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TITLE: Deployment Family Stress: Child Neglect and Maltreatment in U.S. Army Families

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<b>13. SUPPLEMENTARY NOTES</b>					
<b>14. ABSTRACT</b> The purpose of this study is to understand the recently documented increase in rates of child maltreatment and neglect in the US Army. The project employs a three prong research methodology (using clinical chart reviews, survey methodology of key informants, and demographic community analyses) to: 1) facilitate understanding of the phenomenology of Army child neglect, 2) identify child, parent, and family risk and protective factors that contribute to neglect, 3) identify military community contributions to neglect, including deployment, and 4) identify surrounding community factors that may also contribute risk or protection to child neglect behaviors. Key accomplishments for Year 1 of the study include: IRB/Human Subject approval submission; identification of 30 criteria appropriate Army sites and communities surrounding these sites for inclusion in the study; development of the key informant survey and clinical record review template; contact with clinical record review site managers to coordinate their IRB processes; development of database structure, and the hiring of specified personnel. Under current development, is the strategy for creating a contact list of key informants at each installation (e.g., addresses, phone numbers, email addresses, etc.) for upcoming survey administration.					
<b>15. SUBJECT TERMS</b> Neglect, maltreatment, children, families, OEF, OIF, community factors					
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## Introduction

This is the first annual report of the project entitled “*Deployment Family Stress: Child Neglect and Maltreatment in U.S. Army Families.*” The rationale for the study was based on scientific reports indicating a possible connection between the increase in rates of child maltreatment and child neglect in the U.S Army and the increased number of families experiences stress due to combat deployment (e.g., OIF, OEF). The project is designed to: 1) study and describe the phenomenology of Army child neglect, 2) identify child, parent, and family risk and protective factors that contribute to child neglect, 3) identify military community contributions to child neglect, and 4) identify surrounding civilian community factors that may contribute risk or protection to child neglect behaviors. The study uses a three-pronged, *cross-informing* methodology to collect information at 26 identified Army installation sites. Specifically, the study employs: key informant data collection via questionnaires, clinical record reviews of substantiated child neglect cases, and collection of data of selected characteristics at the community level believed to impact child maltreatment. Key informant data will be collected from service members, spouses, military service providers, and commanders by means of (1) in-person delivery of the Community Resources Questionnaire conducted at 4 Army installations with particularly high number of substantiated neglect cases during the index period, (2) telephone delivered questionnaires conducted at six additional installations chosen to ensure adequate representation by size of installation, rural/urban, locations (East, West, Midwest), combat / support / training installations and rank distribution, and (3) internet-based questionnaires given to all twenty-six installations identified as meeting criteria for the study. Clinical record reviews will be conducted at the same four Army installations as the in-person questionnaires. Clinical record reviews will provide data on the characteristics of child neglect incidents that have been substantiated by a multidisciplinary case review committee at each installation. An examination of military and civilian community resource and characteristics data for all 26 identified installations and their surrounding communities will assist in developing installation profiles of their demographic structure, PERSTEMPO, military function as well as their civilian and military social and resource characteristics. The results of this project will improve understanding of child neglect phenomena within the U.S. Army, clarifying contributing risk and protective factors at multiple levels within the family and community. This report summarizes the progress made during the first year of the project along each of these three major methodological prongs based on the Schedule of Work (SOW) and the required elements of a CMDRP annual report.

## Body

Based on the SOW (in bold) during the first of the year of the study, we:

- 1. Identified Sites that meet study criteria for study:**

See Appendix A for a summary of sites by data collection method.

- 2. Program personnel recruitment and hiring:**

Identified and hired needed personnel to fill the psychologist and research assistant positions at USU.

### **3. Organization and Preparation:**

We completed design of in person key informant interview questionnaires and developed the template for clinical record reviews (essential aspects of study Prongs A and B). We have field tested the record review instrument to establish: 1) amount of time necessary to complete the review, 2) effectiveness in capturing clinical information relevant to neglect experiences; and 3) ease of use.

We developed an on-line version of the Prong B Community Resources Questionnaire which will be used at selected Army installations (See Appendix A for a summary of the installations and data collection methods at each).

We tested the telephonic version of the neglect questionnaire with CSTS personnel to ascertain the length of time for completion and ease of understanding of the questions.

We developed initial operational definitions of key variables that describe community characteristics and resources for Prong C. For example, factors such as average income by zip code or county and percentage of community members eligible for food stamps, were discussed as potential descriptors of community level economic resources.

We submitted the application for institutional regulatory review and human subject approval at USUHS and are currently waiting for final approval.

We created the data files for entry of clinical review data taken from charts on-site as well as the key informant questionnaire data.

Drs. Newby and McCarroll made contact with Family Advocacy Program (FAP) regional and installation points of contact (POCs) and met with site representatives of the study during the 2009 Family Advocacy Program conference in Louisville, KY.

A press release was written for distribution to all 26 installations describing the research study and what each will be asked to do (e.g., complete questionnaires by phone, internet, in person; etc.). It will be distributed to the Public Affairs Officers for appropriate inclusion in installation newspapers, newsletters, etc.

### **4. Site approval and Planning:**

Project staff met with the new Director of Family Programs, Ms. Lynn McCullom, to discuss the study and gain her overall support for the project as well as identifying points of contact at selected installations. Later, the project PI, Stephen Cozza, M.D. spoke to Ms. McCullom and regional ACS directors about the project and how to make contact with key stakeholders at the selected installations (Forts Hood, Drum, Stewart,

& Bragg) where clinical record reviews and on-site questionnaire administration will occur). Both Ms. McCullom and LTC Ben Clark, (Director of the Army Family Advocacy Program) have been consistently briefed on the study and the various installations to be involved in data collection activities. An official Army “tasker” is being developed to be sent to our selected research sites signifying official understanding and endorsement of this project.

Contacts have been made with POCs at the 4 clinical record review sites noted above and preparations have started to assist them with the IRB review process at their installations.

#### **5. Program Staff training:**

Staff training during the first year of the grant consisted of the two site visits to conduct feasibility trials of the clinical record review template described above. As a result of these visits, the template was modified for greater ease of use in the future.

#### **Key Research Accomplishments**

- a. Scientific poster presentations (“**Deployment Family Stress: Child Neglect and Maltreatment in U.S. army families**),” describing project background information and study design were presented by staff at the following national conferences:
  1. **Military Health Research Forum, in Kansas City, MO:** Stephen J. Cozza, M.D., Jodi B.A. McKibben, Ph.D., Carol S. Fullerton, Ph.D., James E. McCarroll, Ph.D., M.P.H., John Newby, Ph.D., M.S.W., Jennifer M. Guimond, Ph.D., Margaret M. Feerick, Ph.D., David M. Benedek, M.D., Danielle Marks, B.A., Tova Narrow, B.A., and Robert J. Ursano, M.R. Presented by Dr. Guimond.
  2. **Annual Meeting of the Social Welfare Research Group** at the University of Southern California (09/09/09). Presented by Drs. Feerick and McKibbon.
- b. A journal article reviewing the literature on child neglect in the military outlining a new model of neglect conceptualization has been drafted and is being prepared to submit for publication.

#### **Reportable Outcomes**

None.

