



Child Maltreatment & Military Families

A Bibliography

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**Championing and Strengthening the
Global Response to Child Abuse**

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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 articles, book chapters, reports, and research briefs and are arranged in date descending order. Links are provided to full text publications when possible. However, this collection may not be complete. More information can be obtained in the Child Abuse Library Online.

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Child Maltreatment & Military Families

A Bibliography

Sprague-Jones, J., McKenney, K., Firman, C., Susskind, Y., & Bash, K. (2025). [Development of the protective factors Survey, military families \(PFS-MF\)](#). *Children and Youth Services Review*, 108131. DOI:10.1016/j.childyouth.2025.108131

Many family service organizations offer services targeted to the needs of families with one or both parents serving in a branch of the armed forces. To support these organizations, we adapted the Protective Factors Survey, 2nd Edition (PFS-2) to capture experiences of military family life and establish the new survey's reliability and validity. We conducted focus groups with military family members, consulted with experts in field, and reviewed existing research to develop new items. We fielded an online survey with a convenience sample of military family members and civilian caregivers to collect data on new and existing PFS-2 items, which we analyzed for performance with military families compared to civilians, and psychometric characteristics. Our analysis confirmed that original PFS-2 items worked well for military families, and there was not a significant difference between how military and non-military respondents responded to these items. Confirmatory factor analysis confirmed a 5-factor structure, representing protective factor constructs of nurturing and attachment, social support, concrete support, military family life and resilience, and a fifth construct related to program evaluation. The Protective Factors Survey, Military Families (PFS-MF) possesses sound psychometric properties measuring protective factors which support family resilience and reduce the probability of child maltreatment. The PFS-MF fills a gap as a short, free, flexible survey that measures multiple protective factors as they relate to the military experience. It can be used as an evaluation tool to measure program effectiveness, inform needs assessments, make programmatic decisions, and tailor individual services.

Drew, A. L., Rhoades, K. A., Slep, A. M. S., Heyman, R. E., & Yang, H. (2024). [Leadership perspectives on facilitators and barriers to sustaining evidence-based prevention interventions in the United States Military](#). *Military Psychology*, 36(6), 593–605. DOI:10.1080/08995605.2023.2241591

The U.S. Department of Defense (DoD) aims to prevent suicide, harassment, sexual assault, and partner and child maltreatment by implementing evidence-based behavioral health interventions (EBIs). However, sustaining EBI implementation over time and with fidelity to result in meaningful impacts is a tremendous challenge. We interviewed 35 military leaders in positions to observe, and possibly hinder, the erosions of EBI implementations to learn what distinguishes EBIs that sustain in the military from those that fade away. Thematic analysis identified barriers and supports to EBI sustainment consistent with the Consolidated Framework for Implementation Research, reflecting the domains: outer setting, inner setting, individuals, and innovation. Participants described how factors at different levels of the social ecology interact with each other and emphasized how aspects of military culture (e.g., hierarchical structure, frequent moves, mission focus) can both support and challenge implementing and sustaining behavioral-health EBIs. EBI implementation in the military differs from most civilian settings in that service member participation in certain preventative programs is mandated. The results indicate how policy and practice can strengthen sustained EBI implementation to reduce harm and support service members.

Own, B. H., Salama, A. A., & Naguib, I. A. (2024). Knowledge, attitude and practice (KAP) of dentists at military hospitals regarding child abuse and neglect: A cross-sectional study. *Advanced Dental Journal*, 6(2), 393–405. DOI: 10.21608/adjc.2023.206590.1294

Child abuse and neglect is a major public health issue. Dentists are well-positioned to detect occurrences of child abuse. Aim: To assess the level of knowledge, attitude and practice of dentists at military hospitals regarding child abuse and neglect. Methods: A cross-sectional study with convenient consecutive sample was conducted on army

officers and civilian dentists working at Military Hospitals. Data regarding their knowledge, attitude, and practice toward child abuse and neglect were collected using a structured, self-administered questionnaire. Personal questionnaire distribution was preferred than online one. Data was collected through the questions in the questionnaire then were put on tables and excel sheets by the researcher. Results: 316 questionnaires were distributed; 307 were completely answered, yielding a response rate of 97% for the survey. Statistical analysis showed that 84.7% of the participating dentists had a good level of knowledge regarding physical and social signs of child abuse. Dentists reported a positive attitude towards legal responsibility regarding detecting and reporting cases of abuse with a percentage of 98.4% believed that they had ethical duty to report child abuse cases. Uncertainty about diagnosis was the top reason for not reporting cases of child abuse. 34.5% of respondents were uncertain about the signs and symptoms of abuse, so they were unsure whether they were dealing with an abuse case. Conclusion: Dentists had a good theoretical understanding of the indicators, risk factors, and manifestations of child abuse and neglect, but they lacked experience of clinical detection and reporting of probable cases.

