

Child Maltreatment and Military Families

A Bibliography



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Scope

This bibliography lists publications related to issues of child abuse, child neglect and co-occurring family violence within military families. Publications cover topics of prevalence, prevention, education, and intervention.

Organization

Publications include English language books, book chapters, reports, research briefs, and articles listed in date-descending order from 1984-2017. Links are provided to unrestricted access publications.

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Child Maltreatment and Military Families

A Bibliography

Wood, J. N., Griffis, H. M., Taylor, C. M., Strane, D., Harb, G. C., Mi, L., ... & Rubin, D. M. (2017). Under-ascertainment from healthcare settings of child abuse events among children of soldiers by the US Army Family Advocacy Program. *Child Abuse & Neglect*, 63, 202-210.

In cases of maltreatment involving children of U.S. Army service members, the U.S. Army Family Advocacy Program (FAP) is responsible for providing services to families and ensuring child safety. The percentage of cases of maltreatment that are known to FAP, however, is uncertain. Thus, the objective of this retrospective study was to estimate the percent-age of U.S. Army dependent children with child maltreatment as diagnosed by a military or civilian medical provider who had a substantiated report with FAP from 2004 to 2007. Medical claims data were used to identify 0–17 year old child dependents of soldiers who received a medical diagnosis of child maltreatment. Linkage rates of maltreatment medical diagnoses with corresponding substantiated FAP reports were calculated. Bivariate and multivariable analyses examined the association of child, maltreatment episode, and soldier characteristics with linkage to substantiated FAP reports. Across 5945 medically diagnosed maltreatment episodes, 20.3% had a substantiated FAP report. Adjusting for covariates, the predicted probability of linkage to a substantiated FAP report was higher for physical abuse than for sexual abuse, 25.8%, 95% CI (23.4, 28.3) versus 14.5%, 95% CI (11.2, 17.9). Episodes in which early care was provided at civilian treatment facilities were less likely to have a FAP report than those treated at military facilities, 9.8%, 95% CI (7.3, 12.2) versus 23.6%, 95% CI (20.8, 26.4). The observed low rates of linkage of medically diagnosed child maltreatment to substantiated FAP reports may signal the need for further regulation of FAP reporting requirements, particularly for children treated at civilian facilities. © 2016 Elsevier Ltd. All rights reserved.

Taylor, C. M., Ross, M. E., Wood, J. N., Griffis, H. M., Harb, G. C., Mi, L., ... & Rubin, D. M. (2016). Differential child maltreatment risk across deployment periods of US Army soldiers. *American Journal of Public Health, 106*(1), 153-158.

We described the risk for maltreatment among toddlers of US Army soldiers over different deployment cycles to develop a systematic response within the US Army to provide families appropriate supports. We conducted a person-time analysis of substantiated maltreatment reports and medical diagnoses among children of 112 325 deployed US Army soldiers between 2001 and 2007. Risk of maltreatment was elevated after deployment for children of soldiers deployed once but not for children of soldiers deployed twice. During the 6 months after deployment, children of soldiers deployed once had 4.43 substantiated maltreatment reports and 4.96 medical diagnoses per 10 000 child months. The highest maltreatment rate among children of soldiers deployed twice occurred during the second deployment for substantiated maltreatment (4.83 episodes per 10 000 child-months) and before the first deployment for medical diagnoses of maltreatment (3.78 episodes per 10 000 child-months). We confirmed an elevated risk for child maltreatment during deployment but also found a previously unidentified high-risk period during the 6 months following deployment, indicating elevated stress within families of deployed and returning soldiers. These findings can inform efforts by the military to initiate and standardize support and preparation to families during periods of elevated risk.

Pedro, K. T. D. (2015). Child maltreatment and military-connected youth: developing protective school communities: School responses of referral and clinical interventions do not address needs of military families. *Child Abuse and Neglect, 47*, 124-131.

Since the beginning of the Iraq and Afghanistan wars, more than 2 million school-aged youth in the United States have had a parent enlist in the military. About 1.2 million of these youth have experienced the deployment of a parent. Multiple and prolonged deployments and exposure to veteran trauma disrupt family relationships and financial stability. The deployment cycle also effects the mental health and well-being of service members and left-behind caregivers and children. Indeed, the caregivers in particular must cope with emotional stress and may have feelings of social isolation. Even when seeking help, left-behind caregivers may have difficulty locating health care providers who are aware of military life issues. Multiple life stressors and the lack of social support in civilian communities place military youth at risk of abuse and neglect.

