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CHILD ABUSE AND NEGLECT AMONG THE MILITARY

A Special Report from the National Center on Child Abuse and Neglect

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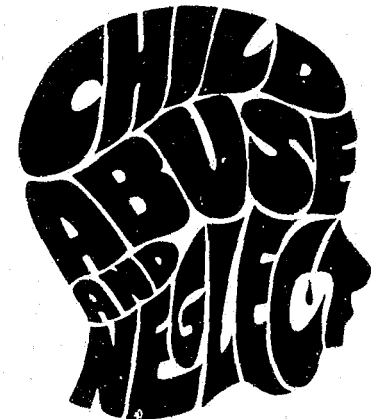
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Introduction

While some claim that military communities are only a microcosm of the larger civilian society (and in some ways this is true), there are differences, some of which are significant to the occurrence of child abuse and neglect. Traditionally, while the military has not been hostile to family life, it has not encouraged it either, as illustrated by the old saying, "if the Army had wanted you to have a wife, they would have issued you one." Things have changed considerably in recent years, though, and the military services have come to recognize and allow for the fact that many of their personnel are married and have children. Still, military life can be hard on families, and many sacrifices which families are routinely asked to make by the military services would be unusual in civilian life. Long separations of the father from the family and sudden transfers halfway around the world would strain any normal family, and can pose an unbearable burden on a family which already has problems.

This report examines those characteristics of military life which, by producing stress on military families, may increase the likelihood of child maltreatment. Additional stress is not the whole story, however. The highly organized structure of the military, in particular its single source health care delivery system, allows for swift, effective responses to social problems within the military community. This is true, however, only where a commitment exists to deal with the problem. In the case of child maltreatment, the commitment has been slow to develop.

Incidence

The incidence of child maltreatment among military families has been the subject of much debate, but very little research, over the past 5 years. In 1974, it was estimated that there was 2-3 times as much abuse and neglect in these families as in the civilian population.¹ Most recent figures suggest that the military incidence is roughly comparable to that of civilians,² although it was reported in 1979 that in Hawaii, where military personnel comprise 16 percent of the population, the incidence of child abuse and neglect cases involving military families was 27 percent of all reported cases.³ In general, there are a number of problems in making comparisons of incidence

figures among different groups, one of which is that there is no definitive figure for the civilian population. Hard statistical information is scarce.

Several early studies of child maltreatment in military families showed alarmingly high proportions of serious injury and death as compared with civilian figures. For example, Wichlacz *et al.* found that nine percent of the child maltreatment cases studied at a U.S. Army base in Germany resulted in the death of the child.⁴ Serious injuries resulted in over half of the child maltreatment cases involving military families in another study, compared with 27 percent for the entire sample.⁵ The failure of later studies to replicate these figures suggests that they were due largely to the lack of casefinding and generally low reporting levels which existed in the military as a whole prior to 1975 -- that is, only the more severe cases came to the attention of authorities.

The military services reported approximately 1,500 cases of child maltreatment in 1977, and expected roughly 1,900 cases in 1978. Officials from the Department of Defense believe that these figures are low due to underreporting.⁶

In the absence of good statistical data, most discussions of incidence are speculative. There are reasons to suspect that the incidence of child maltreatment among military populations may be greater because of some of the special characteristics of life in the military. These characteristics, examined more closely in the section on military life, include primarily high mobility and consequent social isolation, long and frequent separations, and economic hardship among the lower ranks.

