

Responding to Domestic Violence in the U.S. Army—The Family Advocacy Program

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Editor's Note: The mental and physical health of soldiers returning from active military service is a growing concern among health professionals within the Department of Defense and the Veterans' Administration. Among these concerns is whether deployment and active duty increase the risk of partner violence. In this article, the authors describe the U.S. Army's response to domestic violence. They describe how cases of domestic violence are adjudicated in the armed services, the unique characteristics of this population of perpetrators and victims, and whether deployment increases the risk of domestic abuse.

Family violence is an important concern of the military community. Each of the services has a requirement, through its Family Advocacy Program (FAP), to prevent child and spouse maltreatment, to protect victims, and to treat those affected (Department of

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Defense, 2004b; Army Regulation 608-18, September 27, 2004). The U.S. Army FAP was formally established in 1976 following the enactment of the federal Child Abuse Prevention and Treatment Act (CAPTA) of 1974 (see 42 U.S.C. A7 5102), although less formal programs for addressing child maltreatment existed prior to that time in the Army (Wichlacz, Randall, Nelson, & Kempe, 1975), Air Force (Myers, 1977, 1979), and Navy (Acord, 1977). This article provides an overview of the U. S. Army FAP, Army demographics, the prevalence of domestic violence in the Army, research on or related to the Army FAP, and the Army's legal response to domestic violence.

Efforts to combat spouse abuse (the terms "spouse abuse" and "domestic violence" are used interchangeably in this article) in the services do not have a clear origin. There has been no national legislation on spouse abuse that is comparable to the CAPTA mandating state reporting of domestic violence. State laws differ in reporting requirements, definitions, and penalties. Regardless of the absence of national or state legislation, the military services are required to investigate all credible reports of domestic violence involving soldiers or their family members. Formerly, the military recognized only incidents of domestic abuse, including domestic violence, between married persons: soldiers and their spouses. The new Department of Defense (DOD) definition of domestic abuse, including domestic violence (Department of Defense, 2004a), went into effect and, in addition to married persons, included abuse against a person of the opposite sex who is a current or former spouse, a person with whom the abuser shares a child, or a current or former intimate partner with whom the abuser shares, or has shared, a common domicile.

Anyone can report, but most of the reports are to the military police, who go to the scene of the incident for an initial investigation and to help ensure the safety of the victim and other family members, if any. Military authorities including the commander, the military police, criminal investigators, and medical and social service personnel may participate in further investigations.

ARMY DEMOGRAPHICS

About 85 percent of soldiers are enlisted and 15 percent are officers (Office of the Deputy Under Secretary of Defense, Military Community and Family Policy, 2003). Women comprise about 15 percent of the total active force with approximately equal percentages of enlisted (14 percent) and officer (15 percent) women. The overall percentage of minorities is about 40 percent, but that percent-

age varies by sex and rank. The percentage of minority soldiers is higher for enlisted (40–50 percent) than for officer (15–25 percent) personnel. About 15 percent of officers and 25 percent of enlisted personnel in the Army are African American, Hispanic, 5 percent and 10 percent, respectively; about 4 percent each for Asian or Pacific Islanders, and less than 1 percent each for Native American or Alaska Natives. The average age of Army soldiers is about 28 years (about 27 years for enlisted and about 35 years for officers). Over half of Army personnel (50–55 percent) are married. The average age of married officers is 37 years, and 31 years for enlisted personnel. About 10 percent of married soldiers are married

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to another service member (not necessarily Army), but this varies by sex: about 5 percent of men and 40 percent of women.

The Army population is largely young, male, and ethnically diverse. On the other hand, the U.S. civilian population has about an equal number of men and women, is older, and also ethnically diverse, but ethnicity varies depending on the locale. As a result of these differences, military and civilian populations are hard to match in samples or through statistical controls. The active-duty service member is screened at entry for education, intelligence, criminal background, substance abuse, and health. Once in the military, there is a “socioeconomic floor” under soldiers and their families that is not always present in other U.S. populations. The family has an income from the active-duty member, housing (or a monetary housing allowance), free medical care, and access to a wide variety of personal and community services. The military also provides supervision over, and responsibility for, active-duty personnel and, to a limited degree, their families.

