to connect that family with the right community resources at the right time. We have created the Family Connects approach to solve this problem. It builds on three pillars.

First, we try to reach every family in the community at the time of birth through one to three home visits. A trained nurse assesses a family's needs, including screening for depression, domestic violence, and substance abuse. She provides education in baby feeding, sleep, and crying; parent self-care and parenting; and child care. She identifies individualized ongoing concerns and connects parents with community resources such as professional mental health intervention, parenting groups, and breast-feeding consultation.

The Family Connects program is brief and temporary. The cost averages about \$500 per family. Many families use less of our time, and some use more.

In order to make these community resource connections, we create a second pillar, which is an alignment of community resources. In Durham, we have created an annotated electronic directory of over 400 agencies that serve families at birth, including eligibility criteria, cost, and evidence of effectiveness. The nurse has this directory at her disposal when she visits a family.

The third pillar is an integrated computer data system that tracks every family's contacts and progress so that we can be efficient in our work, monitor staff performance, and be accountable for implementation and impact.

We have evaluated Family Connects as rigorously as possible, through two randomized controlled trials and a third field quasi-experiment. Our published evaluations show that the Family Connects program decreases maternal anxiety and improves parenting. Most importantly, it reduces child abuse as indicated by official child protective service records and illnesses and injuries at emergency rooms.

We are now disseminating the Family Connects program across the Nation. We are working with 28 communities today and plan to grow to over 200 communities. With each new community, we continue to learn how to adapt the program to particular circumstances and how to improve impact. We believe military communities, such as the Army's Fort Bragg near Fayetteville, and the Marines' Camp Lejeune in Jacksonville, offer both challenges and opportunities to promote infant healthy development and prevent child abuse.

Senator TILLIS. Thank you, Dr. Dodge.
Dr. Campbell?

**STATEMENT OF DR. JACQUELYN C. CAMPBELL, RN, FAAN,
PROFESSOR, ANNA D. WOLF CHAIR, JOHNS HOPKINS
SCHOOL OF NURSING**

Dr. CAMPBELL. I want to thank the committee for having us. I especially want to thank both of you Senators for your eloquent, informative opening remarks.

I am a nurse researcher at Johns Hopkins University School of Nursing. I have done research on domestic violence and health outcomes for more than 20 years. I was a proud member of the congressionally appointed U.S. Department of Defense Task Force on Domestic Violence in the military from 2000 to 2003. In that role, I was able to travel all over the world and observe and listen to

domestic violence survivors, domestic violence offenders, and those that were trying to deal with domestic violence in the military. I learned so much about the military and grew to an even greater level of respect and honor for all of our armed services at every rank.

Most of the recommendations that we made as part of that Domestic Violence Task Force were adopted by the military. We could hear from some of the testimony some of the things that are supposed to be put into place. The problem is now, of course, implementation, sustainability, continuous evaluation, and continuous improvement. That is where I think we have fallen down.

One of the recommendations we made was to conduct a systematic population-based, regularly repeated and, importantly, totally anonymous survey of Active Duty military women and Active Duty military wives, wives of Active Duty military men. This was done by the CDC in 2010. It is being repeated now in 2016 to 2017. Those results have not yet been made public.

Fortunately, there is good data from that survey about what was happening to Active Duty military women. What is unfortunate is part of that survey was questions about injury. That injury data has never been published. The military has taken over on that data and has not allowed CDC to publish it. So we do not know how much injury there was to Active Duty military women.

We also know that although it is being repeated now, there is not funding from the military to repeat it after 2016 and 2017. That absolutely has to be done.

From that data, we learned that the domestic violence against Active Duty military women was very similar to the amount of domestic violence against civilian women. About 40 percent of civilian women experienced lifetime physical violence, rape, or stalking by an intimate partner, and about 31 percent of Active Duty military women and 30 percent of the wives of Active Duty military men. So very similar percentages, and approximately a third of women in the military experiencing domestic violence.

For Active Duty military women that translates to 56,000 Active Duty military women who have been abused by a partner or ex-partner sometime in their lifetime, 40,000 severely physically abused women by a partner. And even if we look at the past 3 years, which the rates are lower—and that is similar to civilian women—21,000 abused in the past 3 years, 9,000 severely abused Active Duty military women in the past year and 6,000 of the even more severe, repeated physical violence or sexual assault. And that is every year.

We must use that data intelligently to develop policy and to do further research on what is reported and what is not reported to the military. We know that officially reported domestic violence is far lower than the actual domestic violence just like we know that about sexual assault.

What is missing from the NISVS [National Intimate Partner and Sexual Violence Survey], as it is called in CDC, as I mentioned, is the health outcomes of domestic violence for Active Duty military women. And we have new science, as Senator Gillibrand mentioned, about traumatic brain injury that happens to abused women in the civilian world. We need to apply this new knowledge

to domestic violence victims in the military, as well as to our soldiers that are injured by blast injuries and our athletes. This is one of the long-term health outcomes of domestic violence that we are beginning to discover. We have known for a long time that women who are abused by their partners have long-term neurological problems. What we did not know is why. What we know now from new data—my team published it in 2017. We have some data from Eve Valera at Harvard showing definitively that women who are beaten in the head or have facial injuries, hit in the eye, hit in the ear, fractured jaws—I always make the analogy. We know what happens to boxers over time. And domestic violence victims are repeatedly hit in the face, repeatedly hit in the head, and they are also strangled, as was mentioned.

Ms. Vega talked about the woman who was strangled by her partner in front of their 9-year-old daughter, and what was recommended to her was a protective order. Important, yes, but what about medical care for that strangulation? We know that strangulation leads to long-term brain injuries. And what about counseling for that 9-year-old? That is also incredibly important so that we can prevent these children that are so often exposed to domestic violence both in the military and outside from having that cumulative trauma that we know is so important in terms of increasing the risk of them using violence in their adolescent and adult relationships.

We know now that we have to heal from that trauma, as well as teach kids to do better, that it is not just cognitive reasoning that makes the difference in whether or not people use violence. It is also if they have had cumulative trauma. What that does to the brain—we know much more about that.

