

## Understanding Military Families and Select Complex Issues

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**U.S. Public Health Service Lt. Marion Willbright, L.C.S.W.**

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# Presenters



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# Cynthia T. Ferguson, Ph.D., M.P.H, M.S.N, M.F.A., A.F.N-B.C., C.N.M.



Dr. Cynthia T. Ferguson is a 28 year veteran of the U.S. Navy and U.S. Public Health Service/ Indian Health Service. Her extensive experience in forensic healthcare, to include sexual assault care, spans her entire military professional nursing career. She was certified as a Sexual Assault Nurse Examiner-Adult (SANE-A) in 2001 and was hand-selected to serve on the Joint Task Force Sexual Assault Prevention and Response Team in 2004. Her Masters in Nursing is from Case Western University, she holds a Masters in Public Health and certificate in Emergency Management from George Washington University as well as a Ph.D. in Public Health from Walden University. Her dissertation, titled “Interpersonal Safety of Active Duty Women in the Deployed Environment of Bagram Afghanistan: A Grounded Theory Approach” was completed after her deployment to Afghanistan in 2010. Dr. Ferguson has a long and distinguished career in forensic healthcare. She is a lifetime member in the International Association of Forensic Nurses (IAFN) and has participated in education and training of sexual assault examiners around the globe. She currently serves in DHA as the first Forensic Healthcare Program Lead Program Director and is consistently proud and honored to work with the many forensic healthcare examiners at MTFs and clinics around the world. Dr. Ferguson is also pursuing a second PhD in Forensic Psychology at Walden University and is a constant advocate for the development and expansion of forensic healthcare in the U.S. military.

# Kandice Ray, M.S.N., R.N., SANE-A, SANE-P



Kandice Ray has 27 years of registered nursing (RN) experience with 14 years of experience as a Sexual Assault Medical Forensic Examiner and is dual board-certified as a Sexual Assault Nurse Examiner– Adult/Adolescent (SANE-A) and a Sexual Assault Nurse Examiner–Pediatric (SANE-P) through the International Association of Forensic Nursing. She transferred to the Defense Health Agency from Army Medical Command Headquarters in March 2021 and assisted with developing the first Sexual Assault Medical Forensic Examiner (SAMFE) Refresher Training. She became a SANE in 2006, first serving as a public health nurse and a SANE at Landstuhl Regional Medical Center in Landstuhl, Germany. From 1993 to 2001, she worked as a Medical Nurse in Minot, North Dakota, as a Public Health in Anchorage, Alaska, as a School Nurse in Anchorage, Alaska, working with adolescent adjudicated sex offenders, and for the military health care program-TRICARE in Honolulu, Hawaii. In 2008, she moved to San Antonio, Texas and joined the Sexual Assault Response and Prevention Program as the first SANE staff. In working with project partners, she assisted with developing and implementing MEDCOM’s first sexual assault medical forensic examiner (SAMFE) adult/adolescent training program. She successfully expanded the program from teaching primarily nurses to a comprehensive Sexual Assault Forensic Medical Examiner Program that trains physicians, physician assistants, advanced nurse practitioners, and nurses.

# Amber M. Jarrell, M.S.N., A.P.R.N., C.P.N.P./C.N.S.



Amber M Jarrell, MSN, APRN, CPNP/CNS is the Forensic Healthcare Program Manager, Forensic Healthcare Director and Pediatric Follow up provider for Fort Stewart and Hunter Army Airfield, Georgia. She has been a Board-certified Pediatric Nurse Practitioner since 2006. Ms. Jarrell has been practicing in the field of forensic nursing since 2009 and has conducted hundreds of pediatric sexual assault and historic exams throughout her career.

# U.S. Public Health Service Lt. Marion Willbright, L.C.S.W.



Lieutenant (LT) Marion Willbright is a Family Advocacy Program Chief with the US Army. In her role she provides strategic clinical direction to 25 personnel, including licensed clinical social workers, and administrative staff, who assess, investigate, and process all allegations of domestic violence and child abuse at Fort Stewart and Hunter Army Air Field in Savannah, GA.

