Family Characteristics Associated With Child Maltreatment Across the Deployment Cycle of U.S. Army Soldiers

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OBJECTIVE: Soldier deployment can create a stressful environment for U.S. Army families with young children. Prior research has identified elevated rates of child maltreatment in the 6 months immediately following a soldier's return home from deployment. In this study, we longitudinally examine how other child- and family-level characteristics influence the relationship of deployment to risk for maltreatment of dependent children of U.S. Army soldiers.

METHODS: We conducted a person-time analysis of substantiated reports and medical diagnoses of maltreatment among the 73,404 children of 56,087 U.S. Army soldiers with a single deployment between 2001 and 2007. Cox proportional hazard models estimated hazard rates of maltreatment across deployment periods and simultaneously considered main effects for other child- and family-level characteristics across periods.

RESULTS: In adjusted models, maltreatment hazard was highest in the 6 months following deployment (hazard ratio [HR] = 1.63, $p < 0.001$). Children born prematurely or with early special needs independently had an increased risk for maltreatment across all periods (HR = 2.02, $p < 0.001$), as well as those children whose soldier-parent had been previously diagnosed with a mental illness (HR = 1.68, $p < 0.001$). In models testing for effect modification, during the 6 months before deployment, children of female soldiers (HR = 2.22, $p = 0.006$) as well as children of soldiers with a mental health diagnosis (HR = 2.78, $p = 0.001$) were more likely to experience maltreatment, exceeding the risk at all other periods.

CONCLUSIONS: Infants and children are at increased risk for maltreatment in the 6 months following a parent's deployment, even after accounting for other known family- and child-level risk factors. However, the risk does not appear to be the same for all soldiers and their families in relation to deployment, particularly for female soldiers and those who had previously diagnosed mental health issues, for whom the risk appears most elevated before deployment. Accounting for the unique needs of high-risk families at different stages of a soldier's deployment cycle may allow the U.S. Army to better direct resources that prevent and address child maltreatment.

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