Indeed, Danielle Rentz and her colleagues found that child maltreatment rates in military families have doubled since the beginning of the Iraq and Afghanistan wars.

Hisle-Gorman, E., Harrington, D., Nylund, C. M., Tercyak, K. P., Anthony, B. J., & Gorman, G. H. (2015). Impact of parents' wartime military deployment and injury on young children's safety and mental health. *Journal of the American Academy of Child & Adolescent Psychiatry, 54*(4), 294-301.

Children are at risk for adverse outcomes during parental military deployments. We aim to determine the impact of parental deployment and combat injury on young children's postdeployment mental health, injuries, and maltreatment. This is a population-based, retrospective cohort study of young children of active duty military parents during fiscal years (FY) 2006 to 2007, a high deployment period. A total of 487,460 children, 3 to 8 years of age, who received Military Health System care, were included. The relative rates of mental health, injury, and child maltreatment visits of children whose parents deployed and children of combat-injured parents were compared to children unexposed to parental deployment. Of the included children, 58,479 (12%) had a parent deploy, and 5,405 (1%) had a parent injured during deployment. Relative to children whose parents did not deploy, children of deployed and combat-injured parents, respectively, had additional visits for mental health diagnoses (incidence rate ratio [IRR] = 1.09 [95% CI = 1.02–1.17], IRR = 1.67 [95% CI = 1.47–1.89]), injuries (IRR = 1.07 [95% CI = 1.04–1.09], IRR = 1.24 [95% CI = 1.17–1.32]), and child maltreatment (IRR = 1.21 [95% CI = 1.11–1.32], IRR 2.30 = [95% CI 2.02–2.61]) postdeployment. Young children of deployed and combat-injured military parents have more postdeployment visits for mental health, injuries, and child maltreatment. Mental health problems, injuries, and maltreatment after a parent's return from deployment are amplified in children of combat-injured parents. Increased preventive and intervention services are needed for young children as parents return from deployments. Child health and mental health providers are crucial to effective identification of these at-risk children to ensure effective care provision.

Milner, J. S. (2015). Child maltreatment in United States military families: The military Family Advocacy Program has given increased attention to the prevention of family violence. *Child Abuse & Neglect*, 47, 102-113.

Rabenhorst, M. M., McCarthy, R. J., Thomsen, C. J., Milner, J. S., Travis, W. J., & Colasanti, M. P. (2015). Child maltreatment among US Air Force parents deployed in support of Operation Iraqi Freedom/Operation Enduring Freedom. *Child Maltreatment*, 20(1), 61-71.

This study examined child maltreatment perpetration among 99,697 active-duty U.S. Air Force parents who completed a combat deployment. Using the deploying parent as the unit of analysis, we analyzed whether child maltreatment rates increased postdeployment relative to predeployment. These analyses extend previous research that used aggregate data and extend our previous work that used data from the same period but used the victim as the unit of analysis and included only deploying parents who engaged in child maltreatment. In this study, 2% ($n = 1,746$) of deploying parents perpetrated child maltreatment during the study period. Although no overall differences were found in child maltreatment rates postdeployment compared to predeployment, several maltreatment-related characteristics qualified this finding. Rates for emotional abuse and mild maltreatment were lower following deployment, whereas child maltreatment rates for severe maltreatment were higher following deployment. The finding that rates of severe child maltreatment, including incidents involving alcohol use, were higher postdeployment suggests a need for additional support services for parents following their return from combat deployment, with a focus on returning parents who have an alcohol use problem.

Trautmann, J., Alhusen, J., & Gross, D. (2015). Impact of deployment on military families with young children: A systematic review. *Nursing outlook*, 63(6), 656-679.

More than 40% of children in military families are <6 years old, a period when children are most dependent on their parents' physical and emotional availability. This systematic review describes the impact of deployment since 9/11 on the mental health of military families with young children, evaluates evidence-based interventions for military parents with young children, and identifies gaps in the science limiting our ability to support the needs of these families. Databases were reviewed from 2001 to 2014 using preferred reporting items for systematic reviews and meta-analyses approach; 26 studies met review criteria. Deployment was associated with increased

parent stress, child behavior problems, health care utilization, and child maltreatment. Few studies tested interventions or focused on racial/ethnic minority or veteran families. A number of methodological limitations are noted. More research using multiple methods, stronger designs, and more diverse samples is needed to understand and address the needs of military families with young children.

