Whereas, In the last five years, the incidence of military child abuse and neglect has risen from 4.8 per 1,000 to 7.2 per 1,000;¹ and

Whereas, Military families typically relocate often, making it difficult to track instances of child abuse and neglect strictly through state child protective services (CPS);² and

Whereas, The Family Advocacy Program (FAP) within the Department of Defense (DoD) assists in reports of child abuse and neglect in the military when the alleged victim(s) are under age eighteen and/or have a physical or mental incapacity, in addition to being in the legal care of a military personnel, military family member, or DoD sanctioned child care provider;³ and

Whereas, The FAP has over 2,000 counselors and specialized clinicians who work to prevent child abuse and neglect in military families through education and treatment of perpetrators and victims;⁵ and

Whereas, HR 3894 was passed in December 2016, requiring individuals of the Armed Forces, DoD employees, or contracted military employees to promptly report known or suspected cases of child abuse and neglect within a military installation to the DoD and state CPS;⁴ and

Whereas, There is currently no reciprocal requirement for state CPS to report known or suspected cases of child abuse and neglect to the FAP;⁵ and

Whereas, The probability of linkage between a military child abuse and neglect case and a FAP report is lower if the treatment occurred in a civilian facility (9.8% of abuse occurs in civilian facilities versus 23.6% at military facilities), suggesting decreased communication of military child abuse and neglect from the state to the FAP;⁶ and

Whereas, Fifteen states have enacted laws or enforced policies already in place that require suspected cases of child abuse and neglect brought to CPS also be reported to the FAP; therefore be it

RESOLVED, That our American Medical Association support state and federal-run child protective services in reporting child abuse and neglect in the military to the Family Advocacy Program within the Department of Defense. (New HOD Policy)

Fiscal note: not yet determined

Received: 04/26/18

RELEVANT AMA POLICY

Identifying and Reporting Suspected Child Abuse H-515.960
1. Our American Medical Association recognizes that suspected child abuse is being underreported by physicians.
2. Our AMA supports development of a comprehensive educational strategy across the continuum of professional development that is designed to improve the detection, reporting, and treatment of child maltreatment. Training should include specific knowledge about child protective services policies, services, impact on families, and outcomes of intervention.
3. Our AMA supports the concept that physicians act as advocates for children, and as such, have a responsibility legally and otherwise, to protect children when there is a suspicion of abuse.
4. Our AMA recognizes the need for ongoing studies to better understand physicians failure to recognize and report suspected child abuse.
5. Our AMA acknowledges that conflicts often exist between physicians and child protective services, and that physicians and child protective services should work more collaboratively, including the joint development of didactic programs designed to foster increased interaction and to minimize conflicts or distrust.
6. Our AMA supports efforts to develop multidisciplinary centers of excellence and adequately trained clinical response teams to foster the appropriate evaluation, reporting, management, and support of child abuse victims.
7. Our AMA encourages all state departments of protective services to have a medical director or other liaison who communicates with physicians and other health care providers.

Citation: (CSAPH Rep. 2, I-09)

See also: H-515.965 Family and Intimate Partner Violence; H-515.981 Family Violence-Adolescents as Victims and Perpetrators