#### **Conclusion**

This has been a year of building the infrastructure needed to conduct this large and complex project: new staff has been hired, analysis of the army installations around the USA was completed to identify the most appropriate sites for studying child neglect;

involvement of necessary individuals in the Army chain of command has occurred and as noted above, we expect an official military “tasker” to the study sites to be sent soon. In addition, development of the key tools needed for study implementation have occurred (e.g., creation of the clinical record review template and the Community Resources Questionnaire) and feasibility testing has been conducted. Work related to database development has also occurred anticipating actual data collection. Collaboration with installation site study coordinators that will be involved in the clinical record review is of particular importance since IRB approval must be obtained at the local site level for the clinical record review sites.

## **References**

None

## **Appendices**

Appendix A: Summary Chart of Study Installations and Data Collection Method

Appendix B: Clinical Record Review Template

Appendix C: Community Resources Questionnaire

Appendix D: Example copy of Neglect Poster Presentation

## Appendix A

**KEY INFORMANT COMMUNITY RESOURCES QUESTIONNAIRE AND CLINICAL RECORD REVIEW SITES**

Proposed Sites by Methodology

INSTALLATIONS	CLINICAL RECORD REVIEW	COMMUNITY RESOURCES QUESTIONNAIRE	COMMUNITY RESOURCES QUESTIONNAIRE DISTRIBUTION METHODOLOGY			
			ON-SITE	PHONE	COMMISSARY	INTERNET
FT BRAGG, NC	•	•	•		•	•
FT HOOD, TX	•	•	•		•	•
FT STEWART, GA	•	•	•		•	•
FT DRUM, NY	•	•	•		•	•
FT POLK, LA		•		•		•
FT CARSON, CO		•		•		•
FT WAINWRIGHT, AK		•		•		•
FT HUACHUCA, AZ		•		•		•
FT MEADE, MD		•		•		•
FT IRWIN, CA		•		•		•
FT RUCKER, AL		•				•
FT BENNING, GA		•				•
FT CAMPBELL, KY		•				•
FT LEWIS, WA		•				•
HAWAII**		•				•
FT RILEY, KS		•				•
FT BLISS, TX		•				•
FT KNOX, KY		•				•
FT SAM HOUSTON, TX		•				•
FT LEE, VA		•				•
FT LEONARD WOOD, MO		•				•
FT EUSTIS, VA		•				•
FT RICHARDSON, AK		•				•
FT JACKSON, SC		•				•
FT GORDON, GA		•				•
FT SILL, OK		•				•

\*\*HAWAII contains (1) Tripler Army Medical Center (TAMC) and (2) Schofield Barracks (25<sup>th</sup> Division)

**RECORD REVIEW DATA FORM v.10**

**Note:** Some charts may have documentation of multiple incidents. There will always be one target incident (the incident that first initiated the chart). When there are multiple versions of the same form, use the form with the date closest to the target incident.

Study ID: \_\_\_\_\_ Completed by: \_\_\_\_\_ Date completed: \_\_\_\_\_

<b>General Information from CRC Narrative and other narrative forms</b>					
1.	Installation:	1. Drum	2. Hood	3. Bragg	4. Stewart
2.	Date of target incident:	a. Month _____	b. Year _____		99. Missing
Brief summary of target incident (Include chronicity, injuries, case characteristics, whether family is blended or multigenerational, contributing stressors, etc)					
3.	Sponsor's relationship to victim:	1. Biological parent 2. Step parent 3. Adoptive/foster parent 4. Other family member 5. Nonfamily member			99. Missing
4.	Is sponsor offender?	1. Yes	2. No		99. Missing
5.	Spouse's relationship to victim:	1. Biological parent 2. Step parent 3. Adoptive/foster parent 4. Other family member 5. Nonfamily member			97. NA 99. Missing
6.	Is spouse offender?	1. Yes	2. No		97. NA 99. Missing
<b>Deployment data from narratives</b>					
7.	At time of incident, sponsor was:		1. Deployed	2. Not deployed	99. Missing
8.	At time of incident, spouse was:		1. Deployed	2. Not deployed	97. NA 99. Missing

9.	Documentation of prior deployment?	1. Yes	2. No		99. Missing
10.	Number of deployments experienced by family: _____			97. NA	99. Missing
Dates of deployment:					
11.	a. Month _____ b. Year _____ to c. Month _____ b. Year _____			97. NA	99. Missing
12.	a. Month _____ b. Year _____ to c. Month _____ b. Year _____			97. NA	99. Missing
13.	a. Month _____ b. Year _____ to c. Month _____ b. Year _____			97. NA	99. Missing
14.	a. Month _____ b. Year _____ to c. Month _____ b. Year _____			97. NA	99. Missing
15.	a. Month _____ b. Year _____ to c. Month _____ b. Year _____			97. NA	99. Missing
Changes related to deployment:					
16.	Moved to different community	1. Yes	2. No	97. NA	99. Missing
17.	Moved in with family/friends	1. Yes	2. No	97. NA	99. Missing
18.	Increased financial problems	1. Yes	2. No	97. NA	99. Missing
19.	At-home parent stress, anxious, or depressed	1. Yes	2. No	97. NA	99. Missing
20.	Does deployment appear to be a factor in neglect?	1. Yes	2. No	97. NA	99. Missing
Brief Summary of deployment information:					

		Substantiated	Described-not substantiated	Not described	Severity (1-5)
Type and Description of Neglect					
21.	<b>Failure to Provide (FTP)—Physical Needs = 300</b> <i>specify:</i>	1	2	3	
22.	<b>FTP Adequate Food and Nutrition = 301</b>	1	2	3	1 2 3 4 5
23.	<b>FTP Appropriate Clothing = 302</b> ( <i>too big/small, inappropriate for climate</i> )	1	2	3	1 2 3 4 5
24.	<b>FTP Shelter = 303</b> <i>details:</i>	1	2	3	1 2 3 4 5
25.	inadequate housing	1	2	3	
26.	unsanitary household conditions	1	2	3	
27.	inadequate utilities in home ( <i>water, heat, electricity, phone</i> )	1	2	3	
28.	<b>FTP Hygiene = 305</b> <i>details:</i>	1	2	3	1 2 3 4 5

Type and Description of Neglect		Substantiated	Described-not substantiated	Not described	Severity (1-5)
29.	poor personal hygiene	1	2	3	
30.	Inadequate dental hygiene	1	2	3	
31.	Other or unspecified physical neglect	1	2	3	
32.	<b>FTP —Health care = 304</b> <i>specify:</i>	1	2	3	
33.	<b>FTP Medical = 304</b> <i>details:</i>	1	2	3	1 2 3 4 5
34.	failure to receive routine preventative care ( <i>checkups, vaccinations</i> )	1	2	3	
35.	failure to receive timely medical care for identified problem	1	2	3	
36.	failure to comply with medical directives ( <i>medications, special diet</i> )	1	2	3	
37.	alcohol/drug use during pregnancy	1	2	3	
38.	other or unspecified medical neglect	1	2	3	
39.	<b>FTP Dental = 304</b> <i>details:</i>	1	2	3	1 2 3 4 5
40.	failure to receive routine preventative care	1	2	3	
41.	failure to receive timely dental care for identified problem	1	2	3	
42.	other or unspecified dental neglect	1	2	3	
43.	<b>FTP Mental health = 304</b> <i>details:</i>	1	2	3	1 2 3 4 5
44.	failure to receive timely mental health assessment or care for problem identified by medical, educational or mental health professional	1	2	3	
45.	failure to comply with mental health directives	1	2	3	
46.	other or unspecified mental health neglect	1	2	3	
47.	other or unspecified health care neglect	1	2	3	
48.	<b>Lack of Supervision = 400</b> <i>specify:</i>	1	2	3	
49.	<b>Lack of Supervision—General = 401</b> <i>describe:</i>	1	2	3	1 2 3 4 5
50.	caregiver unaware of child's whereabouts for unreasonable amount of time	1	2	3	
51.	child unattended for longer than appropriate for developmental level	1	2	3	
52.	Inadequate supervision outside home ( <i>not wearing protective gear when appropriate, caregiver does not know child's friends</i> )	1	2	3	
53.	expelled or denied access to home ( <i>as punishment, routinely until specified time of day</i> )	1	2	3	
54.	<b>Lack of Supervision—Environment = 402</b> <i>describe:</i>	1	2	3	1 2 3 4 5
55.	unsafe household conditions ( <i>unlocked firearms, leaking gas, broken glass, poisonous household materials accessible, open electrical sockets, etc</i> )	1	2	3	
56.	driving with child while intoxicated	1	2	3	

