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IN THIS ISSUE

This issue of *Joining Forces* features an extended abstract of Dr. Alicia Dorsey's report on her evaluation of the US Army's case review committee (CRC) practices and procedures. This project was done under the supervision of Dr. Marney Thomas of the Cornell University Strong Families, Strong Soldiers Program. Dr. Dorsey has been associated with the Army FAP for a number of years, first with Cornell and now as an associate professor at the Texas A&M University System Health Sciences Center School of Rural Public Health. We thank Drs. Dorsey and Thomas for the opportunity to report on this work. We are sure that it will be of interest to all in the Army FAP community.

We were unable to include our regular statistics article this time. We will return to it in the next issue.

FINAL REPORT ON THE US ARMY FAMILY ADVOCACY PROGRAM CASE REVIEW COMMITTEE (CRC) PRACTICES AND PROCEDURES

Prior to the 1997 annual Family Advocacy Program (FAP) training conference, there was considerable concern raised by FAP personnel across installations that the case review process was not *consistently*

assessing and managing cases of family violence. Concern was voiced that case review committees were not proceeding in a like manner, nor were they reaching similar decisions when presented with comparable cases. As a result of the conference and the recommendations of a conference working group, Dr. Dorsey's research was commissioned.

Methodology

Data were collected through focus groups, surveys, observations of CRC meetings, reviews of CRC minutes, and interviews. Information was gathered to document: referral practices of key non-FAP installation personnel (MPs, commanders, and NCOs); and the procedures and practices of a representative sample of CRCs, including the perceived usefulness of the recently introduced Spouse Abuse Manual (SPAM) and Child Abuse Manual (CHAM) for standardizing CRC deliberations.

Evaluation Methods. Data were collected on eight Army posts selected by the Army Medical Command to represent small, medium, and large posts, in both the Forces Command and the Training and Doctrine Command. Dr. Dorsey and her research assistant visited installations between June and August 1999, each visit lasting 2-3 days. To maintain confidentiality of the participants, neither specific comments nor survey results are identified by installation.

Focus Group Procedures. One hundred and ninety nine (199) soldiers stationed at seven of the target installations participated in a total of 24 focus groups. The participants were asked about their definitions of family violence and understanding of their role in its prevention and treatment. For example, MPs were asked about their information gathering practices and their understanding of the FAP. Commanders and NCOs were also asked about their impressions of the FAP as well as their experiences with the CRC process. All were asked for recommendations and issues for additional training, and to complete a brief survey.

Surveys. MPs described their level of confidence in their ability to detect family violence and to gather complete and accurate information about instances of family violence. They were asked about their own personal beliefs about behaviors that may occur between spouses and the extent to which they believe these behaviors occur on a regular basis as well as how acceptable they believed each behavior to be. They also rated a series of potential family violence scenarios designed to reflect typical calls to them. They rated the seriousness of the incident as well as whether or not they believed the individuals should be referred to the FAP. The survey for commanders and NCOs was similar to that for the MPs; however, they were also asked whether or not they would refer individuals involved in the scenarios presented for FAP intervention.



The survey for CRC members had four sections: (1) familiarity with, use of, and the perceived effectiveness of the CHAM and SPAM; (2) questions about the CRC meeting they had just attended: the extent to which the meeting was typical, satisfaction with the outcomes, whether their opinions were taken into account; (3) the level of confidence each respondent felt in his or her ability to assess levels of abuse and recommend actions; and (4) questions similar to those asked of the other groups (their personal beliefs about behaviors between spouses, and the extent to which they believe these behaviors

occur on a regular basis).

CRC Meeting Observations. For installations where there were separate meetings for child abuse cases, a spouse abuse meeting was observed. The purpose was to assess the extent to which the CRC was in compliance with the regulations, examine the decision-making process, and provide information that could later be used in assessing consistency across installation CRCs in terms of process and outcome. The focus was primarily on the completeness of case presentations (based on the regulations) and the nature of the decision-making process. Group member, command, and Chief, Social Work Service (SWS) participation and influence over the process were also assessed.

Interviews. All chiefs of SWS were interviewed. They were asked their perceptions of the strengths and weaknesses of the CRC process and given the opportunity to make recommendations to improve the process.

Review of CRC Meeting Minutes. To assess the consistency of decisions across CRCs, minutes from 4-6 previous meetings were analyzed. Every other new spouse abuse case was examined with respect to the precipitating event, substantiation decision, and the degree or level of severity of the abuse. Characteristics of cases were compared across CRCs in order to determine whether similar cases were being evaluated in the same manner across installations.

