

Mental Health Newsletter

Signs of Child Abuse



The Department of Defense and the Family Advocacy Program are committed to promoting the well-being of children and families and preventing, addressing and ultimately ending child abuse.

Child abuse and neglect affects children of all races, religions and income levels. Abuse most often occurs at home, committed by those well known to the child -- parents, relatives, babysitters and trusted family friends. Do your part to keep kids safe and secure: learn what child abuse is, who might be at risk, how to recognize the signs and ways you can help.

What defines child abuse

The Department of Defense defines child abuse as injury to, maltreatment of, or neglect of a child by a parent, guardian or caregiver so that the child's welfare is harmed or threatened. Child abuse generally falls into one of the following four categories:

- **Neglect** includes the failure to provide for a child's basic physical, emotional, medical or educational needs.
- **Physical abuse** causes physical harm to a child by actions such as punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting or burning.
- **Sexual abuse** includes touching or non-touching sexual activity toward or involving a child.
- **Emotional abuse** includes a pattern of behaviors that have a negative effect on the child's psychological well-being, including constant criticism, threats, humiliation and rejection.

Why does child abuse occur?

According to U.S. Department of Health and Human Services, Children's Bureau, several

factors, often in combination, increase the risk of child abuse or neglect:

- **Immaturity.** Young parents may lack experience with children or be unprepared for the responsibility of raising a child.
- **Unrealistic expectations.** A lack of knowledge about normal child development or behavior may result in frustration and, ultimately, abusive discipline.
- **Stress.** Families struggling with poverty, unstable housing, divorce, or unemployment may be at greater risk.
- **Substance use.** The effects of substance use, as well as time, energy and money spent obtaining drugs or alcohol, significantly impair parents' abilities to care for their children.
- **Intergenerational trauma.** Parents' own experiences of childhood trauma impact their relationships with their children.
- **Isolation.** Effective parenting is more difficult when parents lack a supportive partner, family or community. These factors do not mean the family will experience child abuse or neglect, but they can add to family distress and increase the risk of abuse.

Examples of child abuse

You can help keep your community safe and report child abuse when you see it. Here are some examples of child abuse:

- A mother leaves her 2-year-old child unsupervised at home while she runs a quick errand
- A parent puts a young child in the bathtub and leaves the room for a break
- A parent or caretaker shakes a baby to get the infant to stop crying
- A father hits his unruly teenager leaving bruises, cuts or welts
- A parent frequently tells the child they're no good and should never have been born
- A family member engages in sexual behavior with a child by touching the child inappropriately or making the child participate in sexual activities.

Know the signs of child abuse and neglect

A child who's being abused or neglected may feel guilty, ashamed or confused. The child may be afraid to tell anyone, particularly if the abuser is a parent, sibling or other relative, or family friend. The child may seem afraid of parents, older youth or adult caregivers or family friend. Watch for red flags, such as when a child:

- Shows sudden changes in behavior or school performance

- Has not received help for physical or medical problems brought to the parents' attention
- Has learning problems, or difficulty concentrating, that cannot be attributed to specific physical or psychological causes
- Is always watchful, as though preparing for something bad to happen
- Lacks adult supervision
- Has unexplained burns, bites, bruises, broken bones or black eyes
- Has fading bruises or other marks noticeable after an absence from school
- Seems frightened of the parents and protests or cries when it is time to go home
- Abuses animals or pets.

How you can help

Reporting child abuse only takes a minute, but it also takes courage and the commitment to keeping children healthy and safe. If you're concerned about a child or family, but aren't sure whether it's abuse, err on the side of safety. Reporting provides the opportunity to prevent or stop abuse and enable the family to get the help they need. Everyone has a moral obligation and, in many cases, a legal responsibility to take action to end child abuse and neglect. Here are some ways you can help.

- Call 911 or the military police if you witness violence or know someone is in immediate danger.
- Report suspected child abuse or neglect to the Installation Family Advocacy Program and the local child protective services or child welfare office. You can also call your state's child abuse reporting hotline or Childhelp National Child Abuse Hotline at **800-4-A-CHILD (422-4453)**.

