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Before the

Subcommittee on Personnel

COMMITTEE ON  
ARMED SERVICES

## **UNITED STATES SENATE**

HEARING TO RECEIVE TESTIMONY ON DOMESTIC VIOLENCE  
AND CHILD ABUSE IN THE MILITARY

Thursday, March 8, 2018

Washington, D.C.

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HEARING TO RECEIVE TESTIMONY ON  
DOMESTIC VIOLENCE AND CHILD ABUSE  
IN THE MILITARY

Thursday, March 8, 2018

U.S. Senate  
Subcommittee on Personnel  
Committee on Armed Services  
Washington, D.C.

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

Subcommittee Members Present: Senators Tillis [presiding], Ernst, Gillibrand, McCaskill, and Warren.

1           OPENING STATEMENT OF HON. THOM TILLIS, U.S. SENATOR  
2 FROM NORTH CAROLINA

3           Senator Tillis: The hearing will come to order.

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

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

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

16          In the United States, domestic violence, including  
17 intimate partner violence and child abuse, are significant  
18 problems that cause immense harm in our society. The most  
19 current data published by the Centers for Disease Control  
20 and Prevention, the CDC, show that 27 percent of women and  
21 11 percent of men have experienced either sexual violence,  
22 physical violence, or stalking by an intimate partner. And  
23 the CDC estimates that domestic violence victims lose nearly  
24 8 million days of paid work and 5.6 million hours of  
25 household productivity annually.

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

6           Clearly, as a nation we must do more to address the  
7 many factors, relationship, community, and societal, that  
8 may lead to domestic violence and child abuse. We must also  
9 develop evidence-based prevention strategies and implement  
10 comprehensive support programs to help the victims.

11           Let me state, however, that domestic violence and child  
12 abuse are not just problems in local communities around the  
13 country. They are also a problem within the military  
14 services. While the data show that the military's domestic  
15 violence and child abuse incidence rates are lower than  
16 comparable rates in civilian communities, I am deeply  
17 disturbed that both intimate partners and children die every  
18 year at the hands of military service members. DOD and the  
19 services must not rest until they totally eliminate violence  
20 and abuse of intimate partners and children within their  
21 ranks. I will assure everyone here today that this  
22 subcommittee will provide whatever additional resources DOD  
23 and the services need to strengthen its programs of  
24 prevention and victim support.

25           Finally, I want to thank Ms. Perry and Ms. McKinley

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

7 Senator Gillibrand?

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1           STATEMENT OF HON. KIRSTEN E. GILLIBRAND, U.S. SENATOR  
2 FROM NEW YORK

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

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

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

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

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

1 reported incidents.

2 We still do not have an accurate estimate of the  
3 prevalence of child abuse and intimate partner violence in  
4 the military because there is no prevalence survey like the  
5 one we have for service members on sexual assault and  
6 harassment. We only have the reported numbers, and that is  
7 not enough. Just as the sexual assault prevalence survey  
8 helped shine a light on the issue, we need to understand the  
9 scope of the problem so that we can better do our job  
10 supporting service members and their families. Congress has  
11 already made some efforts to solve this problem, but it  
12 really has not been enough.

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

21 To address intimate partner violence and child abuse,  
22 we must start by addressing the unique stressors on our  
23 military families. The challenges of deployment and  
24 reintegration, isolation from support networks, and fears  
25 that reporting your service members for violence may result

1 in the end of his or her or career and potentially the loss  
2 of income and benefits for the family put significant  
3 strains on those families. These difficult factors make  
4 hard decisions about coming forward even harder.

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

19       In addition to the health concerns posed by these  
20 injuries, lack of awareness of their cognitive and  
21 behavioral effects, such as loss of memory, confusion, or  
22 agitation, can impact the way a survivor is treated during  
23 an investigation. First responders and law enforcement  
24 personnel who are unaware of these consequences may  
25 misinterpret these behaviors as lack of cooperation or a



1 difficult personality and decline to move forward with  
2 additional inquiry or intervention.

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

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

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

22       Senator Tillis: Without objection.

23       [The information follows:]

24       [SUBCOMMITTEE INSERT]

25

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

11           Senator Tillis: Do any other Senators wish to make a  
12 comment before the testimony?

13           Senator McCaskill: If I could briefly.

14           Senator Tillis: Senator McCaskill?

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1           STATEMENT OF HON. CLAIRE McCASKILL, U.S. SENATOR FROM  
2 MISSOURI

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

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

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

25          And why I mentioned the military as particularly a

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

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

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

24       Senator Tillis: Thank you, Senator McCaskill.

25       We will now begin with the testimony, and Ms. Perry, we

1 will start with you.

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1 STATEMENT OF ADRIAN PERRY

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

8 My name is Adrian Perry and I am the spouse of an  
9 active duty United States marine. My husband, Rick Perry,  
10 is a major in the United States Marine Corps serving as an  
11 executive officer and is currently deployed. This is my  
12 husband's fifth deployment we have gone through together as  
13 a family. I have always been so proud of my husband's  
14 service to our country, and I have always been so proud to  
15 hold the title of a United States marine spouse. This life  
16 has brought us so many amazing opportunities. We have lived  
17 in Quantico, Virginia; Camp Lejeune, North Carolina; Oahu,  
18 Hawaii; and Okinawa, Japan. Our children have been given  
19 the gift of world travel, and through that, we have been  
20 able to make precious and priceless memories as a family.  
21 The patriotism that resides in the heart of each member of  
22 our family is immeasurable.