LT Willbright received her commission in the Public Health Service Corps in May of 2018 as a Licensed Clinical Social Worker and was appointed to the role of Officer in Charge of the Child and Family Behavioral Health Clinic. While serving in this role, LT Willbright was appointed to an additional role overseeing the Multidisciplinary Outpatient Clinic. Her capacity for leadership was further recognized by Command, which led to her subsequent appointment as Interim Deputy of the Department for Behavioral Health.

LT Willbright holds a Bachelor of Science degree and a Master of Social Work degree from Howard University. Additionally, she has received a Post Master's Certificate in Play Therapy from John Hopkins University. Prior to becoming a commissioned officer, LT Willbright worked in several capacities as a Special Education Teacher, School Social Worker, Medical Case Manager, Outpatient Mental Health provider, and the Family Advocacy Program Manager.

# Disclosures



- Lt. Marion Willbright, Amber Jarrell, Dr. Cynthia Ferguson and Kandice Ray have no relevant financial or non-financial relationships to disclose relating to the content of this activity.
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# DEFENSE HEALTH AGENCY (DHA) FORENSIC HEALTHCARE PROGRAM (FHP)

APRIL 2021  
(FOUO)

# Presenter(s)

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Defense Health Agency J3 Medical Affairs/Clinical Support Division  
Forensic Healthcare Program: Lead Program Director (FHP-LPD)

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# Objectives

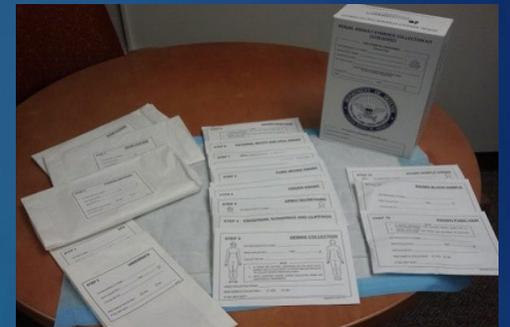
- ▶ Discuss the DHA Forensic Healthcare Program (FHP) and its development and describe its role in mission readiness and care of active duty and beneficiaries.

# DHA FHP Development

- ▶ DHA started the Forensic Healthcare Program under Medical Affairs, Integrated Clinical Operations in February of 2020.
- ▶ The Mission: To continue to grow a culture of excellence among forensic healthcare providers who serve around the globe and provide expert and quality forensic healthcare to all eligible patients within the Military Healthcare System.

# CLINICAL EXPERTS AND CONSULTATION

- ▶ **Some Military Medical Treatment Facilities (MTF) have trained experts in acute pediatric sexual abuse care**
- ▶ **Armed Forces Center for Child Protection (AFCCP)**
  - ▶ Certified Child Abuse Pediatricians (CAPS)
- ▶ **Incident Determination Committee (IDC) membership and voting privileges (GAO 2020)**
- ▶ **Telemedicine for OCONUS care of Acute Pediatric Sexual Abuse (APSA) cases**



# DHA-PI 6310.xx Forensic Healthcare

- ▶ **The DHA DHA-PI 6310.xx titled Forensic Healthcare is currently under final adjudication of comments and will then be sent for signature.**
  - ▶ There are accompanying DHA Procedures Manual Volumes, one of which addresses medical forensic care in cases of Acute Pediatric Sexual Abuse (APSA), sets forth standards for care of these children and includes a specially designed comprehensive medical forensic documentation form to ensure best practices in exam documentation.

# Key Take Away/s

- ▶ DHA's Forensic Healthcare Program provides care for all patients who have suffered, or who are accused of, unwanted physical violence.
- ▶ Children who are OCONUS and beneficiaries and who need examinations for Acute Pediatric Sexual Abuse (APSA) will soon have at least two different pathways to receive timely and competent medical forensic care.
- ▶ Incident Determination Committees (IDC's) will have 1 officially appointed medical forensic provider and an alternate assigned as a voting member of their committee and who knows and understands pattern injury, physical abuse and results of medical forensic examinations.