Results

Estimates of Abuse On-Post. Approximately 27% of commanders, NCOs, and MPS reported one incident of potential

abuse per month being brought to their attention. Another 35% of the respondents estimated 2 to 4 cases per month. For those incidents that could be classified as moderate abuse, respondents consistently recognized the seriousness of the incident as well as the necessity of a referral. There appeared to be more uncertainty regarding the necessity of referring a case for intervention if it was a non-physical incident. Likewise, there appeared to be some hesitancy to refer individuals who used commonly employed discipline strategies (i.e., spank-ing). Commanders were the least likely to rate both spouse abuse and child abuse scenarios as needing a referral and were less likely than NCOs to actually refer the case for intervention. This hesitancy may reflect a lack of experience and limited knowledge among relatively new commanders with respect to issues of family violence.

Self Confidence In Making Appropriate Referrals. There appeared to be a moderately high level of confidence across the respondents in their ability to detect and respond to potential family violence and abuse. MPs were particularly confident in their ability to detect possibly abusive situations and to effectively document the circumstances. The lowest level of self-efficacy (the extent to which an individual is confident in his/her own ability to detect and appropriately respond to potential family violence) related to their ability to detect possible sexual abuse. The company level commanders appeared to be less confident in their ability to detect potential abuse and to respond accordingly. There was a strong relationship between self-efficacy,

JOINING FORCES

Editor-in-chief
James E. McCarroll, Ph.D.
Email: jmccarroll@usuhs.mil

Editor
John H. Newby, DSW
Email: jnewby@usuhs.mil

Joining Forces is a publication of the Community and Family Support Center and the Family Violence and Trauma Project at the Department of Psychiatry, Uniformed Services University of the Health Sciences, Bethesda, Maryland 20814-4799.
Phone: (301) 295 - 2470





confidence in reporting, and years served in the military.

Perceived Prevalence and Acceptability of Abusive Behaviors. Assessments of the prevalence of family violence were consistently higher than the ratings of acceptability. MPs' ratings of prevalence were consistently higher than commanders' ratings. Both groups saw non-physical behaviors as slightly more common and more acceptable than the physical behaviors. Beyond being potential indicators of the prevalence and attitudes toward violence, such perceptions of *prevalence* and *severity* are likely to contribute to whether or not MPs identify incidents as serious, and whether commanders recognize the importance of making referrals. For MPs, there was a significant relationship between perceived prevalence of potential abuse, both physical and nonphysical, and the perceived seriousness of the scenarios presented. That is, the more prevalent the physical and non-physical behaviors they saw, the more they rated scenarios as being serious. There was a significant relationship between MPs' level of acceptance of various physical and non-physical behaviors and perceived seriousness of the described incidents. The more acceptable the behaviors, the less serious the scenarios were rated. This trend also emerged from the NCOs' and commanders' responses. Finally, NCOs and commanders were more likely to refer incidents involving child neglect and nonphysical behaviors toward spouses when they saw these behaviors as particularly prevalent on post.

Focus Group Results on the Referral and CRC Processes.

MP Focus Groups. MPs tend to look for both physical evidence and behavioral cues related to the presence of family violence within a household. They also rely on their chain of command when determining when to refer cases to FAP. There appeared to be a low level of familiarity among MPs with the referral process, the CRC process, or the services available through FAP and SWS. MPs wanted more information on the processes and services available, and assurances that SWS would respond on-site in a rapid manner to provide needed expertise and back-up. There was consistency regarding how they define family violence and what they look for to determine whether or not abuse may be occurring. For potential spouse abuse, the predominant definitions related either to arguments between spouses or to physical altercations. Many group members talked of emotional abuse between spouses or "mental" abuse as it was often labeled. With respect to children, most comments related to cases of child neglect or deficiencies in taking care of the children in the household. Incidents of child sexual abuse and sexual assault of spouses were the least frequently mentioned forms of abuse. It was clear that the MPs did not believe it was either their role or their responsibility to refer cases directly to the FAP; that was viewed as the responsibility of the duty sergeant, military police investigators, or the soldier's commanding officer.

MPs were generally unaware of what specifically happens to a case after the incident appears on the blotter. Most were generally aware that social work provides counseling

and conducts classes. Few MPs recognized the name Family Advocacy. There was frustration over responding to domestic calls at the same house again and again. Several MPs remarked that many of the calls they respond to are from homes where social work has already been involved. As a result, they concluded that the programs are not working. Many reported accounts of family members cleaning their surroundings and "covering the trail" between the time when the MPs responded to a call and the time that social work appeared for an assessment. This time lag has led to an appreciable level of frustration among the MPs. They also requested additional information on available services for couples and family members in order to answer the inevitable questions of "What happens next?" and "What is available to help us?" Finally, MPs were in agreement that they should be provided with more advanced training using realistic role-playing to work through different scenarios in the presence of experts to provide feedback and alternative strategies.