We also have really good science now in terms of how to treat people with traumatic brain injury (TBI) in the military. We do a great job of treating with the most advanced neurological techniques our blast injury victims in the military who have TBI. We do not do the same for our Active Duty military women who have TBI from domestic violence. So we need to routinely screen in all of our Active Duty military health facilities for those experiencing domestic violence. We need to do it in a way—and as was talked about in terms of restricted referrals versus non-restricted reports to military command, all of that is useful, but we need to be sure to be screening not for just present domestic violence, but for past domestic violence. These neurological problems last long after someone has left an abusive relationship.

We heard from an incredibly brave, smart, resourceful victim of domestic violence. And I always wonder how well they have been treated for those long-term medical problems. And we heard about hers in terms of requiring surgery, et cetera. As soon as we find a victim of domestic violence in an Active Duty military setting, we need to make sure that we are using a traumatic brain injury screen.

There is a modified screen that Kathleen Iverson, who is in the VA [Department of Veterans Affairs], has used with veteran women where women can disclose whether or not they have had a strangulation event and whether or not they have had these kinds of head injuries that would lead to traumatic brain injury. And

again, it is those repeated blows to the head and/or strangulation. That is the issue. We can use those to screen for TBI amongst women, and we can use those to decide how to best provide treatment for those women for the traumatic brain injury.

My last note is, first of all, in terms of the other kind of injury that we too often incur for both civilian and military women and that is gunshot injuries. What we know now in terms of—the person we know of is the Texas shooter was so egregiously violent toward his wife in the military that he was sentenced to a year in the brig. That is really serious domestic violence for that to happen. And yet, the record of that domestic violence did not get into the background check database. And he legally obtained a firearm. We talk about the bill. We talk about fix NICS [National Instant Criminal Background System]. It is not going to fix that problem. We have to look at that very carefully in terms of how that would be allowed to happen to make sure it never happens again.

And as I mentioned, in terms of prevention, those kids that are witnessing domestic violence in terms of treatment for their trauma so that they do not go on to be using domestic violence as they grow older.

Thank you.

Senator TILLIS. Thank you, Dr. Campbell.

Dr. Taft?

**STATEMENT OF DR. CASEY T. TAFT, PROFESSOR OF
PSYCHIATRY, BOSTON UNIVERSITY SCHOOL OF MEDICINE**

Dr. TAFT. Good afternoon, Chairman Tillis, Ranking Member Gillibrand, and Members of the Subcommittee. Thank you for the opportunity to discuss my observations on domestic violence in the military.

I am appearing today on behalf of Boston University School of Medicine and not on behalf of the Department of Veterans Affairs.

The focus of my work is on understanding how domestic violence develops in servicemembers and veterans and in developing evidence-based programs to prevent or end that violence. My programs focus on those engaging in domestic violence or those who are at risk for violence.

Trauma and PTSD are among the strongest risk factors for domestic violence. When a servicemember has PTSD, their domestic violence risk increases threefold. When a servicemember does not have PTSD, their violence rates are virtually the same as in civilians. In other words, existing data suggests that it is the trauma and PTSD that most strongly drives the risk for domestic violence, not preexisting violent tendencies in those who join the military.

However, it is also critical to understand that PTSD does not cause domestic violence. It only increases risk. Although PTSD is related to higher violence risk, most of those with PTSD are not domestically violent. In other words, we must not think of violence as a symptom of PTSD or something that is inevitable. Those who engage in domestic violence ultimately make a choice to be violent and are responsible for their own behavior.

To better understand how trauma increases violence risk, it is helpful to consider how trauma can alter how we respond in social situations. When in a war zone or dangerous area, the servicemem-

ber may be extremely alert to threat and learns to see threats that others do not see. This is obviously adaptive in a war zone, but when the servicemember returns home, they may be more likely to develop a mindset where they assume that others have hostile intentions towards them. They may begin to falsely assume that their partner is trying to push their buttons, is cheating on them, or trying to do them harm in some way. When one assumes the worst in their partners, they will be more likely to engage in controlling and abusive behavior.

Servicemembers exposed to trauma report that their experiences have changed the ways that they view the world. For example, virtually every violent servicemember I have worked with describes difficulty trusting others. This difficulty trusting may be due to observing people harming others in the war zone or perhaps they felt betrayed or did not know whom they could trust during their traumatic experiences. These feelings of mistrust can often carry over into intimate relationships and are often a precursor to coercive and controlling behavior.

Power and control themes are also important with servicemembers exposed to trauma. Perhaps they felt powerless while exposed to trauma and they attempt to exert power and control in their home environment that they did not have during their trauma. They may also use more dominating forms of communication that are effective in a military context but not in the home context.

We need to take a trauma-informed approach when working with those who engage in domestic violence, meaning that we discuss the role of trauma throughout the entire intervention process. Trauma-informed care is standard in every other area of intervention, but the domestic violence field has been slow to adopt it, even with military populations for which trauma takes on particular importance.

Some worry that by taking a trauma-informed approach, we are excusing abusive behavior. In fact, when we listen to the stories that servicemembers tell about their trauma, it lowers their defenses and they open up and take greater responsibility for their abuse. If we listen to their stories, they will join with us and work to end their abusive behavior. We can and should talk about the role of trauma in abusive behavior, while emphasizing accountability and personal responsibility at the same time.

This is not just my theoretical speculation. Through funding from DOD, CDC, VA, and the Bob Woodruff Foundation, my team has developed and implemented the Strength at Home programs, trauma-informed group therapy programs to prevent and end domestic violence. These are the only programs demonstrated effective for veterans and servicemembers through randomized controlled trials. So we now have good evidence that a trauma-informed approach is the best way forward to prevent and end domestic violence in servicemembers at risk.

I believe that the military response to domestic violence is far ahead of the civilian response. Through their Family Advocacy Programs, DOD uses a coordinated community response to deal with the problem and has a system for identifying abusive behavior and getting folks the help that they need. DOD standards for best prac-

tices to deal with domestic violence are also well thought out and trauma-informed, and that is what Jackie was just referring to where she was an important part of that process.