Characteristics of a military population that are often stressful to the service member and the family are separation from the family of origin, frequent moves, unexpected deployments, and dangers, including the possibility of death or injury through combat, accidents, and other causes of morbidity and mortality. To date, the previously noted hazards of military life have not been found to be associated with an increased rate of family violence.

Military personnel and their families have sometimes been considered a unique population for the study of family violence and the results of research not considered applicable to the U.S. civilian

population. However, this may or may not be true depending on the composition of the groups being compared. Many of the groups selected for civilian family violence research might also be considered unique (e.g., medical patients presenting at emergency departments and specialty clinics, those on public assistance, and college students). Each of these populations differs greatly from the military. But each also has its own special limitations. They are vulnerable to bias in identification and referral of participants and have inherent limitations for study because they may be relatively homogeneous in terms of race, socioeconomic status, marital status, age, and other demographic and social factors. Thus, a military population may be considered special but not unique. The value of military populations to research may be overlooked because they may be more applicable to much of the U.S. population than the often limited and special civilian populations usually studied.

MILITARY’S RESPONSE TO DOMESTIC VIOLENCE

The Army FAP includes two separate, but related, efforts: prevention and treatment of family violence. Prevention efforts comprise a large percentage of the Army’s FAP, including education classes about the

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FAP for commanders and soldiers and support for first-time parents (e.g., parenting classes and home visitation). Victim advocacy and legal advocacy services are also provided to clients under the FAP. The Army Community Service, in addition to the FAP, also assists

soldiers and families with a wide variety of programs such as financial counseling, emergency relief, relocation counseling, assistance with employment, mobilization and deployment assistance, and others depending on local and Army needs.

Treatment of victims and offenders is largely the responsibility of the Social Work Services, a part of the Army Medical Department. Medical departments, such as family practice, emergency medicine, and specialty clinics can refer and treat domestic violence victims.

In Army (and other military) operations, commanders are responsible for their units and issues that might affect the unit, such as domestic violence. They are also responsible for protecting the safety and well-being of victims and family members. In January 2006, the DOD

established guidelines that now provide adult victims of domestic violence with two reporting options: unrestricted reporting and restricted reporting. Victims of domestic violence who want to pursue an official investigation of an incident may use the unrestricted option, reporting the incident through the command, law enforcement, or the FAP. The new restricted reporting option allows victims access to medical and victim advocacy services without immediate command or law enforcement involvement. Although there are exceptions to confidentiality and restricted reporting, such as imminent threat, the goal is for victims to feel safer about reporting domestic violence.

INCIDENCE AND PREVALENCE OF DOMESTIC VIOLENCE IN THE ARMY

No population studies have been conducted to date for the purpose of determining the population incidence and prevalence of domestic violence in the Army or for comparing those rates to the U.S. civilian society. However, a secondary data analysis (Heyman & Neidig, 1999) compared prevalence rates of domestic violence in the Army from a reasonably representative sample of U.S. Army couples to a prior study of the U.S. national population (Straus & Gelles, 1990). Each sample was standardized to the 1990 U.S. Census characteristics for married, full-time employed persons to control age and race. Analyzing men and women separately controlled for sex. When the two samples were compared, the Army male soldier self-reports of moderate husband-to-wife spousal aggression were not significantly higher than the U.S. rates: 11 percent for Army men and 10 percent for civilians. However, there was a small, but statistically significant difference in the reports of severe aggression in the standardized Army sample compared to the civilian sample: 2.5 percent for the Army and 0.7 percent for the civilians. The authors concluded that the higher Army rates were mostly due to differences in age and race and not to abuse propensity. They further noted that press speculation (Thompson, 1994) that the Army's higher rates were due to downsizing or to the aggressive nature of military training go far beyond the empirical evidence.

