

Chapter 32

FAMILY MALTREATMENT AND MILITARY DEPLOYMENT

RENÉ J. ROBICHAUX, PhD, LCSW,* AND JAMES E. MCCARROLL, PhD, MPH†

INTRODUCTION

THE ARMY FAMILY ADVOCACY PROGRAM

MILITARY LIFE AND FAMILY MALTREATMENT

Spouse Maltreatment

Child Maltreatment

EFFECT OF WAR ON FAMILIES

THE ARMY'S RESPONSE TO FAMILY STRESS AND DEPLOYMENT

SUMMARY

*Colonel, US Army (Retired); Social Work Programs Manager, Behavioral Health Division, US Army Medical Command, 2050 Worth Road, Fort Sam Houston, Texas 78234; formerly, Chief, Department of Social Work, Brooke Army Medical Center, Fort Sam Houston, Texas

†Colonel, US Army (Retired); Psychologist, Center for the Study of Traumatic Stress and Department of Psychiatry, Room B3068, Uniformed Services University of the Health Sciences, 4301 Jones Bridge Road, Bethesda, Maryland 20814; formerly, Psychologist, Walter Reed Army Institute of Research, Silver Spring, Maryland

INTRODUCTION

The relationship between family maltreatment (a term used to describe child abuse and neglect, and domestic violence between married or unmarried partners) and military deployment encompasses a subset of issues related to the effect of war on families—soldiers, spouses, and children. There have been numerous studies describing the effects of deployment on soldiers and families prior to Operation Iraqi Freedom and Operation Enduring Freedom.¹ There are many factors involved in a military deployment, both positive and negative.² However, the stresses of the deployment of a service member are timeless. For example, those noted during World War II still occur today: uncertainty, separation, privations, bombing in noncombat areas, isolation, climate, danger, fatigue, differences in status and privilege among ranks and services, the length of the deployment, the degree of security (which may not allow adequate communication with family members or friends), boredom, and interruption of future plans.³

In addition to understanding the psychological effect of combat and operational stress on soldiers, the military has begun to more fully appreciate war's impact on family members. Families experience many stressors that affect soldiers along with their own sets of stressors during deployment. Among these are managing physical illnesses of the spouse and children, pregnancy,⁴ affective conditions (depression, anger, loneliness), marital adjustment, maintaining the home and car, assuming sole responsibility for family life,

playing a dual role as parent, and readjusting following the service member's return from the deployment.⁵ Other stressors on families during deployments are the threat of soldiers being killed or injured in combat, parenting responsibilities of families in which the mother deploys,⁶ single parents,^{7,8} the effects of father absence on children,⁹⁻¹¹ elevated symptoms of depression in parents and in children,¹² and stress-related problems referred to healthcare workers.¹³ Finally, for both soldiers and spouses there are the issues of infidelity and marital trust.^{2,14}

The ability to communicate under most circumstances is an important morale factor for both spouses and soldiers.¹⁵ During extended conflicts such as World War II, Korea, and Vietnam, communication was limited to letters. More rapid communication during deployment has become possible due to recent technological developments. At the present time, soldiers and families have access to a variety of media depending on their location and mission. The Internet, cellular phones, and e-mail have made virtually instantaneous communication possible, but can also produce emotional turmoil and frustration through system failures and inability to complete conversations.¹⁶

Army wives who had the most difficulty coping with the absence of their soldier husbands during the 1991 Persian Gulf War were younger women with husbands in the lower ranks.¹⁷ Attempts to reach younger wives in the military community are among the most difficult tasks of Army family assistance workers.

