

INTRODUCTION

- Child maltreatment in military families can negatively impact military readiness, family health, and child well-being
- Greater understanding of when children are at highest risk for maltreatment is critical to the development of targeted prevention efforts that address the needs of families at particular periods of the military family life course
- Prior research has primarily focused on changes in the risk of a broad category of child maltreatment without consideration of differences across maltreatment types

Objective

- Utilizing population-level data on active duty (AD) military families, we examined age-related changes in the risk of four child maltreatment types (neglect; physical, emotional, and sexual abuse) in AD families

METHOD

Sample

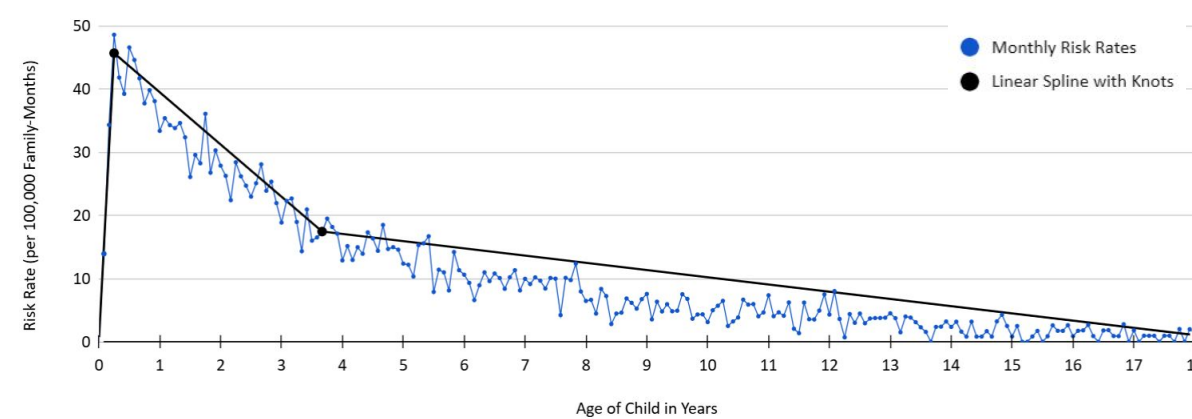
- The initial sample included all AD families with a first occurrence of child maltreatment that met DoW criteria for child abuse or neglect in FY2009 – FY2018 ($n = 28,864$) and a representative sample of control AD families with one or more children under age 18 in FY2009 – FY2018 ($n = 589,417$)
- Analyses included the subset of families in which the first biological child was born after the service member entered AD (73% of the initial sample) to align the risk of child maltreatment at a consistent time point for all families

Statistical Analysis

- Monthly risk rates were plotted to illustrate changes in the risk of a first occurrence of each maltreatment type (per 100,000 AD families) in families following the birth of the first-born child
- Linear spline analyses with knots identified using an empirically-derived, iterative process were also conducted to assess change in slope before and after each time point
- Goodness of fit statistics were examined to assess model fit and knot placement