Substantiated Domestic Violence Cases

A multidisciplinary case review committee (CRC) at the medical treatment facility of each major Army installation reviews maltreatment

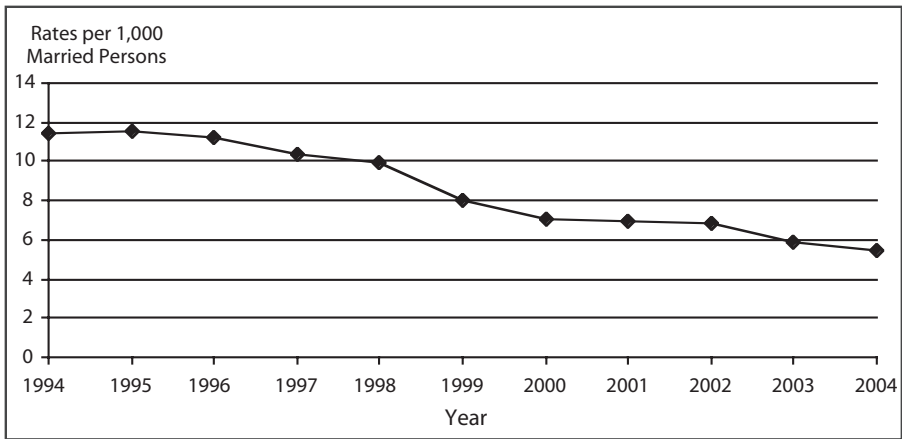
incidents and determines whether the incident is substantiated and becomes a treatment case or is not substantiated and receives no further official follow-up. A substantiated incident is one that has been fully investigated and the preponderance of available information indicates that abuse occurred. The CRC also coordinates the medical, legal, and other forms of intervention. Substantiated incidents are entered into a confidential database, the Army Central Registry (ACR). Spousal maltreatment may be substantiated as physical, emotional, or sexual maltreatment, and victims can be substantiated for more than one category of maltreatment, although this is usually not the case. The number of substantiated cases of domestic violence per year is less than 0.5 percent of the at-risk populations of married persons, both soldiers and spouses. We do not know the extent of selection bias in case substantiation. Enlisted personnel comprise more than 97 percent of the ACR.

Although some offender data are recorded, the main referent of the ACR is the victim. A limited amount of data on the victim and the offender are recorded in the ACR for each incident. These include the source of case referral, the type and severity (mild, moderate, or severe) of maltreatment, the demographic characteristics of the victim and offender, substance involvement of victim and offender, location of victim residence (on- or off-post), and the location where the incident occurred (on- or off-post).

Yearly victim rates of spouse abuse are computed by dividing the number of separate victims in substantiated cases at each installation by the population of at-risk soldiers and spouses, and multiplied by 1,000. Thus, the rate is based on the population of active-duty soldiers and civilian spouses as well as soldiers married to each other (dual military marriages). The rate of spouse victim abuse declined from about 11/1,000 in the early 1990s to about 5/1,000 in 2004 (see Figure 1). About 90 percent of spouse abuse cases in the Army are physical abuse. The balance of substantiated cases is mostly emotional abuse. Spousal sexual abuse is rarely substantiated (less than 0.5 percent of cases per year).

The reports in the ACR are only a crude measure of the extent of spouse abuse in the Army. As noted, the ACR is an administrative database that is victim-based and was not designed for research purposes, which poses limitations on the way data are collected and entered. In a clinical setting, data are subject to clinical judgment and likely to be more unreliable than if gathered solely for research purposes. Some data-entry errors made in the field are impossible to check centrally and are missing when offenders are not identified or when victim or

Figure 1: Spouse abuse initial substantiated victim rates per 1,000 married persons.



offender information is not available. Population counts of nonmilitary family members are estimates at best. Counts are made of the number of active-duty soldiers and their family members if they have been registered in at least one of several other Army databases. It is not known if the spouses are living together.

Recent Research on Substantiated Spouse Maltreatment

Recent research conducted on cases of domestic violence in the ACR has included a summary of ACR spouse abuse reports from 1989 to 1997 (McCarroll et al., 1999); race (Newby et al., 2000); recidivism (McCarroll et al., 2000a); spousal aggression by U.S. Army female soldiers toward employed and unemployed civilian husbands (Newby et al., 2003); patterns of spouse and child maltreatment by discharged U.S. Army soldiers (McCarroll, Fan, Ursano, & Newby, 2004a); drinking and spouse abuse among U.S. Army soldiers (Bell, Harford, McCarroll, & Senior, 2004); patterns of mutual and nonmutual spouse abuse in the U.S. Army, 1998–2002 (McCarroll, Ursano, Fan, & Newby, 2004b); and three studies on deployment of U.S. Army soldiers and spousal aggression (McCarroll et al., 2000b; McCarroll et al., 2003; Newby et al., 2005).