Travis, W. J., Heyman, R. E., & Smith, S. A. (2015). Fighting the battle on the home front: Prevention and intervention of child maltreatment for the military family: The US Air Force Family Advocacy Program seeks to provide safe and nurturing homes for children. *Child Abuse & Neglect*, 47, 114-123.

Thomsen, C. J., Rabenhorst, M. M., McCarthy, R. J., Milner, J. S., Travis, W. J., Foster, R. E., & Copeland, C. W. (2014). Child maltreatment before and after combat-related deployment among active-duty United States Air Force maltreating parents. *Psychology of Violence*, 4(2), 143-155.

Objective: To conduct the first population-based study comparing the frequency of child maltreatment among active-duty United States Air Force (USAF) maltreating parents before and after combat-related deployment. Method: By combining archival databases, we identified 2,287 children with a total of 2,563 substantiated maltreatment incidents perpetrated by USAF parents who deployed during an 85-month study period during Operation Iraqi Freedom/Operation Enduring Freedom. Results: Contrary to expectations, overall the frequency of child maltreatment was significantly lower after than before deployment, and this pattern did not vary as a function of the number of combat-related deployments. Further, the frequency of child maltreatment was lower postdeployment relative to predeployment for emotional abuse, mild neglect, and maltreatment not involving alcohol, but the frequency was higher postdeployment for child sexual abuse and severe child neglect, particularly when severe child neglect involved alcohol. Conclusions: In general, among children who experienced parental maltreatment by a deploying USAF parent, milder forms of child maltreatment were less common postdeployment, whereas severe types of child maltreatment were more common. Possible explanations implicate predeployment differences in resources and functioning or postdeployment differences in posttraumatic growth and maturation between parental perpetrators of mild versus more severe maltreatment. Postdeployment child maltreatment surveillance efforts should be vigilant for signs

of severe forms of child maltreatment, which appear to be most likely to increase. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Fullerton, C. S., McCarroll, J. E., Feerick, M., McKibben, J., Cozza, S., & Ursano, R. J. (2011). Child neglect in Army families: A public health perspective. *Military Medicine*, 176(12), 1432-1439.

Military families include 2.9 million people, with approximately 40% of all service members having at least one child. Rates of child neglect in this population have increased in recent years, but little is known about the characteristics of the neglect. To better identify targets for intervention, it is necessary that we refine our understanding of child neglect in the military. In this review, we examine definitions of child neglect and the specific definitions used by the U.S. Army. We identify domains of neglect and caregiver behaviors and affiliated. We suggest that this approach can inform prevention efforts within the Institute of Medicine's framework for preventive interventions. Understanding risk and protective factors in the military family are important to interventions for child neglect in military families.

Andrusyszyn, G. H. (2011). [Military families: A selected bibliography](#). Carlisle, PA: U.S. Army War College Library.

Gibbs, D. A., Martin, S. L., Clinton-Sherrod, M., Walters, H. J. L., & Johnson, R. E. (2011). [Child maltreatment in military families: Research brief](#). RTI International.

Lester, P., Mogil, C., Saltzman, W., Woodward, K., Nash, W., Leskin, G., ... & Beardslee, W. (2011). Families overcoming under stress: Implementing family-centered prevention for military families facing wartime deployments and combat operational stress. *Military Medicine*, 176(1), 19-25.

The toll of multiple and prolonged deployments on families has become clearer in recent years as military families have seen an increase in childhood anxiety, parental psychological distress, and marital discord. Families overcoming under stress (FOCUS), a family-centered evidence-informed resiliency training program developed at University of California, Los Angeles and Harvard

Medical School, is being implemented at military installations through an initiative from Navy Bureau of Medicine and Surgery. The research foundation for FOCUS includes evidence-based preventive interventions that were adapted to meet the specific needs of military families facing combat operational stress associated with wartime deployments. Using a family narrative approach, FOCUS includes a customized approach utilizing core intervention components, including psychoeducation, emotional regulation skills, goal setting and problem solving skills, traumatic stress reminder management techniques, and family communication skills. The purpose of this study is to describe the development and implementation of FOCUS for military families. A case example is also presented.