Help is available. Your installation's Family Advocacy Program provides counseling and support to help address issues contributing to stress within the home. The program can connect you with the network of community services available to strengthen families and promote resilience. To find your installation's Family Advocacy Program, call Military OneSource, 800-342-9647, or visit Military INSTALLATIONS.

Strong communities strengthen families. Parents, caregivers, and community members can help by being informed, attentive and supportive of children. To learn more about child abuse, read, "What is Child Abuse?"

<http://www.militaryonesource.mil/-/signs-of-child-abuse?inheritRedirect=true>





Good Wolf Vs. Bad Wolf

Several years ago when I was working in a Tribal setting, an Elder told me an old Native American wisdom story about the internal struggle between positive and negative that all of us go through from time to time. The story goes...

A Grandfather was sitting by the fire with his two young grandsons, teaching them about the difference between good and bad, positive and negative. The Grandfather tells his grandchildren, "There is a good wolf and a bad wolf living inside each of us. **The good wolf is love, compassion, courage, generosity, fortitude, discipline, laughter and every worthy virtue a human being is capable of. The bad wolf is anger, hatred, laziness, jealousy, envy, greed, sloth and other vices a human being is capable of.** In each and every one of us, these two wolves are engaged in a fierce battle." Sitting on the edge of their seats the two grandsons, hardly able to con-

tain their anticipation, blurted out excitedly, "Which wolf gets to win Grandfather!?"

"The one you feed", the Grandfather answered. "The one you feed."

Deployment experiences can result in a shake-up of our basic moral beliefs, cause us to doubt our ideals and question the value of life. It's not hard to see how deployment might feed the "bad wolf". For many of us it is easier to feed the bad wolf, giving in to negative emotions and giving up on virtue. This can be especially true after those experiences that tap our strength and stamina, and cause us to question our most fundamental assumptions about all that's good and bad about life.

If we keep this story in mind, we can conceptualize how negative changes in behavior following a deployment can be a natural outcome. These experiences feed the bad wolf. Many returning service members experience behaviors and feelings such as anger toward friends and loved ones, post-traumatic stress, isolation, anxiety, spiritual crisis, etc., sometimes for the first time in their lives. While such outcomes can be considered normal consequences of abnormal

experiences, we can also use these feelings and behaviors as signs that we have been changed by our deployment and need to spend time feeding the "good wolf" for our sake and the sake of our loved ones.

Feeding the good wolf requires insight, discipline, practice, and dedication. All of us can acknowledge the simple truth that good behavior is better than bad behavior, and that both good and bad behavior are most often rooted in how we're feeling. If you find yourself engaging in negative behavior because you feel bad most of the time, and those bad feelings just aren't going away, you owe it to yourself to get help and resolve those negative feelings. Who wants to feel bad all the time?

Behavioral health professionals can help you with strategies and techniques to reduce or eliminate the effects of deployment experiences and get you on the road to feeling better. Behavioral health providers are available at every military installation. The Veteran's Administration also offers behavioral health services to all its beneficiaries. For service members and their families, chaplains of every branch of service are trained to help you deal with negative feelings and behaviors, whether they are related to

deployment or not. Chaplains are also trained to recognize when people are in need of assistance from mental health professionals and can help you make contact with the appropriate provider. Your primary care provider is also trained to assist you with getting professional behavioral health assistance.

The story of the good wolf and the bad wolf holds much wisdom in its simplicity. Sometimes we need to recognize simple truths in order to be able to acknowledge our own basic needs, such as allowing others into our lives to help us with our struggles, or that those struggles are simply part of being human. We can strengthen ourselves by realizing when it's time to feed the good wolf, and to make sure he stays well fed. We owe that to ourselves and those that care about us.