One recommendation that I have is that DOD adopt a system where they identify only trauma-informed programs truly shown to be effective to prevent and end military domestic violence through clinical trials and work to consistently implement these programs across DOD. Currently there are some programs on installations that do not meet this standard. This approach would ultimately benefit military families who experience domestic violence.

Mr. Chairman, thank you again for the opportunity to testify, and I would be pleased to answer any questions.

Senator TILLIS. Thank you, Mr. Taft.

And Ms. Barna, I want to thank you and Secretary Wilkie for having you here.

**STATEMENT OF STEPHANIE BARNA, SENIOR POLICY ADVISOR,
UNDER SECRETARY OF DEFENSE, PERSONNEL AND READI-
NESS**

Ms. BARNA. Chairman Tillis, Ranking Member Gillibrand, and Members of the Subcommittee.

The Department of Defense 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. Wilkie, the Under Secretary of Defense for Personnel and Readiness, and the cadre of dedicated and expert professionals who comprise the DOD family advocacy team, I appreciate the opportunity to appear before you today to discuss the Department's coordinated community response to preventing, identifying, and responding to domestic abuse, child abuse and neglect.

The testimony of Mrs. Perry and Ms. McKinley and Ms. Vega was both heart-wrenching and deeply concerning from our perspective. I want each of you to know how much I respect the courage that you have demonstrated over time and here today in testifying in pursuing care and justice for those that you love, for yourself, and in the case of Ms. Vega, for those she has committed to protect and assist. I deeply appreciated the opportunity hear what you have to say, and I can assure you that the Department will work with this committee to be responsive to the issues that you have raised in your testimony.

To the members of this committee, I look forward to taking your questions and to the discussion.

[The prepared statement of Ms. Barna follows:]

PREPARED STATEMENT BY MS. STEPHANIE BARNA

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 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 servicemembers 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 maltreatment¹ of any kind are not tolerated, condoned, or ignored. The welfare and well being of our servicemembers 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 servicemember'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 servicemembers 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 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 servicemember 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 servicemember'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 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,² 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 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

¹ "Child maltreatment" is an umbrella term encompassing both child abuse and child neglect.

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

in military families. The Department of Defense FAP office 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, servicemembers, 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 servicemembers 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 3 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 servicemember 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 "re-

stricted 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 servicemembers, family members, and individuals in a servicemember’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 servicemember 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 2017, to mandate reporting to FAP, by any individual within a servicemember’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 fiscal year 2000 required the Secretary of Defense to establish the Defense Task Force on Domestic Violence. From 2000 to 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 retraumatization 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 im-

pect 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 servicemembers 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 processes 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, servicemembers 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 servicemembers 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 ex-

isted 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 fiscal year 2016) is approximately half that of the civilian sector (9.1 in fiscal year 2016³), 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 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 fiscal year 2009 and fiscal year 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 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 fiscal year 2014, the rate of "met criteria" child maltreatment incidents decreased slightly in both fiscal year 2015 and fiscal year 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 servicemember or the civilian spouse of an Active Duty servicemember. Intimate partner abuse is defined as an incident in which either the victim or offender may be an Active Duty servicemember 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 fiscal year 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 fiscal year 2016 rates of spouse abuse reporting and "met-criteria" incidents do not indicate significant increases when compared to the past decade. In fiscal year 2016, there were

³U.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>

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, servicemembers, and families, and to improve the effectiveness and responsiveness of our system.

Notably, DOD is partnering with the University of California Los Angeles/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 servicemembers 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 3. 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 fiscal year 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 "3 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 3 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 servicemembers and families.

Collaboration with Federal and External Civilian Agencies

Servicemembers 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 (servicemembers, 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 fiscal years 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

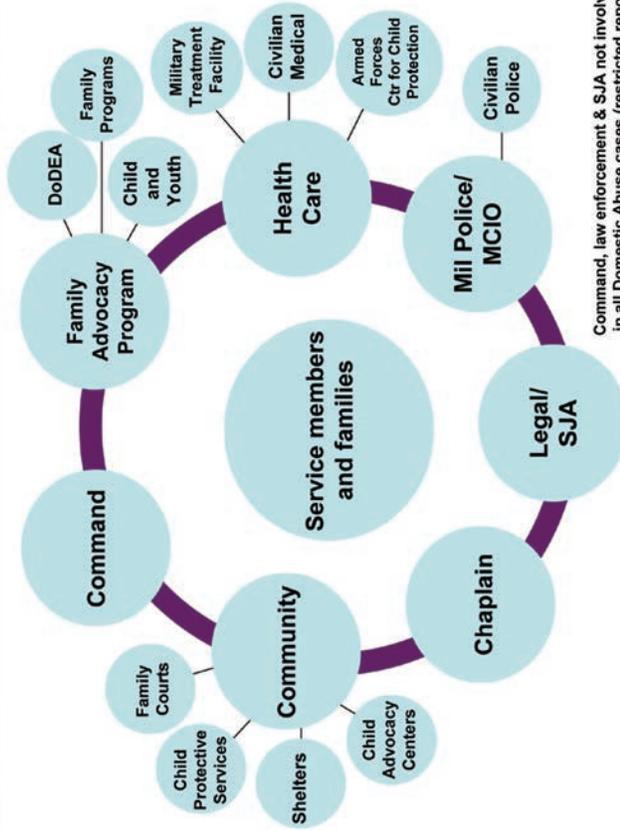
Family violence fatalities reflect the most serious breakdown in family well-being. In an effort to understand and learn from the circumstances involved in domestic and child abuse fatalities, the Department has directed the Military Departments to establish fatality review teams, conduct annual fatality 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

