THE MILITARY’S RESPONSE TO FAMILY VIOLENCE

There are two types of networks on military installations: formal and informal. Informal networks include support from kin, neighbors, work groups, and even support through the internet. Formal networks are those that operate under law or military regulation such as schools, Family Advocacy Programs, and Aid groups. Both types of networks are involved with prevention of family violence.

All branches of the military have been active in responding to child maltreatment and to spousal violence. In response to the passage by the U.S. Congress of the Child Abuse Prevention and Treatment Act of 1974, the four Services developed programs to prevent and respond to child abuse and neglect. Over the next few years, each began responding to spouse abuse as well.

In 1981, the Department of Defense issued a policy directive, Family Advocacy Directive 6400.1, mandating that each Service broaden its existing program efforts in child abuse prevention to include the evaluation, treatment, and prevention of spousal abuse (Neidig, 1986). In 1982 Congress appropriated centralized funds for the Family Advocacy Program (FAP) for allocation to each of the Services’ FAPs.

All military branches have Family Advocacy Programs and child abuse prevention services at every installation where family members are sponsored by the command (Brewster, 2000). Installations designated as unaccompanied tours (e.g., the Demilitarized Zone in Korea) and combat theatres (e.g., Iraq and Afghanistan) do not have families sponsored by the command and, therefore, do not have Family Advocacy Programs.
The overall goal of the Family Advocacy Program is to enhance the health and well-being of families so that military members can concentrate upon their missions. Each Service’s FAP is slightly different. In the Air Force, for example, the FAP assists families with members who have exceptional medical or educational needs, children who are at risk for injury, and families who are experiencing maltreatment or domestic violence. In other Service branches, families with special needs are provided assistance by programs other than the FAP. Early data indicated that Air Force families were well-satisfied with the Family Advocacy Program and its services (Mollerstrom et al., 1995).

Response System

The military’s response to both spouse abuse and child abuse centers on the Family Advocacy Teams. For example, professionals in education, social services, medical treatment and law enforcement are required (and other personnel are encouraged) to report known or suspected cases of child maltreatment and spouse abuse. On installations within the United States, coordination with civilian child protective services agencies is required.

The military has high standards for responding to reports of child abuse or neglect (Brewster, 2000). Medical records are reviewed and arrangements made to conduct social assessments of family members and collaterals within 72 hours. Memorandums of understanding between the installation and the local civilian CPS agency are required to clarify jurisdictional issues and roles and responsibilities and to prescribe procedures, especially for incidents that occur on the installation. It is common for responsibilities to be shared (Brewster, 2000).
Each military installation Family Advocacy Program has a case review committee (CRC) which makes a clinical determination about whether or not there is sufficient information to meet the threshold of substantiated maltreatment. The composition of the CRC currently varies among Services, but typically membership includes a pediatrician, a clinical social worker, a civilian child protective services representative, a chaplain, a military legal representative, a military special criminal investigator, and often the commander or supervisor of the parent being discussed.

Types of Family Violence

Similar to non-military families, those who commit family violence can vary along several dimensions. Some are involved only in spouse abuse. In a sample of 10,864 Army soldiers who were substantiated for family violence offenses within a five-year time period (2000-2004), Martin et al. (2007) found that 61% were only involved in spouse abuse. Those who committed offenses only against children were 27% of the sample. The remainder (12%) had committed offenses against both spouses and children.

Spouse Abuse

According to research by Martin et al. (2007), spouse abuse is more prevalent in the Active Component of the military than is child maltreatment. (Readers should note that rates of spouse abuse for the Reserve Components who are not on active duty are not known). An analysis of 61,827 initial substantiated cases, 5,772 subsequent incidents, and 3,921 reopened cases in Army active duty couples between 1989 to 1997 indicated a rate of partner violence and emotional abuse between 8 and 10.5 per 1,000 married persons with an average number of cases per year of 7,000. From 1989 to 1997, there were 42
spousal fatalities recorded (McCarroll et al., 1999). This data may not be applicable to the present since the Department of Defense changed the data collection system in 1997.