Rancher, C., Hanson, R., Williams, L. M., Saunders, B. E., & Smith, D. W. (2024). [Longitudinal predictors of children's self-blame appraisals among military families reported for family violence](#). *Child Abuse & Neglect*, 147, 106596. DOI:10.1016/j.chiabu.2023.106596

Although children's self-blame appraisals are recognized as important sequelae of child victimization that contribute to subsequent adjustment problems, little is known about the factors that predict their development and longitudinal course. The current study examines the stability and longitudinal predictors of children's self-blame appraisals among a sample of children reported for family violence. Participants and setting Children (N = 195; 63 % female) aged 7 to 17 years (Mage = 12.17) were recruited as part of a longitudinal assessment of families referred to the United States Navy's Family Advocacy Program due to allegations of child physical abuse, sexual abuse, or intimate

partner violence. Children completed assessments on self-blame at 3 time points (baseline, 9–12 months, and 18–24 months) and baseline measures of their victimization experience, caregiver-child conflict, and depression. In univariate analyses, victimization that involved injury ($r = 0.29, p < .001$), the number of perpetrators ($r = 0.23, p = .001$), the number of victimization types ($r = 0.32, p < .001$), caregiver-child conflict ($r = 0.36, p < .001$), and depression ($r = 0.39, p < .001$) were each positively associated with baseline self-blame. When examined in a single longitudinal multilevel model, results indicated only caregiver-child conflict ($b = 0.08, p = .007$) and baseline depression ($b = 0.06, p = .013$) predicted increases in self-blame. Findings suggest clinicians and researchers may consider assessment of victimization characteristics, caregiver-child relationships, and depression symptoms to identify children most at risk for developing self-blame appraisals.

Rhoades, K. A., Nichols, S. R., Slep, A. M. S., & Heyman, R. E. (2024). Caseload factors predictive of family abuse and neglect treatment outcomes. *Child Abuse & Neglect*, 154, 106887. DOI:10.1016/j.chiabu.2024.106887

In child welfare, caseloads are frequently far higher than optimal. Not all cases are created equal; however, little is known about which combination and interaction of factors make caseloads more challenging and impact child and family outcomes. This study aims to identify which case, provider, and organizational factors most strongly differentiate between families with favorable and less-than-positive treatment outcomes. Participants were 25 family advocacy program providers and 17 supervisors at 11 Department of the Air Force installations. Following informed consent, participants completed demographic and caseload questionnaires, and we collected information about organizational factors. Providers were sent a weekly case update and burnout questionnaire for seven months. We used linear mixed-effects model tree (LMM tree) algorithms to determine the provider, client, and organizational characteristics that best distinguish between favorable vs. unfavorable outcomes. The LMM tree predicting provider-rated treatment success yielded three significant partitioning variables: (a)

commander involvement, (b) case complexity, and (c) % of clients in a high-risk field. The LMM predicting client-rated treatment progress yielded seven significant partitioning variables: (a) command involvement; (b) ease of reaching tenant unit command; (c) # of high-risk cases; (d) % of clients receiving Alcohol and Drug Abuse Prevention and Treatment services; (e) ease of reaching command; (f) % of clients with legal involvement; (g) provider age. This study is a first step toward developing a dynamic caseload management tool. An intelligent, algorithm-informed approach to case assignment could help child welfare agencies operate in their typically resource-scarce contexts in a manner that improves outcomes.

Sippel, F., Meister, K., & Guardia, N. (2024). Institutional (Chain of Command) Child Abuse Reporting: An Exploratory Overview. *APSAC Advisor*, 37(1), 62-82.

This study aims to address a gap in the literature in the United States regarding institutional reporting and its impact on children. Institutional or chain of command child abuse reporting requires the mandatory reporter (MR) to report suspected child maltreatment to their supervisor or designee rather than directly to child protective services (CPS), or law enforcement, or both. After reviewing limited available research, anecdotal evidence, expert opinions, and court cases and after comparing statutory reforms, the authors identify serious child safety concerns regarding institutional reporting: It is the common denominator of ongoing child sexual abuse in institutions and organizations, it places the MR at greater risk of retaliation, it decreases child maltreatment reporting, it dilutes the report's validity and makes it more difficult to assess danger in the home, it increases the liability risk for the institution/organization, it attracts predators, it prioritizes lawsuit fears over children's safety, and it allows reporting law violations. The study concludes with limitations and recommendations for needed legislative changes to better safeguard vulnerable children and the MRs tasked with protecting them.

Snyder, D. K., Cigrang, J. A., Balderrama-Durbin, C., Spierling, T. N., Alsaif, H. K., Kidd, K. R., Slep, A. M. S., Heyman, R. E., Lorber, M. F., Eckardt, A. C., Mitnick, D. M., & Waggoner, J. W. (2024). Resisting the cycle of violence: Impact of childhood abuse and neglect on individual and relationship functioning in early career enlisted air force male service members. *Psychology of Men & Masculinities*. Advance online publication. DOI:10.1037/men0000503

Adverse childhood experiences (ACEs) have been consistently associated with worse physical and mental health outcomes in adulthood (Felitti et al., 1998; Merrick et al., 2019) as well as higher risk for relationship dysfunctions (Khalifian et al., 2022; Wheeler et al., 2019) including intimate partner violence (IPV; Spencer et al., 2022). In the present study of 559 partnered male early career air force service members (252 married and 307 nonmarried), 39% reported having experienced at least one ACE before the age of 18. Both childhood abuse and neglect were significantly correlated with symptoms of depression, anxiety, posttraumatic distress, elevated anger, somatic distress, and alcohol misuse. Couple relationship distress and dysfunctional communication patterns were associated with prior childhood emotional or physical abuse but not with childhood neglect or exposure to parental IPV. Prevalence rates of IPV perpetration or victimization were comparable to those reported by the Centers for Disease Control and Prevention (2023) for the general population. The relative risk ratios of individual or relational dysfunctions in adulthood, given any ACE, ranged from 1.61 to 2.32. These findings are considered for their implications for early identification and intervention with male service members at elevated risk from childhood adversity for a broad spectrum of individual and relationship dysfunctions. (PsycInfo Database Record © 2024 APA, all rights reserved)