23 Unfortunately, my love for the military was forever  
24 tainted by the acts of a colonel, a colonel named Daniel  
25 Hunter Wilson. Wilson was one of my husband's previous

1 bosses in Okinawa. From Okinawa, Wilson was sent to Camp  
2 Lejeune, North Carolina to be the 2nd Marine Expeditionary  
3 Force G-3 operations officer. Shortly after Wilson arrived  
4 to Lejeune, our family was moved to Lejeune as well. Wilson  
5 was one of the very first people to reach out to us and  
6 offer us support when we arrived at our new duty station.

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

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

19         The next morning we received a call from an NCIS agent  
20 asking if we could be at the Onslow County Child Advocacy  
21 Center for a forensics interview. This is a child advocacy  
22 center that is off base and is civilian-run. A couple of  
23 NCIS agents met us at the center. While the civilian  
24 forensics interviewers spoke to my daughters, NCIS was in a  
25 separate room monitoring the interview via a live feed. My

1 daughters' interviews were conducted with no input or  
2 follow-up from NCIS. The agent himself later stated that he  
3 left the decisions regarding the interview solely up to the  
4 forensics interviewer.

5 A couple of days after we reported what happened to our  
6 daughter, NCIS called us to set up a forensics exam. There  
7 was a huge challenge finding an expert in the town of  
8 Jacksonville, North Carolina who could do a forensics exam  
9 on a 6-year-old child. There were no pediatric forensic  
10 exam specialists available in our area to do our daughter's  
11 exam. The specialist the child advocacy center utilizes was  
12 not available. We were sent 2 hours away to Greenville,  
13 North Carolina to the Teddy Bear Clinic for her exam.

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

19 We notified investigators as soon as this was brought  
20 to our attention. As the investigation began, it started to  
21 seem as though every bit of information and the evidence  
22 obtained by NCIS was information and evidence my husband and  
23 I were giving to them. NCIS obtained my cell phone, as well  
24 as my husband's cell phone, and did a complete data dump  
25 from both of our phones. We gave them our Facebook



1 passwords so they could scour through any and all  
2 information we might possibly have that could assist with  
3 the investigation.

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

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

20 I come from a line of law enforcement professionals,  
21 both police and FBI, and each and every one of them were  
22 appalled and shocked that Wilson's personal computer and  
23 personal cell phone were never seized.

24 Despite the near exclusive reliance on me and my  
25 husband for the facts, no one from NCIS never sat down with

1 us to create a timeline or verify facts and dates. My  
2 husband and I on several occasions questioned why no one was  
3 speaking to us to pull together the facts. We questioned  
4 how they would be capable of formulating a solid case  
5 without speaking to us. As a matter of fact, my husband and  
6 I began to feel that this case was too big for NCIS alone.  
7 The tentacles were deep and it required a widespread net to  
8 be cast as far as investigative work is concerned. We are  
9 talking about a full bird marine colonel, one rank shy of  
10 being a general, with over 35 years of service who has been  
11 stationed, deployed, or temporary active duty in multiple  
12 countries and multiple States across the United States of  
13 America.

14 We asked on numerous occasions for a meeting the  
15 special assistant U.S. attorney, also referred to as the  
16 SAUSA, in order to discuss possibly bringing in the FBI to  
17 collaborate on this case with NCIS. The SAUSA would not  
18 meet with us whatsoever.

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

1 from his position.

2 It came out during the investigation that Wilson had  
3 made a sexually inappropriate comment to the wife of a  
4 United States contractor in Australia. He had sent overly  
5 friendly text messages to a female Australian Defense Force  
6 major. He drank alcohol excessively. He shared risqué  
7 photos of one of his captain's wives to the Australian  
8 Defense Force commander. And he snuck on to a secure  
9 government computer belonging to a female Australian Defense  
10 Force contractor and sent out an inappropriate email to the  
11 Australian Defense Force commander.

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

22 Even after uncovering that Wilson had been alleged to  
23 have behaved in such a sexually inappropriate way in  
24 Australia, to include nearly nude photos of one of his  
25 captain's wives on his Facebook messenger, NCIS still did

1 not seize Wilson's personal devices. I cannot wrap my brain  
2 around the failure of NCIS to act swiftly to obtain evidence  
3 from Wilson via his personal devices. This failure has me  
4 questioning heavily how lower ranking service members in  
5 situations like ours are treated and how their cases are  
6 handled.

7 Nearly 5 months -- 5 months -- into the investigative  
8 process, our case was assigned to three powerhouse attorneys  
9 who did an unbelievable job in seeing to it that justice was  
10 somewhat served for our daughter. Our case eventually went  
11 to a general court martial where Wilson was found guilty for  
12 sexual assault of a child, conduct unbecoming of an officer  
13 and gentleman for all charges against him in Australia, and  
14 unauthorized absence. Wilson was sentenced to 5 and a half  
15 years in the military brig.

