



CHILD MALTREATMENT IN MILITARY FAMILIES

A FACT SHEET FOR PROVIDERS



For more than a decade after 9/11, United States military families faced historic stressors in conjunction with the deployment of service members to overseas operations. Most military families have coped remarkably well both during and after extended separations and even repeated deployments. Many other military families are still struggling with the effects of uncertainty, change, and loss while serving. Child maltreatment and domestic violence have occurred in some of these families, and more military children who have experienced maltreatment are coming to the attention of behavioral health providers within the military system and in the community. This fact sheet profiles child maltreatment in military families. It also reviews for providers the key concepts, findings, and interventions that will support them in their approach to the care of today's military family.

WHAT PROVIDERS SHOULD KNOW

MILITARY FAMILIES GRAPPLE WITH UNIQUE STRESSORS

Military families serve and sacrifice courageously for their country. In doing so, they experience stressful circumstances that are tied to the nature of military service itself: frequent moves, separation from family and support networks, lengthy absences of a parent, increased demands on at-home parents, the return of a service member with physical or mental wounds, and other transitions and events that are unique to military life. Military parents are challenged to create new routines, re-establish themselves in new communities, and help the entire family integrate into a new life. Military children have to adjust to a new home, a new school, and a new group of friends, even as they cope with leaving peers and familiar people and places.

These demanding circumstances can compromise children's emotional and behavioral functioning, and place them at increased risk for maltreatment. The way children respond to stressors is closely linked to how the parents themselves respond and adjust. Parental responses may influence caregiving and parent-child interactions on a daily basis, and thus may affect the child's level of risk for maltreatment and emotional and behavioral difficulties.

What Is a Military Family?

A military family is the immediate and extended family of active duty, Guard, and Reserve members as well as veterans and members who died in service. Military families represent a large segment of the United States population. Currently there are almost 5 million active duty and Reserve service members and family members, with family members outnumbering service members. Two million of these family members are children: about 44% are younger than 5 years old, 32% are between 6 and 11 years, and 24% are adolescents. About 75% of military children are white, 15% black, and 1% American Indian. Almost 90% of military children go to civilian schools, while the remainder attend Department of Defense Education Activity schools.

In many ways, military families are a microcosm of the general population. However, the military population overall is younger than the civilian work force. Military members, both men and women, also tend to marry at a younger age, start families earlier, and have more than one child. Men still represent 85% of service members. Most military parents are fathers, while most at-home parents are mothers. Despite the complications and stressors of military life, military couples have a lower divorce rate than their civilian counterparts.

AWARENESS OF MILITARY CHILD MALTREATMENT IS INCREASING

Military children experience the same forms of maltreatment as children in the general population: physical abuse, sexual abuse, neglect, and emotional abuse including exposure to domestic violence. The rate of child maltreatment in military families has historically been about half the rate reported in the civilian population, and has remained constant during peacetime periods. Since 2003, however, the rates of child maltreatment and family violence in military families have outpaced the rates reported for non-military families. This increase coincides with the post-9/11 rise in overseas military operations and deployments and the return of service members with physical and behavioral health issues.

The most frequent forms of abuse in military families are neglect, physical abuse, and emotional abuse. Just as in civilian families, sexual abuse is less common than the other forms of abuse. The rate of neglect, or failure to properly meet children's basic needs, has increased markedly, particularly in families where one parent is deployed and the other parent is at home in charge of the children and household. The rate of physical abuse has also increased in these circumstances. Mothers are three times more likely to engage in child maltreatment when their spouses are away than when they are at home. The implication is that in some families, stress created by deployments and the absence of a parental partner may impair the ability of at-home parents to manage their emotions and behavior and appropriately care for their children.

That being said, abuse is more often perpetrated by the active duty parent (54% of cases) than the at-home parent (40%). The active-duty perpetrator is more often the father (57% of cases). Younger enlisted members are the most frequent perpetrators of child maltreatment. While the number of perpetrators on active duty has been on the rise since 2009, the number of at-home perpetrators has been declining. This change may be related to increased support programs and attention to the needs of the entire military family system, particularly during deployment cycles.

Some studies suggest that military children experience more severe forms of maltreatment and physical abuse. For example, elevated rates of fatal child maltreatment and shaken baby syndrome have been documented in military families. It should be noted that rates of domestic violence and alcohol abuse, both of which are linked to child maltreatment, are higher in military populations. About 30% to 60% of military families experiencing domestic violence also report experiencing child maltreatment. In the Army, child maltreatment occurs twice as often in families with a history of domestic violence. Military child maltreatment involving substance abuse tends to occur as neglect or emotional abuse rather than physical abuse.