Stover, C. S., Relyea, M. R., Presseau, C., Brandt, C. A., Haskell, S. G., & Portnoy, G. A. (2024). Childhood histories of family violence and adult intimate partner violence use among US military veterans. *Psychology of Violence*. Advance online publication. DOI:10.1037/vio0000555

There is ample evidence for associations among childhood family violence and adult intimate partner violence (IPV) use. This study was designed to examine potential

differential associations between childhood physical abuse, childhood sexual abuse, witnessing parental IPV, posttraumatic stress symptom (PTSS) severity, and IPV use for veteran men and women. Method: Survey data from 825 veterans who participated in a longitudinal multisite investigation of post-9/11 veterans who completed measures of childhood family violence history, PTSS, IPV use, and experiences were used. Moderation analysis in hierarchical linear regression tested whether veteran men with childhood family violence had higher rates of IPV use than veteran women. A gender-stratified causal mediation was conducted to test whether PTSS severity mediated the relationships among childhood family violence types and IPV use for men and women. Results: Veteran women reported significantly higher rates of all forms of childhood family violence than men, but there were no significant gender differences in rates of reported IPV use. PTSS severity did not mediate the association between childhood family violence types and adult IPV use for men or women. For men PTSS severity was the only factor significantly positively associated with IPV use. Childhood sexual abuse was the only factor significantly positively associated with IPV use for women. Conclusions: These differential findings for veteran men and women support screening and intervention based on gender for veterans accessing the Veterans Affairs health care and the need for interventions that address childhood trauma, PTSS, and IPV within the Veterans Affairs health care system. (PsycInfo Database Record © 2024 APA, all rights reserved)

Dodge, J., Wortham, W., Kale, C., Williamson, V., Ross, A., Maher, S., ... & Sullivan, K. (2023). [Programs to address violence for military families: A systematic review.](#) *Journal of Family Violence*, 1-17. DOI:10.1007/s10896-023-00586-8

Family violence, encompassing intimate partner violence (IPV) and child maltreatment (CM), is a considerable public health issue affecting a large subset of the U.S. population. Military families may be exposed to unique risk factors for experiencing family violence. Interventions to address family violence that are specific to military and Veteran populations are critical to the military family wellbeing as they address the unique

military context as well as military stressors. Though a number of these programs exist, to our knowledge, there has been no systematic effort to describe and evaluate these interventions. To address this issue, the present study employs systematic review methods to explore the following research questions: (1) What military family violence interventions are reported in the peer-reviewed literature? (2) What are the characteristics of these interventions? (3) How effective are these interventions? This study utilized a systematic review following the PROSPERO (the International Prospective Register of Systematic Reviews) protocol, registration code CRD42022296207. The initial search returned 3,666 sources. From these, 15 sources evaluating thirteen military family violence interventions were identified. About half of the studies evaluated interventions for Veterans and/or their partners ($n = 7$), one study was for both Veterans and Active Duty service members and/or their partners, four were solely for Active Duty service members and/or their partners and families, two studies were for Veterans alone, and one study addressed a system-level intervention. Only three studies examined child-level outcomes. All studies reported positive intervention outcomes covering a variety of treatment modalities (i.e., group, couples, individual, online, in-person), which ranged from improved anger management skills, including reduced yelling, reductions in physical and psychological IPV, decreases in parenting practices that could potentially become violent, improvement in overall couples functioning, and increased relationship satisfaction. While all studies reported positive outcomes, their effect sizes ranged from small to large. This study had three main findings: (1) The majority of interventions were for Veterans and/or their partners rather than active service personnel; (2) All interventions reported positive outcomes in the reduction of self-reported IPV, with the majority of these outcomes maintained over time; (3) While we intended to assess military family-level interventions that targeted IPV and CM, we only found three studies that targeted or included CM. Future research should explore how different treatment modalities (e.g., couples, individual, group, in-person, online) could affect long-term IPV treatment outcomes and should focus on how to best incorporate children, including

documenting if there are children in the household, into IPV treatments/programs for military families.

Hinojosa, M. S., Hinojosa, R., Condon, J., & DaSilva, S. (2023). Adverse childhood experiences in military, veteran, and civilian families. *Armed Forces & Society, 0*(0). DOI:10.1177/0095327X2311613

Adverse childhood experiences are traumatic early life experiences that can lead to poorer mental, physical, and social outcomes. Children in military and veteran families can face unique challenges compared with civilian families. This study utilizes data from 2017–2019 National Survey of Children’s Health to examine 56,655 children living in military, veteran, and civilian families to predict the prevalence of adverse childhood experiences. Findings indicate that children living in veteran families (compared with civilian families) have higher odds of witnessing parents use violence and witnessing parents with alcohol or substance use problems. Children in military families had higher odds of divorce and lower odds of experiencing parental death. It is also noted that children living in military, veteran, and civilian families are similar across other ACEs including the incarceration of a parent, child as victim of violence, living with family with mental illness, unfair treatment because of race, and difficulty covering basics like food and housing.

Sullivan, K. S., Richardson, S., Ross, A., Cederbaum, J. A., Pflieger, J., Abramovitz, L., Bukowski, A. & Stander, V. (2023). Pre- and perinatal risk factors for child maltreatment in military families across the first two years of life. *Child Maltreatment, 28*(2), 209–220. DOI:10.1177/10775595221088198

Military families are exposed to a unique constellation of risk factors, which may impact maltreatment outcomes. The present study examined prospective relationships between demographic, health, birth-related, and military-specific risk factors identified prior to a child’s birth on their risk for maltreatment in the first two years of life. Data from the Millennium Cohort Study, Department of Defense (DoD) operational records and Family

Advocacy Program data on met-criteria maltreatment, and Birth and Infant Health Research program data on suspected maltreatment were linked for 9076 service member parents. Discrete time survival analysis showed that preterm birth increased risk of maltreatment while parents' older age, physical health, and service in the Navy or Air Force decreased risk. Building on DoD's New Parent Support Program, findings suggest the need for universal and targeted prevention efforts, beginning during pregnancy, which limit or eliminate risk factors for maltreatment in military families.