Race. The race of spouse abuse offenders and victims in the ACR is a matter of concern to the Army because it records a disproportionately high percentage of blacks as both offenders and victims (McCarroll

et al., 1999). About 37 percent of ACR spouse abuse offenders entered between 1989 and 1997 were whites and about 51 percent were blacks. During this same period the population of married active-duty whites in the Army was about 61 percent, and 28 percent were blacks. When age-specific rates per 1,000 were computed, the rates for blacks were greater than those for whites in every age group. Age-specific rate ratios between blacks and whites for 1997 ranged from 3.4 for the 18- to 21-year age group, to 1.9 for the 42- to 46-year age group. All the rate ratios except the 42- to 46-year age group were statistically significant. Socioeconomic status (SES) is an unlikely explanation for these findings as SES was reasonably controlled in Army personnel. Currently, there are no sufficient explanations for the disparity in the racial distributions of spouse abuse offenders compared to their representation in the Army.

Recidivism. ACR records were used to calculate offender recidivism by military status (active duty or civilian) and sex over a 70-month period, controlling for age, race, number of family members, education, and substance abuse (McCarroll et al., 2000a). Two different sets of survival curves were obtained. First, men (both civilian and active duty) were more likely to have a recidivist incident than were women. Second, within-sex civilians were more likely to have a repeat incident than were active-duty military. That is, male civilians were more likely to have a recidivist incident than active-duty males; civilian females more likely than active-duty females to have a recidivist incident. At 70 months, 30 percent of male civilians and 27 percent of male active-duty offenders had committed a subsequent spouse abuse incident, compared to 20 percent of female civilians and 18 percent of female active-duty offenders.

Recurrence peaked at two months, which has implications for the possible prevention of further incidents. For example, a follow-up visit or phone call to the offender or victim might be of value at this time. It is not known why this peak occurs, but it remains a topic for future research interest. Due to the socioeconomic circumstances of military personnel and their families, we make no claim as to whether these data are or are not representative of male offenders in the U.S. civilian society.

Employment Status of Male Civilian Spouses. Newby et al. (2003) performed a secondary analysis of data collected on a large population

of active-duty soldiers from 1990 to 1994 as a part of a larger study of needs assessment (Heyman & Neidig, 1999). Aggression by a random sample of female soldiers toward their employed ($n = 840$) and unemployed ($n = 345$) civilian husbands was measured by the Conflict Tactics Scale (CTS), a widely used self-report instrument that asks respondents to indicate the frequency during the past year that they engaged in various behaviors during attempts to resolve marital conflict (Straus, 1979). In a typical administration of the CTS, each respondent (male and female) is asked to report on his or her own aggression toward the spouse. When age, race, rank, years married, and the number of previous marriages were held constant, severe aggression toward unemployed male spouses was significantly greater than toward employed spouses (Newby et al., 2003).

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Mutual Abuse. During the period 1998–2002, the number and rate of mutual domestic violence decreased (McCarroll et al., 2004b). The number of nonmutual and mutual abuse victims was approximately equal in 1998. But by 2002, there were about twice as many nonmutual as mutual victims. The rate per 1,000 of mutual abuse decreased by 58 percent (from 7.3/1,000 to 3.1/1,000), while that of nonmutual abuse decreased by 13 percent (from 8.2/1,000 to 7.2/1,000). The rate per 1,000 of female victims was always greater than male victims for nonmutual abuse, and the severity of abuse of female victims was always greater than for male victims. The active-duty female had the highest risk of becoming a victim.