There has been some speculation that a personality type conducive to child maltreatment may be attracted to military life. The popular image of the sadistic drill instructor or MP is probably responsible for this line of reasoning. However, there is little evidence that rigid, authoritarian personalities flourish in the uniformed services, nor is there any substantial evidence that this personality type is particularly conducive to child maltreatment. Most clinical evidence and impressions of military physicians and social workers indicate that child rearing practices among military families are broadly similar to those in the civilian population. As one authority on child abuse in the military has pointed out, "there may be more people

who place higher value upon discipline and conformity in military family life, but that is not necessarily related to child maltreatment...if there is such a thing as a 'military syndrome' it likely is seen more by the child psychiatrist than the pediatrician investigating suspected abuse.⁷

Military Lifestyle

Community life, at least on the military base, is more highly organized than in a civilian community. Lines of authority are more rigidly defined and more visible in the military. There are no extremely rich or very poor on military bases. There are no families in which both spouses are unemployed. Health care is, at least in theory, virtually free and universally available for military families. In practice, however, no dentistry is available and a physician shortage makes health care a problem on many military installations.

There are differences from civilian life in the service member's relationship with his (or her) "boss." In civilian life, an employer normally does not take responsibility for anything more than the worker's performance and behavior on the job. The military commander's responsibility for his command is much broader. The service member's immediate commander is expected to assist him when he needs help and keep him out of trouble. This responsibility may extend informally to the service member's family as well.

The rank of the military sponsor (that is, the family member actually in the military) has pervasive effects on the quality of family life in the military. Better housing and status in the military base community come with rank and tenure. Without rank and tenure, however, military life may seem very hard indeed. The pay for enlistees in their first or second year is notoriously low. A 1969 study indicated that while unemployment did not exist in the Army, poverty did. The study found that over 30,000 married Army soldiers could be defined as poverty cases by the Federal Government's own standards.⁸ Pay standards have improved considerably since then, but for married enlistees the pay rate is still very low;* in 1978, 40,000 Navy personnel were eligible for food stamps.⁹

Families of junior enlistees (that is, at grade E1 through E4 with less than two years in the service) are at the lowest priority for sometimes-scarce on-base housing. Moreover, they are expected to pay their own moving expenses when

transferred. As a result, many are forced to seek housing off the base and end up in substandard housing, particularly on overseas assignments. Living in a substandard neighborhood, besides being an indicator of economic hardship, can itself increase stress on families and is positively related to child maltreatment. A study of child abuse in military families bore this out: abusing or neglecting families were significantly more likely to live in a particularly run-down area of El Paso, Texas, than other military families.¹⁰

These young, lower-rank families are likely to feel like outsiders in the military base community, despite the efforts of organizations like the Army Community Services (ACS) and similar programs in the Air Force and Navy. Being new to the community to which they have been transferred, they are unfamiliar with the available community resources; being relatively new to the services, they do not yet know how to use the "system" to their benefit. This is in contrast to the families of career military personnel, who have been transferred before, have friends at many bases throughout the country and indeed the world, 'know the ropes,' and have a sense of being part of an extended community. Social isolation is widely agreed upon as a factor in the development of a family situation conducive to child maltreatment.¹¹ Besides feeling like outsiders, the young enlistee and his family have probably been separated from their families and friends by the transfer, and are left with no one to turn to for emotional support or advice on parenting.

Although child maltreatment in the military is found primarily among families of young, lower-level personnel, it does occur in other families. In fact, a second type of abuse situation has been observed in at least one treatment program, in which abusive behavior by older military members is secondary to alcoholism.¹² The association between alcoholism and child maltreatment previously has been noted in nonmilitary populations.

One characteristic of military life which can contribute to the development of stress within a family is the near-inevitability of the separation of the military sponsor from his family. Sometimes these separations are only a matter of days or weeks, but they can happen unexpectedly. In other cases the father may be separated from his family for months or years. On the aptly named 'hardship tour,' which frequently lasts 18 months or more, the military sponsor does not even have the option of bringing the family along. Unlike low pay or housing problems, separations can and

*For example, an Army enlistee at grade E1 with less than 2 years' experience is entitled to a base pay of about \$625 per month.

do occur at all ranks. The young enlistee and his family may be less able to cope with them, however. There is often a breakdown in the behavior of the children during the prolonged absence of the father. Good adjustment to separation and reunion seem to require a well adjusted, emotionally strong mother with good family ties and social supports. In families where there are marital problems or other sources of stress an inability to adjust to separation (or reunion) can lead to a breakdown in the family.¹³

Military life, then, can add a number of sources of stress to both young and established families. There is a great deal of evidence that the likelihood of child abuse or neglect increases with the amount of stress with which a family must cope. Given that the evidence suggests that child maltreatment occurs in military families at a rate no greater than in civilian families, the question of why there is not more child abuse and neglect in military families would make an interesting topic for further research.