# References

- ▶ Government Accountability Office (GAO). (2020). CHILD WELFARE Increased Guidance and Collaboration Needed to Improve DOD's Tracking and Response to Child Abuse.  
<https://www.gao.gov/products/gao-20-110>
- ▶ National Defense Authorization Act (NDAA). (2017). Pub.L. 114–328 Sec. 702. Reform of Administration of the Defense Health Agency and Military Medical Treatment Facilities.
  - ▶ For additional information on the Military Health System's transition, see <https://info.health.mil/SitePages/MHSTransformation.aspx> or <https://health.mil/Military-Health-Topics/MHS-Transformation>

# Presenter(s)

Kandice Ray, MSN, RN, SANE-A, SANE-P  
Defense Health Agency J3 Medical Affairs/Clinical Support Division  
Forensic Healthcare Market Coordinator

# Objectives

- ▶ Discuss the DHA Pediatric Forensic Healthcare Examiner (FHE) educational requirements according to policy guidelines.

# Policy

- ▶ DoDI 6310.09 Health Care Management for Patients Associated with Sexual Assault, May 7, 2019
  - ▶ Department of Justice, A National Protocol for Sexual Abuse Medical Forensic Examinations-Pediatric
- ▶ DHA PM 6025.13 Clinical Quality Management in the Military Health System Volume 4: Credentialing and Privileging, August 29, 2019

# Educational Requirements

- ▶ **Provided to maintain optimal readiness**
  - ▶ Policy requirement
- ▶ **Training**
  - ▶ Didactic
  - ▶ Clinical Competency Verification
- ▶ **Credentialing**
  - ▶ Initial requirements
  - ▶ Ongoing credentialing requirements



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<https://pixabay.com/photos/stethoscope-medical-health-doctor-2617701/>

# DHA FHP Way Ahead

## ▶ **Pediatric Adjunct Training**

- ▶ Additional requirement after completing approved initial training

## ▶ **Clinical Requirements**

- ▶ Policy guidance

“Data reveals both seasoned and newly recruited team members have improved the overall patient outcome with consistent educational efforts linked to quality improvement monitoring, data analysis, expert review of guidelines, practices and individual care episodes.”

(Molnar, J., Rockey, A., DiGirolamo, S., Lavelle, J., Kittick, M., Schluckebier, M., ... & Delpizzo, J. (2019).)

# Key Take Away/s

- ▶ The goal is to develop a pediatric response team to include access to knowledgeable and properly trained Pediatric FHEs to minimize trauma to the young sexual assault victims/patients and provide the most-up-to-date care available.

# References

- ▶ Defense Health Agency (2019). DHA Procedures Manual 6025.13, Volume 4, Clinical Management of the Military Health System Credential and Privileging
- ▶ Department of Defense (2019). DoDI 6310.09, Health Care Management for Patients Associated with a Sexual Assault
- ▶ Department of Defense (2019). DoDI 6400.01 Family Advocacy Program
- ▶ Littel, K., US Dept of Justice, Office on Violence Against Women, & United States of America. (2016). National Protocol for Sexual Abuse Medical Forensic Examinations-Pediatric.
- ▶ Molnar, J., Rockey, A., DiGirolamo, S., Lavelle, J., Kittick, M., Schluckebier, M., ... & Delpizzo, J. (2019). Pediatric Sexual Assault Program: 10 Years in Review. *Journal of Pediatric Health Care*, 33(4), 378. Retrieved from <https://www.sciencedirect.com/science/article/abs/pii/S0891524519302287?via%3Dihub>