Type and Description of Neglect		Substantiated	Described-not substantiated	Not described	Severity (1-5)
57.	failure to use appropriate car seat or seatbelt	1	2	3	
58.	<b>Lack of Supervision—Substitute Care = 403</b> describe:	1	2	3	1 2 3 4 5
59.	inappropriate substitute caregiver	1	2	3	
60.	child left with substitute caregiver longer than agreed upon or did not make provisions for routine/critical care ( <i>diapers, medication, etc</i> )	1	2	3	
61.	other or unspecified supervisory neglect	1	2	3	
62.	<b>Abandonment (under Emotional Maltreatment = 500)</b> describe:	1	2	3	1 2 3 4 5
63.	caretaker indicates no plans to return	1	2	3	
64.	more than 24 hours late retrieving child from substitute caregiver	1	2	3	
65.	other or unspecified abandonment	1	2	3	
66.	<b>Educational Neglect = 700</b> describe:	1	2	3	1 2 3 4 5
67.	child under 5 yrs not enrolled in school or being home-schooled	1	2	3	
68.	unexcused/tardy attendance	1	2	3	
69.	absences not illness related	1	2	3	
70.	caregiver unresponsive to school's request to discuss problems	1	2	3	
71.	child does not receive special education services when needed	1	2	3	
72.	other or unspecified educational neglect	1	2	3	
73.	<b>Emotional Maltreatment= 500</b> describe:	1	2	3	
74.	inadequate nurturance or affection	1	2	3	14 24
75.	regularly expected to assume an inappropriate level of responsibility ( <i>caring for younger children, role reversal</i> )	1	2	3	11 22
76.	not permitted age-appropriate socialization ( <i>e.g. not permitted to play with friends, isolated from others</i> )	1	2	3	21 44
77.	other or unspecified emotional neglect	1	2	3	
78.	<b>Moral-Legal neglect = 600</b> describe:	1	2	3	1 2 3 4 5
79.	Exposed by caregiver to illegal behaviors	1	2	3	
80.	permitted alcohol/drug use	1	2	3	
81.	other or unspecified moral-legal neglect	1	2	3	
82.	<b>Protection from violence (Under Emotional Maltreatment = 500)</b> describe:	1	2	3	36 42
83.	witnessed domestic violence	1	2	3	

Type and Description of Neglect		Substantiated	Described-not substantiated	Not described	Severity (1-5)
84.	witnessed the effects of domestic violence (injuries to parent)	1	2	3	
85.	participated in domestic violence	1	2	3	
86.	other or unspecified failure to protect	1	2	3	

### Chart Forms

Form/pg/ Item #	# Data Point				Alt. location
<b>Section A: Family Advocacy Intake (MEDCOM form 650-R, 811, WAMC form 2721, or equivalent)</b>					
	87. Informant (best guess)	1. Sponsor 2. Spouse	3. Other 97. Form Not completed	99. Missing	
	87a. If other, relationship to family: _____				
p.1	<b>Sponsor information</b>				DA 7517 p.2
	88. Sex (best guess):	1. Male	2. Female	99. Missing	
	89. Age:	_____ years		99. Missing	
	90. Rank:	1. Enlisted 2. Officer 3. Warrant Officer		99. Missing	
	91. Grade:	_____		99. Missing	
	92. Time in Service:	_____ years		99. Missing	
	93. Status:	1. Army Active Duty 2. Army Reserve 3. Army National Guard 4. Other military branch		99. Missing	
	94. Residence (from Address)	1. On Installation	2. Off installation	99. Missing	
	94a. If unsure, note site: _____				
	95. Pending Deployment?	1. Yes	2. No	99. Missing	
	96. Race/Ethnicity:	1. White 2. Black or African American 3. Hispanic or Latino 4. Asian 5. Native Hawaiian or other Pacific Islander 6. American Indian/Alaskan Native 7. Multiple races/ethnicities 8. Other		99. Missing	
p.1	<b>Spouse information</b>				DA 7517 p.2 (if offender)
	97. Sex (best guess):	1. Male	2. Female	97. NA 99. Missing	
	98. Age:	_____ years		97. NA 99. Missing	

Form/pg/ Item #	# Data Point			Alt. location						
	99. Military Service	1. None indicated 2. Currently serving 3. Past military service		97. NA 99. Missing						
	100. Rank:	1. Enlisted 2. Officer 3. Warrant Officer		97. NA 99. Missing						
	101. Grade:	_____		97. NA 99. Missing						
	102. Time in Service:	_____ years		97. NA 99. Missing						
	103. Status:	1. Army Active Duty 2. Army Reserve 3. Army Guard 4. Other military branch		97. NA 99. Missing						
	104. Pending Deployment?	1. Yes 2. No		97. NA 99. Missing						
	105. Race/Ethnicity:	1. White 2. Black or African American 3. Hispanic or Latino 4. Asian 5. Native Hawaiian or other Pacific Islander 6. American Indian/Alaskan Native 7. Multiple races/ethnicities 8. Other		97. NA 99. Missing						
p.1	<b>Children:</b>			FAP Social history p.5						
	106. Number of children:	_____								
		a. Birth order	b. Sex		c. Age	d. Year of birth	e. Race	f. Living at home	g. Neglect Victim?	
	<i>Index Child:</i>									
	107.	_____	1. M 2. F		_____	_____	1. White 2. Black 3. Hisp 4. Asian 5. H/PI	6. Native 7. Multi 8. Other	1. Yes 2. No	1. Yes 2. No
		99. Mis	99. Mis		99. Mis	99. Mis	99. Mis	99. Mis	99. Mis	99. Mis
	<i>Other Children: List oldest to youngest</i>									
	108.	_____	1. M 2. F		_____	_____	1. White 2. Black 3. Hisp 4. Asian 5. H/PI	6. Native 7. Multi 8. Other	1. Yes 2. No	1. Yes 2. No
		97. NA 99. Mis	97. NA 99. Miss		97. NA 99. Mis	97. NA 99. Mis	97. NA 99. Mis	97. NA 99. Mis	97. NA 99. Mis	97. NA 99. Mis
	109.	_____	1. M 2. F		_____	_____	1. White 2. Black 3. Hisp 4. Asian 5. H/PI	6. Native 7. Multi 8. Other	1. Yes 2. No	1. Yes 2. No
		97. NA 99. Mis	97. NA 99. Miss	97. NA 99. Mis	97. NA 99. Mis	97. NA 99. Mis	97. NA 99. Mis	97. NA 99. Mis	97. NA 99. Mis	
	110.	_____	1. M 2. F	_____	_____	1. White 2. Black 3. Hisp 4. Asian 5. H/PI	6. Native 7. Multi 8. Other	1. Yes 2. No	1. Yes 2. No	
		97. NA 99. Mis	97. NA 99. Miss	97. NA 99. Mis	97. NA 99. Mis	97. NA 99. Mis	97. NA 99. Mis	97. NA 99. Mis	97. NA 99. Mis	