The Development of Child Advocacy Programs in the Uniformed Services

The failure of the armed services to develop a coordinated response to child abuse and neglect by the late 1960s, at a time when nearly every state had enacted child abuse reporting laws, created the impression of a lack of commitment to solving the problem, an impression which still persists in some quarters. As late as 1974, formal child abuse programs in the military were being characterized as "essentially nonexistent."¹⁴ While great strides have been made, a recent investigation charged that military child advocacy programs still suffer from a lack of commitment at the level of the Department of Defense.¹⁵

There were a number of reasons for the military's slow recognition of and reaction to the problem. The fact that military bases are scattered throughout the country and indeed the world led to a fragmented perspective on the problem and encouraged those in command to view child abuse cases as isolated incidents on particular bases, rather than manifestations of a military-wide phenomenon. Moreover, while the military command responds quickly and effectively to social problems that clearly threaten military effectiveness, they did not initially see child maltreatment as posing such a threat. Racial discontent or heroin addiction clearly impaired the combat readiness of troops, while the connection was not as clear when a private's wife neglects her children.¹⁶ This view has changed. The 1980 Department of Defense Appropriation Bill states that "our national

security may depend in large measure upon the fitness and emotional well-being of our military personnel."¹⁷

Whatever the reasons for their slow recognition of child maltreatment, by the middle 1970s the services knew there was a problem and were responding. By 1970, in fact, two-thirds of all Army posts in the U.S. had at least established procedures for child protection. The Navy and the Air Force, however, lagged behind the Army in developing formal programs. Still, according to one survey, by August 1972, well over half of all military bases in the U.S. had a Child Protection Council or a team to handle child abuse and neglect cases.¹⁸

Years before service-wide regulations establishing child advocacy councils and child maltreatment teams were promulgated, there were a number of innovative programs on individual bases, mostly developed at military medical facilities. These programs served both to encourage the development of child advocacy regulations and as models for other programs. One of the best-known was the Infant and Child Protection Council (ICPC), established in 1967 at the William Beaumont Army Medical Center in El Paso, Texas. The ICPC consists of an interdisciplinary committee whose members are all actively involved in the management of child abuse or neglect cases. Committee members represented social work, pediatrics, the Army health nurse section, psychiatry, the Army Community Service, the hospital staff judge advocate, and volunteers. A representative of the local civilian Texas Child Welfare Office also participates, since many of the families of active duty and retired personnel served by the hospital reside off the base. The program is administered and coordinated through the hospital's social work service. During its first six years, the program averaged about 50 new suspected child maltreatment cases per year. According to Lieutenant Colonel John Miller, the program's director for many years and a leading figure in the development of the military's child advocacy regulations, "if no ICPC existed our reported child maltreatment rate would probably be 5 per year instead of the 50 that it really is."¹⁹ The program has served as a model for many other military medical facilities in their efforts to set up child abuse programs, and many of the features of the ICPC were incorporated into the original Army child advocacy regulation (AR 600-48).