# *Panel Discussion*



# Medical Management

AMBER JARRELL, MSN, APRN, CPNP/CNS

FORENSIC HEALTHCARE PROGRAM MANAGER AND MEDICAL DIRECTOR

FORENSIC HEALTH CARE SERVICES

WINN ARMY COMMUNITY HOSPITAL

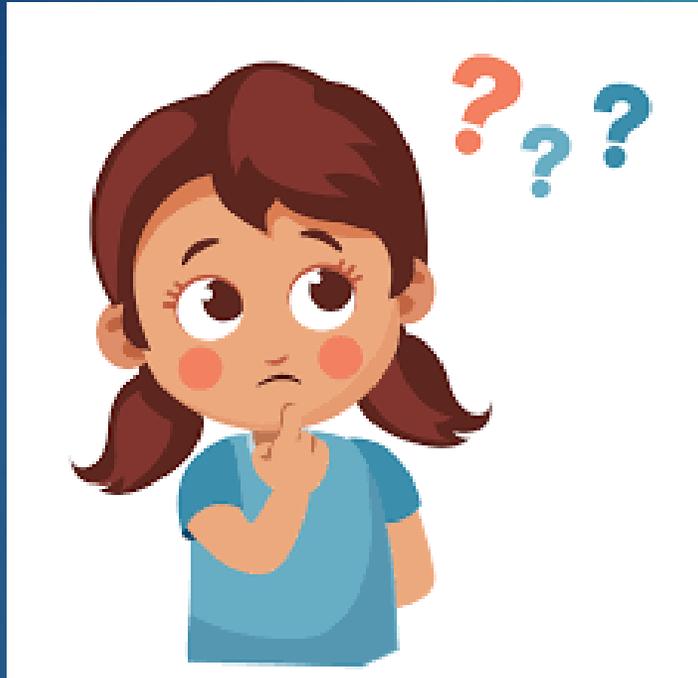
FORT STEWART, GEORGIA

# Learning Objectives

At the conclusion of this webinar, participants will be able to:

1. Summarize why Child forensic interviews (CFI) are important.
2. Differentiate types of sexual assault exams.
3. Identify reasons for appropriate medical follow up.
4. Explain the need for Exceptional Family Member Program enrollment for sexual assault victims.

# Child Forensic Interview



- ▶ Help ensure the child does not have to tell their story multiple times to different people.
- ▶ Child forensic interviewers are specially trained to obtain information regarding allegation in a non threatening, non leading manner.
- ▶ Child forensic interviewers can be associated with National Children's Advocacy Center or law enforcement
- ▶ <https://www.nationalcac.org>

# Acute vs historic exam

- ▶ Acute exams are performed quickly (hours to days post assault). They yield highest potential for evidence collection.
- ▶ Historic exams are performed after potential of evidence collection drops significantly. These can be done weeks or months later. These exams can also rule out possible disease.



# Pediatric vs Adolescent Sexual Assault Exams

## Pediatric

- ▶ <12yrs, and prepubescent
- ▶ Acute exams performed up to 72 post assault
- ▶ Most amount of evidence can be collected during this time
- ▶ Rapid cell turn over to heal potential injury

## Adolescent

- ▶ 12yrs and >, AND pubescent
- ▶ Pubescent: Tanner stage or Sexual Maturity Rating 3
- ▶ Acute exams up to 168hrs (7 days) post assault

# Forensic vs Medical Exam

## Forensic

- ▶ Evidence collection (Kit)
- ▶ DNA, clothing, debris
- ▶ Turned over to law enforcement for processing

