Child Neglect in Army Families: A Public Health Perspective

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ABSTRACT  Military families include 2.9 million people, with approximately 40% of all service members having at least one child. Rates of child neglect in this population have increased in recent years, but little is known about the characteristics of the neglect. To better identify targets for intervention, it is necessary that we refine our understanding of child neglect in the military. In this review, we examine definitions of child neglect and the specific definitions used by the U.S. Army. We identify domains of neglect and caregiver behaviors and affiliated. We suggest that this approach can inform prevention efforts within the Institute of Medicine's framework for preventive interventions. Understanding risk and protective factors in the military family are important to interventions for child neglect in military families.

INTRODUCTION

Sustaining the health of military families is critical to force protection. The health of our soldiers, sailors, marines, and airmen is closely tied to their military family. Understanding the health and well-being of the military family is crucial to sustaining the health and functioning of soldiers. During times of high operational tempo and war deployments as at the present time, service members and their spouses show increased rates of psychiatric illness and distress and experience unique stressors and challenges such as single parenting caused by deployment.

Before OEF and OIF, military deployment was associated with increased child maltreatment. Rates of child maltreatment in the U.S. Army ranged from 7.4 per 1,000 children in 1988 to 6.59 per 1,000 children in 1997. Between 1990 and 2004, the rates of maltreatment in the Army declined by 65%, driven largely by a decline in the rate of physical abuse during that time. Community factors are also associated with child neglect. Both community poverty and social disorganization are known to promote child neglect and community violence. In addition, neighborhood and community social, interactional, and institutional resources can account for neighborhood-level variations in a variety of socially disruptive behaviors such as delinquency, violence, depression, and high-risk behaviors. Additional community variables are likely to be associated with U.S. Army child neglect, but these have not been studied. Recently the effects of war on Army families are evident in increased rates of child neglect reported in the U.S. Army.

Child neglect is one form of child maltreatment. Child neglect can range from a child left in a car by himself while a mother tries to run in to do an errand to substantial endangerment of a child’s health. All types of child maltreatment are a substantial threat to the well-being of children. Recent studies have shown an association between deployment to Iraq and Afghanistan and increasing rates of child neglect in Army families primarily because of increases in the occurrence of neglect.

There has been limited empirical research on the factors associated with child neglect in civilian and military populations. Little is known about the relationship of specific stressors in military families and child neglect. To better identify targets for intervention, refining our understanding and models of child neglect in the military is needed.

DEFINING CHILD NEGLECT IN THE GENERAL POPULATION

There is growing interest in clarifying the definition of child neglect in practice, policy, and research. Legal definitions provide guidance for child protective services (CPS) and criminal and civil proceedings, however, these definitions often do not consider the wide variability in behaviors that constitute maltreatment. The multidimensional nature of child neglect also leads to variation in how the definition of maltreatment is operationalized. Child neglect is the most common form of child maltreatment. In 2007, CPS investigations determined that approximately 59% of U.S. child maltreatment victims were neglect cases, and approximately 34% of child abuse and neglect-related fatalities were attributed to neglect. The legal definition of "child neglect" is state-specific and varies widely. Federal legislation provides a minimum set of behaviors that characterize child abuse and neglect. These include: "Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm."

DEFINING CHILD NEGLECT IN THE U.S. ARMY

The U.S. Army Family Advocacy Program was established in 1976 and included missions to prevent child maltreatment, to encourage the reporting of all incidents of child maltreatment, to ensure timely assessment and investigation of all
cases, to protect the child victims of maltreatment, and to pro-
vide treatment for family members. Similar to CPS, the Army
is required to investigate all credible reports of child maltreat-
ment. In practice, a multidisciplinary case review committee
at the medical treatment facility of each major Army instal-
lation reviews incidents of maltreatment and makes a deter-
mination as to whether or not a given incident meets Army
maltreatment criteria. If so, the case is substantiated and is
entered into the Army Central Registry. The case review com-
mittee is responsible for coordinating medical, legal, and other
forms of intervention to families. Child maltreatment cases are
categorized as physical abuse, emotional abuse, sexual abuse, or
child neglect.