Form/pg/ Item #	# Data Point								Alt. location		
	111.	_____	1. M 2. F	_____	_____	1. White 2. Black 3. Hisp 4. Asian 5. H/PI	6. Native 7. Multi 8. Other 97. NA 99. Mis	1. Yes 2. No 97. NA 99. Mis	1. Yes 2. No 97. NA 99. Mis		
	112.	_____	1. M 2. F	_____	_____	1. White 2. Black 3. Hisp 4. Asian 5. H/PI	6. Native 7. Multi 8. Other 97. NA 99. Mis	1. Yes 2. No 97. NA 99. Mis	1. Yes 2. No 97. NA 99. Mis		
p.1	113.	Others living in the home:				1. None 2. Other children 3. Grandparent	4. Other relative 5. Nonrelative			99. Missing	

p.2	Column 1	Current problems (family perception)	1. Yes	2. No	97. NA	99. Missing	FAP Social History p.2
	114.	Child Abuse	1. Yes	2. No	97. NA	99. Missing	
	115.	Spouse Abuse	1. Yes	2. No	97. NA	99. Missing	
	116.	Financial	1. Yes	2. No	97. NA	99. Missing	
	117.	Unit (Job)	1. Yes	2. No	97. NA	99. Missing	
	118.	Childcare	1. Yes	2. No	97. NA	99. Missing	
	119.	Recent Move	1. Yes	2. No	97. NA	99. Missing	
	120.	Pending Move	1. Yes	2. No	97. NA	99. Missing	
	121.	Loneliness/Isolation	1. Yes	2. No	97. NA	99. Missing	
	122.	Pending Discharge	1. Yes	2. No	97. NA	99. Missing	
	123.	Legal	1. Yes	2. No	97. NA	99. Missing	
	124.	Physical Medical Problems	1. Yes	2. No	97. NA	99. Missing	
	125.	Mental Health Problems	1. Yes	2. No	97. NA	99. Missing	
	126.	Family Member Illness	1. Yes	2. No	97. NA	99. Missing	
p.2	127.	Family Disagreements	1. Yes	2. No	97. NA	99. Missing	
	128.	Religious Differences	1. Yes	2. No	97. NA	99. Missing	
	129.	Racial/Cultural Differences	1. Yes	2. No	97. NA	99. Missing	
	130.	Death in Family	1. Yes	2. No	97. NA	99. Missing	
	131.	Infidelity	1. Yes	2. No	97. NA	99. Missing	
	132.	Housing/Neighborhood issues	1. Yes	2. No	97. NA	99. Missing	
	133.	Alcohol/Drugs	1. Yes	2. No	97. NA	99. Missing	
	134.	Sexual Problems	1. Yes	2. No	97. NA	99. Missing	
	135.	Child Rearing Methods	1. Yes	2. No	97. NA	99. Missing	
	136.	Suicide attempts	1. Yes	2. No	97. NA	99. Missing	

Form/pg/ Item #	# Data Point					Alt. location
	137. Criminal Problems	1. Yes	2. No	97. NA	99. Missing	
	138. EFMP	1. Yes	2. No	97. NA	99. Missing	
	139. UCMJ/Disciplinary Action	1. Yes	2. No	97. NA	99. Missing	
p.2	<b>Experience w/ Counseling</b>					FAP social history p.7
	140. Chaplain	1. Yes	2. No		99. Missing	
	141. Alcohol/drug	1. Yes	2. No		99. Missing	
	142. School counselors	1. Yes	2. No		99. Missing	
	143. Marriage & Family	1. Yes	2. No		99. Missing	
	144. Social Work Service	1. Yes	2. No		99. Missing	
	145. Community Mental Health	1. Yes	2. No		99. Missing	
	146. Court Mandated	1. Yes	2. No		99. Missing	
p.2	<b>Experience w/ Counseling cont.</b>					
	147. Child Protective Services	1. Yes	2. No		99. Missing	
	148. Marital Status of sponsor	1. Single 2. Divorced 3. Widow(er)	4. Separated 5. Married		99. Missing	DA 7517 p.2 FAP social history p.4
	149. Length of marriage	_____	Years		99. Missing	CRC II.5
	150. Sponsor living with spouse	1. Yes	2. No	97. NA	99. Missing	
<b>Section A: Child Abuse/Neglect Risk Assessment (MEDCOM form 664-R)</b>						
p.1	151. Severity of Abuse	1. Low	2. Mod	3. High	99. Missing	
	152. Timeliness of seeking medical care	1. Low	2. Mod	3. High	99. Missing	
	153. History of abuse/FAP history	1. Low	2. Mod	3. High	99. Missing	
	154. Protection of child	1. Low	2. Mod	3. High	99. Missing	
	155. Fear of returning home	1. Low	2. Mod	3. High	99. Missing	
	156. Sexual abuse	1. Low	2. Mod	3. High	99. Missing	
	157. Stress factors	1. Low	2. Mod	3. High	99. Missing	
	158. Evidence of Neglect	1. Low	2. Mod	3. High	99. Missing	
	159. Age	1. Low	2. Mod	3. High	99. Missing	
	160. Caretaker coping skills	1. Low	2. Mod	3. High	99. Missing	
	161. Caretaker substance abuse	1. Low	2. Mod	3. High	99. Missing	
	162. Child development/behavior problems	1. Low	2. Mod	3. High	99. Missing	
<b>Section C: FAP Social History (MEDCOM form 647-R-E)</b>						
p.1	I.A	163. Sponsor education level:	1. Less than 12 <sup>th</sup> grade (no G.E.D) 2. High School or G.E.D. 3. Some College or Technical School 4. Bachelor's Degree 5. Graduate Degree (Masters or doctoral)			99. Missing