## Medical

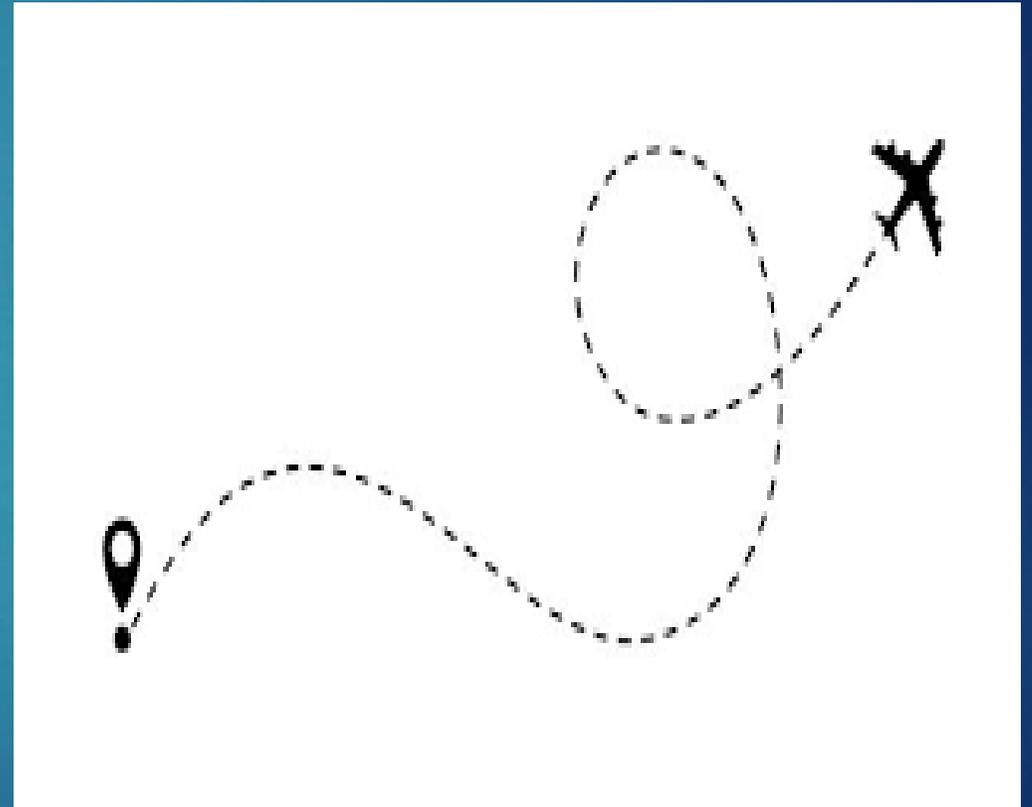
- ▶ Medical and Mental Health care
- ▶ Medical clearance (by DEM) for any physical trauma i.e. lacerations, strangulation, etc.
- ▶ STI testing and prophylactic treatment if age appropriate
- ▶ Follow up exams for STIs x 6 months post assault

# Medical and Behavioral Health Follow up

- ▶ Assessing any healing injury for concerns or new concerns that may have developed
- ▶ STI testing should be performed based on history to 6 months post assault
  - ▶ 2 weeks
  - ▶ 6 weeks
  - ▶ 12 weeks
  - ▶ 6 months
- ▶ Ensuring good behavioral health follow up is critical in healing and moving forward
- ▶ Assess how patient and parent feel about their behavioral health follow ups

# Exceptional Family Member Program

- ▶ Enrollment to ensure proper follow up for medical services and behavioral health services if family plans to PCS



# Key Takeaways

- ▶ It is important to understand types of sexual assault exams and why differentiations are important.
- ▶ Ensure appropriate medical follow up.
- ▶ Don't forget to ensure patients are enrolled in Exceptional Family Member Program if needed

# References

- Department of Defense (2019). DoDI 6310.09, Health Care Management for Patients Associated with a Sexual Assault
- STIs in Children. (n.d.). In Red Book Online (31st ed.). Retrieved December 08, 2020, <https://redbook.solutions.aap.org/chapter.aspx?sectionId=189640015&bookId=2205&resultClick=1>

# FAMILY ADVOCACY PROGRAM



# Learning Objectives



At the conclusion of this webinar participants will be able to:

1. Identify mandated reporting requirements across DOD.
2. Differentiate between the different the types of abuse.
3. Describe and follow the FAP referral process.

# Mandated Reporting

- ▶ Army Regulation 608-18 (2007)
  - ▶ All installation law enforcement personnel, physicians, nurses, social workers, school personnel, FAP and CYS, personnel, psychologists, and other medical personnel will report information about known or suspected cases of child and spouse abuse to the RPOC or appropriate military law enforcement agency as soon as the information is received.
- ▶ Talia's Law 2016 (H.R. 3894- 114<sup>th</sup> Congress)
  - ▶ This bill directs a member of the Armed Forces, a civilian Department of Defense (DOD) employee, or a contractor employee working on a military installation who is required by federal regulation or state law to report known or suspected instances of child abuse and neglect to make the report directly to State Child Protective Services

# Types of Abuse to Report

## Adult and Child

### ▶ Physical

- ▶ Ex. Hitting, kicking, slapping, shoving, yanking limbs, hair-pulling, scratching, shaking, throwing, stabbing, strangulation, use of a weapon