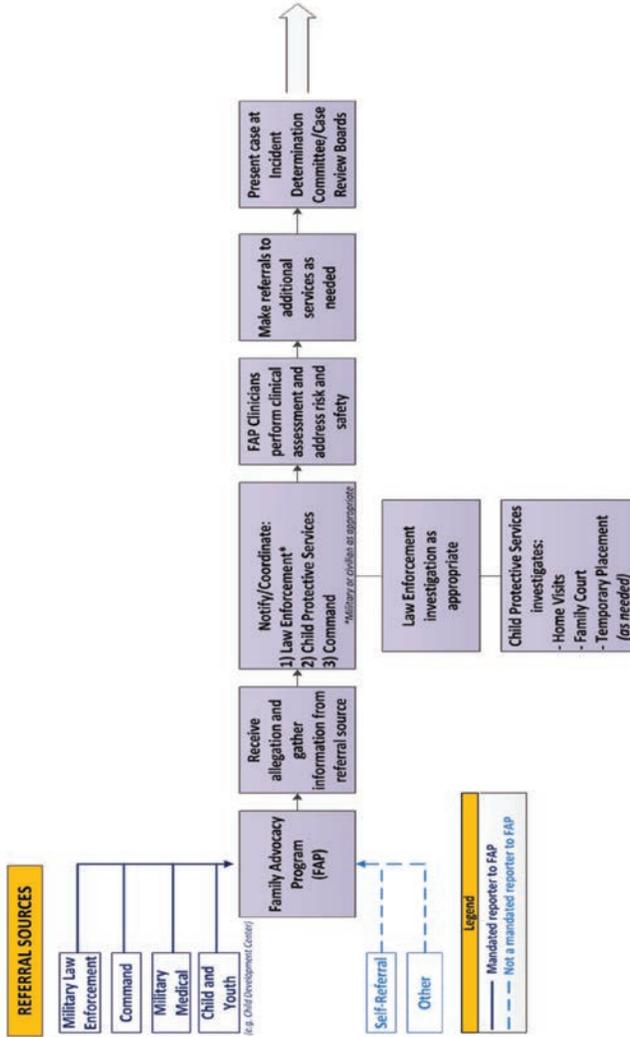
The Department of Defense is committed to continuing its efforts to seek, develop, and implement processes and practices that provide the highest caliber of support for families impacted by domestic abuse and child abuse and neglect. Through our Family Advocacy Program, we will continue to focus on prevention 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



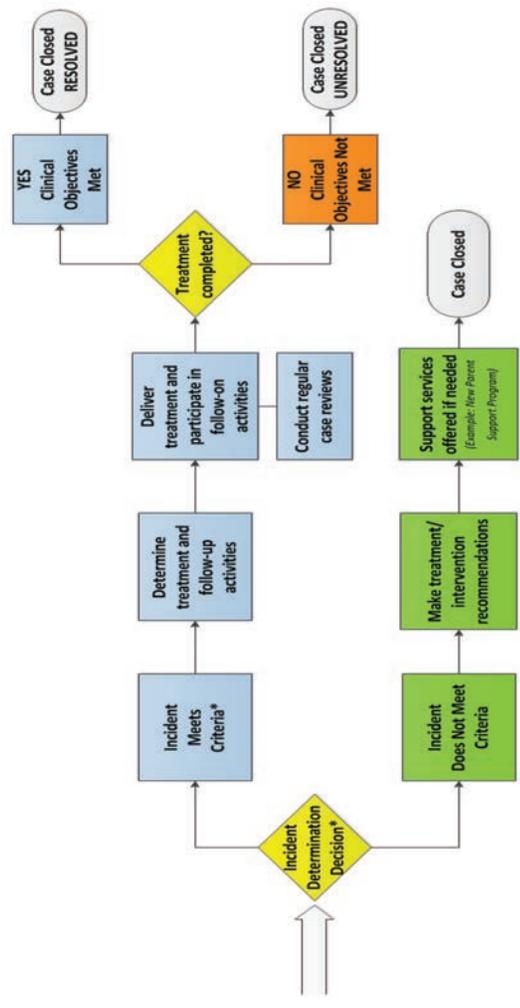
Command, law enforcement & SJA not involved in all Domestic Abuse cases (restricted reporting)

FAP PROCESS FLOW (Part 1)





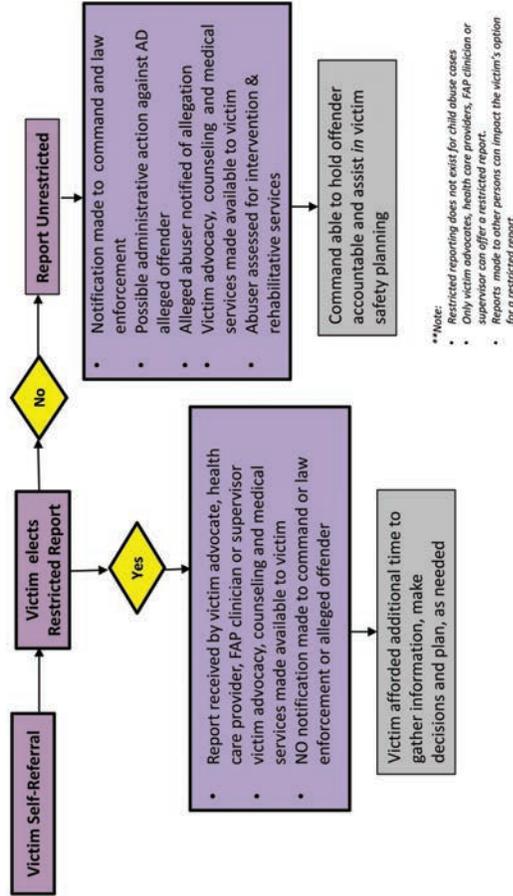
FAP PROCESS FLOW (Part 2)



* 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



Senator TILLIS. Thank you very much, Ms. Barna.

Dr. Dodge, thank you for coming up here, first and foremost, and your work. I think that your review of the Durham experience since 2008 was extraordinary. I mean a reduction of over 60 percent, going from a community that was above the State average that was itself above the national average and doing the work that you have done proves that it works.

I immediately want to know how you pay for it and also how you measure the benefits, and I think you have a very good story to tell there.