The Child Advocacy Regulations

The early 1970s were a time of growing publicity and recognition of the problems of child abuse and child neglect, both in the military and in civil-

ian communities. Reporting laws had been passed in nearly every state, and many were setting up central registers for child maltreatment cases. States were also modifying their laws to provide immunity for good-faith reporters of child maltreatment cases. A civilian response at the Federal level was being prepared. It was in this atmosphere that, in July 1973, representatives of the three uniformed services and the Office of the Assistant Secretary of Defense for Health and Environment met, and, with C. Henry Kempe, a leading authority on child maltreatment, began to develop regulations for a coordinated response to the problem. The passage of P.L. 93-247, the Child Abuse Prevention and Treatment Act, in January 1974 gave additional impetus to the project. A Tri-Service Child Advocacy Committee was formed at the direction of the Surgeons General of the three services. As a result of these efforts, child advocacy regulations for the services were drafted. The Air Force regulation, AFR 160-38, became effective on April 25, 1975, and established the first service-wide child abuse and neglect program, the Air Force Child Advocacy Program (AFCAP). Army Regulation 600-48, which established the Army Child Advocacy Program, became effective on February 1, 1976. The Navy's Bureau of Medicine and Surgery issued BUMEDINST 6320.53 three days later. This regulation established a Child Advocacy Program administered by the Navy's medical facilities.

The three regulations were similar in scope and intent. Each defined child maltreatment and established responsibilities of various personnel in setting up and operating the child advocacy program. Each directed the officer in charge of the operation on a particular base or medical facility to convene a child advocacy committee on which various base agencies would be represented. AFR 160-38 directed the Director of Base Medical Services to organize, where appropriate, a medical child protection team for case management. Although the base command was responsible for seeing that a Child Advocacy Program was established and maintained, responsibility for the management of the program was delegated to the Command Surgeon. BUMEDINST 6320.53 directed commanding officers of naval medical facilities which treat a substantial number of military dependent children to establish a multidisciplinary Child Advocacy Program Committee in the facility. The committee would meet monthly to review suspected cases and evaluate the services rendered.

In July 1979, the Navy medical department issued a new directive which expanded upon and combined three separate programs. Child advocacy, spouse abuse, and sexual assault programs were placed within the framework of a Family Advocacy

Program. The new instruction, BUMEDINST 6320.57, includes a detailed procedures manual to aid implementation of the program at all medical facilities. Single service members are considered to be a part of an extended Navy family, often requiring intervention and support similar to that formerly offered to traditional families.

The Navy program still differs from those of the other services in that the entire program is the responsibility of the Navy's medical service. This arrangement has been criticized on the grounds that Navy families on installations lacking a large medical facility may be denied the assistance of a child advocacy program.

The Army has recently adopted a new regulation which supersedes AR 600-48. The new regulation, AR 608-1, transfers responsibility for the child advocacy program to the Adjutant General and places the program under the Army Community Services program. It also provides more specific direction on the duties and responsibilities of those involved than did AR 600-48, particularly in the areas of case management and reporting procedures. Besides establishing a central registry for child maltreatment cases, it also provides for a Child Support Services program.

The Air Force regulation is perhaps the most explicit of the three in choosing a nonpunitive response to abusive or neglecting parents. Commanders are directed to "review the duty assignment status of all military members responsible for an abused or neglected child to determine whether current duties may be contributing to the situation." Moreover, commanders are directed not to deny promotions solely on the basis of a person's entrance into the child advocacy program. This humane way of dealing with members of troubled families has the blessing of nearly every child abuse researcher and practitioner, and demonstrates the extent to which the services have incorporated the best knowledge available into their programs.

A major problem faced by child advocacy programs throughout the military services is that none are funded directly. The vast majority are staffed by individuals who are given child advocacy responsibilities as an additional duty. Most of these programs coordinate existing resources, both civilian and military, and bring them to bear on child maltreatment. Their successes have been real, yet they have been limited by inadequate staff and resources. A May 1979 study by the U.S. General Accounting Office,²⁰ which identified these and other problems, made the following recommendations to the Secretary of Defense. First, that the Secretary establish a small centralized group to serve as a focal point for (1)

making the child advocacy regulations of the three services consistent; (2) developing education and training materials for improving child advocacy programs at the installation level; (3) guiding the services in handling the difficulties posed by exclusive jurisdiction on some bases (this problem is discussed in the next section); and (4) communicating with military installations and other concerned branches of the Federal government, such as the National Center on Child Abuse and Neglect, regarding child advocacy matters in general. Additionally, the report recommends that responsibility for the Navy's program be placed at a high enough level to encompass all Navy installations and personnel.