### ▶ Sexual

- ▶ Use of force to engage or attempt a sex act against one's will, use of physical or emotional aggression to coerce sex act, sex act when victim is unable to consent, sexual exploitation, sexual activity by an alleged abuser with a child for the purpose of sexual gratification of the child, alleged abuser or any other person

### ▶ Emotional

- ▶ Berating, restricting, obstructing access to assistance and/or resources, threatening harm, isolating, stalking

### ▶ Neglect

- ▶ Withholding access to medical care, appropriate nourishment, shelter, clothing hygiene, or caregiving (Intimate Partner neglect is when the partner is incapable of self-care)

# Reporting During COVID-19

## Reporting Challenges:

- Limited Eyes on children out of the home
- Limited interactions with others
- Challenges related to safety/risk assessments
- Self Harming behaviors

## Impact:

- Reduction in reports made by supportive services ie. CDC, DODEA, Medical\*
- Increase in reports from MP, Medical\*(Medical Neglect Concerns)
- Increase in questions from supportive agencies for possible referrals.

# FAP Referral Process

- ▶ **If you are ever unsure if your FAP Referral is appropriate, please do not hesitate to staff the case with FAP, Providers or Supervisors**
- ▶ FAP Referrals can be made by anyone, Mandated and Non-mandated Reporters
- ▶ As a Provider, once an incident of abuse is made known to you, you should explain that you are mandated to report the incident to FAP.
  - ▶ FAP will contact all relevant parties
  - ▶ If the report involves a child, all mandated reporters have make the referral to the Department of Child and Family Services (DFCS). Please do not wait for the FAP Provider to make this referral.

# Key Takeaways

- ▶ Federal law( Talia's law) requires that all personnel working on a DOD installation are mandated reporters of suspected child abuse.
- ▶ There are four types of abuse; physical, emotional, sexual, and neglect.
- ▶ Anyone can make a FAP referral by contacting their local FAP
- ▶ It is everyone's responsibility to report child abuse to the Child Protective Services

# References

The Army Family Advocacy Program: Army Regulation 608-18. (2007).

[https://recruiting.army.mil/Portals/15/Documents/S\\_FAB/AR\\_608-18.pdf?ver=2018-06-21-110023-163](https://recruiting.army.mil/Portals/15/Documents/S_FAB/AR_608-18.pdf?ver=2018-06-21-110023-163)

Talia's Law 2016 (H.R. 3894- 114th Congress). (2016).

<https://www.congress.gov/bill/114th-congress/house-bill/3894>

# Questions?



***“Medically Ready Force...Ready Medical Force”***

# How to Obtain Continuing Education/ Continuing Medical Education (CE/CME) Credits



To receive CE/CME credit, you must register by 0800 ET on 23 April 2021 to qualify for the receipt of CE/CME credit or certificate of attendance. You must complete the program posttest and evaluation before collecting your certificate. The posttest and evaluation will be available through 6 May 2021 at 2359 ET. Please complete the following steps to obtain CE/CME credit:

1. Go to URL <https://www.dhaj7-cepo.com/content/apr-2021-ccss-children-and-youth-transition-04-22-2021>
2. Click on the REGISTER/TAKE COURSE tab
  - a. If you have previously used the CEPO CMS, click login.
  - b. If you have not previously used the CEPO CMS, click register to create a new account.
3. Click “ENROLL.”
4. Follow the onscreen prompts to complete the following for each session you wish to claim CE/CME Credit:
  - a. Read the Accreditation Statement
  - b. Select the CE/CME credit type(s) you are seeking
  - c. Complete the Evaluation
  - d. Take the Posttest
  - e. Download your Certificate(s)
  - f. Complete the Commitment to Change survey (optional)
5. After completing the posttest at 80% or above, your certificate will be available for print or download.
6. You can return to the site at any time in the future to print your certificate and transcripts at <https://www.dhaj7-cepo.com/>
7. If you require further support, please contact us at [dha.ncr.i7.mbx.cepo-cms-support@mail.mil](mailto:dha.ncr.i7.mbx.cepo-cms-support@mail.mil)