If you could briefly talk about some of the ways that you believe there is a compelling economic positive impact, I would like to talk about that, and then we will also make sure that our staff follow up because I think what you are doing there could serve as a basis for something that we should identify a way to pilot, work with the Department, and identify a way to have a public-private partnership as you have done in so many other places now across the country. But if you could briefly talk a bit about the savings. We have the most important thing, which is the benefit to the family, but the savings and the other positive impacts that I think build a compelling fiscal case.

Dr. DODGE. Thank you, Senator Tillis. Yes.

If we look merely at the two primary outcomes of reducing emergency room visits in the first 2 years of life for illnesses and injuries and reducing official child protective services investigations for child abuse, we find in Durham that we save at least \$3 for every dollar that we spend in the program in the first 2 years of life. We continue to do these economic studies as children get older, and we are doing them in our other communities as well. So I think there is a good economic case to make.

Part of the problem is we, of course, cannot in the meantime stop serving those already battered children and abused children. So there is an investment that needs to be made. I think that is the nature of it.

Second, as far as how do we pay for it. We are in 28 communities across the Nation, and each community pays for it in different ways. In Durham, the county commissioners have elected to use tax dollars to pay for one little part of it. Philanthropy pays for another part of it. We capture some modest Medicaid funding for part of it. And we capture some State grants as well. In other communities, we have found that private, for-profit health care agencies will pay for it or have paid for it in several communities perhaps because they think it is a good thing for their clients, their patients, perhaps because it is good public relations, but also perhaps because they realize it will save them dollars down the road in the long run. So I think it is a combination of public funds, private funds, and nonprofit, philanthropy.

In military communities I think it can be a combination of the military plus the surrounding community. So I know fairly well Fayetteville, Cumberland County in our State of North Carolina where we are beginning to interact with Cumberland County, and that community could provide some resources but also the Army's Fort Bragg could provide some resources for those families. So I think there are creative possibilities here.

Senator TILLIS. Thank you very much.

Ms. Barna, probably this is the first time you have heard of this particular program, but I would like an opportunity for us to maybe talk about it and see if there is some way to explore an application on a pilot basis or possibly other programs that we can at least possibly make some headway for the support of military families.

Ms. BARNA. Absolutely, sir. We would be happy to do it. We are familiar with Dr. Dodge's work. We are great admirers of it, and we would be very interested in the outcomes of the current pilots.

Senator TILLIS. Thank you very much. Senator Gillibrand?

Senator GILLIBRAND. Thank you so much, Mr. Chairman. Dr. Taft, can you elaborate on the types of barriers researchers and clinicians face when trying to start these types of programs?

Dr. TAFT. Barriers in starting the program on an installation?

Senator GILLIBRAND. Correct. Prevention programs for military families.

Dr. TAFT. Right. So we actually have a DOD-funded clinical trial/implementation study right now at Madigan, Lewis-McChord where we are trying to implement our couples-based prevention program. And this is a program that is focused on preventing violence in couples at risk, so before there is any violence going on at all. And we have shown through a CDC trial that it is effective. We compared in a clinical trial to support groups, and it was more effective than that.

So we are now attempting to implement this on an installation currently. To be honest, up to this point, we have been trying get through the military IRB [institutional review board] for like 2 years. So that has been our primary barrier thus far.

But I think the most important thing is getting buy-in, and our experience has been reaching out to the partners, to the family members is probably the most successful approach rather than reaching out directly to the servicemembers who do not necessarily want to go to couples therapy or any kind of conflict prevention kind of program.

So I think the biggest challenge is reaching directly to the partners, finding ways to reach them. When we did our clinical trial, we reached them through Strong Bonds retreats, through Yellow Ribbon events. Anyplace where we thought we could talk to partners directly that is where we would go.

Senator GILLIBRAND. Dr. Dodge, I understand that our youngest children are at the greatest risk of fatality from abuse and neglect. And I remember how difficult it was as a new mother, and I cannot imagine what it would be like to go through that kind of experience without a strong support system.

So what are the barriers that families seeking help encounter when it comes to caring for their children? And are there policies and procedures that would reduce these barriers to seek help and the stigma of child abuse and neglect that would make prevention programs more accessible?

Dr. DODGE. Yes. Thank you for that question.

There are barriers that we have learned about from interacting with families over time.

One barrier is the stigma of reaching out for help with mental health problems, with financial problems, even with child care problems.

Another barrier is the belief that one should do it alone. One of the things we say to mothers in the hospital room after giving birth is we congratulate the mother and we welcome the baby in the community. We say every parent can be successful, but no parent has ever been successful alone. We are successful by surrounding ourselves with others. So we try to set up that norm in the family's eyes so that they do not feel that they have to do it alone.

There are ways to overcome those barriers. Our approach is universal. Every family is offered the opportunity. So there is no stigma. So there is no belief that you have to do it alone or should even do it alone, but it is universal.

But of course, we do not want to spend thousands of dollars on every family. So we have to have a way to triage and to get the resources to the right families at a particular time.

So there are barriers, but I think we can overcome them with a universal public health kind of approach.

Senator GILLIBRAND. Thank you.

Ms. Barna, currently we do not have numbers reflecting the estimated prevalence of child abuse and intimate partner violence in the military, only the reported cases. Why does the Department of Defense not survey military members and their dependents to try to establish an estimated rate of prevalence so that we have a better idea of the scope of the problem?

Ms. BARNA. Senator Gillibrand, we have heard you, and we are in the process of actually incorporating questions about domestic violence in our military spouse survey. There are questions about domestic violence and abuse that will be inserted into our workplace gender relations survey.

It is always, of course, a challenge for us to endeavor to survey children in an effort to ascertain prevalence. Our concern is that such a survey would be quite skewed simply because our practice is that for children under the age of 18, we would certainly require parental consent, and that we likely would not receive such consent from households where abuse is ongoing. And as well, just the challenge of interviewing and soliciting the children's response makes that kind of prevalence survey very challenging.

But we are hopeful that the military spouse survey and again the gender workplace relations survey—

Senator GILLIBRAND. You could get some of it from the spousal survey I suspect.