Form/pg/ Item #	# Data Point					Alt. location																							
I.B	164.	Spouse Education level:	1. Less than 12 <sup>th</sup> grade (no G.E.D) 2. High School or G.E.D. 3. Some College or Technical School 4. Bachelor's Degree 5. Graduate Degree (Masters or doctoral)	97. NA	99. Missing																								
p.2	III.1	165. Parent witness abuse as child	1. Yes	2. No	99. Missing	CRC II.5																							
	III.3	166. Parent: Childhood physical abuse	1. Yes	2. No	99. Missing																								
		167. Parent: Childhood Sexual abuse	1. Yes	2. No	99. Missing																								
		168. Parent: Childhood emotional abuse	1. Yes	2. No	99. Missing																								
		169. Parent: Childhood needs neglected	1. Yes	2. No	99. Missing																								
p.5	VIII. C	170. Children unplanned/unwanted	1. Yes	2. No	99. Missing																								
		171. Child medical problems	1. Yes	2. No	99. Missing																								
p.5	VIII. C	172. Children difficult or exceptional	1. Yes	2. No	99. Missing																								
		173. Special problems	1. Yes	2. No	99. Missing																								
		174. Change in marital relationship after birth	1. Yes	2. No	99. Missing																								
p.7	VIII. M3	175. Special medical concerns	1. Yes	2. No	99. Missing																								
<b>Section D: DA Child/Spouse Abuse Incident Report 7517 or equivalent (DA 2486-e, etc)</b>																													
p.1	2	176. Date Incident Reported:	a. Month _____	b. Year _____	99. Missing																								
	5	177. Fatality:	1. Yes	2. No	99. Missing	CRC II.4																							
	6	178. Offender Previously known to Central Registry:	1. Yes	2. No	99. Missing	CRC I.6																							
		179. Victim Previously known to Central Registry:	1. Yes	2. No	99. Missing																								
p.1	8	180. <b>Referral Source:</b>																											
		<table border="0"> <tr> <td>Military</td> <td>Civilian</td> <td>Other</td> </tr> <tr> <td>1. Law Enforcement</td> <td>8. Law Enforcement</td> <td>14. Neighbor/friend/rel</td> </tr> <tr> <td>2. Medical/Dental</td> <td>9. Medical/Dental</td> <td>15. Self-victim</td> </tr> <tr> <td>3. Family Center</td> <td>10. Social Services</td> <td>16. Self-offender</td> </tr> <tr> <td>4. Childcare/School</td> <td>11. Childcare/School</td> <td>17. Defense logisitics</td> </tr> <tr> <td>5. Command</td> <td>12. Clergy</td> <td>18. National Security</td> </tr> <tr> <td>6. Chaplain</td> <td>13. Other</td> <td>19. Army recruiting</td> </tr> <tr> <td>7. Other</td> <td></td> <td>20. Other</td> </tr> </table>	Military	Civilian	Other		1. Law Enforcement	8. Law Enforcement	14. Neighbor/friend/rel	2. Medical/Dental	9. Medical/Dental	15. Self-victim	3. Family Center	10. Social Services	16. Self-offender	4. Childcare/School	11. Childcare/School	17. Defense logisitics	5. Command	12. Clergy	18. National Security	6. Chaplain	13. Other	19. Army recruiting	7. Other		20. Other		
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6. Chaplain	13. Other	19. Army recruiting																											
7. Other		20. Other																											
		180a. If other, list: _____			99. Missing																								
p.1	9	<b>Type of Maltreatment initially reported</b>																											
		181. Physical	1. Yes	2. No																									
		182. Sexual	1. Yes	2. No																									
		183. Emotional	1. Yes	2. No																									
		184. Neglect	1. Yes	2. No																									
p.1	11b	185. Substantiated incident:	1. Initial 2. Subsequent	3. Reopen 4. Transfer	99. Missing	CRC narrative																							

Form/pg/ Item #	# Data Point		Alt. location
	185a.	If transfer, site of initial incident: _____	
	186.	Closure: <ol style="list-style-type: none"> <li>1. Intervention/Treatment no longer needed</li> <li>2. Maltreatment reduced or no longer present</li> <li>3. Sponsor and/or family no longer eligible</li> <li>4. Victim died</li> <li>5. Victim/offender refused treatment</li> <li>6. Transfer out</li> </ol>	99. Missing
11c	187.	Investigations: <ol style="list-style-type: none"> <li>1. CPS</li> <li>2. Military Law Enforcement</li> <li>3. Civilian Law Enforcement</li> <li>4. SWS</li> <li>5. None</li> </ol>	CRC II.1 99. Missing
11d	188.	Victim Protective Actions: <ol style="list-style-type: none"> <li>1. Child removed for substitute care</li> <li>2. Offender removed from home</li> <li>3. Offender removed from activity</li> <li>4. Other safety actions</li> <li>5. None</li> </ol>	CRC narrative 99. Missing

p.2		<b>Victim information</b>	
	24	189. Alcohol involvement:	1. Yes 2. No 98. Unknown 99. Missing
	25	190. Drug involvement:	1. Yes 2. No 98. Unknown 99. Missing
	26	191. Disability:	1. Yes 2. No 98. Unknown 99. Missing
	27	192. Intervention provided by:	1. FAP 2. Other DoD 3. NonDoD 4. None 99. Missing
p.2	28	193. Incident occurred:	1. On installation 2. Off installation 99. Missing
p.2		<b>Offender information</b>	
	34	194. Alcohol involvement:	1. Yes 2. No 98. Unknown 99. Missing
	35	195. Drug involvement:	1. Yes 2. No 98. Unknown 99. Missing
p.2	40	196. Intervention provided by:	1. FAP 2. Other DoD 3. NonDoD 4. None 99. Missing
p.1	41	<b>Type/Severity of Maltreatment</b>	CRC I.9
		197. Severity Physical Abuse	1. Mild 2. Moderate 3. Severe 97. No Report
		198. Severity Sexual Abuse	1. Mild 2. Moderate 3. Severe 97. No Report
		199. Severity Emotional Abuse	1. Mild 2. Moderate 3. Severe 97. No Report
		200. Severity Neglect	1. Mild 2. Moderate 3. Severe 99. Missing
p.2	42	<b>Relationship of offender to victim (substantiated)</b>	CRC II.4
		Intrafamilial	Extrafamilial

Form/pg/ Item #	# Data Point	Alt. location
	1. Parent (Natural, Step, etc) 2. Spouse 3. Sibling 4. Other family member 5. Military childcare center 6. Military family childcare 7. Military youth program 8. DoD teacher/school 9. Other DoD caregiver 10. Relationship unknown 99. Missing	
Check file for other DA forms reporting additional incidents	202. Additional incident reports in file? 1. Yes 2. No	99. Missing
	203. Number of additional incident reports: _____	99. Missing
	Dates of other incidents:	
	204. a. Month _____ b. Year _____	99. Missing
	205. a. Month _____ b. Year _____	99. Missing
	206. a. Month _____ b. Year _____	99. Missing
	207. a. Month _____ b. Year _____	99. Missing
208. a. Month _____ b. Year _____	99. Missing	
<b>Section M: CHAM Assessment (693R or equivalent)</b>		
p.1		
		<b>Low</b> <b>High</b>
1	209. Level of maltreatment	1 2 3 4 5 99. Missing
2	210. Frequency of Abuse	1 2 3 4 5 99. Missing
3	211. Psychological Impairment	1 2 3 4 5 99. Missing
4	212. Knowledge of child rearing practices	1 2 3 4 5 99. Missing
5	213. Substance Abuse	1 2 3 4 5 99. Missing
6	214. Parent bond with child	1 2 3 4 5 99. Missing
7	215. Marital relationship	1 2 3 4 5 99. Missing
8	216. Emotional needs met	1 2 3 4 5 99. Missing
9	217. Child temperament	1 2 3 4 5 99. Missing
10	218. Special needs child	1 2 3 4 5 99. Missing
11	219. Developmental challenges	1 2 3 4 5 99. Missing
12	220. Pregnancy	1 2 3 4 5 99. Missing
13	221. Stressful life events	1 2 3 4 5 99. Missing
14	222. History of abuse and/or injury	1 2 3 4 5 99. Missing
15	223. Parental roles	1 2 3 4 5 99. Missing
16	224. Impulsivity	1 2 3 4 5 99. Missing
17	225. Locus of control	1 2 3 4 5 99. Missing
18	226. Belief in a high power	1 2 3 4 5 99. Missing
19	227. Attitude toward evaluation	1 2 3 4 5 99. Missing
20	228. Work Performance	1 2 3 4 5 99. Missing