16 During our trial, I was not given the opportunity to  
17 give a victim impact statement on behalf of my 6-year-old  
18 daughter. I was reminded of the pain I felt due to my voice  
19 being restricted at sentencing when I saw the gymnasts who  
20 were victims of Larry Nassar giving their victim impact  
21 statements. We were not given that opportunity to be heard.  
22 Part of being able to heal from something as traumatic as  
23 this is to be able to speak to those who have harmed you.  
24 Those gymnasts were given such a gift by having their voices  
25 heard. It was a gift we did not receive.

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

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

18           Number one, reports and concerns brought to the people  
19 in positions of legal power are not always welcomed or taken  
20 as seriously as they should be. In our case, we requested  
21 meetings on multiple occasions in order to address concerns  
22 we had for our own personal safety. We were often met with  
23 absolute refusal to be heard, or when granted a meeting, we  
24 had to fight tooth and nail to be heard. For example, we  
25 had to fight to have a protective order enforced properly

1 against Wilson. He was being allowed to drive by our home  
2 multiple times a day to get to and from work. I should not  
3 have to fight to keep my children, my husband, and myself  
4 safe.

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

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

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

17 Number two, rank matters. I am very concerned how  
18 other survivors are being treated who may not have the same  
19 resources or the ability to advocate for their case like my  
20 husband and I did. And to be quite honest, they should not  
21 have to fight to be heard, believed, and taken seriously. I  
22 want to make something very clear here. Rank matters in how  
23 these cases are treated, and that is unfortunate. I believe  
24 wholeheartedly had my husband and I stayed silent and let  
25 the system as it is right now do its job, justice would

1 never have been somewhat served for our daughter.

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

13       One, it is not okay that a victim of child sexual abuse  
14 is not being afforded more options for mental health than a  
15 mere sheet of paper with three names on it. Keep in mind  
16 that that little help that was offered was not from the  
17 military. It was from Onslow County. Our civilian victims  
18 legal counsel who worked pro bono on our case stepped in and  
19 worked tirelessly to find us a therapist that could see our  
20 entire family. Let that resonate. Our civilian legal  
21 counsel that we ourselves sought out had to fill in the gap  
22 for the military and get us the help we truly needed. Where  
23 was the military when we needed them? What did the  
24 survivors who do not have the resources we had do? What is  
25 happening to them?

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

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

25           Number four, there is a lack of properly trained



1 investigators. In our case, NCIS failed to seize Wilson's  
2 personal cell phone and his personal computer. I question  
3 why there was such refusal to seize his devices. They also  
4 failed to thoroughly delve into Wilson's past in order to  
5 connect and look into prior similar behavior.

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

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

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

25 NCIS was apparently not trained in such a way that

1 provided a proactive role in our case. The investigators  
2 working sexual assault cases need to be trained more  
3 thoroughly. Their lack of knowledge in how to properly  
4 handle and investigate these sensitive cases is failing  
5 survivors and making the possibility of justice nearly  
6 impossible. We deserve so much better.

7         Number five, there is inadequate sexual assault  
8 prevention follow-through from commanders. Yes, there is  
9 plenty of training being given to these commanders, but  
10 where is the follow-through? This was evident in the lack  
11 of response to the concerns and red flags that were raised  
12 in regards to Wilson's prior misconduct in Australia that  
13 was sexual in nature. Had Wilson's command properly  
14 addressed the many reports of misconduct from Australia,  
15 Wilson would never have been able to take our child's  
16 innocence from her. Commanders need to know how to identify  
17 red flags, take them seriously, and respond accordingly. It  
18 took an Australian commander to point out to American Marine  
19 commanders that the Marine Corps had a serious problem on  
20 their hands with Wilson. How did our own military miss  
21 this?

22         Catching and acting on those red flags is the vital  
23 step that is missing in our military when it comes to  
24 prevention. These predators are not being caught until it  
25 is too late and another human being's life is torn apart.

1 The cost of failing to prevent these predators is too high  
2 to just turn a blind eye. In our case, the cost was that of  
3 my 6-year-old daughter's innocence. I will never be able to  
4 fix that or get her innocence back for her. The evil that  
5 was done to her is an evil only God can redeem, but it is an  
6 evil that the Marine Corps could have prevented. I cannot  
7 stress enough the need for military leadership to identify  
8 red flag behavior, and not only do they need to identify  
9 this behavior but act on it promptly.

10 Finally, trained legal professionals should be  
11 spearheading these cases. Our team of attorneys, Lieutenant  
12 Colonel John Stevens, Captain Sam Adams, and Captain Cory  
13 Wheelert, were nothing short of a powerhouse team. Each one  
14 of them brought something powerful and important to the  
15 table. If it were not for these men coming on board nearly  
16 5 months after we reported what happened to our daughter, we  
17 would never have had any hope of seeing justice somewhat  
18 served. They were phenomenal. When they stepped in, it was  
19 as if order had finally come. The importance of the legal  
20 professionals cannot be overlooked and needs to be embraced  
21 and supported.

22 There also needs to be a focus on ensuring that  
23 survivors of all types of abuse are afforded victims legal  
24 counsel. I do not know what we would have done without our  
25 military VLC, Major Nathan Cox, and our civilian team of

1 VLCs from Arnold and Porter. They were our voice. And  
2 without them, we would never have been heard.

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

17 I knew I had to take the hurt and the pain and anger  
18 and the evil done to our family and do good. I am here  
19 today to do good for our military and our Marine Corps. I  
20 am here in hopes that my voice will be heard on behalf of  
21 all survivors of abuse so that the principles and values of  
22 what the Marine Corps and our entire United States military  
23 were founded on can be salvaged.