The Family Advocacy Program publishes a report each year containing the number of the reported allegations of child abuse and neglect and intimate partner violence and the number of cases that met the criteria of the program's guidance. However, in the annual report, there is no data on the outcome of such cases in terms of prosecution by civilian or military authorities, recidivism rates, or treatment outcomes.

Can you give us guidance on why Family Advocacy does not track and report this data?

Ms. BARNA. Actually I can speak from a couple of perspectives there.

The Family Advocacy Program is focused persistently first, foremost, always on the victim. Our primary concern is the victim. We have concern for the offender, and certainly we will offer treatment to an offender where treatment is suggested and the offender will participate. But it is all with a view to helping the victim. And so we do not really get involved other than as part of the coordinated community response in the law enforcement, the legal, and the command response to holding the offender accountable.

We do have great concern that if victims were to regularly perceive that our objective is offender accountability, victims would not come to us, that they would be hesitant to, as you heard today, ruin the careers of people that they care about, people with whom they may share a child.

We also have concerns that commanders who today would preventatively refer a servicemember to us say this individual needs service would not do it.

And finally, there are practical concerns. If you saw in my statement our discussion of fatality reviews, we complete fatality reviews only after the accountability process is done, meaning that we are 3 years behind in fatality reviews. So you are seeing our fatality reviews of cases where the accountability actions have only been completed and it is 3 years later in time. We do not want to wait 3 years to provide you with data about how our victims and, in some cases, how our offenders are responding to treatment.

Senator GILLIBRAND. Thank you.

Thank you, Mr. Chairman.

Senator TILLIS. Well, thank you all. And, Dr. Campbell, I think your point on getting sufficient data is critically important for us to instruct us in terms of additional actions we need to do here.

This hearing is not a once-and-done moment. It is a process. I think Senator Gillibrand and I are very focused on this issue, as evidenced by the fact we held this hearing, but what is even more important is the dialogue that follows. So, Ms. Barna, we will be following up with the Department and to each one of you.

We will keep the record open through Tuesday of next week. We may submit questions to you for the record. If you are able to respond, we would appreciate it.

But more importantly, as you track what we are doing here, please make sure you contact my office and the Ranking Member's office for any suggestions and improvements that we can make. Thank you all.

And again, Ms. Perry, Ms. McKinley, thank you for your courage. We are going to do everything we can to make sure that your stories are becoming fewer and fewer until we can get them to be none. Thank you so much, and thank you for traveling here.

The hearing is adjourned.

[Whereupon, at 4:07 p.m., the subcommittee adjourned.]

[Questions for the record with answers supplied follow:]

QUESTIONS SUBMITTED BY SENATOR KIRSTEN E. GILLIBRAND

TALIA'S LAW

1. Senator GILLIBRAND. Ms. Barna, the National Defense Authorization Act for Fiscal Year 2017 contained a provision known as "Talia's Law" requiring any person within the chain of command to immediately report suspected child abuse or neglect. That could potentially mean personnel from rank of E4 to O10 that will all need to be adequately trained on this requirement as well as how to recognize the signs of child abuse.

Ms. Barna, how is DOD monitoring the services' compliance with this requesting?

Ms. BARNA. USD P&R issued a memo to all of the Military Departments on June 12, 2017 providing notification of the new legislation and requiring that DOD and Service-level policies be updated in accordance with the new law. DOD Instruction 6400.01 and DOD Manual 6400.01, Volume 1 were reissued with a Change 2 to include the statutory language on reporting requirements and were both published March 16, 2018. The Service Family Advocacy Programs (FAP) were informed and tasked with the responsibility to monitor compliance. OSD FAP monitors compliance with policy through quarterly meetings with the Services. Service FAP Managers are scheduled to present at the Quarterly FAP Managers' meeting in July 2018 to provide information to OSD FAP on their compliance, to include Service-level policy modifications and any training plans they may have developed. OSD FAP is reviewing additional monitoring processes to include on-site monitoring visits with the Services.

While the Department is required to notify civilian authorities of all allegations, civilian Child Protective Services (CPS) staff are not required by law to notify FAP if and when they receive reports involving military families. Therefore, some incidents may be unknown to FAP, even though those incidents involve military families. To address this gap, the DOD Defense State Liaison Office is working to educate states about the need for state legislation that would require civilian CPS agencies to notify FAP when they receive reports of child abuse and neglect involving military families.

2. Senator GILLIBRAND. Ms. Barna, how is DOD evaluating whether the training is adequate and are there any requirements on who presents the training?

Ms. BARNA. DOD policy states that qualified Family Advocacy Program (FAP) trainers, as defined in accordance with Service FAP headquarters' implementing policy and guidance, conduct training on child abuse and domestic abuse in the military community. FAP trainers may also assist with providing subject matter experts who conduct this training.

Through the reissuance of FAP policies, effective March 2018, the Department has complied with the statute in promulgating regulations to require reporting to the Family Advocacy Program. Through its oversight function, OSD FAP will represent the Department in monitoring Service compliance with the law and associated policies, to include any training or public awareness plans the Services develop to support the requirement to report suspected child abuse and neglect to the FAP. Service FAP Managers are scheduled to present at the Quarterly FAP Managers' meeting in July 2018 to provide information on their compliance.

INTIMATE PARTNER VIOLENCE

3. Senator GILLIBRAND. Ms. Barna, I understand that the majority of survivors of intimate partner violence are female. However, as you know, boys and men can be survivors of child abuse and intimate partner violence as well. I'm concerned about the stigma surrounding this type of violence for male servicemembers or partners. Unfortunately, I know of one particular instance in which a military investigator actually said the following during an investigation of intimate partner violence, "I didn't know a male could be sexually assaulted by a female." What is the Department of Defense doing to change the culture and stigma for male survivors?