Sogomonyan, F., & Cooper, J. L. (2010). [Trauma faced by children of military families: What every policymaker should know](#). New York: National Center for Children in Poverty.

Active duty military personnel and National Guard and reservists experience multiple deployments as a result of the conflicts that comprise the War on Terror. A large body of research has accumulated on the behavioral health problems faced by military personnel as a result of these conflicts. After nearly a decade of war, a growing area of research shows the negative impact on children, youth and families of U.S. military personnel. Children of military families often experience multiple stressors before and during their parent's deployment and when they come home. Without appropriate mental health support systems, children of military personnel may be at a significant disadvantage compared with their peers in non-military families.

Gibbs, D. A., Martin, S. L., Johnson, R. E., Rentz, E. D., Clinton-Sherrod, M., & Hardison, J. (2008). Child maltreatment and substance abuse among U.S. Army soldiers. *Child Maltreatment, 13*(3), 259-268.

Although substance abuse has consistently been linked to child maltreatment, no study to date has described the extent of substance abuse among child maltreatment offenders within the military. Analysis of U.S. Army data on all substantiated incidents of parental child maltreatment committed between 2000 and 2004 by active duty soldiers found that 13% of offenders were noted to have been abusing alcohol or illicit drugs at the time of their child maltreatment incident. The odds of

substance abuse were increased for offenders who committed child neglect or emotional abuse, but were reduced for child physical abuse. The odds of offender substance abuse nearly tripled in child maltreatment incidents that also involved co-occurring spouse abuse. Findings include a lack of association between offender substance abuse and child maltreatment recurrence, possibly because of the increased likelihood of removal of offenders from the home when either substance abuse or spouse abuse were documented.

Linkh, D. J., Besetsny, L. K., Collins, P. S., Thomsen, C. J., Rabenhorst, M. M., Rosenbaum, A., & Milner, J. S. (2008). Suspected child and spouse maltreatment referral sources: who reports child and spouse maltreatment to the Air Force Family Advocacy Program?. *Military Medicine*, 173(12), 1203-1209.

The present study describes the sources of Air Force (AF) Family Advocacy Program referrals (N = 42,389) for child and spouse maltreatment between 2000 and 2004. Sources of referrals were stable over time, with military sources accounting for the majority of both child and spouse referrals. Most (85%) of spouse maltreatment referrals came from AF law enforcement, medical and psychological staff, command, and victim self-referrals. For child maltreatment, most referrals (71%) were from law enforcement, medical and psychological staff, command, social services, and friends or relatives. Differences in the sources of referrals across different types of maltreatment were greater for child than for spouse maltreatment. Comparison of the sources of child maltreatment referrals in the AF and U.S. samples revealed substantial similarity. However, self-referrals by the victim or offender were more common in the Air Force, whereas referrals by friends and relatives or by school or child care staff were more common in the U.S. sample.

McCarroll, J. E., Fan, Z., Newby, J. H., & Ursano, R. J. (2008). [Trends in US Army child maltreatment reports: 1990–2004](#). *Child Abuse Review*, 17(2), 108-118.

We present the victim rates and severity of child maltreatment in US Army families by the sex of the child and parent from 1990–2004. Neglect rates decreased from a high point in 1991 to a low in 2000, but by 2004 the rates had increased to about the 1991 level. During two large-scale deployments of the US Army to the Middle East (1991 and 2002–2004), the rates of neglect

increased. Neglect rates were highest for the youngest children and decreased as age increased. Physical abuse rates decreased from 1990–2004, but the decline was slowed during 2001–04. Physical abuse was more severe by male offenders. Emotional abuse showed wide fluctuations in rates. Emotional abuse rates were similar for boys and girls up to age 11, but the rates for older girls were higher. Sexual abuse had the lowest rates throughout the time of this report, decreasing from about 0.5/1000 to about 0.1/1000. The rates of physical abuse and neglect were generally higher for boys than for girls up to the teenage years when the rates reversed. Male offenders were more likely to maltreat children (even excluding sexual abuse) than were female offenders and offenders of both sexes were more likely to abuse male children. We provide suggestions for practice, prevention and research in child maltreatment. Published in 2008 by John Wiley & Sons, Ltd.

Gibbs, D. A., Martin, S. L., Kupper, L. L., & Johnson, R. E. (2007). Child maltreatment in enlisted soldiers' families during combat-related deployments. *JAMA*, 298(5), 528-535.