Form/pg/ Item #	# Data Point								Alt. location
21	229. Family strengths	1	2	3	4	5	99. Missing		
22	230. Level of community involvement	1	2	3	4	5	99. Missing		
<b>Section J or O: CRC Presentation Form</b> <i>Note: Form may or may not be present. Also, there may be multiple CRC reports for one incident number as the committee receives updates on on-going cases and at the time of case closure.</i>									
p.1	I.6	231. ACR/Local Checks	1. Negative	2. Positive			99. Missing	<b>CRC minutes</b>	
	I.7	232. Alcohol/Drugs	1. Yes	2. No			99. Missing		
	II.1	233. Law Enforcement	1. CIV 2. CID 3. MP	4. MPI 5. None			99. Missing		
	II.2	234. CPS involvement	1. Yes	2. No			99. Missing		
p.1	II.4	235. Present suicidal/ homicidal ideation	1. Yes	2. No			99. Missing		
		100a. If yes,	1. Parent	2. Child			99. Missing		
		236. Past suicidal/ homicidal ideation	1. Yes	2. No			99. Missing		
		111a. If yes,	1. Parent	2. Child			99. Missing		
p.1	II.5	237. Abuse in family of origin	1. Yes	2. No			99. Missing		
		238. Emotional/psychiatric problems	1. Yes	2. No			99. Missing		
		239. History of alcohol/drug abuse	1. Yes	2. No			99. Missing		
		240. Administration/UCMJ action	1. Yes	2. No			99. Missing		
p.2	IV.1	241. Risk	1. Low 2. Moderate	3. High 4. Threat to Life			99. Missing		
p.2	V.1	242. Severity of substantiated event	1. Mild	2. Moderate	3. Severe		99. Missing		
	V.2	243. SPAM/CHAM level	1	2	3	4	5	99. Missing	
		244. Date of closure:	a. Month _____	b. Year _____			99. Missing		

Ft. Bragg  
Religious preference

Ft Hood  
During deployment:  
Combat exposure y/n  
Combat injury y/n  
Perceived threat level Lo Med Hi

## COMMUNITY RESOURCES QUESTIONNAIRE

The purpose of this questionnaire is to better understand military communities and families including the effect of deployment. We are interested in understanding the range of challenges that service members, families and communities face. Most questionnaire items will **NOT** be about you personally (*except* PART I. Respondent Background Information). You will be asked to give your thoughts about your community and families in your community as a whole (*not about you personally*).

Your participation in this questionnaire is voluntary and anonymous (we are not asking for your name and you can choose not to participate). **We are NOT collecting information that will identify you personally.** In order to conduct these questionnaires we have obtained permission from the proper authorities at your installation. The information you provide will be seen only by our group and any reports coming from this information will be reported as a group; no names will be used in our reports. In addition, if at any time you feel the need to terminate your participation you may do so. The questionnaire will take approximately 20 minutes to complete.

### Questionnaire Instructions:

Please read the instructions for each item carefully before you answer. There are no right or wrong answers to the questions. Just answer the questions the way you feel about them. The important thing is to **ANSWER ALL QUESTIONS COMPLETELY**. Most questions can be answered by **circling a number corresponding to an appropriate answer, by filling in a blank, or by writing in a brief description**. Unless otherwise instructed, please give only one answer for each question.

### **REMEMBER:**

For all sections of the questionnaire (*except* PART I. Respondent Background Information), please answer every question as it relates to **YOUR COMMUNITY** and **NOT** to you personally.

## PART I. RESPONDENT BACKGROUND INFORMATION

For this section, we are asking for information about YOU; however,  
we will NOT be able to identify you personally.

A 1. Today's Date: \_\_\_ / \_\_\_ / \_\_\_  
                          M M   D D   Y Y

A 2. Age: \_\_\_ Years

A 3. Sex: 1. Male 2. Female

A 4. What is your current marital status?  
1. Single  
2. Married  
3. Legally Separated or Divorced  
4. Widowed

4a. If you are married, how many years have you been married? \_\_\_ Years

A 5. Do you have children?  
1. Yes  
2. No

A 6. Highest level of education you have completed:  
1. Less than 12<sup>th</sup> grade (no G.E.D.)  
2. High School or G.E.D.  
3. Some College or Technical School  
4. Bachelor's Degree  
5. Graduate Degree (Masters or doctoral)

A 7. Race:  
1. American Indian or Alaskan Native  
2. Asian  
3. Black or African American  
4. Native Hawaiian or Other Pacific Islander  
5. White (not Hispanic or Latino)  
6. Other Please specify: \_\_\_\_\_

A 8. Ethnicity:  
1. Hispanic or Latino  
2. Not Hispanic or Latino

A 9. Are YOU currently in the military?  
1. Yes  
2. No

**If Yes, What is YOUR Military Affiliation?**

a) Service: \_\_\_\_\_ b) Rank: \_\_\_\_\_

(e.g. Army, Navy, Air Force, Marine Corps, etc.)

(e.g. E1-E9, W1-W5, O1-O10)

c) Component:

- Active Component
- Reserve Component

- A 10. Is your **SPOUSE** currently in the military?
1. Yes
  2. No
  3. Not married

**If Yes, What is your SPOUSE'S Military Affiliation?**

- a) Service: \_\_\_\_\_ b) Rank: \_\_\_\_\_ c) Component:
- (e.g. Army, Navy, Air Force, Marine Corps, etc.) (e.g. E1-E9, W1-W5, O1-O10)
- a. Active Component
  - b. Reserve Component

A 11. At what installation are you presently located? \_\_\_\_\_

A 12. How long have you been at this installation? \_\_\_\_ Year(s) \_\_\_\_ Month(s)

- A 13. Prior to coming to this installation, have you lived or worked at other installations?
1. Yes
  2. No

13a. If Yes, how many other installations? \_\_\_\_\_

- A 14. Where do you currently live?
1. On Post
  2. Off Post

- A 15. Are you currently employed?
1. Yes
  2. No

15a. If Yes, do you work full-time or part-time?

1. Full-time
2. Part-time

A 16. What is your current occupation? \_\_\_\_\_

**PART II. COMMUNITY RESOURCES AND SERVICES**

Please answer all questions as they relate to your Community and NOT to you personally.