THE ARMY FAMILY ADVOCACY PROGRAM

Since the beginning of military operations in Afghanistan and the subsequent clustering of domestic violence fatalities at Fort Bragg, North Carolina in July, 2002, there has been intense interest in identifying deployment stressors that may contribute to increased domestic violence. The Family Advocacy Program (FAP) is the Army's mechanism for substantiating incidents of maltreatment and caring for victims. The Army FAP was formally established in 1976 following the enactment of the Federal Child Abuse Prevention and Treatment Act of 1974, as amended,^{18,19} although less formal programs existed prior to that time.²⁰ The Army FAP is currently regulated by Department of Defense Directive 6400.¹²¹ and Army Regulation 608-18.²² The objectives of the FAP are to prevent abuse, encourage the reporting of all instances of abuse, ensure the prompt assessment and investigation of all abuse cases, protect victims, and treat all family members affected by abuse. The Army is required to investigate all credible reports of family maltreatment.²³

Incidents of abuse may come to the attention of the FAP from a variety of military and civil sources including law enforcement, medical and dental services, command authorities, and other agencies. When incidents of alleged abuse are reported to an Army installation (regardless of whether the incident occurred on or off the post), a multidisciplinary case review committee at the medical treatment facility on each major Army installation reviews them. Substantiated incidents of child maltreatment may be categorized as one or more of four possible types of maltreatment: (1) deprivation of necessities (neglect), (2) physical abuse, (3) sexual abuse, and (4) emotional abuse. Substantiated domestic violence can be categorized as physical, emotional, or sexual abuse.

If the incident is substantiated, case information is forwarded to the Army Central Registry (ACR), a confidential database of demographic and incident data on all substantiated child and spouse abuse victims and offenders. ACR records are maintained on child

victims 17 years of age and younger and on married soldiers and their spouses. Recently the military services expanded their definition of domestic violence to include violence toward a person of the opposite

sex who is a current or former spouse, a person with whom the abuser shares a child, or a current or former intimate partner with whom the abuser shares or has shared a common domicile.²⁴

MILITARY LIFE AND FAMILY MALTREATMENT

Spouse Maltreatment

Spouse abuse rates in the ACR have steadily declined from 6.3/1,000 in 2001 to 4.4/1,000 in 2007.²⁵ This decrease is difficult to interpret. Many soldiers have deployed for several tours during this period, thereby decreasing the number of married persons at risk for domestic violence.

It is broadly believed, at least in the media,²⁶ that the stress of military life contributes to family maltreatment. Is there a difference in military and civilian spouse abuse rates of domestic violence? These populations have not been directly compared, but one study²⁷ compared a reasonably representative sample of Army couples to previously collected civilian prevalence data of the US national population.²⁸ The male soldier self-reports of moderate husband-to-wife spousal aggression were not significantly different—11% for the soldiers and 10% for the civilians. However, there was a small, but statistically significant difference in severe aggression in the Army sample (2.5%) compared to the civilian sample (0.7%). The authors concluded that the higher Army rates were mostly due to differences in age and race and not to abuse propensity.

Military deployment has been suggested as a possible cause of domestic violence,^{13,25} but little information supports such a claim. Using data from the Heyman and Neidig study,²⁷ a secondary analysis was performed studying the relationship between the length of deployment and spousal aggression. In this study, using a large-scale database ($n = 26,835$), with demographic variables controlled, deployment contributed a small, but statistically significant increase in the probability of self-reported severe husband-to-wife violence over a 1-year period.²⁹ The probability increased from 4% with no deployment to 5% with deployment of 6 to 12 months. The frequency of moderate and severe violence increased with the number of weeks deployed.