THE DEPLOYMENT CYCLE AFFECTS THE ENTIRE FAMILY

A member of the armed forces is considered deployed when he or she is serving in a military exercise or operation away from home ("home" being the member's permanent duty station or homeport). The mission may be combat, humanitarian, or peacekeeping in nature. Some deployments may be brief, but many in the past decade were longer and often repeated. Deployment is best viewed as a cycle of preparation, departure, adjustments, reunion, reintegration, and, in some cases, redeployment that affects the entire family system (see **Figure p.3**).

What Is Child Maltreatment?

The Department of Defense (DoD) defines child abuse as "injury to, maltreatment of, or neglect of a child so that the child's welfare is harmed or threatened." The DoD delineates four main categories of abuse:

Neglect – failure to provide for a child's basic needs such as nutrition, emotional attention, and medical care

Physical abuse – physical harm to a child by actions such as punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting, or burning

Sexual abuse – sexual activity toward or involving a child

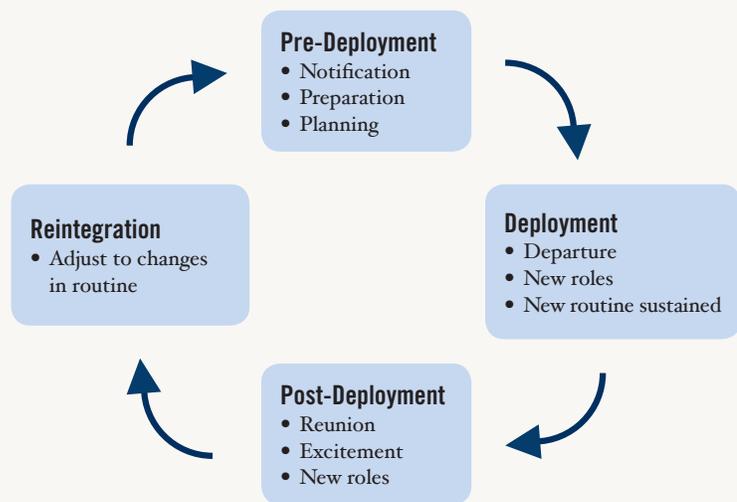
Emotional abuse – behaviors such as constant criticism, threats, and rejection that negatively affect a child's psychological well-being

The most common forms of child maltreatment in military families are neglect, physical abuse, and emotional abuse (including exposure to domestic violence). The DoD definitions are widely used outside the military. A category of abuse labeled **psychological maltreatment** is often used to capture both emotional abuse and emotional neglect. Psychological maltreatment is defined as a pattern of behaviors, including excessive punishment, threats, or demands, that conveys to children that they are unloved, unwanted, isolated, or endangered. In an analysis of a large population of clinic-referred children and youth (the Core Data Set of the NCTSN), psychological maltreatment in childhood was as significant as physical abuse or sexual abuse, or both together, as a risk factor for negative mental-health outcomes in adolescence.



How Does the Cycle of Deployment Affect Military Family Life?

Families and children experience deployments as a cycle, not as a single event. Pre-deployment, the period between notification and departure of the service member, is a time of practical and emotional preparation, including placing trust in the mission and the member's safety. During the deployment, family members at home take on and sustain new responsibilities and roles. Post-deployment, a time of reunion, can be joyful and exciting but also confusing as family roles evolve again. Reintegration is the stage when the family readjusts to the changes in their routines – although in the past this was often a new pre-deployment phase, with the service member preparing again for departure.



Deployment is often the first lengthy separation in the parents' relationship, and the first time the couple has faced the stress of altered routines, unpredictability, and the absence of the parental partner. Deployment is also an extremely stressful time for children, particularly if a parent is struggling with stress. While adjusting to changes at home, children must also contend with their own feelings of loss and concern about the deployed parent. Behavioral problems at school, depression, and worry are not unusual under these circumstances. The risk of maltreatment is also increased: a study of the families of Army personnel found that the rate of child maltreatment was 42% higher during deployment periods than during times when the service member was not deployed.

Reintegration, the stage in which the service member re-enters the family system following deployment, can be a joyful but complicated time for all family members. They must again adjust their roles and responsibilities at home and may face the added challenges of having a service member return with physical or mental challenges. Mental health issues have been noted to affect the risk of child maltreatment, particularly for very young children.