**COMMUNITY RESOURCES**

- B 1. We would like your opinions about community resources both on and off post. Please indicate for each item below how well you think it **meets the needs** of military families in this community. For each item, circle the appropriate number.

a. <u>ON Post Resources</u>	Does not Meet Needs	Somewhat Meets Needs	Completely Meets Needs	Don't Know		
1. Retail and food services (e.g. commissary) ...	1	2	3	4	5	6
2. Housing .....	1	2	3	4	5	6
3. Healthcare .....	1	2	3	4	5	6
4. Mental health care .....	1	2	3	4	5	6
5. Recreational services .....	1	2	3	4	5	6
6. Childcare services .....	1	2	3	4	5	6
7. Religious activities .....	1	2	3	4	5	6
8. Family activities .....	1	2	3	4	5	6

<b>b. <u>OFF Post Resources</u></b>	Does not Meet Needs		Somewhat Meets Needs		Completely Meets Needs	Don't Know
1. Retail and food services .....	1	2	3	4	5	6
2. Housing .....	1	2	3	4	5	6
3. Healthcare .....	1	2	3	4	5	6
4. Mental health care .....	1	2	3	4	5	6
5. Recreational services .....	1	2	3	4	5	6
6. Childcare services .....	1	2	3	4	5	6
7. Religious activities .....	1	2	3	4	5	6
8. Family activities .....	1	2	3	4	5	6

B 2. Are the people living **ON POST** most likely to use resources **ON** or **OFF** post?  
 1. On Post  
 2. Off Post  
 3. Both Equally

B 3. Are the people living **OFF POST** most likely to use resources **ON** or **OFF** post?  
 1. On Post  
 2. Off Post  
 3. Both Equally

B 4. Which cities or towns do military families at your installation go to most often for **off post resources**?

---

B 5. Based on your opinion, please indicate whether or not the following on and off post resources **for children in this community** are typically used. Please circle the best answer regardless of whether or not you personally have children.

a. **ON Post Resources for Children**

	Yes	No	Don't Know	Resource Not Available
1. After school activities/clubs.....	1	2	3	4
2. Sports teams .....	1	2	3	4
3. Clubs (e.g. Scouts, 4H, etc.) .....	1	2	3	4
4. Recreational activities (e.g. playground, skatepark, bowling alley, etc.) ....	1	2	3	4
5. Youth groups .....	1	2	3	4

b. **OFF Post Resources for Children**

	Yes	No	Don't Know	Resource Not Available
1. After school activities/clubs.....	1	2	3	4
2. Sports teams .....	1	2	3	4
3. Clubs (e.g. Scouts, 4H, etc.) .....	1	2	3	4
4. Recreational activities (e.g. playground, skatepark, bowling alley, etc.) ....	1	2	3	4
5. Youth groups .....	1	2	3	4

B 6. For the on and off post resources for children listed above that are **available, but are not being used**, why do you think these resources are not being used and what would you suggest be done to increase the use of these resources? Please describe in the space below.

**COMMUNITY SERVICES**

B 7. We are interested in what **prevents** people from using **health care services**. Do you think each of the following might affect someone’s decision to obtain health care services? For each item below, please circle Yes or No for **both military and non-military** health care services.

	Military Health Care Services		Non-military Health Care Services	
	Yes	No	Yes	No
a. Do not trust providers .....	1	2	1	2
b. Do not know where to get help .....	1	2	1	2
c. Lack of adequate transportation.....	1	2	1	2
d. Difficulty scheduling an appointment.....	1	2	1	2
e. Difficulty getting time off work.....	1	2	1	2
f. These services cost too much money .....	1	2	1	2
g. People find it embarrassing.....	1	2	1	2
h. The belief that it would harm their career.....	1	2	1	2
i. The belief that others would have less confidence in them.....	1	2	1	2
j. The belief that they would be treated differently .....	1	2	1	2
k. The belief that they would be blamed for needing services .....	1	2	1	2
l. The belief that they would be seen as weak.....	1	2	1	2
m. The belief that these services do not work.....	1	2	1	2

B 8. Of those people who could benefit from each of the following **Army services**, about how many people do you think are actually **using** them? (If service is not available, circle 6. If you are not aware of a particular service, circle 7 for 'Don't Know.')

	None	About Half			Most Everyone	Service is Not Available	Don't Know
a. Family Advocacy Program (FAP) .....	1	2	3	4	5	6	7
b. Soldier and Family Assistance Center (SFAC)....	1	2	3	4	5	6	7
c. Family Readiness Group (FRG) .....	1	2	3	4	5	6	7
d. New Parent Support Program (NPSP) .....	1	2	3	4	5	6	7
e. Exceptional Family Member Program (EFMP)...	1	2	3	4	5	6	7
f. Child and Youth Services (CYS) .....	1	2	3	4	5	6	7
g. Army Family Action Plan (AFAP).....	1	2	3	4	5	6	7
h. Army Family Team Building (AFTB) .....	1	2	3	4	5	6	7
i. Relocation Readiness Program (RRP) .....	1	2	3	4	5	6	7
j. Army Emergency Relief (AER).....	1	2	3	4	5	6	7
k. Financial Readiness Program (FRP).....	1	2	3	4	5	6	7
l. Employment Readiness Program (ERP).....	1	2	3	4	5	6	7
m. Information & Referral Program (I&R).....	1	2	3	4	5	6	7
n. Volunteer Services .....	1	2	3	4	5	6	7

B 9. Thinking about the needs of families in this community, what additional Army services do you think might be helpful and why? Please describe in the space below.

## PART III. FAMILY FUNCTIONING

Please answer all questions as they relate to your Community and NOT to you personally.  
Answer all items even if you don't personally have children.

### CHILDREN'S BASIC NEEDS

- C 1. Thinking of families with children in your community, in general, please rate the extent to which you think each of the following **interferes** with parents/caregivers in this community providing for the **basic needs of their children** (e.g., food, shelter, clothing, supervision, medical and emotional needs, etc.).

Not at all    A little bit    Moderately    Quite a bit    Extremely

#### A. Factors Involving Parents/Caregiver(s)/Family

1. Marital problems.....	1	2	3	4	5
2. Medical problems.....	1	2	3	4	5
3. Emotional distress.....	1	2	3	4	5
4. Substance use.....	1	2	3	4	5
5. Financial problems.....	1	2	3	4	5
6. Deployment length.....	1	2	3	4	5
7. Deployment frequency.....	1	2	3	4	5

#### B. Factors Involving Child(ren)

1. School problems .....	1	2	3	4	5
2. Social problems (e.g. fighting, lack of friends, etc.) ..	1	2	3	4	5
3. Behavioral or emotional problems .....	1	2	3	4	5
4. Medical problems.....	1	2	3	4	5
5. Special needs or developmental problems .....	1	2	3	4	5

#### C. Factors Involving the Military Installation

1. Lack of cultural acceptance.....	1	2	3	4	5
2. Language barriers.....	1	2	3	4	5
3. Safety concerns .....	1	2	3	4	5
4. Crime concerns .....	1	2	3	4	5
5. Overall pace of life and work at installation .....	1	2	3	4	5
6. Transience of members/units at installation.....	1	2	3	4	5

#### D. Factors Involving the Civilian Community

1. Lack of cultural acceptance.....	1	2	3	4	5
2. Language barriers.....	1	2	3	4	5
3. Safety concerns .....	1	2	3	4	5
4. Crime concerns .....	1	2	3	4	5
5. Economic concerns .....	1	2	3	4	5

### DEPLOYMENT AND WORK DEMAND

- C 2. Using the scale below, indicate how strongly you agree or disagree with the following statements as they relate to this community.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
a. Deployments are more frequent than expected.....	1	2	3	4	5	6
b. Number of deployments has put a big strain on families at this installation .....	1	2	3	4	5	6
c. Number of deployments has hurt the stability of marriages at this installation .....	1	2	3	4	5	6
d. The demands of work interfere with home and family life...	1	2	3	4	5	6

## PART IV. COMMUNITY FUNCTIONING

Please answer all questions as they relate to your Community and NOT to you personally.