Two other studies examined the relationship between deployment and domestic violence. Active duty deployed ($n = 313$) and nondeployed ($n = 712$) male soldiers were surveyed after returning from a 6-month peacekeeping deployment to Bosnia.³⁰ Postdeployment domestic violence by male soldiers was predicted by youthful age and the existence of predeployment domestic violence, but not by deployment. Nonwhite

race and off-post residence also contributed to the prediction. The predicted probability of postdeployment domestic violence for a deployed 20-year-old, nonwhite soldier living on the military installation with a history of predeployment domestic violence was 0.20. For the soldier without a history of predeployment domestic violence it was 0.05.³⁰

A second study of the relationship between domestic violence and deployment was conducted on wives of male soldiers who deployed to Bosnia.³¹ Soldiers in the previous survey³⁰ and spouses in this survey were not matched because surveys were anonymous; however, both reported their experiences relative to the same deployment. There were 368 wives of soldiers who had been deployed and 528 wives of nondeployed soldiers who retrospectively provided domestic violence data for both the pre- and postdeployment periods. There were no significant differences in the frequency of domestic violence between the deployed and nondeployed groups for pre- or postdeployment time periods. Deployment was not a significant predictor of domestic violence during the first 10 months of the postdeployment period, but younger wives and those who were victims of predeployment domestic violence were more likely to report postdeployment domestic violence than older wives and those who had not been identified as victims during predeployment. Anecdotal reports suggest that abuse is most likely to occur several months after the soldier's return from deployment, but there are no studies to support this observation.

As a result of these latter two studies, it was concluded that prevention and intervention programs for postdeployment domestic violence should target younger families, persons with a domestic violence history, and those who live off post. Increased opportunities for counseling these groups on the risk of postdeployment domestic violence may be helpful. Such programs might emphasize increased awareness of personal risk for domestic violence, self-monitoring, and early help-seeking.

Child Maltreatment

In 1990, prior to the Persian Gulf War (1990–1991), the child victim maltreatment rate was 6.9/1,000 children. After a steady decrease of child maltreatment rates through the 1990s, the rates increased

from 5.2/1,000 in 2000 to 6.2/1,000 in 2004, and then decreased to 5.0/1,000 in 2007. Child neglect is the type of maltreatment most affected by the deployments. Neglect rates decreased from a high in 1991 (3.6/1,000) to a low in 2000 (2.7/1,000), an overall decline of 25%. By 2004, however, the rates had increased to 4.5/1,000, which is above the 1991 level. The neglect rates were 3.5/1,000 in 2005, 3.3/1,000 in 2006, and 3.7/1,000 in 2007. Neglect rates were highest for the youngest children and decreased as age increased. The rates of child physical abuse decreased from 3.1/1,000 in 1990 to 1.0/1,000 in 2007.²⁵

A study of child maltreatment cases in military families living in Texas between 2000 and 2003 found that both departure to and return from an operational deployment impose stresses on military families and are likely to increase the rate of child maltreatment.³² For each 1% increase in the percentage of active duty personnel departing to or returning from deployment, there was approximately a 30% increase in the rate of child maltreatment.³²

A second study found approximately a 40% increased rate of child maltreatment when the soldier parent was deployed.³³ The rates of child neglect were nearly twice as high during deployment. However, the rate of physical abuse was less during

deployment. The rate of neglect by female civilian spouses was almost 4 times greater during deployment and the rate of physical abuse was almost twice as great. The authors speculate that the increased risk of child maltreatment may be a function of deployments creating a situation similar to that of single parents in the general population, for whom the research has demonstrated an increased risk for child maltreatment due to limited financial resources and greater levels of physical exhaustion. Finally, a study of trends in child maltreatment cases recorded in the ACR from 1990 to 2004 indicated that child neglect rates increased during the Middle East wars (in the Persian Gulf War [1990–1991] and Operation Iraqi Freedom/Operation Enduring Freedom [2002–2004]).³⁴

Earlier research demonstrated little or no relationship between deployment and domestic violence.^{29–31} This research, however, was performed during deployments (Bosnia in 1998–1999 and earlier) that were of relatively short duration and did not involve extensive combat operations. These deployments, thus, represent an entirely different scenario for soldiers and families compared to the current conflicts in Iraq and Afghanistan. Recent research has shown a probable effect of lengthy deployment on child maltreatment.^{32–34}

EFFECT OF WAR ON FAMILIES

Clinical depression of the nondeployed spouse may contribute substantially to the observed increase in the child neglect rates during combat deployments. The majority of the neglect complaints received by the Army FAP involved both a lack of child supervision and dirty homes, which present a health risk to children. Caretakers who are depressed have little energy to both maintain a house and provide suitable activities for young children. The Army Medical Command (MEDCOM) has published written guidance for its healthcare providers to increase screening for depression in family member spouses. New policy changes encouraging social workers to leave their clinic offices and aggressively reach out to isolated and depressed mothers has underscored the MEDCOM's desire to intervene early and avoid serious negative family outcomes due to depression.