Jurisdictional Problems

There is one area in which the military has a decided disadvantage in child protection, compared with the states, and that is in the legal framework for child protection. Simply stated, there is no legal framework for child protection within the military. The lack of legal supports has been called the "single deficiency...that most severely handicaps child protection programs in the military services."²¹ While state laws apply to military families living off military posts (and most do) and to families living on posts on which the state has 'concurrent jurisdiction' with the Federal government, states do not have clear jurisdiction over families living on bases where the Federal government has 'exclusive jurisdiction.' While a military sponsor who abuses his child on the base can be prosecuted for assault and battery under the Uniform Code of Military Justice (UCMJ), it is not clear that his nonmilitary wife could be. Even if it were possible to prosecute an abusing military dependent under the UCMJ, it would not necessarily be desirable: the punitive approach to child maltreatment does little to help the child or the parent. Moreover, the more prevalent problem of child neglect is not addressed by criminal law. There are no restraining mechanisms under Federal law to separate the child from the family, nor to require that the nonmilitary parent enter a treatment program. These legal confusions have made the already difficult task of working with these families much more difficult.

Future Directions

The Department of Defense is presently considering major revisions in its child advocacy program and in those of the services. Following recommendations made in the General Accounting Office report cited above, the Department of Defense (DOD) has directed the Tri-Service Child Advocacy Working Group to develop a DOD-level directive addressing the problems found in that study. The Working Group is also considering the possibility of establishing, with the National Center on Child Abuse and Neglect, a Military Child Abuse and Neglect Resource Center.

Recognizing the need to address spouse abuse and other family problems, the Working Group developed and presented to the DOD a draft Family Advocacy Program directive. A significant contribution of the new directive is the establishment of a single, comprehensive child abuse and neglect reporting form and mechanism designed to be used by all three services. The establishment of clear standardized definitions by the directive will contribute to accurate and uniform data collection.

The Working Group is also developing a formal proposal for the establishment of a military child abuse and neglect resource center. If approved, the implementation and management of the center would be aided by the National Center on Child Abuse and Neglect, with the DOD assuming all fiscal and staffing responsibility within three years. Projected goals of the resource center include raising professional awareness among those who serve military families; fostering cooperation among the services and between military and civilian agencies (this goal has also been recommended by the U.S. Senate Committee on Appropriations);²² and enhancing the multidisciplinary treatment practices of civilian and military agencies that serve military families.

The proposed center would offer to the military a central planning and dissemination point for family advocacy services, including a source of materials especially adapted to military needs. For military families, the center would result in improved services through increased coordination of the two systems that serve them - civilian and military.