Zhang, J., Zhang, N., Piehler, T. F., & Gewirtz, A. H. (2023). Emotion regulation difficulties in military fathers magnify their benefit from a parenting program. *Prevention Science: The Official Journal of the Society for Prevention Research*, 24(2), 237-248. DOI:10.1007/s11121-021-01287-8

Military service members who were exposed to combat-related traumatic events may exhibit emotion regulation problems, which can compromise emotion-related parenting practices (ERPPs). After Deployment, Adaptive Parenting Tools (ADAPT) is a preventive intervention developed for military families to improve parenting behaviors, including ERPPs. Parental emotion regulation difficulties may affect parents' responses to this parenting program. Thus, this study aimed to use a baseline target moderated mediation design to examine the intent-to-treat (ITT) effect of the ADAPT program on deployed fathers' emotion-related parenting practices (ERPPs) at the 1-year follow-up as well as the moderation and mediation effect of fathers' emotion regulation difficulties. The sample consisted of 181 deployed fathers and their 4-13-year-old children. At both baseline and 1 year, fathers' ERPPs (i.e., positive engagement, withdrawal avoidance, reactivity-coercion, and distress avoidance) were observed during a series of structured parent-child interaction tasks. Results of path analyses showed no ITT effects on fathers' ERPPs, but emotion regulation difficulties significantly moderated ITT effects on distress avoidance. Fathers with higher levels of emotion regulation difficulties at baseline showed decreases in distress avoidance behaviors at 1 year if randomized to the intervention condition. Emotion regulation difficulties also significantly mediated the program's effect

on reductions in reactivity coercion for fathers with high levels of emotion regulation difficulties at baseline. These findings highlight parental emotion regulation as a key baseline target of the ADAPT program and provide insight into how and for whom a parenting program improves parenting practices.

Heyman, R. E., Slep, A. M. S., Mitnick, D. M., Nichols, S. R., Cracknell, K. M., Tiberio, S. S., Kim, S. & Perkins, D. F. (2022). [Evaluation of two approaches for responding to allegations of family maltreatment in the US Army: Coordinated community response impacts and costs](#). *Military Medicine*, 187(7–8), e987–e994.
DOI:10.1093/milmed/usab115

The U.S. Air Force (USAF) conducted a program of research to develop and disseminate reliable and valid criteria for partner and child maltreatment (comprising abuse [physical, emotional/psychological, and sexual] and neglect). These criteria are now used in all branches of the U.S. military. The U.S. Army was the first service outside the USAF to adopt the criteria sets and computerized decision support tool but maintained the original committee composition (the “Case Review Committee” [CRC]) instead of adopting the entire assessment, allegation determination, and treatment planning process (the “Field-tested Assessment, Intervention-planning, and Response” [FAIR] system). The Army commissioned this study to compare the CRC and FAIR processes by testing (1) intra-committee process (i.e., three facets of committee functioning—fidelity to regulations, cohesion and team process, outsized influence of unit representatives); (2) coordinated community response to maltreatment (i.e., perceptions of fairness to alleged offenders and victims, impact on unit representatives, and (3) collaboration between the Family Advocacy Program (FAP, the military’s maltreatment response agency) and outside agencies; and (4) the time expended and cost.

Kaye, M. P., Aronson, K. R., & Perkins, D. F. (2022). [Factors predicting family violence revictimization among army families with child maltreatment](#). *Child Maltreatment*, 27(3), 423–433. DOI:10.1177/10775595211008997

The Army Family Advocacy Program (Army FAP) strives to prevent family violence and intervene to reduce the deleterious effects of exposure to family violence. This paper examines the individual, family, community, and treatment factors associated with family violence revictimization. Case files of 134 families with substantiated child maltreatment and associated Army FAP interventions that closed in 2013 were coded across risk and protective factors and intervention characteristics and were matched to Army Central Registry files to identify revictimization rates through 2017. Revictimization, experienced by 23% of families, was predicted by community risk and reduced by intervention dose. With the high rates of relocations, housing or neighborhood issues, and the isolation military families experience and the relationship of these concerns to repeated family violence, identifying the impact of community risk is particularly important. Similarly, research that elucidates the effective treatment components is needed.

Ogle, C. M., Miller, T. L., Fisher, J. E., Zhou, J., & Cozza, S. J. (2022). [Latent classes of child neglect types and associated characteristics](#). *Child Abuse & Neglect*, 134, 105909. DOI:10.1016/j.chiabu.2022.105909

Background: Children who experience neglect typically endure multiple types of neglect and abuse during a single maltreatment incident. However, research on the phenomenology and predictors of neglect types has primarily examined neglect types in isolation. Objective: To advance understanding of neglect incidents that more accurately reflect the experiences of children who have been neglected, we examined latent classes of neglect defined by co-occurring neglect types and multiple forms of abuse. To inform efforts to identify families at-risk for particular classes of neglect, associations between child, parent, and family characteristics and latent classes were examined. Participants and setting: 390 child neglect incidents substantiated at U.S. Army installations. Methods: Neglect types and incident severity were coded using the Modified

Maltreatment Classification System. Child, parent, and family characteristics were coded using information drawn from case records. Results: Latent class analysis yielded 5 classes: exposure to violence, failure to provide, supervisory lapses, substance-related endangerment, and non-specific. The exposure to violence and substance-related endangerment classes were characterized as highly severe. High and low severity classes were associated with distinct child, parent, and family characteristics. The latent classes were also differentiated by distal outcomes, including probability of law enforcement investigation, child removal from home, and offender removal from home. Conclusions: By identifying the types of neglect and abuse that are likely to occur concomitantly as well as the child, parent, and family characteristics associated with increased risk of latent classes of neglect, results advance knowledge regarding the phenomenology of neglect types and inform prevention efforts.