Alcohol and Abuse. Bell et al. (2004) examined the relationship between typical weekly alcohol drinking and perpetration of spouse abuse by male active-duty Army soldiers. Active-duty male enlisted Army spouse abusers identified in the ACR, who had also completed an Army Health Risk Appraisal Survey (HRA) between 1991 and 1998, were matched on gender, rank, and marital status with controls that had also completed an HRA but were not identified in the ACR. Heavy drinkers (22 or more drinks per week) were 66 percent more likely to be spouse abusers than were abstainers (OR = 1.66, 95 percent CI 1.40–1.96). Moderate and heavy drinkers were three times as likely,

and light drinkers (one to seven drinks per week) were twice as likely as nondrinkers to be drinking during the time of the abuse event. This study showed that self-reported heavy drinking is an independent risk factor for perpetration of spouse abuse among male enlisted Army soldiers. Even five or more years later, there was a significant association between self-reported heavy drinking and alcohol involvement at the time of the spouse abuse event.

Treatment Effectiveness. The U.S. Navy conducted the only known study of the effectiveness of interventions for spouse abuse in the military (Dunford, 2000). In this study, 861 couples were randomly assigned for a 12-month period to one of four groups: a men's group, a conjoint group, a rigorously monitored group, and a control group. Participants were couples in which active-duty Navy husbands had abused their wives. The sample was mostly young, low in rank, educated, white or black race, married less than four years, had children, and had low to moderate incomes. The interventions for the men's and the conjoint groups were cognitive-behavioral. In the rigorously monitored group, the male perpetrators were seen monthly for individual counseling by the case manager at the Family Advocacy Center responsible for the treatment of men who abuse their wives. Local records were searched for new incidents of abuse, and the wives were called monthly and a similar inquiry was made. Members of the control group received no treatment, but did receive safety planning. Outcome data from male perpetrators and female victims were collected at roughly six-month intervals over the approximately 18-month experimental period. They found nonsignificant differences between the groups over a variety of outcome measures. The author cautioned that this study might not be an apt comparison to civilian male batterer programs. Men were required by the Navy to attend treatment, had been screened prior to entry into the Navy for serious mental health problems, and were carefully monitored for substance abuse. All participants were married, employed, literate, and competent.

Deployment and Domestic Violence. Deployment of U.S. military forces is commonplace in the post-Cold War environment. Deployments are thought to contribute to both spousal and child abuse through a variety of factors that increase stress before and during the absence as well as after the return home (Blount, Curry, & Lubin, 1992; Wasilesk, Callaghan-Chaffee, & Chaffee, 1982). A number of stress-

ors are common to most deployments. Menninger (1948) identified many of these during World War II, including uncertainty, separation, isolation, danger, fatigue, and differences in status and privilege among ranks and services. In addition, the length of the deployment, the degree of security (which may limit communication with family members or friends), boredom, and interruption of future plans are a part of present-day deployment (McCarroll, Hoffman, Grieger, & Holloway, 2005).

There are three studies on the effects of military deployment on domestic violence. The first (McCarroll et al., 2000b) was a secondary analysis of data collected as a part of needs assessment surveys at 47 Army installations in the United States from 1990 to 1994 (Heyman & Neidig, 1999). Participants were active-duty Army married men and women randomly selected by each installation to represent approximately 15 percent of their active-duty married soldiers—a reasonably representative sample of the active-duty Army. Surveys were anonymous and the participants and installations were guaranteed confidentiality. Spousal aggression was measured by a modified version of the CTS. Respondents were categorized as reporting no aggression, moderate aggression, or severe aggression. These items and the scoring system have been used in previous family aggression research (Pan, Neidig, & O’Leary, 1994).

Deployments are thought to contribute to both spousal and child abuse through a variety of factors that increase stress.

The final sample consisted of 26,835 respondents. Deployment was categorized as less than three months (one to 17 weeks), three to six months (18 to 30 weeks), and nine to 12 months (31 to 52 weeks). We controlled race (white/nonwhite), age group, rank (enlisted or officer), and children living with the respondent (yes or no). When deployment of less than three months was compared to no deployment, the percentage of respondents endorsing moderate aggression CTS items increased from 0.1762 to 0.1776, an increase of 0.79 percent. The increase for deployment of three to six months was 1.76 percent compared to no deployment, and 5 percent for deployment of six to 12 months. For severe aggression, the probability increased from 0.0367 (no deployment) to 0.0425 for deployment of less than three months, 0.0464 for three to six months, and 0.0495 for six to 12 months. Thus, the probability of severe aggression increased for each length of deployment: 15.8 percent, 26.4 percent, and 34.9 percent, respectively. Even though the statistical model shows an

increasing probability of severe spousal aggression by active-duty Army men and women with the length of deployment, in terms of absolute probabilities the effect is small. Thus, it was not solely the fact of deployment that is associated with severe spousal aggression, but the longer the deployment, the more likely was severe spousal aggression.