### CIVILIAN AND MILITARY COMMUNITY RELATIONS

D 1. Using the scale below, indicate how strongly you agree or disagree with each of the following items:

	Strongly _Disagree	Disagree	Neutral	Strongly Agree	
_____ Agree					
a. People living in the <b>civilian community</b> provide support to people on post.....	1	2	3	4	5
b. People living at this <b>military installation</b> provide support to people in the civilian community.....	1	2	3	4	5
c. In general, the surrounding <b>civilian community</b> has a positive attitude toward this military installation.....	1	2	3	4	5
d. In general, this <b>military installation</b> has a positive attitude toward the surrounding civilian community.....	1	2	3	4	5
e. People in the <b>military installation</b> feel that they are part of the civilian community.....	1	2	3	4	5
f. People at the <b>military installation</b> generally do <b>NOT</b> get along with people in the civilian community.....	1	2	3	4	5
g. There are few (if any) conflicts between the military and civilian communities in this area.....	1	2	3	4	5

D 2. If there are conflicts between the military and civilian communities in this area, please describe these conflicts in the space below.

### COMMUNITY SUPPORT

D 3. **On average**, how long have people lived in this community? *(If you are not sure, please give your best estimate.)*

1. Less than one year
2. 1-2 years
3. 3-4 years
4. 5-10 years
5. More than 10 years

D 4. In your opinion, how much **support**— emotional and practical —do people in this community usually receive from each of the following? *(If you are not sure, please give your best estimate.)*

	None	Moderate	A Great Deal		
a. Family.....	1	2	3	4	5
b. Friends.....	1	2	3	4	5
c. Neighbors.....	1	2	3	4	5





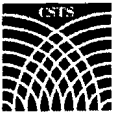
## Appendix D



# DEPLOYMENT FAMILY STRESS: CHILD NEGLECT AND MALTREATMENT IN U.S. ARMY FAMILIES

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## BACKGROUND AND SIGNIFICANCE



Child abuse and neglect, more broadly referred to as child maltreatment, are serious problems plaguing our nation. Nearly one million cases of child maltreatment were reported in 2006 alone, resulting in over 1,500 fatalities. Research further indicates that the incidence of all forms of child maltreatment has increased dramatically over the course of a single decade. Though resources have shown increasing prevalence rates of various types of child maltreatment, child neglect continues to represent the maltreatment category with the highest prevalence. The Third National Incidence Study has illustrated the increasing rate of child neglect prevalence. From 1986 to 1993 rates of child neglect increased from 85% to 114%.

Child neglect is an important concern in the Army. Child neglect cases have typically accounted for more than 40% of all U.S. Army child maltreatment cases. Reasonably stable from 1992-1999 the Army child neglect rate increased from 2000 to 2004 and reached its highest level in 2004, a 40% increase from 2000 to 2004. A review of Army Central Registry (ACR) child maltreatment data from 1999 through 2004 highlight the critical contribution of child neglect to these increased maltreatment rates, particularly during the elevated personnel tempo periods that correspond to the increased military personnel combat deployment to Iraq and Afghanistan. Specifically, Army-wide average rates of neglect have exceeded 4 per 1,000 in a given year, suggesting that a medium-sized installation of approximately 7,500 persons with an average level of neglect for that year would have more than 30 neglect cases. These findings suggest a relationship between combat deployment, military family stress, and child maltreatment that require further research attention.

## OBJECTIVES

1. Study and describe the characteristics of neglect for substantiated Army child neglect cases (e.g., demographic information, nature of neglect incident, severity of neglect incident, course of maltreatment, intervention).
2. Identify child, parent, and family risk and protective factors related to child neglect, to include deployment (e.g., family characteristics, family stressors, parent characteristics, child characteristics).
3. Identify military community risk and protective factors related to child neglect (e.g., military community demographics, military community resources, military community services and their availability, and military community stressors).
4. Identify surrounding civilian community risk and protective factors related to child neglect (e.g., civilian community demographics, civilian community resources, civilian community services and their availability, civilian community attitudes toward military population, civilian community stressors).



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## IMPACT STATEMENT

The results of this project and associated studies will improve the understanding of child neglect phenomena within the U.S. Army, clarifying contributing risk and protective factors at multiple levels within the family and community, to include combat deployment specific contributions. The results will inform policy regarding best practices to effectively implement primary, secondary and tertiary prevention efforts toward child neglect in U.S. Army communities.

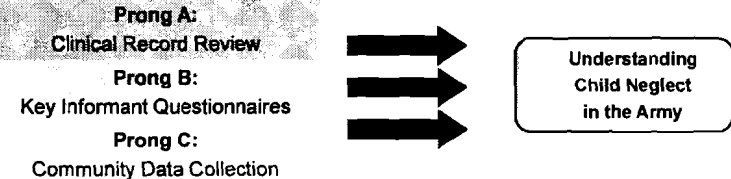
## METHODOLOGY

We have examined the rates of child neglect at all U.S. Army installations to identify twenty-six U.S. Army installations in the continental United States with the highest numbers and rates of child neglect. These installations are demographically and functionally broad.

### Installation Selection Criteria:

- At least forty substantiated child neglect cases within the seven-year index period from 2001 to 2007
- At least 30 cases from 1996 to 1999
- At least one year during that period with a minimum of ten substantiated cases

This proposal establishes the first in-depth study of Army child neglect utilizing a three-pronged, cross-informing methodology. Specifically, each of the three methodologies will be utilized to collect information in varying formats at the identified installation sites. This three-pronged methodology will include the following approaches: clinical record reviews of substantiated child neglect cases, key informant questionnaires, and military and civilian community resource and characteristics data collection and analysis.



### Prong A: Clinical Record Review

Clinical record reviews will be conducted at four Army installations chosen based on their broad representation of Army child neglect phenomenology and large number of substantiated child neglect cases. One hundred closed substantiated child neglect cases at each of the four Army installations will be selected from the Army Central Registry using random sampling stratified by year from 2003-2009 (N=400).

### Prong B: Key Informant Questionnaires

<b>Key Informants</b> will include:	<ul style="list-style-type: none"> <li>• Medical staff personnel from installation hospital</li> <li>• Chaplains</li> <li>• Family Advocacy Program (FAP) directors</li> <li>• Army Community Service (ACS) directors</li> <li>• Mobilization and Deployment Readiness Program staff</li> <li>• Army Family Team Building staff</li> </ul>	<ul style="list-style-type: none"> <li>• Financial Readiness Group (FRG) staff</li> <li>• Recreational program staff</li> <li>• Commanders</li> <li>• Military service members</li> <li>• Spouses</li> </ul>
	<b>Methods of Administration</b>	
<p><b>In-person:</b> Key informant in-person questionnaires will be used at four Army installations. These will be conducted in settings such as Family Readiness Group meetings, unit activities, commanders' meetings and commissaries.</p> <p><b>Telephone:</b> Key informant individual telephone questionnaires will be carried out at six additional Army installations chosen to ensure adequate representation by size of installation, rural/urban setting, location (East, West, Midwest), combat/support/training function and rank distribution.</p> <p><b>Online:</b> Key informant online questionnaires will be used at all twenty-six installations identified for study.</p>		

### Prong C: Community Data Collection

Military and civilian community resource and characteristics data will be collected from Army and civilian data sources at the installation and zip code levels to evaluate civilian and military community level risk and protective factors of child neglect.