In the Army, child neglect is defined as child maltreatment
in which a child is deprived of needed age-appropriate care by
act or omission of the child's parent, guardian, or caregiver;
an employee of a residential facility; or a staff person provid-
ing out-of-home care under circumstances indicating that the
child's welfare is harmed or threatened. Child neglect includes
child abandonment, deprivation of a child's needs, educational
neglect, lack of supervision, medical neglect, and/or failure to
thrive that is not related to a specific medical disorder.

DOMAINS OF CHILD NEGLECT
There are seven domains or subtypes of neglect. These
domains are broadly categorized as physical, environmental,
health, emotional, educational/cognitive, lack of supervision,
and failure to protect from harm (see Table I). The domains
of neglect reflect both a child's needs and the parent's/caregiver's behaviors. For example, neglect related to food
may be described as a child who does not receive adequate
nutrition or a parental failure to provide adequate food.

Physical and Environmental Neglect
Physical neglect includes deprivation of food, shelter, clothing,
and physical care. Physical neglect refers to both the absence
of a necessity (e.g., a home without operating utilities) and
inadequate physical resources or caring (e.g., watered down
formula for an infant or clothing that does not fit the child).
Some definitions also specify environmental neglect, includ-
ing exposure to household- and community-level hazards.

Health Neglect
Inadequate medical care is universally acknowledged as
neglect of a child's health. Neglected dental and mental health
care are sometimes also included as health neglect. Sternberg
et al specified failure to seek routine care and failure to com-
ply with medical directives (e.g., medications, special diet,
etc.) as areas of medical neglect. Parents may use cultural
or religious beliefs to justify the nature of medical treatment
they seek for their children. Zuravin delineated differences
between a delay in seeking health care and refusal to seek
medical (including mental) health care. Most definitions
addressing neglect of mental health care refer to neglect in
seeking care but also include a parent's failure to address anti-
social behavior (e.g., chronic or severe drug or alcohol use,
chronic delinquency), parental severe overprotectiveness, and
extremely inappropriate expectations of a child.

Emotional Neglect
Emotional neglect including psychological neglect is often a
more subjective assessment. The Child Welfare Information
Gateway defines emotional neglect as "inattention to a child's emotional needs, failure to provide psychological
care, or permitting the child to use alcohol or other drugs." Emotional neglect has at times been grouped with neglect of
mental health and includes severe lack of affection as a defin-
ing attribute.

Educational/Cognitive Neglect
Educational and cognitive neglect include failure to provide ade-
quate cognitive stimulation for development, failure to assure
timely attendance at school, or failure to respond to requests for
involvement at school through teacher conferences and other
activities intended to support children's academic growth.

Supervisory Neglect
Neglect of a child's needed supervision has been operation-
alized as leaving a child unattended for an inappropriately
long period of time for the child's developmental level and as
failing to know a child's whereabouts. Some definitions also
specify failure to provide adequate substitute care in the care-
giver's absence and to adequately monitor the safety of a
child's activities. Limit-setting, addressing misbehavior, and
knowledge of child's friends as well as parental involve-
ment in activities with the child also represent a failure to
provide adequate supervision. Dubowitz et al refer to this
area of neglect as inadequate parental structure and guidance.
Abandonment is at times seen as a separate domain of neglect, incorporated as a subset of supervisory neglect, or assumed to
be implicit under supervision.

Failure to Protect
Failure to protect the child from danger and harm in the home,
such as protecting the child from exposure to domestic vio-
lence, is a form of neglect. In a number of definitions of
neglect, supervisory neglect includes failure to provide a safe
environment in the home and domestic violence may be an
example of such a failure. This remains a controversial area
and requires additional research. Exposure to alcohol and
drugs as well as exposure to violence are at times considered
to be a form of neglect.