Ms. BARNA. The DOD Family Advocacy Program (FAP) recognizes the history and persistent potential in both the military and civilian community for stigma against male victims of family, and especially sexual, violence that may prevent them from reporting and seeking help. Currently, data suggest that victims of either gender feel comfortable reporting domestic abuse incidents to FAP; in fiscal year 2017, approximately one-third of spouse abuse victims (36 percent) and intimate partner abuse victims (29 percent) in met-criteria incidents of domestic abuse were male. While a direct comparison to the civilian population is not available due to the absence of a centralized domestic violence reporting mechanism, these statistics represent slightly higher numbers than those estimated in the civilian sector from

sources such as the Centers for Disease Control through their National Intimate Partner and Sexual Violence Survey and the National Coalition on Domestic Violence.

To increase awareness of prevalence and unique risk factors in male victimization, OSD FAP has funded several literature reviews, to include a 2017 review by the University of Minnesota Center for Research and Outreach (REACH) which evaluates and identifies strategies for engaging males and encouraging reporting, to identify best practices for positive outcomes. OSD FAP is using these findings to guide policy and to improve and standardize services DOD-wide. The Department has also made significant steps to more proactively support male victims of domestic abuse, to include a requirement that all victim advocates are trained in gender bias, unique considerations, and best practices for responding to male victims.

When abuse is reported, FAP uses clinical assessments that are objective to ensure safety of the victim based on circumstances of the incident, including separate interviews with both victim and alleged offender, as well as reports from external sources such as command, medical, law enforcement, and civilian authorities. The installation Incident Determination Committee likewise uses objective criteria to determine whether the case meets standardized DOD criteria for child abuse and neglect or domestic abuse.

Finally, the Department is very deliberate in its use of diverse and gender-neutral images and content in public awareness materials related to parenting, healthy intimate relationships, domestic abuse, parenting, and reporting options for victims/survivors of domestic abuse.

FAMILY ADVOCACY PROGRAM

4. Senator GILLIBRAND. Ms. Barna, I understand from your testimony that the Family Advocacy Program does not track and publish data on the outcome of cases in terms of prosecution by civilian or military authorities or other administrative action by the command because it does not want to chill survivors from utilizing prevention and support services from the program. But, there are other entities that collect this data that could report on this. Why doesn't DOD compile information from the military criminal investigative organizations to publish the data without connecting it to the family advocacy program?

Ms. BARNA. The Department is currently working with the Military Criminal Investigation Organizations and Components on a review to determine what system(s) are currently available that can be modified to collect outcome data. This review was started in May 2018, and we anticipate a way forward by October. We do know that any modification to current systems will require funds that have not been included in the fiscal year 2019 budget.

5. Senator GILLIBRAND. Ms. Barna, I know that it is part of DOD policy to encourage installations to enter into memorandums of understanding with local, civilian authorities and agencies to encourage information sharing and better response to incidents of domestic violence and child abuse. However, it is unclear whether this policy is being met. Is DOD regularly evaluating compliance with this policy? If so, please describe the results of any such evaluation and any efforts to bring the services into full compliance.

Ms. BARNA. Cross-communication and collaboration among military and civilian stakeholders is critical to the overall effectiveness of efforts to prevent, respond to, and provide services related to domestic abuse and child abuse and neglect. Department, Service, and installation FAP policies direct efforts to establish reciprocal agreements in the civilian community for the purposes of information sharing and service delivery. Agreements are executed at the installation level, as the Departments and Military Services recognize that each community will require a customized approach due to specific characteristics of the locality. Thus, the Military Services assume the oversight role for facilitating agreements and ensuring compliance with DOD and Service-level policy.

The presence of current and accurate agreements between FAP and civilian counterparts, such as child welfare service organizations and domestic violence shelters, is a Service-level FAP inspection and/or certification item assessed on an annual or triennial basis. OSD FAP conducts oversight of adherence to all FAP policy through quarterly in-person meetings with Service FAP leaders and periodic oversight activities.

DOMESTIC VIOLENCE AND TRAUMATIC BRAIN INJURY

6. Senator GILLIBRAND. Ms. Barna, we heard from civilian researchers and experts that a best practice is to routinely screen and evaluate patients for domestic

violence and traumatic brain injury. Can you please explain what current programs are in place to train medical providers, first responders, and other response personnel (i.e. victim advocates, law enforcement, prosecutors, etc.) on the signs and symptoms of traumatic brain injury and how the presence of such might impact the respective services provided to that survivor?

Ms. BARNA. The Department of Defense's (DOD) Traumatic Brain Injury Center of Excellence (DVBIC) provides traumatic brain injury (TBI) training and education for Military Health System health care providers, Active Duty servicemembers, supervisors, unit commanders, veterans, and families. DVBIC experts provide training on TBI mechanisms, assessment, management, and recovery after mild TBI, also known as concussion. Although not specific to domestic violence as a cause of injury or designed for law enforcement, prosecutors, etc., such trainings cover the causes and effects of TBI (which may include TBI caused by domestic violence and sexual assault), prevention, screening (including signs and symptoms of TBI), assessment, and treatment.

DOD DATA COLLECTION/SURVEYS

7. Senator GILLIBRAND. Ms. Barna, in your testimony, you mentioned that you are in the process of incorporating questions regarding prevalence of domestic violence in the "spouse survey" as well as into the workplace and gender relations survey of active duty members conducted by the Sexual Assault Prevention and Response Office.

Can you please explain which spouse survey you are referring to?

Ms. BARNA. The Department anticipates that a general proxy for prevalence of domestic abuse behaviors will be available from the National Intimate Partner and Sexual Violence Survey (NISVS) in early 2019, which included both a sample of active duty women and military spouses.

Finally, FAP is currently working with the Department's Office of People Analytics to begin the process of leveraging or modifying existing Federal or Defense Department surveys to include questions on experiences of domestic abuse. This process will rely on developing a methodology which aligns with industry standard survey sampling and methods and convening a panel of experts to guide adaptation and testing of a behaviorally-based measure. The goal of this approach would be to ultimately generate a biannual prevalence rate for domestic abuse in the future. Due to the reliable sampling and weighting methods used, this approach would yield estimates which are generalizable to the military spouse population (or population of military members.)

8. Senator GILLIBRAND. Ms. Barna, if you intend to ask questions of servicemembers and spouses regarding domestic violence, why wouldn't you also ask questions in these two surveys about child abuse prevalence?