McCarroll, Ursano, Fan, and Newby (2004) updated the Army spouse abuse profile by studying patterns of spouse abuse in the military from 1998 to 2002. They noted that the Army data contained only incidents between married couples. There were 20,959 victims in the 5-year time period of the study. Most (63.4%) victims were women and 36.6% were men. Considering only the cases of non-mutual abuse, females were victims in 73% of the cases. (Mutual abuse involves both spouses being perpetrators in the same incident – excluding self-defense -whereas non-mutual abuse is perpetrated exclusively by one spouse.) Findings from the 2004 McCarroll et al. study showed that non-mutual spouse abuse incidents were always more severe (both for physical damage and for emotional abuse) than were mutual incidents.

Rentz et al. (2006) compared rates of spouse abuse reported in three military studies of Army and Air Force samples (Griffin & Morgan, 1988; Heyman & Neidig, 1999; Cronin, 1995). All three studies found that the military community had higher rates of physical spouse abuse or more severe domestic violence than did civilian settings. However, the researchers’ caution that no studies were identified that examined spouse abuse in military families from the Navy or Marine Corps. Moreover, the civilian data is not directly comparable to the military data due to demographic differences in the populations.

The military established definitions and policies on spouse abuse starting in the early 1980’s and is currently revising the definitions. Similar to handling of suspected child maltreatment, spouse abuse incidents are reviewed by a Family Advocacy Program
multidisciplinary case review committee on the military installation. The team
determines whether the incident is clinically substantiated and coordinates the medical,
legal and treatment interventions (McCarroll, et al., 1999).

Each substantiated incident is coded for severity (mild; moderate; severe) for
physical abuse, sexual abuse, and emotional abuse. If substantiated, the data is entered
into a Family Advocacy Program central registry. However, there is no comparable
national system of reporting and recording domestic violence incidents (McCarroll et al.,
2004).

In 2000, Congress required the Department of Defense to establish the Defense
Task Force on Domestic Violence (DTFDV). The Task Force was comprised of 24
members- 12 from Military services and 12 from the nation’s leading domestic violence
experts. The DTFDV conducted a three-year comprehensive review of the military’s
policies and procedures for preventing and responding to domestic violence. The report
of the Task Force made nearly 200 specific recommendations (Family Violence
Prevention Fund, 2004; Parks & Tucker, 2003)

In 2001, the Deputy Secretary of Defense issued a memorandum stating that
domestic violence would not be tolerated in the military and that domestic violence is an
offense against the institutional values of the Military Service (American Bar
Association, 2005; Family Violence Prevention Fund, 2004). In a 2003 interview, Debby
Tucker, Co-Chair of the Task Force, commented that it is important to realize that there
are a total of 300 US military installations worldwide and the style and organization vary
greatly. Thus, implementation may be an uneven process. (Levy, 2003).
The United States Government Accountability Office (GAO) issued a report to Congress in 2006 on the progress made by the military in implementing the recommendations of the Task Force (GAO, 2006). The GAO found that the Department of Defense was hampered because the data collection on domestic violence was incomplete. “Notwithstanding the task force’s recommendation to report on the number of domestic violence incidents, DOD and the services have not developed any plans to address the data limitations” (GAO, 2006, p. 1).

The GAO further found that the DoD faces challenges in implementing recommendations because of a shortage of personnel designated for the task. Also, the method of communicating policy changes has resulted in inconsistent practices. The DoD was taking action to ensure confidentiality for victims, but additional efforts were needed. A major flaw in implementation was the lack of an oversight framework to monitor compliance and evaluate the implementation of the recommendations.

Once a report of domestic violence is made involving an active duty service member as the alleged perpetrator, the service member’s commander has several options: the service member may remain on active duty but be required to undergo treatment from the Family Advocacy Program, or may be separated from the military with an administrative discharge or by means of court-martial (American Bar Association, 2005).