24 It is extremely unsettling to me that the first  
25 question I am asked when people find out that I am

1 advocating on this matter is, how has this affected your  
2 husband's career? It is a serious problem when advocating  
3 for what is right and good in regards to child sexual abuse  
4 is looked at as a threat to positive progression in the  
5 career of a service member.

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

23       The military should be the institution that is setting  
24 the precedent in what right looks like in regards to how  
25 these cases are investigated and treated. It is time for

1 military leadership to become part of the solution. As a  
2 mother, I will not stop fighting for justice for my  
3 daughters and for those who cannot fight for themselves.

4 Thank you so much for your time.

5 [The prepared statement of Ms. Perry follows:]

6 [SUBCOMMITTEE INSERT]

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1           Senator Tillis: Thank you, Ms. Perry.  
2           Ms. McKinley?  
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1 STATEMENT OF MERCI McKINLEY

2 Ms. McKinley: Senators, thank you for having me today.

3 My name is Staff Sergeant, retired, Merci L. McKinley  
4 from the United States Army, and I am a survivor of intimate  
5 partner violence in the military.

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

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

24 The measures I was using to conceal the extent of my  
25 injuries was not working. After 3 days of attempting ice



1 packs, I elected to be seen at the troop medical clinic in  
2 which I was prescribed muscle relaxers.

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

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

16 Immediately following the assault, I reported it to the  
17 Killeen Police Department which I was greeted by both a male  
18 and female police officer. The male police officer took my  
19 statement while the female police officer's responsibility  
20 was to photograph and document my injuries. While I was  
21 attempting to explain the cuts on the inside of my lip, the  
22 female officer replied, oh, it is not that bad. From this  
23 statement alone, I deduced that she was not taking myself  
24 seriously. At the conclusion, I was given the card of the  
25 male police officer on duty whom advised me that usually the

1 full extent on one's injuries does not surface until the  
2 following morning.

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

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

25 Due to the severity score received from the matrix, I

1 was advised that a restricted report was not an option, as  
2 my overall safety was at stake. I was also informed that I  
3 was perhaps de-sensitized and in denial that I could not see  
4 the escalation of abuse nor how it affected my overall  
5 safety. I was provided a packet that included information  
6 on how to file a pro se protective order, my responsibility  
7 to complete the enrollment in Family Advocacy Program, and a  
8 safety plan.

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

23 Once I had what was required, I went to the district  
24 clerk's office to file my pro se protective order request in  
25 person, which I had to wait the majority of the day for it

1 to be accepted, approved, signed by a judge, and given a  
2 court date. From there, I had to take all of the approved  
3 documentation myself, the temporary protective order, and  
4 court date to the Killeen constable office so they can, in  
5 return, serve the accused. Before the accused could be  
6 served, the Killeen constable office had to coordinate with  
7 the Fort Hood provost marshal office to serve the papers on  
8 a military installation, as the accused was trying to avoid  
9 being served off post. I cannot definitively say the time  
10 frame this process took, but it was neither immediate nor  
11 within a 1-day time period.

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

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

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

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

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

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

25           My attorney informed me that I was the first case in

1 which the judge ordered the accused to reimburse the  
2 attorney fees and given a direct order to provide the court  
3 transcript to the local and military authorities.

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

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

22 The military took jurisdiction. Criminal Investigation  
23 Division performed their investigation, and the Family  
24 Advocacy Program case review committee convened. Both the  
25 Family Advocacy Program case and the Criminal Investigation

1 Division came back rather quickly with the result found.  
2 Charges were conferred for a court martial. However, the  
3 accused was administratively separated in lieu of the court  
4 martial, and I now question the full extent of whatever  
5 consequences the accused actually received.

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

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

22 The key takeaway from this whole process is what I had  
23 to do and the effort it took on my part. Not all survivors  
24 of intimate partner violence are the same. If we go forward  
25 expecting this to continue to be the process in any way,

1 shape or form, justice could be delayed or even denied. The  
2 cycle of abuse will continue because some will compare the  
3 amount of effort it takes in an attempt to compartmentalize  
4 and rationalize the abuse as a means to stay in the  
5 situation.

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

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

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

25 I told her to contact the Navy's version of the Army



1 emergency relief of her command financial noncommissioned  
2 officer. She was denied financial assistance.

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

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

23 During the group sessions, we were provided handouts  
24 that predominantly covered the warning signs of abuse. The  
25 start of each group session was to discuss the warning signs

1 of abuse, where we were in the process with regards to our  
2 cases. Some sessions included spouses and military  
3 personnel expressing trying to reconcile with their abuser,  
4 their abuser cutting off utilities, freezing their bank  
5 cards, not being able to get a hold of anyone within their  
6 abuser's unit, not receiving adequate assistance, et cetera.  
7 There were some spouses from foreign countries and other  
8 spouses whom did not know their abuser's unit, where they  
9 specifically worked on the military installation, or where  
10 important agencies and resources were located. Quite  
11 frankly, some appeared as though they were at their breaking  
12 point.

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

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

1 take her to the FAP to be seen.