Ms. BARNA. A scientific survey to accurately assess the prevalence of child abuse and neglect is not recommended due to concerns that such a survey would underestimate the prevalence of abuse and neglect. Asking questions to servicemembers and spouses regarding their participation in behaviors that constitute child abuse and neglect is not likely to yield reliable estimates, as respondents would have a significant disincentive to provide this information to the Department. The Department has additional concerns with maintaining the confidentiality of respondents, should spouses or servicemembers indicate they currently (or had previously) engaged in such potentially abusive behaviors towards their children, given that there are regulations in place that mandate the reporting of abusive behaviors to the DOD Family Advocacy Program and Child Protective Services. Such responses may trigger Human Subject protection issues and Office of People Analytics survey practices that require breaking confidentiality with respect to respondents when harm to self or others is indicated.

Further, similar concerns of underestimated prevalence arise with the alternate method of surveying military children about their experiences. The majority of victims of child abuse and neglect in military families are five years old or younger. Due to inherent limitations on surveying children this young, estimates would fail to capture rates among this core population, thereby underestimating the scope (e.g., if the survey is unable to capture the group most likely to experience abuse and neglect, the survey estimates will be lower than the true population rate).

In addition, regulations on the protection of human research participants typically require parental consent to survey minors. The Department has concerns that requiring parental consent may result in systematically lower response rates for those children who have a history of abuse or neglect and whose parents may not consent

to their taking the survey. This would introduce “response bias” towards children who have not experienced these behaviors, which may further skew estimates.

9. Senator GILLIBRAND. Ms. Barna, are you working with any outside researchers to develop these questions? If so, who?

Ms. BARNA. Family Advocacy Program (FAP) staff have extensive research knowledge of this issue area and regularly consult with experts and researchers (both within and outside DOD) in the fields of domestic abuse and child abuse and neglect. OSD FAP has not yet engaged outside researchers in the development of survey questions, but is working with survey researchers at the Office of People Analytics (OPA) to begin the process of adding a question (or questions) to generate a prevalence rate of domestic abuse in the military. OPA staff have experience investigating sensitive topics such as sexual harassment, sexual assault, and suicide ideation in military populations.

It is critical that whichever metric or measure is selected has been thoroughly pre-tested to ensure respondent comprehension and is scored for the highest level of reliability. Therefore, in the interest of expediency, the Department is first researching and reviewing existing questions/modules which have been used on prior surveys (both military and civilian) and validated to accurately estimate prevalence.

QUESTIONS SUBMITTED BY SENATOR CLAIRE MCCASKILL

TRACKING AND REPORTING DOMESTIC VIOLENCE CASES

10. Senator MCCASKILL. Ms. Barna, what steps has DOD taken in the past six months to ensure that cases of domestic violence are accurately reported to the FBI's National Instant Criminal Background Check System (NICS) and that the individual running a background check can easily identify that an individual has a domestic violence conviction?

Ms. BARNA. The Uniform Code of Military Justice does have a separate offense regarding intimate partner violence, Article 128b—Domestic Violence.

11. Senator MCCASKILL. Ms. Barna, the Lautenberg Amendment bans access to firearms by people convicted of crimes of domestic violence, even misdemeanor crimes. Many states have separate criminal offenses for domestic violence. The Uniform Code of Military Justice does not have a separate offense regarding intimate partner violence is that correct? Has DOD considered any changes to address this issue? If so what are they? If not, why not?

Ms. BARNA. Possibly. Since Article 128b's enactment the Department is carefully observing its impact on identifying and tracking domestic violence cases in the military.

12. Senator MCCASKILL. Ms. Barna, do you believe that creating a separate domestic violence offense within the UCMJ may resolve some of the issues with identifying and tracking domestic violence cases in the military?

Ms. BARNA. Possibly. Since Article 128b's enactment the Department is carefully observing its impact on identifying and tracking domestic violence cases in the military.

SPECIAL VICTIM COUNSEL

13. Senator MCCASKILL. Ms. Barna, as you know, the Special Victims Counsel program has been popular among survivors of military sexual assault. The most recent DOD Annual Report on Sexual Assault in the Military reported that 80 percent of survivors who interacted with SVCs were satisfied with the service provided to them, more than any other victim service provided by the military. In fact I believe that that state and local governments while may not be able to replicate such a program could definitely learn from it.

Ms. Barna, what impact would expanding the SVC program to include victims of domestic violence have on DOD?

Ms. BARNA. The Department would require additional resourcing and end strength and risks a significant reduction in the quality of services currently provided. Additionally, if implemented, a longer period is needed to train and field additional SVCs.

Domestic violence offenses consume substantially more resources than other violence offenses. This is due in large part to the increasingly complex trial and legal assistance issues involved in domestic violence cases, such as a history of violence, child custody matters, divorce proceedings, victims re-uniting with their attackers,

victims recanting allegations, victims who rely on their attackers for support, and protective orders and violations of protective orders. Because this expansion would include a large number of non-sexual domestic violence victims, the impact would likely be greater than numbers alone might suggest.

Should a Congressionally required expansion of SVC eligibility occur the Military Departments need at least one year to develop, train, equip, and field the additional SVCs and support personnel necessary to handle the expanded workload.

14. Senator McCASKILL. Ms. Barna, what impact would it have on the SVCs representation of sexual assault victims?

Ms. BARNA. The SVC program for each of the Military Departments is at near-maximum capability under the current eligibility guidelines, expanding eligibility would take the SVC programs beyond acceptable caseload levels to provide adequate representation. In total, the SVC programs are representing more than 4,000 victims of sex-related offenses. The optimal case load for a SVC is 25 cases or fewer, with 30 cases as the maximum permissible before encountering an unacceptable degradation of services. Under current manning, the Military Departments are averaging about 27 active cases per SVC right now. There is, therefore, little room for expansion without suffering a significant degradation in services.

Currently, each of the Military Departments has a process for expanding SVC eligibility on a case-by-case basis. This process allows a reasonable expansion of services within resource constraints.