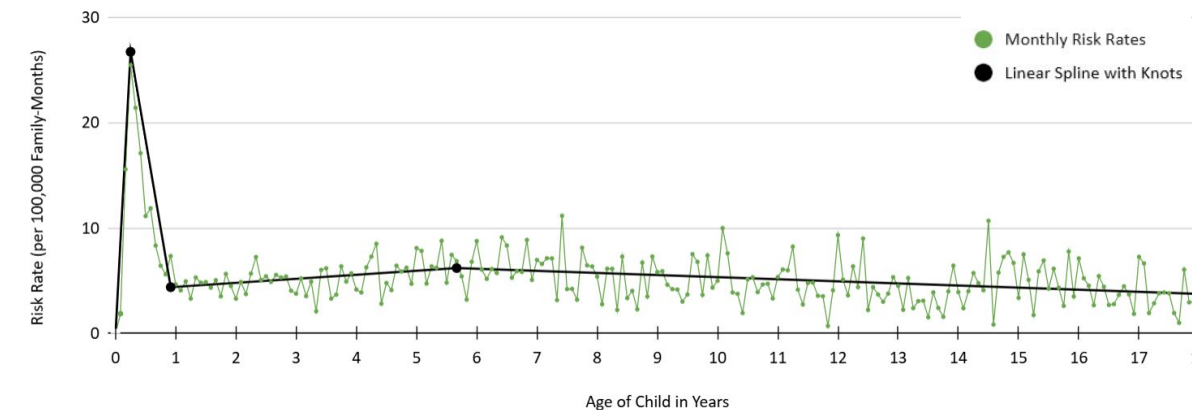
RESULTS

Figure 1. Changes in Risk of First Occurrences of Child Neglect



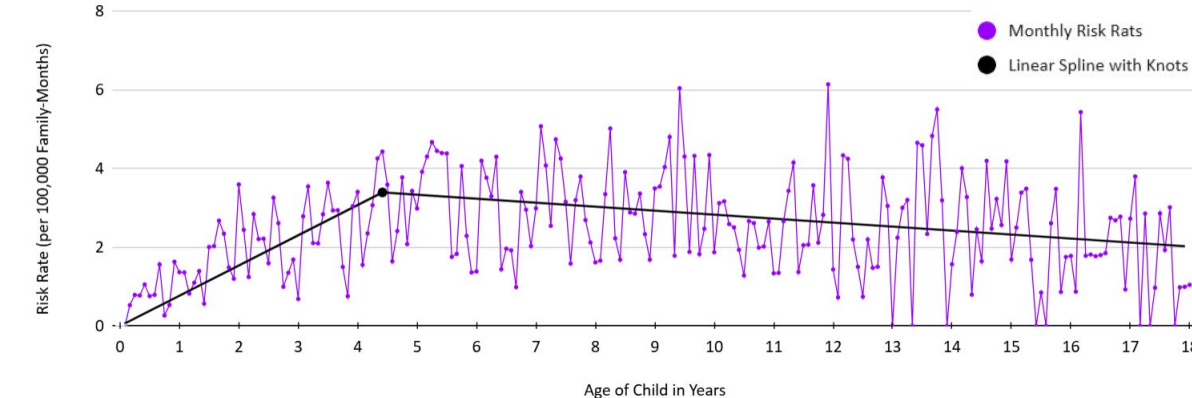
Risk of neglect increased significantly from months 0-3, declined from months 3-44, followed by a more gradual decline starting at month 45 ($p < 0.01$).

Figure 2. Changes in Risk of First Occurrences of Child Physical Abuse



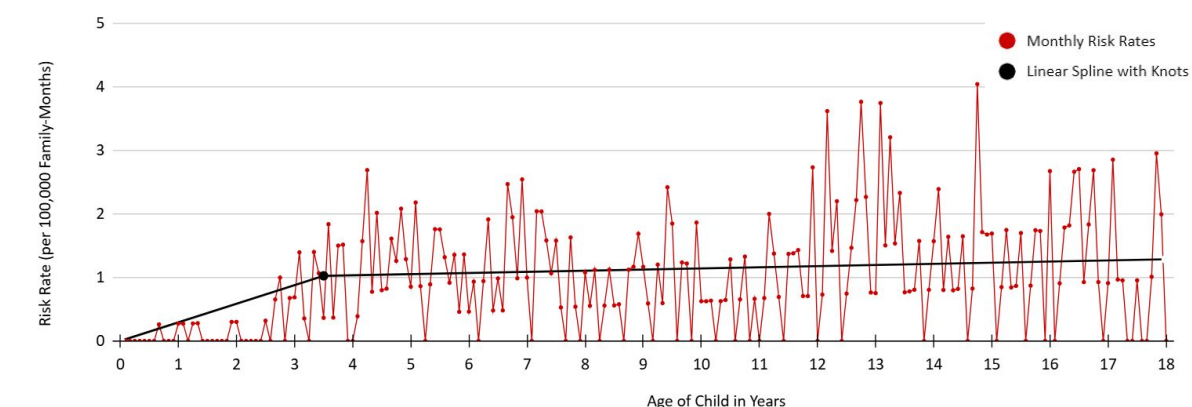
Risk of physical abuse peaked at month 3, followed by a decline from months 3 to 11, an increase from months 11-68, and a subsequent decline starting at month 69 ($p < 0.01$).

Figure 3. Changes in Risk of First Occurrences of Child Emotional Abuse



Risk of emotional abuse increased from months 0 to 53, followed by a significant decline at month 54 ($p < 0.01$), and peaks during middle childhood and adolescence (at ages 9 and 12).

Figure 4. Changes in Risk of First Occurrences of Child Sexual Abuse



Risk of sexual abuse increased from months 0 to 42 ($p < 0.01$), followed by a non-significant decline at month 43 ($p = 0.22$), with elevations during adolescence.

CONCLUSIONS & IMPLICATIONS

- Findings illustrate differences in the ages at which children are at highest risk of distinct maltreatment types
- This information is critical to the development of targeted prevention efforts that address the needs of families at specific high-risk periods of the family life course
- The peaks in neglect and physical abuse at month three reflect greater vulnerability in the acute post-natal period, and underscore the need for additional preventive interventions for military families with newborns
- Risk of emotional and sexual abuse emerged in early childhood followed by peaks in middle childhood and adolescence suggesting the need for targeted prevention efforts in families with older children
- Early referrals for parenting programs, home visitation services, and parental education about normative child development and age-appropriate discipline strategies during pediatric and family medicine appointments may help to address risk conditions in military families with children
- Although our results suggest children's age is a useful marker of risk stratification for distinct types of maltreatment, additional research on contextual factors that influence changes in risk of maltreatment types is needed to further inform prevention efforts that protect children from harm

DISCLAIMERS

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