U.S. Department of Defense. (2022). [Report on child abuse and neglect and domestic abuse in the military for fiscal year 2021](https://download.militaryonesource.mil/12038/MOS/Reports/FINAL-DoD-FAP-Report-FY2021.pdf).
<https://download.militaryonesource.mil/12038/MOS/Reports/FINAL-DoD-FAP-Report-FY2021.pdf>

Wolodiger, E. D., Goldner, J. S., Lofgreen, A. M., Saltzman, W. R., Lester, P. E., & Karnik, N. S. (2022). Child maltreatment in military families: Risk and protective factors, and family-systems interventions. In R. Geffner, J. W. White, L. K. Hamberger, A. Rosenbaum, V. Vaughan-Eden, & V. I. Vieth (Eds.), *Handbook of interpersonal violence and abuse across the lifespan* (pp. 1487-1511). Springer International Publishing. DOI:10.1007/978-3-319-89999-2_263

Approximately 40% of United States military personnel are parents to dependent children, and nearly five million people in the United States are considered to be part of a military family (Department of Defense 2017). Military families face unique stressors, including possible deployments, separations, moves, disruption of routines, physical and/or mental wounds in the service member, and new demands on the nonmilitary caretaker. Such

stressors have the potential to impair parenting practices and disrupt family functioning. Although the prevalence of child maltreatment in military families historically has been lower than that of civilian families, factors specific to military involvement – including the post-9/11 rise in lengthy deployments – place military children at elevated risk for maltreatment. Child maltreatment has significant adverse physical, psychological, behavioral, intergenerational, and societal consequences. However, long-term consequences can be mitigated through the use of preventive measures and trauma-informed care. Despite the increase in reported child maltreatment in military families over the past 18 years, protective factors embedded into military culture – including the military values of strength, integrity, and community – support family recovery and resilience. This chapter will highlight the literature on child maltreatment in military families, including its prevalence and associated risk and protective factors. It will then describe evidence-informed psychological interventions designed specifically to support adaptive functioning and/or parenting in military families. Finally, it will summarize additional evidence-based treatments that have been adapted for use with military families.

Burgin, E. E., & Prosek, E. A. (2021). Culturally responsive play therapy with military connected children and families: Opportunities for rigorous research. *International Journal of Play Therapy*, 30(4), 221–230. DOI:10.1037/pla0000151

Military-connected children represent intersectional identities and demonstrate unique vulnerabilities and strengths. Indeed, the wellbeing of military families is complex given stressors related to frequent separations and geographic relocations, coupled with the high-risk nature of careers in the armed forces. However, military families also demonstrate several strengths, such as resilience, that may be overlooked in the mental health interventions offered to the military community's youngest members. Previous researchers have illuminated the limitations of interventions provided to military-connected children, as well as methodological flaws that inhibit the development of exemplary practices for this population. In the article, the authors present several ways in

which play therapy is responsive to the cultural values and mental health needs of military families. Additionally, the authors provide concrete strategies for play therapists and researchers to improve the rigor of play therapy research and support the efficacy of play therapy with military-connected children.

Mitnick, D. M., Heyman, R. E., Slep, A. M. S., Lorber, M. L., & Dills, A. L. (2021). Evidence-based social work outreach to military leaders to facilitate intimate partner violence and child maltreatment identification and referral: An evaluation. *Journal of Family Social Work, 24*(4), 320–338. DOI:10.1080/10522158.2021.1974141

The effects of family maltreatment on the military are far-reaching and well documented, with implications that include the deterioration of mission readiness and an increase in distractibility for all involved. Congress has mandated each service agency to take steps in preventing partner and child maltreatment, including outreach – enlisting military leaders to identify, respond to, and mitigate risk factors for maltreatment in their active duty (AD) members – but the success and impact of these efforts have gone mostly unexamined. This article explores the implementation and evaluation of a new Air Force (AF) family maltreatment training based on empirical and military-specific evidence of prevalence, risk and protective factors, and the impact on military families. This project sought to optimize and standardize such trainings across bases in an interactive manner. As expected, the training led to significantly greater knowledge about family maltreatment, significantly lower belief in the justification of both IPV and parent-child aggression, significantly lower belief in the effectiveness of parent-child aggression to solve problems, significantly increased self-efficacy to help prevent and address family maltreatment on the base, and marginally significantly more positive beliefs about Family Advocacy Program (FAP). Additionally, satisfaction with the training was very high.