In a second study, we investigated whether a deployment of six months to Bosnia predicted early postdeployment domestic violence by male soldiers in a U.S. Army unit performing peacekeeping duty (McCarroll et al., 2003). Active-duty recently deployed ($n = 313$) and nondeployed ($n = 712$) male soldiers volunteered to take an anonymous questionnaire. Deployment was not a significant predictor of postdeployment domestic violence. However, younger soldiers, those with predeployment domestic violence, nonwhite race, and off-post residence were more likely to report postdeployment domestic violence. The predicted probability of postdeployment domestic violence for a deployed 20-year-old, nonwhite soldier with a history of pre-deployment domestic violence that lived on-post was 0.20. For the soldier without a history of predeployment domestic violence, it was 0.05. While race and residence location were significant predictors of postdeployment domestic violence, we thought that the more important message was the presence of predeployment domestic violence, and young age predicted post-deployment domestic violence. We recommended that prevention and intervention programs for postdeployment domestic violence should target persons of young age and those with a domestic violence history rather than deployment per se.

Finally, a similar study reported the probability of domestic violence by soldiers as reported by their wives (Newby et al., 2005). The objective of this study was to determine whether a military deployment to Bosnia of six months predicted domestic violence against the wives of deployed and nondeployed soldiers during the post-deployment period. The method involved the completion of an anonymous questionnaire by a sample of the spouses of soldiers deployed from a large U.S. Army post. The CTS identified incidents of domestic violence by the soldier husbands, and a logistic regression model predicted domestic violence during the postdeployment period. The results indicate that deployment was not a significant predictor of domestic violence during the first ten months of the postdeployment period. Younger wives and those who were victims of predeployment domestic violence were more likely to report postdeployment domestic violence. The conclusion was

that interventions for domestic violence in the U. S. Army should address risks among younger couples and those with a prior incident of domestic violence.

While these studies were conducted on a military population, there are possible areas of contribution to the civilian domestic violence literature. The issue of absence from home affects other professions besides the military, including long-distance drivers and other transportation workers, law enforcement, and overseas workers.

Soldiers Discharged for Family Violence: Transitional Compensation

In 1994, the U.S. Congress authorized the payment of monthly compensation and other benefits to family members of service members who had been discharged from the military if the basis for discharge included child or spouse abuse (10 U.S.C. §§ 801–940, reference b). This program, transitional compensation (TC) (Washington Headquarters Service, 1995) provides support for families in which abuse has occurred and encourages the reporting of abuse by family members that might otherwise go unreported due to the fear of losing their livelihood if the service member were separated.

We analyzed the TC records of the 347 offenders, 337 spouses (160 victims and 177 nonvictims) and 820 children (244 victims and 576 nonvictims) from 1996, when the program originated, until September 30, 2000. Offenders were almost exclusively enlisted male soldiers. Victims were slightly more likely to be children (54 percent) than spouses (41 percent); 5 percent of offenders abused both spouses and children. Spouse abuse was almost exclusively physical abuse, while 75 percent of the children were sexual abuse victims.

The ACR was also examined to determine whether the TC offenders and victims had a history of prior abuse and its severity. Ninety percent of the offenders had an ACR history of child or spouse abuse. Seventy-four percent of the TC child abuse victims had an ACR history, and 81 percent of the TC spouse abuse victims had such a history. The severity of abuse in the ACR of TC child and spouse victims was greater compared to the overall ACR. It is important for mental health professionals, forensic personnel, and court officials both within and outside the Army to be familiar with both the FAP and the TC program. Such knowledge would enable them to better understand the nature of the military response to child and spouse abuse and thus provide better services to victims and offenders.