REFERENCES

1. *A report of a symposium on child abuse and neglect in the military.* Ray E. Helfer, M.D., Moderator, 1974 American Medical Association Conference.
2. See, for example, Acord, L.D. "Child abuse and neglect in the Navy." *Military Medicine* 142(11):862-864, November 1977; and Shewd, J.A.; Straus, M.A. *The military environment and child abuse.* (Unpublished paper based on a M.A. Thesis of the same title by the first author, University of New Hampshire, 1979).
3. U.S., Senate, Committee on Appropriations. *Department of Defense Appropriation Bill, 1980.* 96th Cong., 1st sess., 1979, Senate Report 96-393, p. 76.
4. Wichlacz, C.R.; Randall, D.H.; Nelson, J.H.; Kempe, C.H. "The characteristics and management of child abuse in the U.S. Army - Europe." *Clinical Pediatrics* 14(6):545-548, June 1975.
5. Johnson, C.L. *Child abuse in the Southeast: analysis of 1,172 reported cases.* Athens, Georgia: Regional Institute of Social Welfare Research, University of Georgia, 1974.
6. *Military child advocacy programs: victims of neglect.* Washington, D.C.: U.S. General Accounting Office, HRD-79-75, May 1979.
7. Miller, J.K. "Perspectives on child maltreatment in the military." In: Helfer, R.E. and Kempe, C.H. (Editors). *Child Abuse and Neglect: the Family and the Community.* Cambridge, Massachusetts: Ballinger Publishing Co., pp. 267-291, 1976.
8. Saunders, D. "Poverty in the Army." *Social Service Review*, pp. 675-678, December 1969. Cited in Allen, M. "Child maltreatment in military communities." *Juvenile Justice* 26(2):11-20, May 1975.
9. McCullah, R.D. "Effects of family dysfunction on military operations: mental health needs." In: Hunter, E.J.; Saylor, T.C. (Editors). *The military family and the military organization.* Proceedings of a symposium held at the 1978 Annual American Psychological Association Convention, Toronto, September 1, 1978, pp. 32-41.
10. Sattin, D.B.; Miller, J.K. "The ecology of child abuse within a military community." *American Journal of Orthopsychiatry* 41(4):675-678, July 1971.
11. See, for example, Garbarino, J. "The price of privacy in the social dynamics of child abuse." *Child Welfare* 56(9):565-575, November 1977; and Wood, D.A. "International aspect of child abuse in the military and the Army's new role as 'child advocate'." *Child Abuse and Neglect* 1(2-4):427-434, 1977.
12. Miller, J.K. "An interdisciplinary approach to child protective services in the military community." In: *Second National Symposium on Child Abuse.* Denver, Colorado: American Humane Association, pp. 24-30, 1973.
13. Pendleton, B. (Editor). *The military family alone - together, a unique lifestyle.* Proceedings of the First Annual Joint Conference on the Military Family, Norfolk, Virginia, May 19-21, 1976, 27 pp.
14. Remark made at 1974 American Academy of Pediatrics conference, cited by D.A. Wood in "International aspect of child abuse in the military and the Army's new role as 'child advocate'." *Child Abuse and Neglect* 1(2-4):427-434, 1977.
15. U.S. General Accounting Office, *Military child advocacy programs.*
16. For a discussion of the effects of family problems upon military operations, see Hunter, E.J.; Saylor, T.C. *The military family and the military organization.* Proceedings of a symposium held at the 1978 Annual American Psychological Association Convention, Toronto, September 1, 1978.
17. U.S. Senate, *Department of Defense Appropriation Bill, 1980.*
18. Wood, International aspect of child abuse in the military, p. 427.
19. Miller, An interdisciplinary approach, p. 28.
20. U.S. General Accounting Office, *Military child advocacy programs.*