U.S. Department of Defense . (2021). [Report on child abuse and neglect and domestic abuse in the military for fiscal year 2020](https://download.militaryonesource.mil/12038/MOS/Reports/FINAL-DoD-FAP-Report-FY2020.pdf).
<https://download.militaryonesource.mil/12038/MOS/Reports/FINAL-DoD-FAP-Report-FY2020.pdf>

McCarthy, R. J., Milner, J. S., Walker, M. H., Besetsny, L. K., & Oliver, M. A. (2020). Ability of the United States Air Force family needs screener to predict child maltreatment: A prospective study. *Military Behavioral Health*, 8(3), 353–360.
DOI:10.1080/21635781.2020.1765910

In the current study, we examined the extent to which the United States Air Force Family Needs Screener (FNS)—a scale that purportedly measures risk for child maltreatment—predicted future child maltreatment in a group of 87,982 mothers. Mothers’ FNS total scores predicted future child maltreatment overall (i.e., any type of maltreatment) and for individual types of child maltreatment (i.e., child physical abuse, child emotional abuse, and child neglect). Further, results did not vary across Air Force installations. Beyond the standard dichotomous FNS classifications (Low-Needs and Low-Needs), the finding that as individual FNS total scores increased so did the likelihood of future child maltreatment suggests that mothers with the highest FNS scores—even among those deemed high needs—may warrant special attention.

U. S. Government Accountability Office. (2020). [Child Welfare: Increased Guidance and Collaboration Needed to Improve DOD's Tracking and Response to Child Abuse](#). Washington, DC: Author.

The Department of Defense (DOD) has limited visibility over reported incidents of child abuse—physical, sexual, or emotional abuse, or neglect by a caregiver—and child-on-child abuse due to standalone databases, information sharing challenges, and installation discretion. From fiscal years 2014 through 2018, the military services recorded more than 69,000 reported incidents of child abuse (see figure). However, personnel at all seven installations in GAO’s review stated that they use discretion to determine which incidents to present to the Incident Determination Committee (IDC)—the installation-

based committee responsible for reviewing reports and determining whether they meet DOD's criteria for abuse (an act of abuse and an actual or potential impact, e.g., spanking that left a welt). Per DOD guidance, every reported incident must be presented to the IDC unless there is no possibility that it could meet any of the criteria for abuse. However, personnel described incidents they had screened out that, per DOD guidance, should have been presented to the IDC. Without the services developing a process to monitor how incidents are screened at installations, DOD does not know the total number of reported child abuse incidents across the department.

Cozza, S. J., Ogle, C. M., Fisher, J. E., Zhou, J., Whaley, G. L., Fullerton, C. S., & Ursano, R. J. (2019). [Associations between family risk factors and child neglect types in US Army communities](#). *Child Maltreatment*, 24(1), 98–106.
DOI:10.1177/1077559518800617

Recent theory and empirical research suggest that child neglect is a heterogeneous phenomenon characterized by various types. This study examined family risk factors associated with five neglect types including failure to provide physical needs, lack of supervision, emotional neglect, moral–legal neglect, and educational neglect in 390 substantiated cases of neglect in four U.S. Army communities. Family factors associated with elevated risk of each neglect type relative to other types were identified using multivariate regression. Relatively distinct sets of family risk factors were differentially associated with the neglect types. Family mental health problems and larger family size were associated with risk of failure to provide physical needs, childcare problems and larger family size were associated with risk of supervisory neglect, and family disagreements were associated with risk of emotional neglect. None of the family factors were associated with elevated risk of moral–legal or educational neglect. Results can inform the development of indicated and relapse prevention strategies for families affected by different neglect types.

Lazarus, J., Anderson, G., Armstrong, J., Blakely, C., Groopman, J., Higginbotham, E., Jacobs, L., Jenkins, D., Lane, H. C., Lazarus, J., Lee, V., Martin, K., & Myers, K. (2019). [Healthy military family systems: Examining child abuse and neglect](https://apps.dtic.mil/sti/pdfs/AD1078953.pdf). Defense Health Board. <https://apps.dtic.mil/sti/pdfs/AD1078953.pdf>

The military family occupies a unique position in the fabric of our Nation's defense, contributing to the readiness of the Armed Forces. Threats to the health and integrity of families create threats to the warfighter's preparedness to execute the national security mission. Child abuse and neglect (CAN) is a significant threat to family integrity and readiness and must be addressed as a command and leadership issue in the Department of Defense (DoD). CAN and other forms of violence thrive on secrecy. Secrecy is tied to stigma and fear of repercussions, among other factors. The DoD is engaged in ongoing efforts to change the perception that help-seeking is a sign of weakness, particularly in the area of suicide prevention. Similar efforts must be made to change the stigma around seeking help for struggles that lead to child maltreatment and other forms of violence. This approach must include a strong messaging and public awareness campaign. The issue of career repercussions stemming from CAN has been raised as a barrier to helpseeking. While sometimes indicated and necessary, particularly in light of the unique military occupational requirements, the potential loss of one's livelihood can also serve as a formidable obstacle to seeking help in challenging and escalating circumstances. The DoD can and must do more to intervene before family issues and risk factors culminate in circumstances that warrant separation.

National Academies of Sciences, Engineering, and Medicine, Division of Behavioral and Social Sciences and Education, Board on Children, Youth, and Families, Committee on the Well-Being of Military Families, Le Menestrel, S., & Kizer, K. W. (Eds.). (2019). [High-stress events, family resilience processes, and military family well-being](#). In *Strengthening the military family readiness system for a changing American society* (pp. 203-232). National Academies Press (U.S.).

The U.S. military has been continuously engaged in foreign conflicts for over two decades. The strains that these deployments, the associated increases in operational tempo, and

the general challenges of military life affect not only service members but also the people who depend on them and who support them as they support the nation – their families. Family members provide support to service members while they serve or when they have difficulties; family problems can interfere with the ability of service members to deploy or remain in theater; and family members are central influences on whether members continue to serve. In addition, rising family diversity and complexity will likely increase the difficulty of creating military policies, programs and practices that adequately support families in the performance of military duties. Strengthening the Military Family Readiness System for a Changing American Society examines the challenges and opportunities facing military families and what is known about effective strategies for supporting and protecting military children and families, as well as lessons to be learned from these experiences. This report offers recommendations regarding what is needed to strengthen the support system for military families.