If the incident occurred outside the installation or on a part of the installation over which the state has jurisdiction, the commander negotiates with the local prosecutor as to which authority should exert jurisdiction. If the local prosecutor takes jurisdiction, the service member may be prosecuted in the state criminal court. If the alleged perpetrator is
the civilian spouse or intimate partner, the civilian prosecutor always has sole jurisdiction.

If the service member is discharged administratively or after a conviction by court martial for spouse abuse or child abuse, the victim is eligible to receive transitional compensation of financial, medical and commissary/exchange benefits for a period of up to three years, depending on the time remaining in the service member’s enlistment. The amount is based on the service member’s pay (McCarroll et al., 2004).

Since the possible loss of a career could inhibit reporting of domestic violence, the Department of Defense implemented policy guidelines for Domestic Abuse Restricted Reporting. This policy affords victims an option for confidential disclosure of abuse and a way to receive support services. Under this policy, adult victims of domestic abuse may receive medical treatment and victim advocacy services without requiring notification of law enforcement or unit commanders. There are limitations to the confidentiality (such as when child abuse is also suspected), but the option can encourage early reporting (ww.usmc-mccs.org/famadv/).

Incidence of Child Maltreatment

The Department of Defense keeps records on reported and substantiated cases of child maltreatment for the Active Component. The data includes acts of physical violence, sexual violence, emotional abuse and neglect. According to Defense Press Officer Melnyk, the DoD defines child abuse more consistently than does the civilian sector. Also, the figures are for reports and a child may be reported more than one time. Therefore, comparisons with civilian populations are difficult.
The Department of Defense data show declining rates of both child abuse reports and substantiated cases for active duty military members between 2000 and 2008. The peak number of reports (16,704) was in FY04. Data for FY04 show a rate of 14.9 reports per 1000 children with 7,881 reports substantiated for a rate of 7.0 children per thousand. The reports have dropped considerably since 2004 with an 11.3 children per thousand rate for reports in 2008 (12,661 reports) and a substantiation rate of 4.8 children per thousand (5,406 substantiated reports).

McCarroll and colleagues (2007) examined trends in U.S. Army child maltreatment reports from 1990 to 2004. During two large scale deployments of the US Army to the Middle East (1991 and 2002-04) the rates of neglect increased 40% while the rates of physical abuse decreased 65% and sexual abuse rates also decreased. Rates of emotional abuse fluctuated. Neglect rates were highest for the youngest children and decreased as age increased. Male offenders were more likely than females to maltreat children (even when sexual abuse cases were excluded). All offenders were more likely to abuse male children.

Child Maltreatment Fatalities

Only a few studies have examined homicides and child abuse fatalities in military populations. Several are discussed below.

An examination of shaken infants (Gessner & Runyan, 1995) examined admissions to a pediatric intensive care unit with a diagnosis of shaken baby syndrome. For shaken infants under age 1, admissions were 3.45 times more likely to be military dependents and 6.7 times more likely to be military dependents than all admissions for shaken baby under age 2. The high proportion of shaken babies within military families
was notable because only 39 (9.5%) of all admissions of infants to the PICU for any reason were from military families. Gessner and Runyan suggested that there may be higher incidence of shaken babies in military families or earlier access to care may mean a better survival rate for babies in military families. The authors felt that military families may be an appropriate special population for prevention programs.

The North Carolina Child Advocacy Institute (2004) examined homicides of children in North Carolina during the time period of 1985 to 2000. In Cumberland and Onslow counties, home to three of the state’s largest military installations, there were 58 child homicides during the time period; 35 of those were to military families. The Institute computed an annual death rate of 5.0 per 100,000 children for Ft. Bragg/Pope Air Force Base and 4.9 per 100,000 for Camp Lejeune/New River Air Station. This compares to a state-wide rate of 2.2 child homicides per 100,000 children.