Parental stress is believed to play a critical role in child maltreatment, and deployment is often stressful for military families. Objective: To examine the association between combat-related deployment and rates of child maltreatment in families of enlisted soldiers in the US Army who had 1 or more substantiated reports of child maltreatment. Design and Setting Descriptive case series of substantiated incidents of parental child maltreatment in 1771 families of enlisted US Army soldiers who experienced at least 1 combat deployment between September 2001 and December 2004. Main Outcome Measures: Conditional Poisson regression models were used to estimate rate ratios (RRs) that compare rates of substantiated child maltreatment incidents during periods of deployment and nondeployment. Results: A total of 1858 parents in 1771 different families maltreated their children. In these families, the overall rate of child maltreatment was higher during the times when the soldier-parents were deployed compared with the times when they were not deployed (942 incidents and 713 626 days at risk during deployments vs 2392 incidents and 2.6 million days at risk during non-deployment; RR, 1.42 [95% confidence interval {CI}, 1.31- 1.54]). During deployment, the rates of moderate or severe maltreatment also were elevated (638 incidents and 447 647 days at risk during deployments vs 1421 incidents and 1.6 million days at risk during non-deployment; RR, 1.61 [95% CI, 1.45-1.77]). The rates of child

neglect were nearly twice as great during deployment (761 incidents and 470 657 days at risk during deployments vs 1407 incidents and 1.6 million days at risk during non-deployment; RR, 1.95[95%CI, 1.77-2.14]); however, the rate of physical abuse was less during deployments (97 incidents and 80 033 days at risk during deployments vs 451 incidents and 318 326 days at risk during non-deployment; RR, 0.76 [95% CI, 0.58-0.93]). Among female civilian spouses, the rate of maltreatment during deployment was more than 3 times greater (783 incidents and 382 480 days at risk during deployments vs 832 incidents and 1.2 million days at risk during non-deployment; RR, 3.33[95%CI,2.98-3.67]), the rate of child neglect was almost 4 times greater (666 incidents and 303 555 days at risk during deployments vs 605 incidents and 967 362 days at risk during non-deployment; RR, 3.88 [95% CI, 3.43-4.34]), and the rate of physical abuse was nearly twice as great (73 incidents and 18 316 days at risk during deployments vs 141 incidents and 61 105 days at risk during non-deployment; RR, 1.91 [95% CI, 1.33-2.49]). Conclusions: Among families of enlisted soldiers in the US Army with substantiated reports of child maltreatment, rates of maltreatment are greater when the soldiers are on combat-related deployments. Enhanced support services may be needed for military families during periods of increased stress.

Rentz, E. D., Marshall, S. W., Loomis, D., Casteel, C., Martin, S. L., & Gibbs, D. A. (2007). [Effect of deployment on the occurrence of child maltreatment in military and nonmilitary families](#). *American Journal of Epidemiology*, 165(10), 1199-1206.

War has a profound emotional impact on military personnel and their families, but little is known about how deployment-related stress impacts the occurrence of child maltreatment in military families. This time-series analysis of Texas child maltreatment data from 2000 to 2003 examined changes in the occurrence of child maltreatment in military and nonmilitary families over time and the impact of recent deployment increases. The rate of occurrence of substantiated maltreatment in military families was twice as high in the period after October 2002 (the 1-year anniversary of the September 11th attacks) compared with the period prior to that date (rate ratio $\frac{1}{4}$ 2.15, 95% confidence interval: 1.85, 2.50). Among military personnel with at least one dependent, the rate of child maltreatment in military families increased by approximately 30% for each 1% increase in the percentage of active duty personnel departing to (rate ratio $\frac{1}{4}$ 1.28, 95% confidence interval: 1.20, 1.37) or returning from (rate ratio $\frac{1}{4}$ 1.31, 95% confidence interval: 1.16,

1.48) operation-related deployment. These findings indicate that both departures to and returns from operational deployment impose stresses on military families and likely increase the rate of child maltreatment. Intervention programs should be implemented to mitigate family dysfunction in times of potential stress.

Rentz, E. D., Martin, S. L., Gibbs, D. A., Clinton-Sherrod, M., Hardison, J., & Marshall, S. W. (2006). Family violence in the military: A review of the literature. *Trauma, Violence, & Abuse, 7*(2), 93-108.