Military spouses have reported their belief that military stress increases the number of divorces.^{35,36} If military stress contributes to marital conflict and marital dissolution, deployment should increase both these outcomes. Soldiers have reported that deterioration of a marital or romantic relationship is one of the negative consequences of deployment.² Several studies have addressed this point. Spouses of nearly 400 enlisted soldiers who deployed to Somalia in 1992 to

1993 reported that difficulties encountered during the soldier's deployment, such as pregnancy, loneliness, death of a friend or relative, or having problems communicating with the soldier spouse have less impact on marital satisfaction, and are less stressful than is often assumed.⁵ A study of over 800 enlisted soldiers who participated in Operations Desert Shield/Storm (1990–1991) found no significant overall change in marital satisfaction.³⁷

The "stress hypothesis" is commonly cited to explain the observed increases in divorce rates among military couples and predicts that soldiers who are deployed will experience higher rates of divorce compared to soldiers who do not deploy.³⁸ Additionally, the hypothesis suggests that longer deployments will be more damaging to marriages than shorter deployments. After correlating deployment histories with personnel records for marital status and controlling for variables such as gender, race, and age at marriage, the opposite outcome was found. For enlisted soldiers, the longer that a service member was deployed while married, the lower the subsequent risk of marital dissolution. The same effect was also observed for soldiers in the Army Reserve and Army National Guard. One of the overall conclusions was that deployment appears to enhance the

stability of the marriage. It follows from an analysis of the number of days deployed and its relationship to marital dissolution that the longer the deployment, the greater the benefit to the marriage. However, the effects of military service and deployment in particular on marital stability are complex and are affected by service member factors such as gender, race/ethnicity, age at marriage, and children.³⁸

In addition to the stress hypothesis is the selection factor present in service recruitment.³⁸ Military marriages may be at increased risk for dissolution because the various military services recruit from relatively high-risk populations and provide incentives such as healthcare, housing allowances, separate rations, moving expenses, and survivors' benefits that encourage marriage. Recent challenges to meeting recruit-

ing goals may lead to waivers of some standards for recruitment; these modified standards may lead to a vulnerable group of recruits. In fiscal year 2007, more than 11% of Army recruits were given waivers. Waivers were given to some enlistees for medical problems, drug and alcohol issues, and criminal backgrounds.³⁹ Although the group with waivers is considered the most vulnerable based on factors associated with impulsivity, anger control, and substance abuse, the remaining 88% are also considered to be vulnerable to marital problems based on age, ethnicity, and potential for career advancement in the civilian labor market.⁴⁰ Thus, soldiers marry younger and have children sooner than their civilian counterparts, both of which are associated with increased risk of divorce and marital conflict.³⁸

THE ARMY'S RESPONSE TO FAMILY STRESS AND DEPLOYMENT

The Army has responded to its many deployment-related challenges by increasing the number of human service workers to help soldiers and families in the high-tempo environment of repeated deployments to the Middle East. By 2004, the Army had placed 70 clinical social workers at various installations that regularly deployed large numbers of soldiers (power projection platforms) to support soldiers and family members adjusting to the psychological challenges associated with deployment. Additionally, the Department of Defense has provided on contract over 84 military and family life consultants, who arrive at an installation for temporary duty during peak periods of deployment activity, to assist with education and consultation related to deployment stress issues. These contracted master's- and doctoral-level social workers and psychologists have been particularly active in support of Army National Guard and Army Reserve units during their redeployment activities.

