

Study Raises Concern of Significant Under-Reporting of Child Abuse Within U.S. Army

Statement from PolicyLab Director Dr. David Rubin

Philadelphia, Pa. – Dec. 13, 2016 – Only 20 percent of medically diagnosed child abuse and neglect cases in U.S. Army dependent children between 2004 and 2007 were found to have a substantiated report with the Army's Family Advocacy Program (FAP) – the agency responsible for the investigation and treatment of child abuse – according to a new PolicyLab study. This rate is less than half of the rate (44 percent) of medically diagnosed child abuse cases substantiated by civilian Child Protective Services (CPS). Researchers say this contrast raises questions about the Army-reported rates of child abuse, and suggests under-reporting of abuse cases by medical providers and/or a breakdown in communication between civilian CPS and established military services.

The study, [published today](#) by *Child Abuse & Neglect*, also found that the number of medically diagnosed abuse cases with corresponding substantiated Army FAP reports was poorest for children cared for at civilian treatment facilities, 9.2 percent, but still low for children receiving care from military health care providers, 24.2 percent. PolicyLab partnered with U.S. Army FAP on this research.

Following is a statement reacting to these new findings from senior author [Dave Rubin, MD, MSCE](#), director of PolicyLab at Children's Hospital of Philadelphia (CHOP), pediatrician at CHOP and a presidential appointee to the federal Commission to Eliminate Child Abuse & Neglect Fatalities.

“For many years, the U.S. Army has reported rates of child abuse well below that of the civilian population. This study calls those reports into question. Yet, the U.S. Army can only report cases they know about, and our findings suggest that they may not be aware of the majority of their cases.

“When any health care provider suspects a child has been abused, they are required to report that case to a child welfare agency, or risk losing their license. The Department of Defense created an extra layer of support for children in military families – recognizing their unique needs related to the stress of deployment and frequent moves around the country – by establishing its own child and family services program in 1981, the Family Advocacy Program (FAP). With offices across each military branch, FAP is tasked with investigating child abuse cases and providing treatment and supportive services for affected military families. However, FAP can only provide these supports if both military and civilian health care providers either report cases directly to them or if Child Protective Services reports all cases they receive involving a military child back to FAP.

“Unfortunately, what is implied by the low number of substantiated abuse cases by U.S. Army FAP compared to known substantiation rates in the civilian population is that some children are falling through the cracks of a broken system. Military children move across states more frequently, making it particularly important that FAP know about any maltreatment since they can monitor at-risk military children wherever they are. Although the numbers of abuse cases linked to substantiated reports were higher from military treatment facilities, where health care providers are required to report to FAP, still only one in four diagnoses were linked to a substantiated report, suggesting that under-reporting may be part of the problem at military treatment facilities.

“Among civilian health care providers, the problems are even more complicated. Since they are located off-base, these providers may not be aware of the need to report to FAP and there is no mechanism to mandate they do so. They may well be reporting cases to civilian agencies – that are then assisting children in need – but for the most part, those cases are not communicated back to FAP, which is best positioned to intervene with military families.

“What this study tells us is that we have an incomplete picture of what is happening to a large population of children in this country who might need our help. We must support further research that will detect how systematic true under-reporting and under-recognition is within the Army and other military branches and shed light on why under-reporting may be occurring. We must also hold Child Protective Services accountable for identifying the military family when they are reported to them, and for communicating their involvement back to FAP so the agency can provide consistent military-specific services to children and families in need. Finally, by knowing the true magnitude of this stress to the U.S. Army family, we can better identify the resources FAP needs to meet its obligations in serving military families.”

“Our hope is that by bringing this problem to light, we can work together with our civilian partners and the Army to build a better approach to tracking child abuse cases in the military to ensure no child in danger nor at-risk family is neglected.”

The other authors on the study are [Joanne Wood](#), [Heather Griffis](#), Christine Taylor, [Doug Strane](#), Gerlinde Harb, Lanyu Mi, Lihai Song and Kevin Lynch. This work was sponsored by the Department of the Army (award number: W81XWH-11-2-0100). The U.S. Army Medical Research Acquisition Activity, 820 Chandler Street, Fort Detrick MD 21702-5014 was the awarding and administering acquisition office. The information in this manuscript does not necessarily reflect the position or the policy of the Government, and no official endorsement should be inferred.

Limitations: The study period for this data is 2004-2007. Additionally, the data used didn't include substantiated reports, so the analysis cannot determine what percentage of cases were reported to FAP, but not substantiated. The authors and their Army partners understand the need to reproduce this analysis on more recent and complete data to see if trends observed during this study have continued to present day.

Citation: Wood, J. N., et al. Under-ascertainment from healthcare settings of child abuse events among children of soldiers by the U.S. Army Family Advocacy Program. *Child Abuse & Neglect* (2016), <http://dx.doi.org/10.1016/j.chiabu.2016.11.007>

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About PolicyLab at Children's Hospital of Philadelphia: PolicyLab at Children's Hospital of Philadelphia (CHOP) is dedicated to achieving optimal child health and well-being by informing program and policy changes through interdisciplinary research. Founded in 2008, PolicyLab is a Center of Emphasis within the CHOP Research Institute, one of the largest pediatric research institutes in the country. With more than 25 highly-regarded faculty and 35 passionate staff who bring expertise from myriad of fields covering health, research and health policy, our work focuses on improving public systems, improving health care delivery and improving child health outcomes. For more information, visit <http://www.policylab.chop.edu>.

About Children's Hospital of Philadelphia: Children's Hospital of Philadelphia was founded in 1855 as the nation's first pediatric hospital. Through its long-standing commitment to providing exceptional patient care, training new generations of pediatric healthcare professionals and pioneering major research initiatives, Children's Hospital has fostered many discoveries that have benefited children worldwide. Its pediatric research program is among the largest in the country. In addition, its unique family-centered care and public service programs have brought the 535-bed hospital recognition as a leading advocate for children and adolescents. For more information, visit <http://www.chop.edu>.

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