NCO and Command Focus Groups. In instances of potential family violence, a referral to the chaplain is the most common response (except in cases of clear physical abuse, which are directly referred to FAP). The goal for NCOs and commanders is for relatively mild cases of potential family violence to be handled by the soldiers' supervisor rather than referring the soldier to the FAP. NCOs and commanders alike were cognizant of the long-term negative consequences of cases of family violence being entered into the Army Central Registry (ACR) and



therefore do all in their power to avoid having their soldiers referred to the FAP. The level of confidence in the ability to identify potential domestic problems varied among NCOs and commanders. Both recounted several examples of being “blind-sided” by reports of family violence among some of their soldiers. In the focus groups, some of the new commanders indicated that they were not always sure what to refer to FAP, what they should handle themselves, and what they should refer to the chaplain. It was not always clear whether they did or did not know about the availability of resources or were unsure about how and when to refer. NCOs tended to be confident in their knowledge of their soldiers and families and in their ability to detect when a serious problem was occurring. They often spoke of having strong relationships with their soldiers such that the soldiers would be able to come to them should they experience problems. Many commanders recognized that difficult situations were brought to their attention through blotter reports or by SWS. Many remarked that once it reached their attention it had to be a bad situation. Most of the group participants relied on two sources of information: work performance and calls from spouses or neighbors. Even though the credibility of such calls is at times weak, the leaders acknowledged that such calls often point to trouble.

Participants were asked how they determine their response to potential cases of family violence. Most of the commanders responded that by the time problems were brought to their attention, the steps were pre-established by protocol or by regulation. Most NCOs stated that their first action was to call the

soldier in for a talk, except in cases where physical violence was documented and the process was beyond their control. The most common response to any evidence of potential domestic problems was to enlist the aid of the chaplain. A significant portion stated that whether or not any cases were referred for social work intervention was left to the discretion of the chaplain. Most agreed that the goal is to handle mild cases “at the lowest possible level” and to handle the situation themselves rather than have it go through the CRC process. Efforts to protect particularly “good” soldiers were commonly mentioned. NCOs and commanders alike agreed that cases of physical assault or clear child abuse were absolutely not handled internally and were referred immediately to social work for assessment and intervention.

NCOs and commanders commented on their overall impressions and perceptions of the FAP and the SWS. Participants predominantly voiced concerns and negative images of the program. They remarked on the damaging effects on the soldier’s record of cases that were referred to the appropriate channels and subsequently recorded in the ACR. There were pervasive perceptions of long-term negative consequences of cases, both substantiated as well as *unsubstantiated*, being entered in to the ACR. Several examples were provided of instances where unsubstantiated cases were still entered on the record and held against the soldier. Many statements also reflected a distrust and/or lack of understanding regarding who has access to the information as well as the length of time the information remains in the registry. NCOs, in particular,

clearly voiced their efforts to avoid having their soldiers put in a position that might result in them being entered in “that record” as it could end the soldier’s career. The NCOs were particularly critical of the ACR and the lack of confidentiality for the soldier when help is needed.

Three concerns were consistently voiced across the groups. First, there was widespread agreement that first sergeants and commanders need to be kept better informed as to the progress of their soldiers’ assessment and treatment. Many group participants suggested weekly or monthly briefings with case managers to receive a progress report. Second, given the slightly lower sense of self confidence in their own ability to detect potential problems among their soldiers, commanders and NCOs were more likely than the MPs to request additional training. Recommendations for training revolved both around increasing their sensitivity to what to look for and how to respond to the need for additional information on the components of the FAP and the referral process. A significant portion of those leaders interviewed wanted more information on what actually happens during both the assessment and treatment process, and services available both on post and in the community. Third, there was consensus that if any recommended intervention is to succeed, all family members have to participate. Much discussion occurred across the groups regarding the frustrations with civilian spouses who do not participate in counseling or the recommended classes. Several groups recommend attaching post



privileges, including on-post housing, to completion of recommended treatment.

CRC Practices And Procedures

Structural Features of the CRCs. There is not uniform compliance with regulations regarding the structure and proceedings of the CRC. Inconsistencies were observed across CRCs with respect to command representation and participation (ranging from 50% to 100%). Inconsistencies were observed on the amount of time spent per case (ranging from 5 minutes to 20 minutes); size of installation and caseload were the predominant factors contributing to this inconsistency. There was consistency across CRCs on the limited attendance and participation at CRC meetings by CID and physicians. Most installations hold pre-CRC meetings with the SWS staff to review case information, practice case presentations, and reach a consensus on treatment recommendations.