CONSIDERATIONS IN CHILD NEGLECT
Caregiver Behavior vs. Child Needs
Virtually all definitions of child neglect indicate that neglect
is an act of omission rather than an act of commission,
generally on the part of a parent or other caregiving adult.
<table>
<thead>
<tr>
<th>Unspecified Physical</th>
<th>Nutritional/Food</th>
<th>Clothing</th>
<th>Shelter/Failure to Provide Permanent Home</th>
<th>Personal Hygiene</th>
<th>Housing Sanitation</th>
<th>Housing Hazards</th>
<th>Community Hazards</th>
<th>Emotional</th>
<th>Medical</th>
<th>Dental</th>
<th>Mental Health</th>
<th>Educational</th>
<th>Developmental/Cognitive Stimulation</th>
<th>Supervisory</th>
<th>Substitute Care</th>
<th>Abandonment</th>
<th>Failure to Protect from Harm</th>
<th>Exposure to Family Violence</th>
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<th>Prenatal Substance Use</th>
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and early intervention. Treatment Act). From a clinical or CPS viewpoint, focusing on caregiver behavior provides possible targets for prevention and early intervention.

Definitions of neglect focusing on caregiver behavior often incorporate the caregivers’ ability to provide for a child’s needs. That is, they do not consider behavior to be neglectful if the caregivers do not have the resources to provide for the child because of impoverishment. However, failure to seek help under such circumstances may be neglectful behavior. In contrast, Straus and Kantor and Zuravin have argued for the importance of separating neglectful behaviors from causes, such as poverty or caregiver mental illness, as not all families with similar circumstances are neglectful. Specifically, they argued that motive/reason/circumstance should be examined as factors separate from, but related to, neglect to understand the phenomenon and develop ways to intervene with families.

Although a focus on caregiver behavior in identifying child neglect enables one to conceptually separate neglectful behaviors from the effects or consequences of neglect, one disadvantage is the difficulty in identifying the effects of inaction. Another disadvantage pointed out by Dubowitz et al is that by focusing on caregiver behavior, there is an increased risk of isolating caregivers from the intervention process. Dubowitz et al note, “Child neglect occurs when a basic need of a child is not met, regardless of the cause(s)” (p. 12).

The focus on a child’s needs rather than parental behavior offers several advantages. One of the advantages of a focus specifically on the child’s needs is that it is very useful for planning strategies focused on prevention and treatment. By decreasing the tendency to blame the caregiver, it may be easier to engage the caregiver in resolving the issue, and this also allows for a broader perspective for intervention by introducing various factors in the child’s environment that could be modified to ensure that the child’s needs could be met.

### Chronicity and Severity

Caregiver behaviors that are potentially neglectful can vary in their frequency, chronicity and severity. Variation in these dimensions affects the level of risk for the child. For example, the UK Department of Health defined neglect as “the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development” (p. 608).

Some advocate for the inclusion of only one of the above factors, e.g., severity is explicitly used in the assessment of neglect. Alternatively, Zuravin advocated for a chronic-
may act to make it easier to meet the needs of a child (e.g., availability of Medicaid for medical care, access Head Start for educational needs), or they may pose greater challenges (e.g., loss of income because of macroeconomic factors make it harder to provide food and adequate shelter). Parents and families develop over time, gaining skills and experience, overcoming personal challenges, and finding additional social supports to reduce their likelihood of neglect.

IDENTIFYING TARGETS OF CARE AND RESEARCH

The domains of neglect, caregiver behaviors, and associated risks to children can be applied to the areas of parental behaviors, specific risk to the child, and the potential outcome to the child (see Table II). Importantly, in addition to providing a frame for measuring child neglect, this perspective indicates a causal chain with implications for prevention and intervention. For example, inadequate preparation of meals by parents poses the risk of malnutrition for children, but there are alternatives to parents in offering meals to children (i.e., free or reduced-price lunch programs), and if access to nutritious food presents the barrier to parents, then programs can provide assistance (i.e., federal WIC program).