Army chaplains have increased their outreach to couples struggling in their marriages against a backdrop of multiple deployments. A program entitled "Strong Bonds" combines elements of marriage preparation and marriage enrichment and is generally delivered in a group setting to both the active and reserve components. Family life chaplains also provide traditional couples' counseling to individual families seeking to improve communication, goal setting, and problem resolution skills.

Funds have recently been set aside to hire approximately 1,000 family readiness support assistants to organize the family support activities centered at the battalion level. Pilot projects have attested to the enormous advantage that can accrue from the networking and outreach efforts provided by the addition of these funded positions. They have succeeded in improving

the flow of information between the military unit and the individual family as well as encouraging support between families. Their activities have served to mitigate the feelings of isolation and alienation reported by the wives of young soldiers during the Persian Gulf War (1990–1991).

The FAP is directed by the US Army Family and Morale, Welfare, and Recreation Command. Among the many FAP services provided to families is the New Parent Support Program (NPSP). The NPSP can conduct home visits for high-risk families as well as many educational programs for parents of young children. The FAP currently provides 52 NPSP home visitors and plans to add an additional 100 in support of families who are coping with parenting young children amidst the added stress of multiple deployments.

In July 2006 MEDCOM directed that all parents (both military and civilian spouses) of children born in Army medical treatment facilities and civilian hospitals receive briefings designed to reduce and avoid injuries inflicted in response to children's uncontrolled crying. The Center for Health Promotion and Preventive Medicine has developed materials to educate new parents in understanding the causes of inconsolable crying and offer solutions for them. The Department of Defense, in partnership with the National Center on Shaken Baby Syndrome, has launched a campaign directed at service families to raise awareness while offering sources of help to address this problem.

Drawing from lessons learned from the 2003 and 2004 Fatality Review Board findings, the Army MEDCOM has also directed that when healthcare providers identify high-risk families, their cases be assessed by a team and managed by an identified social worker case manager until the risk is determined to be sufficiently reduced.

Child development centers at various power projection platforms have, since the war's inception, offered hours of free respite care for parents of children while the other parent is deployed. Those installations where this service has been most highly used have seen fewer referrals to the FAP for child neglect.

The programs outlined here represent a broad first effort to manage the psychological stressors associated with high personnel and operational tempo, but more needs to be learned about the effectiveness of these programs. As the Army increases its capacity to address the psychological consequences of deployment for the active force and its relation to family conflict and family maltreatment, a significant benefit would accrue from having trained marriage and family therapists as part of any increased behavioral health workforce. There are about 60 such therapists currently on staff in various

hospitals across the Army. They have demonstrated their value in a number of substantive ways. Pre- and postintervention outcome self-report questionnaires indicate clinically significant improvements in distress symptoms. At those installations where marriage and family therapists provided couples' counseling to identified domestic violence cases, the couples were significantly more likely to successfully complete the required treatment. For many soldiers struggling with the need to seek help for depression and posttraumatic stress, family therapy has proven to be extremely efficacious in breaking through denial and rationalizations that may have precluded individual therapy. It is believed that participating as a family in therapy can be helpful to all. War disrupts everyone's lives; therapy with a family can be less threatening than identifying an individual as "damaged" or "broken."

SUMMARY

Deployments place additional stresses on military families. Research conducted prior to the wars in Iraq and Afghanistan showed little or no significant relationship between deployment and domestic violence. More recent research has shown increases in child maltreatment, especially child neglect, during the deployment periods. The Army has responded with many new and expanded efforts to address the many challenges of soldiers and families associated with repeated deployments. The results of some re-

search, such as the effect of deployment on military marriages, have been counterintuitive, showing increased strength of such marriages. However, this finding is not without significant caveats. Much more needs to be learned to address problems encountered in the various phases of deployment: how to prepare soldiers and families for deployment, which services are most helpful to family members while the soldier is deployed, and how to facilitate resumption of post-deployment family life.