Family violence, including both child maltreatment and spouse abuse, is a public health concern in both military and civilian populations. However, there is limited knowledge concerning violence in military families relative to civilian families. This literature review critically reviews studies that examine child maltreatment and spouse abuse among military families and compares family violence in military versus nonmilitary populations. Physical abuse and neglect compose the majority of the reported and substantiated cases of child maltreatment in military families, followed by sexual abuse and emotional abuse. On the other hand, physical abuse represents more than 90% of all substantiated cases of spouse abuse in military families, followed by emotional abuse, neglect, and sexual abuse. Mixed results were found when comparing military and nonmilitary families in terms of child maltreatment and spouse abuse, in part because of a lack of consistency in policies and practices between military and civilian agencies.

Schaeffer, C. M., Alexander, P. C., Bethke, K., & Kretz, L. S. (2005). Predictors of child abuse potential among military parents: Comparing mothers and fathers. *Journal of Family Violence, 20*(2), 123-129.

The present study examines the predictors of child abuse potential for at-risk fathers and mothers serving as active duty Army members and their spouses. Although fathers are perpetrators of child physical abuse and neglect in a substantial portion of reported cases, what is known about factors associated with child maltreatment comes almost exclusively from studies of perpetrating mothers. Thus, the inclusion of a large sample of fathers in the present study makes a significant contribution to the extant literature. Participants were 175 fathers (93% active-duty) and 590 mothers (16% active duty) of young children enrolled in an Army-sponsored home visitation program.

Regression analyses indicated that there were both common and unique predictors of child abuse potential for mothers and fathers. Common predictors included depression, parental distress, and family conflict. Low family expressiveness was predictive only for fathers, whereas marital dissatisfaction, low social support, and low family cohesion were predictive only for mothers. Possible reasons for these gender differences and the implications of these results for child maltreatment interventions are discussed.

McCarroll, J. E., Ursano, R. J., Fan, Z., & Newby, J. H. (2004). Classification of the severity of US Army and civilian reports of child maltreatment. *Military Medicine*, 169(6), 461-464.

This study compares reports of the severity of child maltreatment for the U.S. Army and a civilian jurisdiction, Washington State (WS). Such comparisons can provide important information on risk and protective factors in designing prevention programs. An understanding of the differences facilitates the tailoring of interventions to better fit the characteristics of each community. The ages of the children in the WS cases were significantly older than the cases of the Army children. In both populations, neglect was the most prevalent form of maltreatment, followed in order by physical abuse, sexual abuse, and emotional abuse. The percentages of physical abuse, sexual abuse, and neglect were not statistically different, but the Army classified three times the number of emotional abuse cases as WS. The Army also classified more cases of physical abuse as severe (11%) compared with WS (5%). However, 16% of WS neglect cases were classified severe compared with 3% of Army cases.

McCarroll, J. E., Ursano, R. J., Fan, Z., & Newby, J. H. (2004). Comparison of US Army and civilian substantiated reports of child maltreatment. *Child Maltreatment*, 9(1), 103-110.

Little is known about the similarities and differences between civilian and military child maltreatment cases and no recent study has compared them directly. Understanding the nature of the problems in each could lead to identifying strengths and weaknesses for the development of more helpful prevention and treatment programs. The overall rates of child maltreatment in the U.S. civilian population (14.7 to 11.8 per 1,000) were about double the Army rates (7.6 to 6.0 per 1,000) from 1995 to 1999. These differences were largely because of the higher rate of neglect in

the U.S. data—about three times that of the Army—and may be because of factors that are largely controlled in the Army such as poverty, severe substance abuse, homelessness, and other social variables. For 1999 only, we examined the type of maltreatment by age and sex, the victim rates by race/ethnicity, and the relationship of perpetrator to victim.

McCarroll, J. E., Ursano, R. J., Zizhong, F., & Newby, J. H. (2004). Patterns of spouse and child maltreatment by discharged U.S. Army soldiers. *Journal of the American Academy of Psychiatry and Law*, 32(1), 53-62.