21. Miller, Perspectives on child maltreatment, p. 286.

22. U.S. Senate, *Department of Defense Appropriation Bill, 1980.*

SELECTED BIBLIOGRAPHY

- Action, W.D., Jr. "Who polices child abuse and neglect on military enclaves over which the Federal government exercises exclusive jurisdiction?" *North Carolina Central Law Journal* 8(2):261-267, 1977.
- Allen, M. "Child maltreatment in military communities." *Juvenile Justice* 26(2):11-20, May 1975.
- American Academy of Pediatrics. *A descriptive study of nine health-based programs in child abuse and neglect*. Evanston, Illinois: American Academy of Pediatrics, April 1974.
- Bain, K.; Milowe, I. D.; Wenger, D.S.; Fairchild, J.P.; Moore, H. L. "Child abuse and injury. (Symposium)." *Military Medicine* 130(8):747-762, August 1965.
- Bolz, W.S. "The battered child syndrome." *Delaware Medical Journal* 39(1):176-180, July 1967.
- Broadhurst, D.D.; Estey, R.S.; Hughes, W.; Jenkins, J.L.; Martin, J.A. *User manuals on upgrading child abuse and neglect programs. The military and child abuse and neglect*. (Draft). Prepared by Kirscher Associates, Inc. for the National Center on Child Abuse and Neglect, Washington, D.C., November 1979, 92 pp.
- Carmody, F.J.; Lanier, D., Jr.; Bardill, D.R. "Prevention of child abuse and neglect in military families." *Children Today* 8(2):16,21-23,35, March-April 1979.
- Cohen, M.I.; Raphling, D.L.; Green, P.E. "Psychologic aspects of the maltreatment syndrome of childhood." *Journal of Pediatrics* 69(2):279-284, August 1966.
- Fiorello, T.M. *An overview of child abuse and treatment programs*. Army Community Service Workshop of the National Conference on Social Welfare, Chicago, May 1972.
- Leaverton, D.R. "The pediatrician's role in maternal deprivation. Illustrative cases and an approach to early recognition." *Clinical Pediatrics* 7(6):340-343, June 1968.
- Ledbetter, E.O. "Child advocacy in the military community." *Military Medicine* 144(6):408-411, June 1979.
- Martin, J.A. "The Child Protection Case Management Team." *Child Abuse and Neglect* 1(2-4):403-410, 1977.
- Miller, J.K. "An interdisciplinary approach to child protective services in the military community." In: *Second National Symposium on Child Abuse and Neglect*. Denver, Colorado: American Humane Association, pp. 24-30, 1973.
- Myers, S.S. "A brief history and status report: Child Advocacy Program." *Medical Service Digest* 28(4):3-7, 1977.
- Pendleton, B. (Editor). *The military family alone - together, a unique lifestyle*. Proceedings of the First Annual Joint Conference on the Military Family, Norfolk, Virginia, May 19-21, 1976.
- Sattin, D.B.; Miller, J.K. "The ecology of child abuse within a military community." *American Journal of Orthopsychiatry* 41(4):675-678, July 1971.
- Stubbs, R.S., II. "Children and courts-martial." *California Western Law Review* 7(1):73-90, Fall 1970.
- Sussman, A.; Cohen, S.J. *Reporting child abuse and neglect: guidelines for legislation*. Cambridge, Massachusetts: Ballinger Publishing Co., 1975.
- Texas State Department of Public Welfare, Office of Planning and Management Systems. *Project CARE (Child Advocacy Resources Expansion) 1976 Annual Report*. Austin, Texas: Texas State Department of Public Welfare, 1976.
- U.S. Air Force. *Medical Service. Air Force Child Advocacy Program*. Washington, D.C.: U.S. Air Force, AFR 160-38, April 25, 1975.
- U.S. Army. *Army Child Advocacy Program (ACAP)*. Washington, D.C.: Army Headquarters, AR 600-48, November 26, 1975.