Both studies drew their data from installations with consistently high operating tempos and significantly higher stresses on the families than at most military installations. Therefore, the findings and conclusions from these studies may not generalize to the military as a whole. In addition, the Department of Defense has raised questions about the methodology of the later study.

Lucas et al. (2002) examined factors related to fatal child abuse in cases identified by the U.S. Air Force. Records from 32 substantiated cases were examined. Perpetrators were predominately male, the biological fathers of the victims, and had other substantiated problems. Specifically, 24% had an unfavorable job performance report, 39% had a prior report of domestic violence or child abuse from another professional agency, 12% had prior contacts with law enforcement concerning violence, and 32% had
a history of alcohol abuse. In addition, 26% of the families had a prior substantiated USAF FAP child maltreatment case and 7% had unsubstantiated cases. In 8% of the families, a prior infant or child had died due to abuse. The most likely cause of death was head trauma. However, more violent means of death were noted in older children and deaths of older children were associated with murder-suicide (7 cases involved murder-suicide). Mothers were most likely to be involved in neonaticide and less violent forms of death. Lucas et al. noted that the majority of child homicides involved a catalyst which was most often an argument between the parents concerning an impending marital breakup.

Comparison to the Civilian Population

There is not agreement about how rates of child maltreatment in the active component of the military compare to rates in civilian populations (or to rates of child maltreatment in reserve units not on active duty). The general consensus appears to be that rates of substantiated maltreatment are lower in military families in general but increase in times of combat-related deployment (Rentz et al., 2006).

Neglect appears less frequent in military families (McCarroll et al., 2004). It is hypothesized that protective factors may lower the incidence of neglect. One protective factor is economic status. In the civilian communities, neglect is strongly correlated with poverty. In military families, at least one parent is a wage earner. An additional factor that may protect military children from neglect is lower levels of illicit drug use in military members than in the general population (Gibbs et al., 2008). Another protective factor for neglect may be the military’s strong informal culture of pro-social behavior including support for positive parenting.
Who is Most at Risk?

As discussed in the main article, families in the deployment cycle are at heightened risk for child maltreatment. In addition to examining lifestyle factors such as deployments, at least one research group has considered individual factors of mothers and fathers in the military. Schaeffer, Alexander, Bethke, and Kretz (2005) considered responses of 175 fathers (93% active duty) and 590 mothers (16% active duty) with young children enrolled in an Army-sponsored home visitation program.

Schaeffer et al. found common risk factors for child maltreatment. These included: depression; parental distress; and family conflict. Factors that predicted child maltreatment included: low family expressiveness (only for fathers). For mothers, factors that predicted child maltreatment were marital dissatisfaction, low social support, and low family cohesion. By identifying risk factors it is possible that the military can identify high-risk families and offer outreach to them prior to child maltreatment occurring.

An interesting study by Gibbs et al. (2008) examined substance abuse among U.S. Army soldiers who had maltreated children. Analysis of all substantiated incidents between 2000 and 2004 found that only 13% of perpetrators were known to be using alcohol or illicit drugs at the time of the child abuse incident. (However, in cases where the child abuse incident also included spouse abuse, the incidence of substance abuse nearly tripled.) The incidence of substance abuse co-occurring with child abuse is much higher in the civilian population (see VCPN, volumes 53 & 79).

While military families have usual circumstances and stresses, it is important to remember that researchers who consider individual characteristics of perpetrators of child
abuse and their families find more commonalities between civilian and military families than differences (Dubanoski & McIntosh, 1984). Moreover, the military has increased its formal programs for family support, especially during periods of extensive deployments.

Intervention

The Department of Defense’s Family Advocacy Programs have broad goals of prevention, early identification, reporting, and treatment for child abuse and neglect and domestic violence. They aim to strengthen family functioning in a manner that increases competency and self-sufficiency of military families. They also seek to preserve families in which abuse has occurred without compromising the health, welfare, and safety of victims. Family Advocacy Programs and other prevention programs to strengthen families are featured throughout this issue.

References Available Upon Request

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