The transitional compensation (TC) program of the U.S. Army provides financial and other benefits to the families of service members discharged for child or spouse maltreatment. We analyzed the TC records of the 347 offenders, 337 spouses (160 victims and 177 non-victims) who were applicants for benefits, and 820 children (244 victims and 576 non-victims). One hundred fifty-two spouses were physically abused and eight were sexually abused. One hundred eighty-two children were sexually abused, 61 were physically abused, and one was emotionally abused. The Army Central Registry (ACR) of child and spouse maltreatment cases was examined to determine whether the TC offenders and victims had a history of prior maltreatment and to assess its severity. Ninety percent of the TC offenders had an ACR history as child or spouse maltreatment offenders. Seventy-four percent of the TC child abuse victims had an ACR history as victims, and 81 percent of the TC spouse abuse victims had such a history. The severity of maltreatment in the ACR of TC child and spouse victims was greater than the overall severity of maltreatment for those in the ACR database who were not in the TC database. Other children in the family who had not been identified as TC victims also had an ACR history that was more severe. Health and social service agencies should be aware of the TC program and be knowledgeable about its benefits for family members of soldiers discharged for abuse-related offenses.

Chamberlain, H., Stander, V., & Merrill, L. L. (2003). Research on child abuse in the US armed forces. *Military Medicine*, 168, 257-260.

Child maltreatment in the United States has provoked considerable interest in recent years. Child abuse and neglect are prevalent in all parts of American society. Although children of military personnel experience maltreatment, little research has been completed which compares child abuse rates in the military with those for civilian populations. Studies that have assessed child abuse in the armed forces have been based on official reports recorded in military Family Advocacy central registries. Because a standardized method for recording child abuse does not exist, conclusions regarding the prevalence of abuse are often inaccurate. We explore this and other methodological constraints such as differences in definitions, data collection procedures, and utilization of records, which make estimating child abuse accurately in both military and civilian populations difficult. A review of the literature on child maltreatment in the services also reveals that there are many correlates of child abuse unique to the military family. Finally, we discuss both the risk and protective factors within military life that may influence the occurrence of child maltreatment.

Jellen, L. K., McCarroll, J. E., & Thayer, L. E. (2001). [Child emotional maltreatment: A 2-year study of US Army cases](#). *Child Abuse & Neglect*, 25, 623-639.

Reports of childhood emotional maltreatment have increased greatly over the past decade. The objective of this research was to determine the types of emotional maltreatment substantiated in a community of US Army families residing temporarily in Germany. Such a description may help to improve the understanding of how a jurisdictional body defines emotional maltreatment in day-to-day practice. Data were obtained from a review of the minutes of case review committees (CRCs) for 181 cases of child emotional abuse in 1997–1998. We determined the type, number, and severity of incidents, the substantiation rate, and the situations to which children were exposed. The most frequently substantiated type of incident was witnessing domestic violence, 60% of all cases. Primary emotional abuse was found in 26% of cases, while emotional abuse in conjunction with child physical abuse or child neglect was found in 14% of cases. The more severe the case, the more likely it was to be substantiated. Emotional maltreatment was substantiated more as a single type than in combination with other forms of maltreatment. Seeing emotional abuse as a single entity may allow clinicians to focus on a relationship or situation (such as spouse abuse) that is potentially harmful to a child. However, recognizing the emotionally abusive aspects

of child physical abuse and neglect could allow an expanded treatment plan that could include treatment of the emotionally abusive behavior to strengthen the relationship of the caregiver to the child, in addition to the focus on the physical abuse and neglect.

Brewster, A. L. (2000). Responding to child maltreatment involving military families. In J. A. Martin, L. N. Rosen, & L.R. Sparacino(Eds.), *The Military Family: A Practice Guide for Human Service Providers*. Westport, CT: Praeger Publishers.

Raiha, N. K., & Soma, D. J. (1997). Victims of child abuse and neglect in the U.S. Army. *Child Abuse & Neglect*, 21(8), 759-768.

The two main objectives of the study were: (1) to contrast child maltreatment victim rates in U.S. Army and civilian populations; (2) to identify the demographic characteristics of Army children at increased risk for the following types of child maltreatment: major physical abuse, minor physical abuse, emotional maltreatment, sexual maltreatment, and neglect. This study presents a descriptive analysis of child maltreatment victims in the United States Army during the years 1992 and 1993. Data on all substantiated child maltreatment cases in the Army Family Advocacy Central Registry were obtained from the Army Medical Department's Patient Administration System and Biostatistics Activity. Rates of abuse for demographic subsets of the population were calculated and compared. Major findings include the following: The overall rate of child maltreatment appears to be lower in the Army than in the general population. Rates of neglect were markedly lower in the Army population. Young children and children with lower ranking sponsors were at greatest risk for major physical abuse and neglect. Boys were neglect victims more frequently than girls. Teenage girls were the highest risk group for minor physical abuse, emotional abuse, and sexual abuse. At younger ages, boys had greater risk of minor physical abuse, while girls again had greater risk of sexual abuse. The Department of the Army sponsors an extensive program of child abuse prevention initiatives. This program may be strengthened by emphasizing prevention services to the identified high risk groups.

