

POLICYLAB

RESEARCH AT A GLANCE | FALL 2017

A SYNOPSIS OF EMERGING POLICYLAB RESEARCH

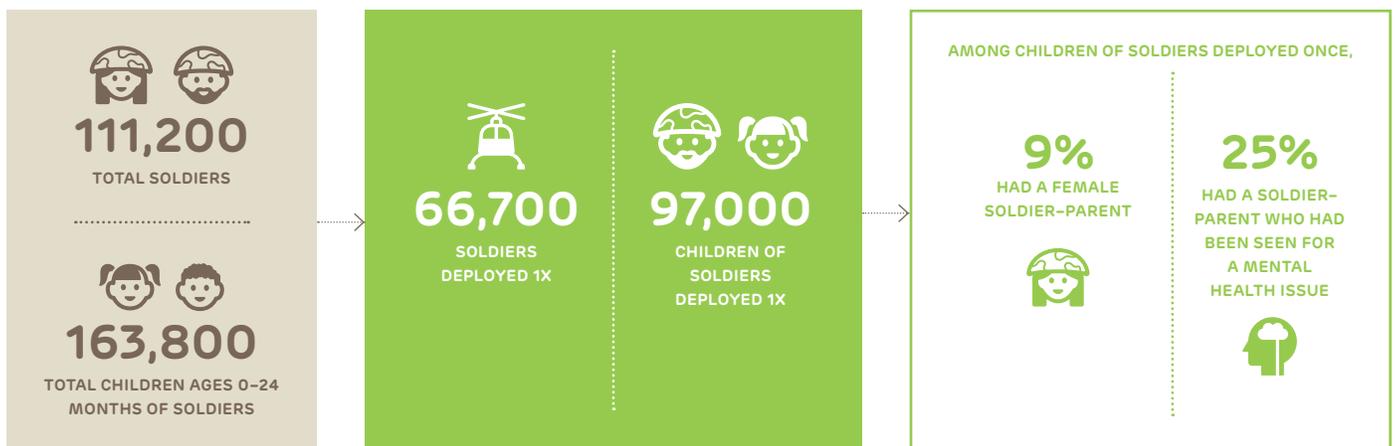
**IDENTIFYING
OPPORTUNITIES
TO ADDRESS CHILD
ABUSE AND NEGLECT
IN U.S. ARMY FAMILIES**

WHAT IS THE PROBLEM:

Abuse and neglect are serious concerns for all children, but military families may have unique needs that complicate efforts to prevent abuse and intervene on behalf of those who are at risk.

For the more than 50 percent of Armed Forces members who are parents, deployment can introduce serious stress within their families.^{1,2} Little is known, however, about how this stressful period surrounding deployment can impact children’s risk for abuse and neglect.^{3,4} With our research, we wanted to see what characteristics of families and children most influence the risk of maltreatment when a soldier is deployed. Such information would allow our partners in the U.S. Army Family Advocacy Program (FAP), the military agency dedicated to preventing and responding to child abuse, to more precisely target child abuse prevention resources to help at-risk families.

LARGEST-EVER STUDY OF CHILD MALTREATMENT OF U.S. ARMY FAMILIES



All soldiers in this study were enlisted for at least three consecutive years from 2001–2007.

WHAT WE ASKED:

Around the time of a parent’s deployment, when are children of soldiers at greatest risk for abuse and neglect?

What characteristics of soldiers and children most influence the risk of child maltreatment when a soldier is deployed?

WHAT WE DID:

We conducted the largest-ever study of child abuse and neglect in the military. Focusing on families with children ages 0–24 months, we created a dataset of all U.S. Army soldiers and their families who were deployed one or two times between 2001 and 2007. We then linked these 67,700 soldiers and their 97,000 young children with monthly deployment data in order to discern exactly when the family’s soldier was deployed.

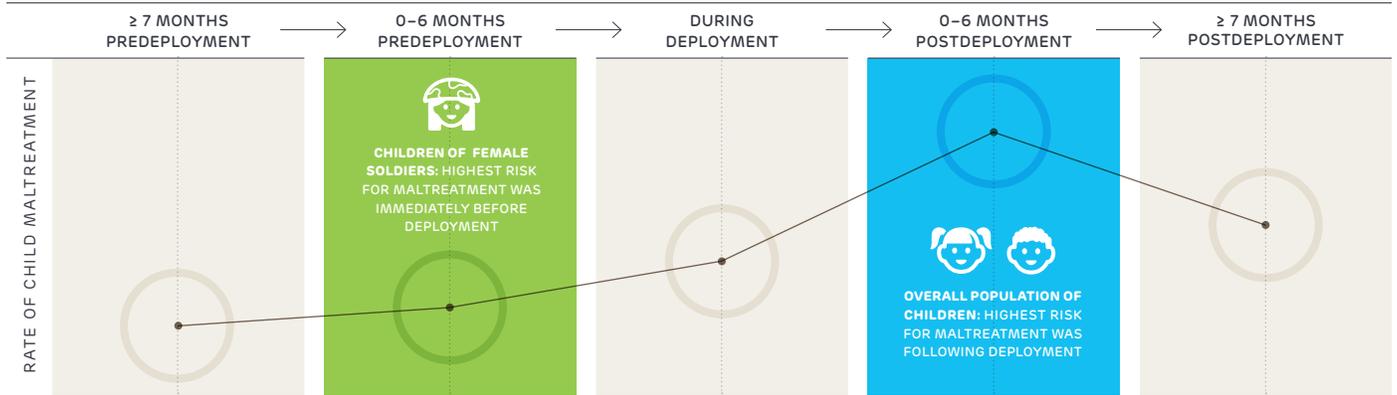
To identify instances of child abuse and neglect, we used data from two sources: 1) insurance claims, that allowed us to estimate the number of times children were seen by medical providers for child abuse events, and 2) FAP reports, which allowed us to characterize the frequency by which reports were made to the Army’s child welfare program. The insurance claims and family advocacy reports included the month in which the abuse was identified. By examining these reports of abuse and neglect over time, we were able to determine when they occurred in relationship to deployment.

