

Spouse Abuse, Child Abuse, and Substance Abuse Among Army Families: Co-Occurrence and Service Delivery Issues



RTI International is conducting a Department of Defense (DoD)-funded study investigating the extent and patterns of co-occurring spousal violence, child maltreatment, and substance abuse in Army families and assessing the coordination among service providers working with these families. Our researchers are using their understanding of the inner workings of military life and their expertise in data design, collection, and analysis to support the development of improved response to troubled families.

Overview

Although research in the civilian sector has established the co-occurrence of spousal violence, child maltreatment, and substance abuse, no comparable quantifiable evidence exists for military populations. As part of ongoing efforts to improve the health and well-being of U.S. military personnel and their families, DoD has designated as priority research areas the identification, prevention, and treatment of family violence and substance abuse.

Using a three-pronged approach, RTI is analyzing existing military data, conducting a web-based survey of service providers, and performing case studies of six Army installations. By using in-depth, mixed-mode data collection and exercising our expertise in both statistical analysis and military health and family issues, RTI will gain a richer understanding of co-occurring problems in, and service provisions for, military families.

RTI's Approach

- To define the extent and patterns of co-occurrence and to identify which families are at greatest risk of co-occurring problems, RTI is analyzing military data on substantiated child abuse and spouse abuse, identified substance use, and substance abuse treatment among Army personnel and their families.

- To determine the extent to which Army service providers coordinate services to address co-occurrence, RTI conducted a web-based survey (with telephone follow-up) of all Army substance abuse and family violence service providers and directors worldwide.
- To ascertain barriers to service delivery and impediments to providers when coordinating services, RTI conducted case studies of six installations, interviewing Army and civilian service providers and Army families receiving services at each installation.

Methods

This study uses three complementary research methodologies to assess the co-occurrence and related issues of service delivery and coordination. An advisory committee reviews all study plans, protocols, and papers to ensure that it supports the needs of the Army and relevant professional communities.

- **Secondary data analysis** examines data on soldiers' demographic characteristics and military experiences and data on incidents of spouse abuse, child abuse, and substance abuse. To conduct the analyses, RTI has linked military data sources from the Army Central Registry, Drug and Alcohol Management Information System, and Defense Manpower Data Center. Several manuscripts

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based on these analyses have been published or submitted. These manuscripts examine patterns of family violence and substance abuse, service responses to families with co-occurring conditions, and child maltreatment during soldiers' combat deployments.

- **The provider survey** collected data from Army service providers who identify, assess, and treat families experiencing child abuse, spouse abuse, and substance abuse, including family advocacy clinicians and substance abuse counselors. The overall response rate for this survey was 74% (excluding ineligible). Ongoing analyses of survey data will describe the nature of service linkage between family advocacy and substance abuse providers, identify individual and organizational characteristics that influence service linkage, and assess factors influencing service disruption and termination.
- **Case studies** of six Army installations (five in the United States and one overseas) provide in-depth, contextualized data on the issues of service linkage addressed by the survey, using document review, interviews, focus groups, and field observation. The case studies incorporate perspectives not represented in the survey, including those of physicians, civilian service providers, offenders, and spouse abuse victims. The case studies also allow exploration of specific questions raised by findings from the secondary data analysis and the provider survey.

Findings

Key findings to date from the secondary analysis and survey have implications for the development of service responses for families:

- The majority of substantiated family violence offenders were spouse offenders who had not committed child abuse (61%), followed by child offenders who had not committed spouse abuse (27%), and finally those who committed both spouse and child offenses (12%). The three groups of family violence offenders differed in terms of the nature of the abusive incidents and their sociodemographic characteristics.

- Among soldier spouse abuse offenders, 25% were reported to have used alcohol or illicit drugs during the abusive incidents. Offenders using substances during the time of the incident were more likely than other offenders to be male and non-Hispanic white. In addition, they were more likely to perpetrate physical abuse, less likely to perpetrate emotional abuse, and perpetrated more severe abuse.
- Among soldier child maltreatment offenders, 13% were noted to have been abusing alcohol or illicit drugs at the time of their child maltreatment incident. Substance abuse was more likely among offenders with prior referrals to substance abuse treatment and those who committed child neglect or emotional abuse. In addition, the odds of offender substance abuse were nearly tripled in child maltreatment incidents that also involved spouse abuse.
- The overall rate of child abuse and neglect was more than 40% higher when soldier-parents were deployed for combat than when they were at home. Civilian mothers whose soldier-husbands were deployed showed the greatest increase in the rate of child abuse and neglect during deployment, with rates of child physical abuse nearly 2 times higher and rates of child neglect nearly 4 times higher.
- Military work-related factors, including increased work tempo, deployment, and permanent change of station frequently interfere with treatment for substance abuse and family violence among Army soldiers. Our survey of substance abuse treatment providers and clinical social workers found that nearly 90% reported that work-related factors resulted in disruption or termination of soldiers' treatment. Given the potential implications of treatment disruption on treatment effectiveness, steps for ensuring treatment continuity for soldiers may be required.

More Information

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