<https://afterdeployment.dcoe.mil/blogs/expert/good-wolf-vs-bad-wolf>



MENTAL HEALTH RESOURCE

Websites:

<http://www.militaryonesource.mil/>
<https://www.veteranscrisisline.net/>
<http://www.realwarriors.net/guardreserve>
<https://afterdeployment.dcoe.mil/>
<http://www.ptsd.va.gov/>
<http://www.dspo.mil/>
<https://maketheconnection.net/>
<http://www.militarykidsconnect.dcoe.mil/>

Apps:

Life Armor	Mood Coach	PTSD Coach
Tactical Breathing	Moving Forward	Parenting to Go
Safe Helpline	Virtual Hope Box	Dream EZ
T2 Mood Tracker	CBT-I Coach	Mindfulness Coach
Concussion Coach	Act Coach	Stay Quit Coach

301 MDS MENTAL HEALTH STAFF

Location: Bldg. 1780 RM 169
 Phone: 817-782-7785

Providers

Maj Jose Jasso
 Maj Ericka Jenifer
 Maj Mayara Coulter
 Capt Gabriel Saenz

Technicians

MSgt James Harper
 SSgt Stephanie Miller
 SSgt Famari Ortiz
 SSgt Shelby Moore
 SSgt Marcel Benavides
 SrA Elizabeth Bryant
 SrA Samuel Ankamah

DIRECTOR OF PSYCHOLOGICAL HEALTH (DPH)

Location: Bldg. 1780 RM 164
 Phone: 817-782-3287

Provider

Mrs. Mary Arnold

301st Fighter Wing

Suicide Prevention Resource List

UTA, Local and National Resources	
Resource	Telephone Number
Commander (or Equivalent Civilian Leader)	
Supervisor	
First Sergeant	
UTA Days	
301FW Chaplains	1-817-782-7980
Director of Psychological Health	1-817-782-3287
Suicide Prevention Program Manager	1-817-782-3348
JPS Hospital Emergency Room (Fort Worth)	1-817-702-8828
Millwood Hospital (mental health and substance abuse assessments/treatment)	1-817-261-3121 (Arlington, TX) 1-817-599-6307 (Weatherford, TX)
VA Medical Center, Dallas, TX (mental health and substance abuse)	1-800-849-3597
Sexual Assault Response Coordinator (SARC) - Office	1-817-782-3827
SARC Hotline	1-817-401-5046
SAPR Victim Advocate (Traditional Reservist)	1-817-782-3827
Special Victims' Counsel	1-210-671-4748 (Regional Office)
Equal Opportunity	1-817-782-7264/7346
Legal Office	1-817-782-7620
Local (or non-UTA Days)	
Navy Chaplains	1-817-782-5665, -7298, -6818
Director of Psychological Health	1-817-782-3287
Sexual Assault Response Coordinator (SARC) - Office	1-817-782-3827
SARC Hotline	1-817-401-5046
Special Victims' Counsel	1-210-671-4748 (Regional Office)
Navy Clinic (for AD—must be on >30-days AD orders)	1-817-782-5900
JPS Hospital Emergency Room (Fort Worth)	1-817-702-8828
Millwood Hospital (mental health and substance abuse assessments/treatment)	1-817-261-3121 (Arlington, TX) 1-817-599-6307 (Weatherford, TX)
Vet Center (need DD214)	1-817-921-9095
VA - Fort Worth Outpatient Clinic (M-F)	1-800-443-9672 or 1-817-730-0000
VA Medical Center, Dallas, TX (mental health and substance abuse)	1-800-849-3597
Equal Opportunity	1-817-782-7264, -7346
Legal Office	1-817-782-7620
National Resources	
DoD BeThere Peer Support Call and Outreach Center	1-844-357-PEER (-7337) (available 24/7)
National Suicide Prevention Hotline (a.k.a. Military Crisis Line)	1-800-273-8255 (press 1 for military, available 24/7)
National Domestic Violence Hotline	1-800-799-7233 (available 24/7)
National Helpline (mental health and substance abuse)	1-800-662-4357 (available 24/7)
Military OneSource	1-800-342-9647 (available 24/7)
Employee Assistance Program (or EAP) - Ask your employer	1-800-222-0364 (only for DoD civilian employees)
SafeHelp Line (sexual assault support)	1-877-995-5247 (available 24/7)
American Red Cross	1-877-272-7337 (for military, available 24/7)