Preventive medicine, a familiar organizing structure for conceptualizing infectious outbreaks, can provide models for child neglect prevention and intervention. Interventions can be universal (for all individuals regardless of exposure), selective (targeted for particular at-risk populations), and indicated (for those at significantly high risk to require an intervention) (see Table III). Prevention strategies that are provided for all families and children are called universal interventions. Recognizing the incidence of various types of neglect within military families would be useful in identifying the foci of universal prevention strategies. When the incidence of a potential negative outcome is very high, broad prevention strategies can be employed to reach large numbers of individuals with low costs and low risks associated.

TABLE II. Neglect Domains With Examples of Behaviors, Dangers, and Harms/Injuries

<table>
<thead>
<tr>
<th>Neglect Domain</th>
<th>Parental Behaviors</th>
<th>Risk/Danger to Child</th>
<th>Outcome to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>Meals not prepared, regular meals not provided</td>
<td>Poor nutrition, malnutrition, food insecurity</td>
<td>Obesity, stunting, starvation, behavioral problems</td>
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<tr>
<td>Clothing</td>
<td>Insufficient amount</td>
<td>Exposure</td>
<td>Illness</td>
</tr>
<tr>
<td>Shelter</td>
<td>Unsafe housing</td>
<td>Accidents, overcrowding</td>
<td>Injury, poor health</td>
</tr>
<tr>
<td>Medical/dental</td>
<td>Lack of medical care</td>
<td>No vaccinations, no physicals</td>
<td>Illness, developmental problems</td>
</tr>
<tr>
<td>Hygiene</td>
<td>Unsanitary housing</td>
<td>Poor child hygiene</td>
<td>Poor health, behavioral problems</td>
</tr>
<tr>
<td>Supervision</td>
<td>Does not know where child is after school</td>
<td>Inadequate monitoring of child</td>
<td>Injury, accidents, behavioral problems</td>
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<tr>
<td>Unsafe Household</td>
<td>Unsecured weapons in household</td>
<td>Accidental discharge of weapon</td>
<td>Injury, death</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>Inattention to child’s need for praise, comfort or support</td>
<td>Child isolation, withdrawal, hostility</td>
<td>Behavioral problems, depression</td>
</tr>
<tr>
<td>Educational Neglect</td>
<td>Failure to enroll child in school, inattention to school progress, behavior at school, truancy</td>
<td>Poor school performance, lack of socialization</td>
<td>Poor cognitive, social development</td>
</tr>
<tr>
<td>Developmental Neglect</td>
<td>Failure to provide infant stimulation or other age appropriate activities</td>
<td>Withdrawal, apathy</td>
<td>Poor cognitive, social development, behavioral problems</td>
</tr>
<tr>
<td>Environmental neglect</td>
<td>Parents let child play in unsafe areas</td>
<td>Accidents, abduction, vagrancy</td>
<td>Injury, criminal behavior</td>
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</tbody>
</table>

Small groups of families and children are at special or heightened risk relative to others. These families can be the targets of selective prevention strategies. One way to identify groups for selective intervention is to clearly identify the set of factors within and across child neglect. Children of single parents had a 77% greater risk of being harmed by physical abuse, an 87% greater risk of being harmed by physical neglect, and an 80% greater risk of suffering serious injury or harm from abuse or neglect than children living with both parents. Therefore interventions to help single parent families—such as outreach, child care, respite care for single parents—are selective preventive interventions. Unlike universal strategies that are designed to reach the largest possible audience including those at the lowest levels of risk (including virtually no risk groups), selective interventions are targeted at risk groups. As such, they are designed to address a heightened level of risk, and may require a greater level of effort and cost. However, because they are selective, they are delivered only to groups that are at risk, and so can be tailored to address the factors that define risk for these groups.