Large installations tend to have separate meetings to review spouse abuse cases and child abuse cases. Typically, meetings are held once or twice a month (2 or 4 times a month if spouse and child cases are reviewed separately), and ranged from 90 minutes to 3 hours, with most lasting 2 to 2.5 hours. Installations with large caseloads tend to process a range of 15 to 25 cases per meeting, typically averaging 5-7 minutes per case.

This report presents many possibilities for research in the FAP. We urge FAP personnel to consider such possibilities at their post and consider conducting such research to improve the Army FAP.

Case Presentation Formats. The majority of installations have case presentations based on a standardized form (developed specifically at the particular installation; the format and content varies across installations). There is inconsistency across installations regarding what information, if any, is provided to CRC members in writing. The most frequent omissions during case presentations relate to assessment of imminent risk as well as medical findings.

Decision-Making Procedures. Seven of the eight CRCs observed relied on a majority vote for the final decision (in 2 cases the chief called for a vote only when he or she was uncertain as to the group’s decision; the eighth group relied on the judgment of the Chief, SWS, regarding group consensus). There was inconsistency across CRCs on voting procedures;



four of the CRCs relied on a show of hands for voting purposes, whereas the other three voting groups relied on private ballots. There was also inconsistency regarding whether or not commanders or case managers voted.

Participant Input. In instances where high team leader (Chief, SWS) influence was observed

there was an accompanying minimal level of group member or command input into the deliberations. Commanders were observed to be more actively involved in the process in instances where the team leader (Chief, SWS) actively communicated with them.

Analysis of CRC Meeting Minutes. Most of the installations’ minutes included information regarding the severity of the abuse. There was inconsistency across installations with respect to recording treatment recommendations for unsubstantiated cases. There was also inconsistency as to whether or not cases of “isolated incidents with or without minor physical injury such as pushing, slapping, or shoving” (thus SPAM level II) were substantiated or unsubstantiated. There was general agreement regarding substantiating “isolated intentional minor physical injury where no medical treatment is required” (thus level III). Across those installations relying on the 5 levels of severity of abuse from the SPAM, there was inconsistency between level III and level IV determinations. The decisions to substantiate and the recommended treatments were consistent despite the level.

Three trends emerged from this preliminary evaluation of CRC meeting minutes. First, the majority of installations are recording level of abuse along with whether or not the case is substantiated or unsubstantiated in their minutes. Most have also adopted the 5 level system as outlined in the SPAM matrix. One relied on the mild-moderate-severe distinctions. Second, there was agreement with regard to substantiating cases that were consistent with the level III or above characteristics. There was



also general agreement on not substantiating those cases that would be considered level I. Finally, there appeared to be a general lack of agreement, or inconsistency, across installations on case descriptions with level II characteristics and whether or not to substantiate. There was also some inconsistency across installation CRCs in their designation of nearly identical cases as level III versus level IV. However, despite the inconsistency between level III and level IV, these cases were all substantiated with similar treatment recommendations recorded.

Use of the CHAM and SPAM.

CRC members were aware of the CHAM and SPAM and indicated a high level of satisfaction with them. Interestingly, FAP personnel indicated slightly lower familiarity with the matrices than the non-FAP personnel. FAP personnel appear to rely on the matrices slightly more during meetings, but they do not see the matrices contributing to the effectiveness of the CRCs as much as the non-FAP personnel. CRC members expressed a high level of satisfaction with the CRC process. They saw themselves as active participants in the process whose recommendations were taken into account. They viewed the CRC process as highly effective.

Chief, SWS, Interview Results.

The majority viewed the CHAM and SPAM as useful. They believed the CRC membership to be appropriate; however, they expressed concerns over the lack of qualifications among many of the CRC members, their lack of commitment to attend meetings, to come to meetings with necessary information on specific cases, and to actively participate in CRC

deliberations. The Chiefs have initiated refinements and new local practices to improve the CRC process from their perspective (e.g., pre-CRC staff meetings, standardized case report forms and case presentation formats, and varying mechanisms for voting). There were mixed opinions as to whether or not an effort should be made to standardize these practices across installations. With respect to the CHAM and SPAM, the Chiefs collectively recognized them to be valuable tools for increasing the consistency and efficiency of the CRC process. At the time of the interviews, there were concerns over the specific use of the matrices (e.g., regarding the extent to which it was optional or mandatory) and varying degrees of frustration and confusion over the classification of different scenarios and types of abuse.

Summary. The primary objective of this report was to assess the practices and outcomes of CRCs across sample installations. It evaluated two primary aspects of the Army FAP: (1) the referral practices of key non-FAP personnel and (2) the CRC decision-making process. Gains have been made since the conference, but issues of concern remain. Suggestions for improvements are given. Among these are the need for additional training of non-FAP personnel to inform them of the complexities of the FAP, the CRC process, the implications of CRC decisions, treatment options, and the need for standardizing the decision-making process.

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