Cozza, S. J., Whaley, G. L., Fisher, J. E., Zhou, J., Ortiz, C. D., McCarroll, J. E., Fullerton, C. S., & Ursano, R. J. (2018). Deployment status and child neglect types in the US Army. *Child Maltreatment*, 23(1), 25–33. DOI:10.1177/1077559517717638

Increases in combat deployments have been associated with rises in rates of child neglect in U.S. military families. Although various types of child neglect have been described in military families, it is unknown whether deployment status is associated with specific types of child neglect and whether other factors, such as substance misuse, play a role. To determine the contribution of service member deployment status to the risk of specific child neglect types, data were collected from 390 substantiated U.S. Army child neglect case files. The contributions of deployment status at the time of the neglect incident and parental alcohol or drug-related misuse to risk of neglect types were examined controlling for military family rank and child age. Compared to never deployed families, families with a service member concurrently deployed at the time of the neglect incident were at higher risk for failure to provide physical needs, lack of supervision, and educational neglect, but at lower risk for emotional neglect. Being previously deployed

incurred risk for moral–legal neglect. Substance misuse added risk for moral–legal and educational neglect. Findings indicate the need for tailored prevention strategies to target different periods within the deployment cycle.

Jensen, T. M., & Bowen, G. L. (2018). Informing efforts to prevent family maltreatment among airmen: A focus on personal resilience. *Journal of Family Social Work, 21*(2), 129–151. DOI:10.1080/10522158.2017.1410270

Family maltreatment is a serious public health concern within civilian and military populations. The U.S. Air Force Family Advocacy Program (FAP) delivers services to active-duty Air Force members and their families that aim to promote personal resilience and prevent maltreatment perpetration among those most at risk. Informed by family resilience and ecological perspectives, the purpose of this study is to empirically test a theory of change or conceptual model that could serve as an evidence-informed foundation for the selection of prevention interventions used by military and FAP service providers. A representative sample of 30,541 active-duty Air Force members from the 2011 Air Force Community Assessment Survey was analyzed, comprising participants who had at least one child and who were in a committed relationship. Structural equation modeling was employed to test the hypothesized model. Neighborhood safety was analyzed as a moderating influence. With a focus on personal resilience as an asset-based outcome, results indicated that personal resilience among airmen was positively associated with features of individual fitness, informal support, adaptive family processes, and unit leader support. Results also indicated that neighborhood safety significantly moderated associations in the empirical model.

Lorber, M. F., Xu, S., Heyman, R. E., Slep, A. M. S., & Beauchaine, T. P. (2018). Patterns of psychological health problems and family maltreatment among United States Air Force members. *Journal of Clinical Psychology, 74*(7), 1258–1271. DOI:10.1002/jclp.22594

We sought to identify subgroups of individuals based on patterns of psychological health problems (PH; e.g., depressive symptoms, hazardous drinking) and family maltreatment (FM; e.g., child and partner abuse). We analyzed data from very large surveys of United States Air Force active duty members with romantic partners and children. Latent class analyses indicated six replicable patterns of PH problems and FM. Five of these classes, representing ~98% of survey participants, were arrayed ordinally, with increasing risk of multiple PH problems and FM. A sixth group defied this ordinal pattern, with pronounced rates of FM and externalizing PH problems, but without correspondingly high rates/levels of internalizing PH problems. Ramifications of these results for intervention are discussed.

McCarthy, R. J., Milner, J. S., Coley, S. L., Ormsby, L., & Oliver, M. (2018). Child maltreatment re-offending in families served by the United States Air Force Family Advocacy Program. *Child Abuse & Neglect, 77*, 67–74. DOI:10.1016/j.chiabu.2017.12.018

The current study examined child maltreatment re-offending in United States Air Force (USAF) families. In a clinical database containing 24,999 child maltreatment incidents perpetrated by 15,042 offenders between the years 1997 and 2013, 13% of offenders maltreated a child on more than one date (i.e., they re-offended). We explored several offender demographic characteristics associated with who re-offended and found that civilians re-offended at a similar rate as active duty members, males re-offended at a similar rate as females, and younger offenders were more likely to re-offend than older offenders. We also explored incident characteristics associated with who re-offended: Re-offending was more likely if the initial maltreatment was neglect or emotional abuse and re-offenders were likely to perpetrate subsequent maltreatment that was the same type and severity as their initial incident. The current data indicate that young offenders and offenders of neglect and emotional maltreatment are the greatest risk of re-

offending. These offender and incident characteristics could be used by the USAF to guide their efforts to reduce re-offending.

Bowen, G. L., Jensen, T. M., & Williams, B. (2017). Prevention of family maltreatment in the US Air Force: A systematic review of research on active-duty military personnel. *Journal of Family Social Work, 20*(1), 52-80.
DOI:10.1080/10522158.2016.1259137

Systematic review procedures are used to empirically evaluate the “implicit” logic model that guides the Air Force Family Advocacy Program’s secondary prevention efforts of family maltreatment among active-duty Air Force members. Searches of seven electronic databases and manual searches of 10 journals yielded 586 peer-reviewed articles published in 2000 or later. This review synthesizes the findings of 23 quantitative studies meeting inclusion criteria, including the prediction of some form of family maltreatment among U.S. active-duty military members. Based on review results, we identify critical success variables that function as family protective factors to decrease the likelihood of family maltreatment. These modifiable variables include formal supports, such as ecosystem supports from installation and unit leaders; informal supports, such as the social support of fellow service members and their families; and safe, stable, and nurturing family processes. The results generally align with the implicit logic model but suggest the model should be extended to include intrapersonal vulnerabilities and assets as well as contextual risks and assets. In addition to informing secondary prevention efforts in the Air Force, this novel use of systematic review procedures offers a strategy for evaluating logic models in other areas of prevention research, practice, or policy.