MILITARY CHILDREN ARE AT RISK OF A RANGE OF BEHAVIORAL HEALTH ISSUES

Military children as a group are adaptable, resilient, and well-adjusted. They can and do cope remarkably well with multiple transitions of homes and schools and adjusting to new groups of peers. Studies indicate that during peacetime, the social and emotional functioning of military children is on par with if not better than the functioning of their civilian peers. However, the family disruptions resulting from parental deployment have given rise to higher rates of emotional and behavioral challenges for military children and adolescents. Research shows, for example, that

- Children of currently deployed parents have somewhat higher rates of anxiety symptoms (by about 4%) than children of the same age in a national sample.
- Rates of behavioral issues (eg, aggressiveness) and internalization of symptoms (eg, sadness) are elevated among military children during periods of deployment.

The duration of parental deployments has emerged as a major influence on military families and children. For example,

- The total number of months of parental deployment in the prior three years is strongly related to the number of difficulties experienced by children when the parent was deployed and during reintegration.
- The longer a parent is deployed or away from home, the greater the stress on home life, and the more difficult it becomes for children to handle household and school responsibilities.



- The longer a deployed parent is away, the more difficulty the children are likely to encounter in engaging with the parent upon his or her return.

Adolescents have been noted to experience more difficulties with parental deployment and reintegration than younger children. Older children tend to assume more family responsibilities in a parent's absence, and may struggle with confusion around those responsibilities when the parent returns. Girls may have greater problems with a parent's reintegration, possibly because of

- Changed roles and responsibilities at home
- Barriers inherent in re-connecting emotionally with a long-absent parent (usually the father)
- Expected difficulties in communication between teenage girls and their fathers.

These challenges to the parent-child relationship can make it even harder for children to adjust with resilience if maltreatment occurs.

COMBAT-RELATED PARENTAL INJURY INCREASES THE RISK OF CHILD MALTREATMENT

Both child maltreatment and domestic violence are more common among service members who have returned from deployments involving combat. Service members who experience combat are at increased risk of traumatic brain injury (TBI), mental health disorders, and substance abuse disorders. Approximately 20% of troops who have returned from Iraq or Afghanistan have been found to meet the diagnostic criteria for PTSD or depression, and 20% have met criteria for probable TBI during deployment.

Depression, PTSD, TBI, and substance abuse can interfere with cognition, judgment, impulse control, and affect management. Further, these conditions may impair parental function and increase the risk for interpersonal violence, family conflict, and child maltreatment in military families. Parental depression, whether it affects the deployed parent or at-home parent, is a risk factor for child physical abuse in military families. Parents experiencing PTSD have higher rates of attrition from military service, and they are more likely to exhibit physical health problems, relationship problems, aggressive behaviors, and problematic parenting, such as inconsistent discipline, lack of adequate supervision, and excessive physical punishment – all of which increase the risk of child maltreatment.

MILITARY CULTURE VALUES STRENGTH AND SUPPORTS RESILIENCE

Military families have many characteristics and qualities that help them successfully navigate difficult circumstances and that protect them from lasting effects of stress. Most military families are accustomed to handling change and uncertainty with strength and dignity. They have a strong sense of duty, patriotism, and service to the nation. Other protective factors associated with the military include steady jobs and income, stable housing, education and advanced training, and a high proportion of two-parent families. Typically, military families support one another and understand the needs of their peers. Community members come together to promote networks and form relationships to help one another address challenging circumstances. The military itself provides resources including counseling, support for home-based parents, and peer mentoring, all of which can help prevent child maltreatment and support family recovery and resilience.

WHAT PROVIDERS CAN DO

LEARN ABOUT THE MILITARY'S FAMILY SERVICES PROGRAM

The Department of Defense (DoD) has systems in place to investigate and address child maltreatment and provide treatment services to children and families. The Family Advocacy Program (FAP) is the military's child protection agency, charged with investigating and addressing both child maltreatment and domestic violence in families across all branches of the military. Commanding officers and military service providers are required to report known or suspected child maltreatment to the FAP, which then works in partnership with civilian child-welfare providers to



ensure the safety of children and family members. Multidisciplinary teams investigate, review, and substantiate military child maltreatment cases and make recommendations for further services and treatment for the family.

Depending upon eligibility, some military family members may qualify for services through the DoD or Department of Veterans Affairs, while other family members may receive services from a community agency. Knowledge of the systems and options available to military children and family members is essential for all providers involved in their care.

Protecting Children of All Stripes

The military agency devoted to protecting children from abuse and neglect is the Family Advocacy Program (FAP), active in all branches of the service. This agency addresses family violence in its totality – both child maltreatment and domestic violence – through prevention, reporting, identification, treatment, evaluation, and follow-up.

The FAP is intricately tied to the child protective services of the local civilian community. Most military families do not live on an installation and may not have access to FAP services on base. Even on a military installation, the military may not have authority over civilian family members. Accordingly, collaboration between the FAP and community agencies and providers is critical to remediating child maltreatment in military families.