SELECTED BIBLIOGRAPHY

- Action, W.D., Jr. "Who polices child abuse and neglect on military enclaves over which the Federal government exercises exclusive jurisdiction?" *North Carolina Central Law Journal* 8(2):261-267, 1977.
- Allen, M. "Child maltreatment in military communities." *Juvenile Justice* 26(2):11-20, May 1975.
- American Academy of Pediatrics. *A descriptive study of nine health-based programs in child abuse and neglect*. Evanston, Illinois: American Academy of Pediatrics, April 1974.
- Bain, K.; Milowe, I. D.; Wenger, D.S.; Fairchild, J.P.; Moore, H. L. "Child abuse and injury. (Symposium)." *Military Medicine* 130(8):747-762, August 1965.
- Bolz, W.S. "The battered child syndrome." *Delaware Medical Journal* 39(1):176-180, July 1967.
- Broadhurst, D.D.; Estey, R.S.; Hughes, W.; Jenkins, J.L.; Martin, J.A. *User manuals on upgrading child abuse and neglect programs. The military and child abuse and neglect*. (Draft). Prepared by Kirscher Associates, Inc. for the National Center on Child Abuse and Neglect, Washington, D.C., November 1979, 92 pp.
- Carmody, F.J.; Lanier, D., Jr.; Bardill, D.R. "Prevention of child abuse and neglect in military families." *Children Today* 8(2):16,21-23,35, March-April 1979.
- Cohen, M.I.; Raphling, D.L.; Green, P.E. "Psychologic aspects of the maltreatment syndrome of childhood." *Journal of Pediatrics* 69(2):279-284, August 1966.
- Fiorello, T.M. *An overview of child abuse and treatment programs*. Army Community Service Workshop of the National Conference on Social Welfare, Chicago, May 1972.
- Leaverton, D.R. "The pediatrician's role in maternal deprivation. Illustrative cases and an approach to early recognition." *Clinical Pediatrics* 7(6):340-343, June 1968.
- Ledbetter, E.O. "Child advocacy in the military community." *Military Medicine* 144(6):408-411, June 1979.
- Martin, J.A. "The Child Protection Case Management Team." *Child Abuse and Neglect* 1(2-4):403-410, 1977.
- Miller, J.K. "An interdisciplinary approach to child protective services in the military community." In: *Second National Symposium on Child Abuse and Neglect*. Denver, Colorado: American Humane Association, pp. 24-30, 1973.
- Myers, S.S. "A brief history and status report: Child Advocacy Program." *Medical Service Digest* 28(4):3-7, 1977.
- Pendleton, B. (Editor). *The military family alone - together, a unique lifestyle*. Proceedings of the First Annual Joint Conference on the Military Family, Norfolk, Virginia, May 19-21, 1976.
- Sattin, D.B.; Miller, J.K. "The ecology of child abuse within a military community." *American Journal of Orthopsychiatry* 41(4):675-678, July 1971.
- Stubbs, R.S., II. "Children and courts-martial." *California Western Law Review* 7(1):73-90, Fall 1970.
- Sussman, A.; Cohen, S.J. *Reporting child abuse and neglect: guidelines for legislation*. Cambridge, Massachusetts: Ballinger Publishing Co., 1975.
- Texas State Department of Public Welfare, Office of Planning and Management Systems. *Project CARE (Child Advocacy Resources Expansion) 1976 Annual Report*. Austin, Texas: Texas State Department of Public Welfare, 1976.
- U.S. Air Force. *Medical Service. Air Force Child Advocacy Program*. Washington, D.C.: U.S. Air Force, AFR 160-38, April 25, 1975.
- U.S. Army. *Army Child Advocacy Program (ACAP)*. Washington, D.C.: Army Headquarters, AR 600-48, November 26, 1975.

U.S. Army. *Army Community Services Program*. Washington, D.C.: Army Headquarters, AR 608-1, October 1, 1978.

U.S. Navy. *Child Advocacy Program*. Washington, D.C.: Bureau of Medicine and Surgery (Navy), BUMEDINST 6320.53, February 4, 1976.

U.S. Navy. *Family Advocacy Program*. Washington, D.C.: Bureau of Medicine and Surgery (Navy), BUMEDINST 6320.57, July 11, 1979.

Ward, S. "Suffer the little children - and their family." *Medical Service Digest* 26(4):4-17, July-August 1975.

Wells, C.L. "Investigating 'the battered child syndrome'." *Military Police Journal* 21(10):21-24, June 1972.

Wichlacz, C.R.; Randall, D.H.; Nelson, J.H.; Kempe, C.H. "The characteristics and management of child abuse in the U.S. Army - Europe." *Clinical Pediatrics* 14(6):545-548, June 1975.

Wood, D.A. "International aspect of child abuse in the military and the Army's new role as 'child advocate'." *Child Abuse and Neglect* 1(2-4):427-434, 1977.

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