REFERENCES

1. McCarroll JE, Hoffman KJ, Grieger TA, Holloway HC. Psychological aspects of deployment and reunion. In: Kelley PW, ed. *Military Preventive Medicine: Mobilization and Deployment*. In: Lounsbury DE, Bellamy RF, eds. *Textbook of Military Medicine*. Washington, DC: Department of the Army, Office of The Surgeon General, Borden Institute; 2005: 1395-1424.
2. Newby JH, McCarroll JE, Ursano RJ, Fan Z, Shigemura J, Tucker-Harris Y. Positive and negative consequences of a military deployment. *Mil Med*. 2005;170:815-819.
3. Menninger WC. *Psychiatry in a Troubled World*. New York, NY: MacMillan; 1948.
4. Haas DM, Pazdernik LA, Olsen CH. A cross-sectional survey of the relationship between partner deployment and stress in pregnancy during wartime. *Women's Health Issues*. 2005;15:48-54.
5. Schumm WR, Bell DB, Knott B, Rice RE. The perceived effect of stressors on marital satisfaction among civilian wives of enlisted soldiers deployed to Somalia for Operation Restore Hope. *Mil Med*. 1996;161:601-606.
6. Kelley ML, Herzog-Simmer PA, Harris MA. Effects of military-induced separation on the parenting stress and family functioning of deploying mothers. *Mil Psychol*. 1994;6:125-138.
7. Bowen GL. Single fathers for the defense. *Soc Casework: J Contemp Soc Work*. 1987;6:339-344.
8. Schumm WR, Rice RE, Bell DB, Perez MMV. Trends in single parenting in the Army. *Psychol Reports*. 1996;78:1311-1328.

9. Jensen PS, Grogan D, Xenakis SN, Bain MW. Father absence: effects on child and maternal psychopathology. *J Am Acad Child Adolesc Psychiatry*. 1989;28:171–175.
10. Jensen PS, Lewis RL, Xenakis SN. The military family in review: context, risk, and prevention. *J Am Acad Child Psychiatry*. 1986;25:225–234.
11. Amen DG, Jellen L, Merves E, Lee RE. Minimizing the impact of deployment separation on military children: stages, current preventive efforts, and system recommendations. *Mil Med*. 1988;153:441–446.
12. Jensen PS, Martin D, Watanabe H. Children's response to parental separation during Operation Desert Storm. *J Am Acad Child Adolesc Psychiatry*. 1996;35:433–441.
13. Blount BW, Curry A Jr, Lubin GI. Family separations in the military. *Mil Med*. 1992;157:76–80.
14. van Vranken EW, Jellen LK, Knudson KH, Marlowe DH, Segal M. *82nd Airborne Division Sinai MFO Deployment Family Health Study I-IV. The Impact of Deployment Separation on Army Families*. Washington, DC: Walter Reed Army Institute of Research; 1983.
15. Schumm WR, Bell DB, Ender MG, Rice RE. Expectations, use, and evaluation of communication media among deployed peacekeepers. *Armed Forces Soc*. 2004;30:649–662.
16. Ross BJ. The emotional impact of e-mail on deployment. *US Naval Institute Proceedings*. 2001;127:85–86.
17. Rosen LR, Westhuis DJ, Teitelbaum JM. Patterns of adaptation among Army wives during Operations Desert Shield and Desert Storm. *Mil Med*. 1994;159:43–47.
18. Child Abuse Prevention and Treatment Act, 42 USC §5101 et seq (1989).
19. Child Abuse Prevention and Treatment Act Amendments of 1996, 42 USC §5116 et seq.
20. Wichlacz CR, Randall DH, Nelson JH, Kempe CH. The characteristics and management of child abuse in the US Army-Europe. *Clin Pediatr (Phila)*. 1975;14:545–548.
21. US Department of Defense. *Family Advocacy Program (FAP)*. Washington, DC: DoD; 2004. DoD Directive 6400.1.
22. US Department of the Army. *The Army Family Advocacy Program*. Washington, DC: HQDA; 2007. Army Regulation 608-18.
23. McCarroll JE, Newby JH, Dooley-Bernard M. Responding to domestic violence in the US Army: the Family Advocacy Program. In: Kendall-Tackett KA, Giacomoni SM, eds. *Intimate Partner Violence*. Kingston, NJ: Civic Research Institute; 2007: Chap 12.
24. US Department of Defense. *Domestic Abuse Involving DoD Military and Certain Affiliated Personnel*. Washington, DC: DoD; 2007. DoD Instruction 6400.06
25. Spouse and child maltreatment rates in the ACR computed from data compiled by James E. McCarroll, Center for the Study of Traumatic Stress, Department of Psychiatry, Uniformed Services University School of Medicine, Bethesda, Md.
26. Thompson M. The living room war. *Time*. 1994;143:48–51.
27. Heyman RE, Neidig PH. A comparison of spousal aggression prevalence rates in US Army and civilian representative samples. *J Consult Clin Psychol*. 1999;67:239–242.
28. Straus MA, Gelles RJ. *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*. New Brunswick, NJ: Transaction; 1990.
29. McCarroll JE, Ursano RJ, Liu X, et al. Deployment and the probability of spousal aggression by US Army soldiers. *Mil Med*. 2000;165:41–44.