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

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

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

25 Accountability entails ensuring all military

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

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

21 In 1929, the Uniform Crime Report system was developed,  
22 which is a nationwide program that law enforcement agencies  
23 report data on crimes that occur within their jurisdiction.  
24 This includes crimes reported. Perhaps it should become a  
25 policy that all provost marshals of the military

1 installation be allowed to review that database because if  
2 you do not have that oversight -- and just from my  
3 experience alone, working with the Killeen Police Department  
4 and working with the local community, their decision was not  
5 to properly investigate. Nor do I think that they thought  
6 that I deserved any form of justice. If I did not go  
7 through 3rd Corps or beg and plead for the military to take  
8 jurisdiction of my case, how would they have known?

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

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

22       You cannot win a battle with a lack of accountability,  
23 a lack of true standardization and lack of constantly  
24 streamlining the process. If the Department of Defense can  
25 collapse logistics information systems of all branches of

1 the military into one, they can collapse these databases  
2 into one so better oversight and accountability can be  
3 adhered to.

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

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

24 Lastly, at the heart of the matter is the care. I am  
25 asking that special victims counsel be assigned to all

1 victims of intimate partner violence in the military. We  
2 have heard of my process and how the unit's attorney made it  
3 clear she was not my direct attorney. The special victim  
4 counsel can assist with the legal aspects, especially with  
5 both the civilian and military protective order that should  
6 be required. No one should be provided a packet and say  
7 that is it. Here, go do this, go do that. We have to  
8 constantly take into account one's emotional state, the  
9 duration and level of abuse when first saying here is a  
10 packet. We are living in an informational age, but given  
11 how isolated the abused partner is, they may not have direct  
12 access to what is needed.

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

1           Also, another factor that can be considered is  
2           organizing the domestic violence groups better so targeted  
3           outreach can be performed. We are living in changing times  
4           with the relationship dynamics, preferred gender  
5           identification, et cetera. Furthermore, I am well aware  
6           that civilian spouses are offered financial assistance  
7           throughout the process and even after conviction of domestic  
8           violence from the military. However, financial assistance  
9           was denied to my friend whom was active duty and spouse was  
10          civilian.

11          That is all. Thank you.

12          [The prepared statement of Ms. McKinley follows:]

13          [SUBCOMMITTEE INSERT]

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1           Senator Tillis: Thank you, Ms. McKinley.

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

4           Ms. Perry: Sorry.

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

12          Ms. Vega?

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

3           Ms. Vega: Good afternoon, Senators. I want to thank  
4   you each of you for the opportunity to be here and sharing  
5   the experience and the stories of the survivors.

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

15          Survivor number one came to the courthouse with her  
16   victim advocate from the military. And what she explained  
17   in her statement was that her husband had strangled her  
18   several occasions in front of their 9-year-old baby girl  
19   that was with them. She was scared. She did not know what  
20   to do. She reached out to the military family victim  
21   advocacy who, in return, referred her to get a protective  
22   order at the civilian court.

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

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

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

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

1 able to secure one and able to make out safety in that case.

2 Our survivor number two came to us through the hotline.

3 She described her husband as having post traumatic stress

4 disorder and that he had become increasingly angry towards

5 her violently. He would hit the walls, destroy personal

6 property, and tell her that if she ever was planning on

7 leaving him, that they both would end up dead. So she

8 became very worried for her life and safety concerns.

9 Because there was no physical abuse, it was very difficult

10 for her to reach out.

11 She finally decided to reach out to the -- not to the

12 commander but the higher ranking from her husband. And he

13 told her that this will be taken care of. With time,

14 nothing really happened.

15 She then reached out to the family advocacy center at

16 the military, who gave her resources and told her where to

17 call and where to go, but she was expecting more action from

18 them. Nothing really happened.

19 She decided to take things in her own hand, came to

20 Arlington, got a protective order, the preliminary one. But

21 it was very difficult again to make it permanent because

22 there is no report. There is no police calls. There is no

23 physical abuse.

24 She strongly believed that the problem was that her

25 husband was a sergeant, and that nobody was willing to do

1 anything because of that. She felt that she was left alone,  
2 that there was nobody there to support her in regards to the  
3 military side.

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

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

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

22 Survivor number three came to us at the Poor House.  
23 She was sent there actually by her commander because she was  
24 told that it would be easier and faster if she would do the  
25 protective order through the civil side first. She believed

1 strongly that the commander did not want to do anything  
2 because, in her words, they were buddies with her husband,  
3 and she felt that he did not want to get involved. It was a  
4 domestic violence situation, and it was between them. So he  
5 told her if you get a civil protective order, then I can do  
6 something in here.

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

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

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

25         Another big challenge that we see -- and we have seen

1 it over and over again -- is the officer's ranking. Many of  
2 the survivors are scared. They said if I go forward with  
3 this, he is big, he is doing this, his career will be  
4 ruined, and I do not want to put that in him. And when they  
5 do decide to go forward, there is very little support in the  
6 military for that and very little protection for them.

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

12 The second would be to provide training. We believe so  
13 strongly that training does make a difference. And the  
14 people who are in charge, higher ranks, officers, commanders  
15 who are the ones who are making those decisions right now --  
16 and the moment that victim, the survivor is calling out and  
17 reaching out to the military, everybody who is involved, the  
18 prosecutors, the panelists, everybody who is involved in  
19 that process needs to be trained, and they need to be  
20 trained in trauma-informed, and it has to be survivor-  
21 centered.