Lastly, indicated preventive interventions are for those at significantly high risk to require an intervention, e.g., past

<table>
<thead>
<tr>
<th>TABLE III. Prevention Classifications</th>
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<tbody>
<tr>
<td>Universal</td>
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<tr>
<td>Selective</td>
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<tr>
<td>Indicated (Distinct from Treatment)</td>
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</tbody>
</table>

*Adapted from IOM, 1994.

*Further detail available from author.
**TABLE IV.** Haddon Matrix for Child Neglect*

<table>
<thead>
<tr>
<th>Agent: Child Neglect (Physical or Emotional)</th>
<th>Vector: Parent/ Caregiver</th>
<th>Population: Infant or Child or Adolescent</th>
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<tbody>
<tr>
<td>Pre</td>
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<td>During</td>
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<td>Post</td>
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*Adapted from IOM, 1994.

History of child neglect. Indicated services offer the highest probability of getting services to those who will experience harm related to child neglect. Indicated interventions are the last step for prevention interventions for families who are at significant risk. Outcomes for indicated interventions differ from universal and selected programs. Importantly, an immediate outcome of indicated interventions is a reduction in neglect behaviors with the goal of prevention of further neglect. Providing outreach information to these families is an important intervention.

An additional conceptual model in prevention applicable to neglect is the Haddon Matrix. The Haddon Matrix was originally developed as an approach to prevention of injury. It has been applied broadly to include prevention of other traumatic event-related mental health outcomes. The Haddon Matrix provides a model for identifying strategies to prevent and mitigate the effects of child neglect including prevention and interventions that can occur before, during, and after neglect (see Table IV). Focusing on the time course, for example, draws attention to educating parents before any occurrence of neglect. Similarly, the various populations at risk (column 3) highlight the need for specific interventions based on child age and development. Completing all of the elements in the Haddon Matrix of child neglect for one type of neglect (e.g., physical) and group of children (e.g., infants) would provide a comprehensive set of targets for universal, selective, and indicated preventive intervention.

**CONCLUSIONS**

Child neglect is a substantial risk to children in the United States as well as in the military. Children of military families with child neglect are confronted with similar levels of risks for maltreatment; however, the literature about the neglect experiences of military children is limited. Although the growing literature concerning child neglect provides insight into the neglect experiences of children in military families, military children live in ecological systems that are different from children in civilian communities. Compared to other families, military families are at risk for maltreatment because of a number of factors of military life including parental separation through deployment and the potential for parental death or injury, both creating single parent families a known risk factor for neglect. Children in military families, however, have access to health care and social services that many other children may not. With increased attention to the needs of families in the military, understanding the risk and protective factors related to child neglect can inform the development of programs and interventions that may be employed either as part of a larger effort to support military families or as a targeted prevention/intervention program for those families at greatest risk.

To date, no empirical studies have examined child neglect cases to describe, classify, and characterize the types and characteristics of Army child neglect, their relationship with combat deployment experiences, or comparisons to civilian child neglect. Research is needed to examine the risk and resilience factors for child neglect associated with combat deployment stress and family trauma as well as the relationship with community factors. Further research is needed to better understand the nature of these events and to clarify the contributions and interactions of family and community factors to increased rates of child neglect in Army communities during war and deployments. Application of two conceptual models (universal, selective, and indicated prevention and the Haddon Matrix) can assist in a comprehensive approach to child neglect.

This review supports policy and program perspectives of a public health approach to child neglect. It is important to recognize transmitters of danger and negative outcome in cases of child neglect. Identifying the phases of family and child development related to risk factors for neglect can provide opportunities for education of parents before neglect (see Haddon Matrix). Universal interventions for all families and interventions targeted for at risk families should be matched with programs that can best ensure program and intervention effectiveness. Addressing barriers to care and the stigma of related to child neglect can improve access to existing Army programs that may foster family and child health. A multilevel systems approach to health care and social policy and programs is important to focusing on and enhancing the importance of child neglect and related health issues (Fig. 1). Fostering command, health care services and

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**FIGURE 1.** Multilevel systems of care.
family advocacy collaborations can facilitate the best interests of children and families.

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