30. McCarroll JE, Ursano RJ, Newby JH, et al. Domestic violence and deployment in US Army soldiers. *J Nerv Ment Dis.* 2003;191:3–9.
31. Newby JH, Ursano RJ, McCarroll JE, Liu X, Fullerton CS, Norwood AE. Postdeployment domestic violence by US Army soldiers. *Mil Med.* 2005;170:643–647.
32. 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. *Am J Epidemiol.* 2007;165:1199–1206.
33. Gibbs DA, Martin SL, Kupper LL, Johnson RE. Child maltreatment in enlisted soldiers' families during combat-related deployments. *JAMA.* 2007;298:528–535.
34. McCarroll JE, Fan Z, Newby JH, Ursano RJ. Trends in US Army child maltreatment reports: 1990–2004. *Child Abuse Rev.* 2008;17:108–118.
35. Rosen LN, Durand DB. Coping with the unique demands of military family life. In: Martin JA, Rosen LN, Sparacino LR, eds. *The Military Family: A Practice Guide for Human Service Providers.* Westport, Conn: Praeger; 2000: 55–72.
36. Rosen LN, Durand DB. Marital adjustment following deployment. In: Martin JA, Rosen LN, Sparacino LR, eds. *The Military Family: A Practice Guide for Human Service Providers.* Westport, Conn: Praeger; 2000: 153–165.
37. Schumm WR, Hemesath K, Bell DB, Palmer-Johnson CE, Elig TW. Did Desert Storm reduce marital satisfaction among Army enlisted personnel? *Psychol Reports.* 1996;78:1241–1242.
38. Karney BR, Crown JS. *Families Under Stress: An Assessment of Data, Theory, and Research on Marriage and Divorce in the Military.* Santa Monica, Calif: RAND National Defense Research Institute; 2007. Report No. DRR-4071-OSD.
39. Madhani A. US Army lowers its recruiting standards: more recruits have criminal records, no high school diploma. *Chicago Tribune.* October 11, 2007. Available at: <http://archives.chicagotribune.com/2007/oct/11/news/chi-recruit11oct11>. Accessed December 17, 2008.
40. Bachman JG, Segal DR, Freedman-Doan P, O'Malley PM. Who chooses military service? Correlates of propensity and enlistment in the US armed forces. *Mil Psychol.* 2000;12:1–30.