Gessner, R. R., & Runyan, D. K. (1995). The shaken infant: A military connection? *Archives of Pediatric & Adolescent Medicine*, 149(4), 467-469.

Several recent studies¹⁻⁵ have focused on the pathophysiological features, diagnostic procedures, and criteria of the shaken baby syndrome. Brenner et al⁶ noted that demographic information on shaken infants and their families is scarce. We were impressed with the seemingly large proportion of children of military families (military dependents) in the population of shaken infants seen at our hospital. Limited prior research has produced divergent conclusions as to whether military dependents are at higher risk of child maltreatment.⁷ The purpose of our study was to investigate whether military dependents were overrepresented among children hospitalized with shaken baby syndrome and if their pattern of injury or outcomes differed from those of children in the civilian population.

Mollerstrom, W. W., Patchner, M. A., & Milner, J. S. (1995). [Child maltreatment: The United States Air Force's response](#). *Child Abuse & Neglect*, 19(3), 325-334.

Families in the military are not immune to problems of child abuse and neglect, but few data have been disseminated which describe child maltreatment in the military. This article reports on the incidence of child maltreatment in the United States Air Force by presenting descriptive data on over 19,587 substantiated cases of child abuse and neglect which occurred over a 6-year period. Annual percentage increases in child maltreatment reports are discussed, as are substantiation rates for child abuse and neglect. This article also describes the United States Air Force programs serving military personnel and their families throughout the world. A subset of cases are analyzed and offenders' and spouses' perceptions of the services received and the benefits derived are reported.

Mollerstrom, W. W., Patchner, M. A., & Milner, J. S. (1992). Family violence in the Air Force: A look at offenders and the role of the Family Advocacy Program. *Military Medicine*, 157(7), 371-374.

Family violence exists throughout society and, unfortunately, also among military families. The Air Force's Family Advocacy Program is designed not only to treat victims, offenders, and families of abuse and neglect, but also to provide prevention services. Each Air Force base has a Family

Advocacy Officer, who is a credentialed clinical social worker, charged with the duty of addressing spouse abuse and child maltreatment problems. To evaluate the effectiveness of current services, and to improve the quality of the services provided through the Family Advocacy Program, the Air Force is currently conducting a 4-year evaluation study. This research represents the largest study ever conducted on family violence, with either military or civilian offenders. This paper, based upon the first year of data collected at approximately one-third of all Air Force medical treatment facilities, reported on the descriptive characteristics of the substantiated cases of spouse abuse and child abuse/neglect, and the interventions which were being recommended to alleviate the abusive situations and to prevent future maltreatment. The results will guide policy and future manning and staffing decisions for the Air Force Family Advocacy Program, and serve to document the kinds of treatment strategies which work most effectively for which kinds of problems. Findings are expected to help improve the quality of services to victims, offenders, and families, and to do so for those who are civilians as well as for those who are in the military.

Dubanoski, R. A., & McIntosh, S. R. (1984). Child abuse and neglect in military and civilian families. *Child Abuse and Neglect*, 8(1), 55–67.

Patterns and correlates of child maltreatment were investigated both within the military and between military and civilian families. The results revealed that certain patterns and correlates emerged within the military that were significant. For example, loss of control and lack of tolerance were two major reasons given for abuse by military perpetrators. Also the stresses of family discord, new baby and continuous child care along with relocation and isolation played important roles in the occurrence of abuse within the military. When comparisons were made between military and civilian families, some differences were discovered but many more similarities were found. As an example, the analysis revealed that the stress of broken family was a more important correlate of abuse in civilian than in military cases of abuse. For all the other kinds of stresses (e.g., family discord and isolation), however, one was no more important for military than for civilian perpetrators. Although the patterns and correlates of child abuse and neglect may not be unique to the military, this does not minimize the importance of the problem in the armed forces. Programs of treatment and prevention must be developed and implemented to fit the needs and life styles of military families.