22 Once again, collaborating. I think collaboration with  
23 the outside resources is very important. As we heard in  
24 some of the cases that we have here today, outside civilian  
25 resources sometimes make a big difference. So being able to

1 have the military connect the survivors with those resources  
2 outside, knowing what they are, what they are doing,  
3 connecting them is very important. And I believe that is  
4 the only way we can continue to nurture the culture that  
5 starts by believing that, yes, that happened. Start by  
6 believing the survivor and having a survivor-centered  
7 approach to them.

8 Thank you.

9 Senator Tillis: Thank you, Ms. Vega.

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

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

18 You touched in your opening statement about Wilson --  
19 it is impossible for me to call him "Mr." -- had clearly  
20 behaviors that were exhibited in Australia and what I  
21 consider to be an unacceptable disconnect between the  
22 commands in Australia and back at Camp Lejeune that we are  
23 taking a personal in and we are going to continue to speak  
24 with you and try to identify how we can prevent that in the  
25 future. But we also have to hold people accountable for



1 this particular breakdown.

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

8 Ms. Perry: Thank you so much.

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

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

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

3           Dr. Dodge: Thank you very much for the opportunity to  
4           be here today.

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

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

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

22          We have learned a great deal from scientific research  
23          on the causes of child abuse and neglect in early life. We  
24          have learned that one size does not fit all. Some families  
25          become abusive because of alcohol or opioid or other drug

1 use problems. Still other families may be maternal  
2 depression or domestic violence or family financial  
3 instability or maybe for a young person, a lack of knowledge  
4 about child development and parenting skills. We know  
5 financial stress causes challenges that make the problem  
6 worse. For some parents it is the stress of a crying baby  
7 at 2 o'clock in the morning in the middle of the night. On  
8 the positive side, we know what can protect families.  
9 Social connectedness to families, friends, pastors, and  
10 professionals can make a difference.

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

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

25 Family Connects has three pillars. First, we try to

1 reach every family in the community at the time of birth.  
2 We go to the hospital where the birth occurs. We invite  
3 ourselves into the home. A trained nurse will have one to  
4 three home visits, up to seven contacts with the family.  
5 She tries to understand what that particular family needs.  
6 Maybe it is professional substance abuse treatment. Maybe  
7 it is a parenting support group. Maybe it is an emergency  
8 housing loan. She then tries to connect the family. She  
9 does education, universal education on sleeping and crying  
10 and breastfeeding and a number of other areas. And then she  
11 also connects the family to their community resources that  
12 particular family needs.

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

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

1 impact of what we do.

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

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

18 So we are now disseminating the Family Connects program  
19 across the nation. We are working with 28 communities  
20 today. We plan to grow to several hundred communities.  
21 With each new community, we learn and we adapt the program.  
22 We believe military communities such as the Army's Fort  
23 Bragg near Fayetteville and Marines' Camp Lejeune in  
24 Jacksonville are terrific opportunities to promote infant  
25 healthy development and prevent child abuse. We believe we

1 can lower the child abuse rate in these military  
2 communities.

3 Thank you.

4 [The prepared statement of Dr. Dodge follows:]

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1 Senator Tillis: Thank you, Dr. Dodge.  
2 Dr. Campbell?  
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1           STATEMENT OF DR. JACQUELYN C. CAMPBELL, RN, FAAN,  
2 PROFESSOR, ANNA D. WOLF CHAIR, JOHNS HOPKINS SCHOOL OF  
3 NURSING

4           Dr. Campbell: I want to thank the committee for having  
5 us. I especially want to thank both of you Senators for  
6 your eloquent, informative opening remarks.

7           I am a nurse researcher at Johns Hopkins University  
8 School of Nursing. I have done research on domestic  
9 violence and health outcomes for more than 20 years. I was  
10 a proud member of the congressionally appointed U.S.  
11 Department of Defense Task Force on Domestic Violence in the  
12 military from 2000 to 2003. In that role, I was able to  
13 travel all over the world and observe and listen to domestic  
14 violence survivors, domestic violence offenders, and those  
15 that were trying to deal with domestic violence in the  
16 military. I learned so much about the military and grew to  
17 an even greater level of respect and honor for all of our  
18 armed services at every rank.

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



1           One of the recommendations we made was to conduct a  
2 systematic population-based, regularly repeated and,  
3 importantly, totally anonymous survey of active duty  
4 military women and active duty military wives, wives of  
5 active duty military women. This was done by CDC in 2010.  
6 It is being repeated now in 2016-2017. Those results have  
7 not yet been made public.

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

15           We also know that although it is being repeated now,  
16 there is not funding from the military to repeat it after  
17 2016 and 2017. That absolutely has to be done.

18           From that data, we learned that the domestic violence  
19 against active duty military women was very similar to the  
20 amount of domestic violence against civilian women. About  
21 40 percent of civilian women experienced lifetime physical  
22 violence, rape, or stalking by an intimate partner, and  
23 about 31 percent of active duty military women and 30  
24 percent of the wives of active duty military men. So very  
25 similar percentages, and approximately a third of women in

1 the military experiencing domestic violence.