Wood, J. N., Griffis, H. M., Taylor, C. M., Strane, D., Harb, G. C., Mi, L., Song, L., Lynch, K. G., & 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. DOI:10.1016/J.CHIBU.2016.11.007

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.

Taylor, C. M., Ross, M. E., Wood, J. N., Griffis, H. M., Harb, G. C., Mi, L., Song, L., Strane, D., Lynch, K. G., & Rubin, D. M. (2016). Differential child maltreatment risk across deployment periods of US Army soldiers. *American Journal of Public Health, 106*(1), 153–158.
DOI:10.2105/AJPH.2015.302874

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.

de Pedro, K. T. (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. DOI:10.1016/j.chiabu.2015.06.004

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. DOI:10.1016/j.jaac.2014.12.017

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. DOI:10.1016/j.chiabu.2015.05.008

This article discusses the child maltreatment in United States military families and how military Family Advocacy Program has given increased attention to the prevention of family violence. The U.S. military has increased its efforts to effectively treat family members (victims and offenders) when a military family experiences child maltreatment. Ongoing endeavors to intervene effectively when child maltreatment occurs include the use of empirically validated interventions and evaluations of the effectiveness of these interventions in the military context. The U.S. military has put in place an array of system-wide efforts both to prevent child maltreatment and to strengthen military families, and continues to explore new ways to support military families. To further address the issue of child maltreatment in military families, the Department of Defense (DOD) established "The Prevention and Coordinated Community Response to Child Abuse and Neglect and Domestic Abuse/Intimate Partner Violence Working Group." The mission of the working group is to review DOD family violence processes with all stakeholders to improve the military's prevention of and community response to all forms of family violence. Additional changes are expected to result from this working group.

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. DOI:10.1177/1077559514560625

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. DOI:10.1016/j.outlook.2015.06.002

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. DOI:10.1016/j.chiabu.2015.05.015

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. DOI:10.1037/a0031766

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.

Gumbs, G. R., Keenan, H. T., Seveck, C. J., Conlin, A. M. S., Lloyd, D. W., Runyan, D. K., Ryan, M. A. K., & Smith, T. C. (2013). [Infant abusive head trauma in a military cohort](#). *Pediatrics*, 132(4), 668–676. DOI:10.1542/peds.2013-0168

The study objective was to evaluate the rate of, and risk factors for, abusive head trauma (AHT) among infants born to military families and compare with civilian population rates. Electronic International Classification of Diseases data from the US Department of Defense (DoD) Birth and Infant Health Registry were used to identify infants born to military families from 1998 through 2005 (N = 676 827) who met the study definition for AHT. DoD Family Advocacy Program data were used to identify infants with substantiated reports of abuse. Rates within the military were compared with civilian population rates by applying an alternate AHT case definition used in a civilian study. Applying the study definition, the estimated rate of substantiated military AHT was 34.0 cases in the first year of life per 100 000 live births. Using the alternate case definition, the estimated AHT rate was 25.6 cases per 100 000 live births. Infant risk factors for AHT included male sex, premature birth, and a diagnosed major birth defect. Parental risk factors included young maternal age (.21 years), lower sponsor rank or pay grade, and current maternal military service. This is the first large database study of AHT with the ability to link investigative results to cases. Overall rates of AHT were consistent with civilian populations when using the same case definition codes. Infants most at risk, warranting special attention from

military family support programs, include infants with parents in lower military pay grades, infants with military mothers, and infants born premature or with birth defects.

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. DOI:10.7205/milmed-d-11-00135

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](https://www.armywarcollege.edu/library/bibs/milfam2011.pdf). U.S. Army War College Library. <https://www.armywarcollege.edu/library/bibs/milfam2011.pdf>

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., Bursch, B., Green, S., Pynoos, R., & 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.
DOI:10.7205/milmed-d-10-00122

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*](#). National Center for Children in Poverty.
DOI:10.7916/D8HX1NDM

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. DOI:10.1177/1077559507313462

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. DOI:10.7205/MILMED.173.12.1203

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.
DOI:10.1002/car.986

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.

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. DOI:10.1001/jama.298.5.528

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 1.2million 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. DOI:10.1093/aje/kwm008

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 \approx 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 \approx 1.28, 95% confidence interval: 1.20, 1.37) or returning from (rate ratio \approx 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. DOI:10.1177/1524838005285916

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. DOI:10.1007/s10896-005-3175-6

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. DOI:10.7205/milmed.169.6.461

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. DOI:10.1177/1077559503261262

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. DOI:10.1093/milmed/168.3.257

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.
DOI:10.1016/S0145-2134(01)00231-9

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* (pp. 185–196). 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. DOI:10.1016/s0145-2134(97)00037-9

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.
DOI:10.1001/archpedi.1995.02170160121024

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.
DOI:10.1016/S0145-2134(94)00132-4

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. DOI:10.1093/milmed/157.7.371

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. DOI:10.1016/0145-2134(84)90050-4

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.