When a report of suspected child maltreatment comes to the FAP, the agency is generally required to inform civilian child protective services pursuant to a Memorandum of Understanding (MOU) between agencies. MOUs help to clarify roles and procedures for the each agency, especially in response to incidents in military families living on bases. The civilian agency may decide to initiate an investigation, or take information from the FAP but defer to that agency's investigation. In either case, the FAP remains involved with the family if the situation meets FAP criteria for intervention.

FOCUS ON THE ENTIRE FAMILY SYSTEM

As discussed in this fact sheet, child maltreatment in military families is often tied to stressors surrounding deployment and change, as well as parental injury and behavioral health. Parenting abilities and a parent's judgment may be compromised as a result of injuries sustained in combat, PTSD, or depression. Therefore, identifying and addressing parental distress are critical components of an overall approach to preventing and intervening in child maltreatment in military families. A focus on treating the children *and* their parents can address the effects of past maltreatment and reduce the risk of future events. Collaborative approaches among child-focused and adult-focused providers can be very helpful for addressing the needs of the whole family.

Because children's well-being depends greatly on the emotional availability of the at-home parent, one priority for providers is to assist parents to understand and respond to the emotional needs of their children especially during times of change and transition. During reintegration, the return of a parent with symptoms of trauma may compound existing difficulties in family relationships. Even normative developmental events such as tantrums by toddlers or defiance from a teenager can end up stressing an already-overtaxed family system to its limits. Ensuring adequate supports for both service members and at-home parents before, during, and after deployment is important to reduce the risks of child maltreatment and domestic violence. Providers should take time to assess each parent's particular challenges and connect the parents with the most appropriate services.

USE EVIDENCE-BASED INTERVENTION STRATEGIES FOR MILITARY CHILDREN AND FAMILIES

The National Child Traumatic Stress Network (NCTSN) has developed and adapted multiple evidence-based treatments (EBTs) for military children and families. Military and community providers can use these EBTs in the treatment of military children who have been exposed to maltreatment, and to help parents learn effective practices for reducing the risk of future instances of violence, abuse, and neglect. The treatments include

- *Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)* – for children who have experienced maltreatment and are presenting with trauma symptoms.
- *Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT)* – for families experiencing arguments, frequent conflict, physical force or discipline, or child physical abuse.





- *Parent-Child Interaction Therapy (PCIT)* – interactive parent-child intervention for young children (two to eight years old) with a history of maltreatment and disruptive behavior problems.
- *Child-Parent Psychotherapy (CPP)* – for young children (birth to age five) and parents who have been exposed to trauma and family violence.
- *Attachment Self-Regulation Competency (ARC)* – for children, youth, and families who have experienced complex trauma.
- *After Deployment: Adaptive Parenting Tools (ADAPT)* – to increase positive parenting practices in military families with children ages 5 to 12, by way of group and Web-based support during reintegration.
- *Strong Families, Strong Forces* – a home-based reintegration program for military families with very young children.

It is important to remember that parents may still need additional interventions to address personal issues such as PTSD, depression, and other conditions that may affect their ability to manage their own emotions and provide safe and appropriate parenting. Providers should pay close attention to parents' needs and refer them for individual treatment services when appropriate.

Learn More About Evidence-Based Therapies for Children and Families

- *National Child Traumatic Stress Network* – Access brief descriptions and detailed fact sheets on empirically supported treatments and promising practices for children and families. Visit: www.nctsn.org/resources/topics/treatments-that-work/promising-practices#q4
- *SAMHSA's National Registry of Evidence-based Programs and Practices* – Search NREPP's registry of more than 330 substance abuse and mental health interventions. Visit: www.nrepp.samhsa.gov/

CLOSING THOUGHTS

Military families demonstrate great strength and resilience in the face of stressful demands, particularly in times of deployment and transition. The risk of child maltreatment in military families has increased in the last decade but has been met with system-wide resources and services, the involvement of community providers, and the application of evidence-based treatments for the whole family system. Both civilian and military providers can contribute significantly to preventing child abuse and to helping military families recover and heal after times of adversity.

Suggested Resources and Reading

- *National Child Traumatic Stress Network* – Access resources for professionals, educators, and family members at the Network's Military and Veteran Families and Children site. Visit: nctsn.org/resources/topics/military-children-and-families
- *Childhelp* – Search statistics, read first-person accounts, locate programs, access a hotline dedicated to child abuse prevention. Visit: www.childhelp.org/
- *Publications* –
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See also **WORKING EFFECTIVELY WITH MILITARY FAMILIES: 10 KEY CONCEPTS ALL PROVIDERS SHOULD KNOW**

Visit NCTSN at www.nctsn.org/sites/default/files/assets/pdfs/military_families_10keyconcepts.pdf