The number of female Armed Forces members climbed by 50 percent between 2005 and 2015.¹

WHAT WE FOUND:

Among young children of U.S. Army soldiers deployed once, risk for abuse and neglect was highest during the six months following their parent’s deployment, suggesting elevated stress within families of deployed and returning soldiers.

RATE OF CHILD MALTREATMENT BY DEPLOYMENT PERIODS AMONG CHILDREN OF U.S. ARMY SOLDIERS DEPLOYED ONCE BETWEEN 2001–2007



Even though the soldier did not necessarily perpetrate the abuse or neglect, children whose dad was the soldier were at greatest risk following deployment, while children whose mom was the soldier were at greatest risk prior to deployment.



A child whose parent was diagnosed with a mental health condition prior to the child’s birth was at 68 percent greater risk of experiencing abuse or neglect than the child of a soldier without mental illness.



Children born prematurely or with early special health needs were at twice the risk of abuse or neglect compared to other children, regardless of whether their parent was deployed or not.

WHAT IT MEANS:

We now have a better understanding of the factors that may make some U.S. Army families more susceptible to abuse or neglect of children surrounding the time of a parent’s deployment.

It is important to remember that our findings don't mean the soldier caused the abuse. Deployment can be stressful for the entire family, so interventions need to take into account the well-being of all family members.

Child abuse and neglect are preventable, but prevention may not look the same for all Army families. By strategically targeting support systems to certain families before and after deployment, military-specific child abuse prevention and intervention services can have a greater impact.

STUDY METHODS

This was a retrospective cohort study of children in U.S. Army families identified in administrative data obtained from the Defense Manpower Data Center. We limited our population to 97,000 children ages 0–24 months whose 66,700 soldier–parents were deployed one or two times between 2001 and 2007.

The exposures of interest were time periods surrounding a soldier's deployment. For soldiers deployed once, these were defined as: 1) >6 months prior to deployment; 2) ≤6 months prior to deployment; 3) during deployment; 4) ≤6 following deployment; 5) >6 months following deployment. The data source for soldier enlistment and deployment dates was the Defense Manpower Data Center.

The additional primary exposures included soldier-level characteristics of gender, as well as any diagnoses of mental health condition or prescription drug use related to a mental health condition (with the exception of pain medication) before the birth of the child.

Our outcome of interest was a discrete episode of child abuse and neglect. This was defined as either a medical diagnosis of child maltreatment present in the child's Tricare health insurance claims, or a substantiated report of maltreatment to the Army's Family Advocacy Program. These were obtained from the Patient Administration Systems and Biostatistics Activity (PASBA) and Army Central Registry, respectively.

We used descriptive rates of maltreatment as well as Cox proportional hazards models with static and time-varying covariates to characterize risk of maltreatment during the five time periods described previously.

FUNDING

This work was sponsored by the Department of the Army (award number: W81XWH-11-2-0100). The U.S. Army Medical Research Acquisition Activity, 820 Chandler Street, Fort Detrick, MD 21702-5014 was the awarding and administering acquisition office. The information presented here does not necessarily reflect the position or the policy of the Government, and no official endorsement should be inferred.

RELATED POLICYLAB WORK

The Children's Hospital of Philadelphia, PolicyLab. Identifying Opportunities to Address Child Abuse and Neglect in U.S. Army Families [Online]. Available at: <http://policylab.chop.edu/project/identifying-opportunities-address-child-abuse-and-neglect-us-army-families>

Wood JN, Griffis HM, Taylor CM, et al. Under-ascertainment from healthcare settings of child abuse events among children of soldiers by the U.S. Army Family Advocacy Program. *Child Abuse & Neglect*. 2017;63:202–210.

PUBLICATIONS

Taylor CM, Ross ME, Wood JN, et al. Differential Child Maltreatment Risk Across Deployment Periods of US Army Soldiers. *Am J Public Health*. 2016;106(1):153–158.

Strane D, Lynch KG, Griffis HM, et al. Family characteristics associated with child maltreatment across the deployment cycle of U.S. Army soldiers. *Military Medicine*. 2017.

BIBLIOGRAPHY

1. *2015 Demographics: Profile of the Military Community*. Department of Defense, Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy;2015.
2. Lester P, Peterson K, Reeves J, et al. The long war and parental combat deployment: Effects on military children and at-home spouses. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2010;49(4):310–320.
3. *Child maltreatment 2014*. U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau;2016.
4. Rentz ED, Marshall SW, Loomis D, Casteel C, Martin SL, Gibbs DA. Effect of deployment on the occurrence of child maltreatment in military and nonmilitary families. *American Journal of Epidemiology*. 2007;165(10):1199–1206.



The mission of PolicyLab at Children's Hospital of Philadelphia (CHOP) is to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research. PolicyLab is a Center of Emphasis within the Children's Hospital of Philadelphia Research Institute, one of the largest pediatric research institutes in the country.

PolicyLab

Children's Hospital of Philadelphia
2716 South Street
Roberts Center for Pediatric Research,
10th Floor
Philadelphia, PA 19146

P 267-426-5300

F 267-426-0380

PolicyLab@email.chop.edu
policylab.chop.edu

@PolicyLabCHOP