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

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

18 What is missing from the NISVS, as it is called in CDC,  
19 as I mentioned, is the health outcomes of domestic violence  
20 for active duty military women. And we have new science, as  
21 Senator Gillibrand mentioned, about traumatic brain injury  
22 that happens to abused women in the civilian world. We need  
23 to apply this new knowledge to domestic violence victims in  
24 the military, as well as to our soldiers that are injured by  
25 blast injuries and our athletes. This is one of the long-

1 term health outcomes of domestic violence that we are  
2 beginning to discover. We have known for a long time that  
3 women who are abused by their partners have long-term  
4 neurological problems. What we did not know is why. What  
5 we know now from new data -- my team published it in 2017.  
6 We have some data from Eve Valera at Harvard showing  
7 definitively that women who are beaten in the head or have  
8 facial injuries, hit in the eye, hit in the ear, fractured  
9 jaws -- I always make the analogy. We know what happens to  
10 boxers over time. And domestic violence victims are  
11 repeatedly hit in the face, repeatedly hit in the head, and  
12 they are also strangled, as was mentioned.

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

25 We know now that we have to heal from that trauma, as

1 well as teach kids to do better, that it is not just  
2 cognitive reasoning that makes the difference in whether or  
3 not people use violence. It is also if they have had  
4 cumulative trauma. What that does to the brain -- we know  
5 much more about that.

6 We also have really good science now in terms of how to  
7 treat people with traumatic brain injury in the military.  
8 We do a great job of treating with the most advanced  
9 neurological techniques our blast injury victims in the  
10 military who have TBI. We do not do the same for our active  
11 duty military women who have TBI from domestic violence. So  
12 we need to routinely screen in all of our active duty  
13 military health facilities for experiencing domestic  
14 violence. We need to do it in a way -- and as was talked  
15 about in terms of restricted referrals versus non-restricted  
16 reports to military command, all of that is useful, but we  
17 need to be sure to be screening not for just present  
18 domestic violence, but for past domestic violence. These  
19 neurological problems last long after someone has left an  
20 abusive relationship.

21 We heard from an incredibly brave, smart, resourceful  
22 victim of domestic violence. And I always wonder how well  
23 they have been treated for those long-term medical problems.  
24 And we heard about hers in terms of requiring surgery, et  
25 cetera. As soon as we find a victim of domestic violence in

1 an active duty military setting, we need to make sure that  
2 we are using a traumatic brain injury screen.

3 There is a modified screen that Kathleen Iverson, who  
4 is in the VA, has used with veteran women where women can  
5 disclose whether or not they have had a strangulation event  
6 and whether or not they have had these kinds of head  
7 injuries that would lead to traumatic brain injury. And  
8 again, it is those repeated blows to the head and/or  
9 strangulation. That is the issue. We can use those to  
10 screen for TBI amongst women, and we can use those to decide  
11 how to best provide treatment for those women for the  
12 traumatic brain injury.

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

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

5           Thank you.

6           [The prepared statement of Dr. Campbell follows:]

7           [SUBCOMMITTEE INSERT]

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1           Senator Tillis: Thank you, Dr. Campbell.  
2           Dr. Taft?  
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1 STATEMENT OF DR. CASEY T. TAFT, PROFESSOR OF  
2 PSYCHIATRY, BOSTON UNIVERSITY SCHOOL OF MEDICINE

3 Dr. Taft: Good afternoon, Chairman Tillis, Ranking  
4 Member Gillibrand, and members of the subcommittee. Thank  
5 you for the opportunity to discuss my observations on  
6 domestic violence in the military.

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

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

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

24 However, it is also critical to understand that PTSD  
25 does not cause domestic violence. It only increases risk.



1 Although PTSD is related to higher violence risk, most of  
2 those with PTSD are not domestically violent. In other  
3 words, we must not think of violence as a symptom of PTSD or  
4 something that is inevitable. Those who engage in domestic  
5 violence ultimately make a choice to be violent and are  
6 responsible for their own behavior.

7 To better understand how trauma increases violence  
8 risk, it is helpful to consider how trauma can alter how we  
9 respond in social situations. When in a war zone or  
10 dangerous area, the service member may be extremely alert to  
11 threat and learns to see threats that others do not see.  
12 This is obviously adaptive in a war zone, but when the  
13 service member returns home, they may be more likely to  
14 develop a mindset where they assume that others have hostile  
15 intentions towards them. They may begin to falsely assume  
16 that their partner is trying to push their buttons, is  
17 cheating on them, or trying to do them harm in some way.  
18 When one assumes the worst in their partners, they will be  
19 more likely to engage in controlling and abusive behavior.

20 Service members exposed to trauma report that their  
21 experiences have changed the ways that they view the world.  
22 For example, virtually every violent service member I have  
23 worked with describes difficulty trusting others. This  
24 difficulty trusting may be due to observing people harming  
25 others in the war zone or perhaps they felt betrayed or did

1 not know whom they could trust during their traumatic  
2 experiences. These feelings of mistrust can often carry  
3 over into intimate relationships and are often a precursor  
4 to coercive and controlling behavior.

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

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

19       Some worry that by taking a trauma-informed approach,  
20 we are excusing abusive behavior. In fact, when we listen  
21 to the stories that service members tell about their trauma,  
22 it lowers their defenses and they open up and take greater  
23 responsibility for their abuse. If we listen to their  
24 stories, they will join with us and work to end their  
25 abusive behavior. We can and should talk about the role of

1 trauma in abusive behavior, while emphasizing accountability  
2 and personal responsibility at the same time.

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

13 I believe that the military response to domestic  
14 violence is far ahead of the civilian response. Through  
15 their Family Advocacy Programs, DOD uses a coordinated  
16 community response to deal with the problem and has a system  
17 for identifying abusive behavior and getting folks the help  
18 that they need. DOD standards for best practices to deal  
19 with domestic violence are also well thought out and trauma-  
20 informed, and that is what Jackie was just referring to  
21 where she was an important part of that process.

22 One recommendation that I have is that DOD adopt a  
23 system where they identify only trauma-informed programs  
24 truly shown to be effective to prevent and end military  
25 domestic violence through clinical trials and work to

1 consistently implement these programs across DOD. Currently  
2 there are some programs on installations that do not meet  
3 this standard. This approach would ultimately benefit  
4 military families who experience domestic violence.

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

7 [The prepared statement of Dr. Taft follows:]

8 [SUBCOMMITTEE INSERT]

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1           Senator Tillis: Thank you, Mr. Taft.

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

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1           STATEMENT OF STEPHANIE BARNA, SENIOR POLICY ADVISOR,  
2           UNDER SECRETARY OF DEFENSE, PERSONNEL AND READINESS

3           Ms. Barna: Chairman Tillis, Ranking Member Gillibrand,  
4           and members of the subcommittee.

5           The Department of Defense is committed to preventing  
6           and responding to domestic abuse, intimate partner violence,  
7           and child abuse and neglect in the military community.

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

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

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

3           [The prepared statement of Ms. Barna follows:]

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1 Senator Tillis: Thank you very much, Ms. Barna.

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

9 I immediately went to how you pay for it and also how  
10 you measure the benefits, and I think you have a very good  
11 story to tell there.

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

25 Dr. Dodge: Thank you, Senator Tillis. Yes.



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

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

14           Second, as far as how do we pay for it. We are in 28  
15   communities across the nation, and each community pays for  
16   it in different ways. In Durham, the county commissioners  
17   have elected to use tax dollars to pay for one little part  
18   of it. Philanthropy pays for another part of it. We  
19   capture some modest Medicaid funding for part of it. And we  
20   capture some State grants as well. In other communities, we  
21   have found that private, for-profit health care agencies  
22   will pay for it or have paid for it in several communities  
23   perhaps because they think it is a good thing for their  
24   clients, their patients, perhaps because it is good public  
25   relations, but also perhaps because they realize it will

1 save them dollars down the road in the long run. So I think  
2 it is a combination of public funds, private funds, and  
3 nonprofit, philanthropy.

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

12 Senator Tillis: Thank you very much.

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

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

23 Senator Tillis: Thank you very much.

24 Senator Gillibrand?

25 Senator Gillibrand: Thank you so much, Mr. Chairman.

1           Dr. Taft, can you elaborate on the types of barriers  
2 researchers and clinicians face when trying to start these  
3 types of programs?

4           Dr. Taft: Barriers in starting the program on an  
5 installation?

6           Senator Gillibrand: Correct. Prevention programs for  
7 military families.

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

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

21           But I think the most important thing is getting buy-in,  
22 and our experience has been reaching out to the partners, to  
23 the family members is probably the most successful approach  
24 rather than reaching out directly to the service members who  
25 do not necessarily want to go to couples therapy or any kind

1 of conflict prevention kind of program.

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

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

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

19 Dr. Dodge: Yes. Thank you for that question.

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

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

25 Another barrier is the belief that one should do it

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

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

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

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

19       Senator Gillibrand: Thank you.

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

1 problem?

2 Ms. Barna: Senator Gillibrand, we have heard you, and  
3 we are in the process of actually incorporating questions  
4 about domestic violence in our military spouse survey.

5 There are questions about domestic violence and abuse that  
6 will be inserted into our workplace gender relations survey.

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

17 But we are hopeful that the military spouse survey and  
18 again the gender workplace relations survey --

19 Senator Gillibrand: You could get some of it from the  
20 spousal survey I suspect.

21 The Family Advocacy Program publishes a report each  
22 year containing the number of the reported allegations of  
23 child abuse and neglect and intimate partner violence and  
24 the number of cases that met the criteria of the program's  
25 guidance. However, in the annual report, there is no data

1 on the outcome of such cases in terms of prosecution by  
2 civilian or military authorities, recidivism rates, or  
3 treatment outcomes.

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

6 Ms. Barna: Actually I can speak from a couple of  
7 perspectives there.

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

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

24 We also have concerns that commanders who today would  
25 preventatively refer a service member to us say this

1 individual needs service would not do it.

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

12 Senator Gillibrand: Thank you.

13 Thank you, Mr. Chairman.

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

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

24 We will kept the record open through Tuesday of next  
25 week. We may submit questions to you for the record. If



1 you are able to respond, we would appreciate it.

2 But more importantly, as you track what we are doing  
3 here, please make sure you contact my office and the ranking  
4 member's office for any suggestions and improvements that we  
5 can make. Thank you all.

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

11 The hearing is adjourned.

12 [Whereupon, at 4:07 p.m., the hearing was adjourned.]

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