MILITARY'S LEGAL RESPONSE TO DOMESTIC VIOLENCE

The military uses legal and other (nonlegal) sanctions to prevent and deter violence and to punish the individual for an offense or offenses. The military legal response to domestic violence has often been the subject of public inquiry, particularly the perception that little is done to male soldiers who abuse their wives. No studies have been done to compare legal outcomes for military and civilian offenders.

Jurisdictional Authority

One of the issues of importance to the outcome of a domestic violence case in the military is the jurisdictional authority. The location and circumstances determine whether civil or military authorities can take jurisdiction over a soldier who is a domestic violence offender. Active-duty soldiers are subject to the Uniform Code of Military Justice all the time, regardless of where they live or serve. Military jurisdiction only applies to a civilian offender in very limited circumstances, such as to contractors

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accompanying the Army in a war zone. Some military installations have exclusive federal jurisdiction, which means if the incident occurs on that installation, the federal civilian authorities (the FBI, a U.S. Attorney, and the U.S. district court) will have jurisdiction. Some installations share federal and state jurisdiction, and thus either the state or federal authorities can investigate and prosecute. Formal or informal agreements are usually in place with local civilian jurisdictions as to how a domestic violence incident will be treated.

In the military justice system, the commander has the authority and responsibility to make decisions about how to prevent and respond to domestic violence. As is the case with most Army operations, a commander is given much discretion in such decisions. Under the military justice system, a commander should use the lowest form of appropriate discipline. The commander has many avenues through which a soldier can be disciplined or punished for any offense. The commander has options to prosecute, such as court-martial with or without pretrial restraint (the military term for jail), non-judicial options, and even the option of taking no action when appropriate.

Nonjudicial Options

Nonjudicial options (referred to in the Army as administrative actions and Article 15 punishment) open to the commander have no civil counterparts. Examples of non-judicial options are orders to the soldier to stay away from the victim for some period of time, moving the soldier into military barracks, suspension of pass privileges (meaning the soldier cannot leave the installation, as would be appropriate when the couple lives off the installation), written counseling statements, reprimands, suspension of security clearance and access to military weapons, fines, reductions in rank, extra duty, a bar to reenlistment, removal from a leadership position, and other administrative actions that will be likely to harm or end a soldier's military career, including a separation from the military.

Why Cases Are or Are Not Prosecuted

There are reasons for a commander to prosecute a soldier for domestic violence as well as reasons not to prosecute. Domestic violence cases may be difficult to prosecute, depending on many factors such as the quality of the evidence, whether a victim recants previous statements, whether the offender desires and is able to participate in some form of intervention (treatment), and the operational needs of the military (e.g., deployment of the soldier).

If a nonmilitary family member is a domestic violence offender, a military commander has no authority to intervene with that individual. One of the avenues open to the commander and the military authorities is to ban the civilian from the installation. But this option is not frequently taken. When the installation has exclusive federal jurisdiction, the civilian can be referred to a federal court. When there is shared jurisdiction, the incident is usually turned over to the local authorities, which may or may not prosecute the case. When an incident with a civilian offender occurs off the installation, civilian jurisdiction is applicable.

Recent Legislation

Recent legislation may affect the way military and civil courts adjudicate soldiers accused of domestic violence. The Lautenberg Amendment to the Gun Control Act of 1968 became effective September 30, 1996 (see 18 U.S.C. § 922 (2001)). This law makes it a felony for anyone convicted of a misdemeanor crime of domestic violence (assault or attempted assault on a family member) to ship, transport, possess, or receive firearms or ammunition. Those considered possible victims under this amendment

are a spouse, former spouse, person with whom the offender shares a child, cohabitor, parent, guardian, or similarly situated person. There is no exception for military or law enforcement personnel in the conduct of their duties. It is also a felony for anyone to sell or issue a firearm or ammunition to a person with such a conviction.

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The definitions of domestic violence and convictions are complex. In most cases, civilian criminal court convictions and military court martial convictions for family violence will trigger the Lautenberg Amendment. The law does not apply to nonjudicial punishment in the military or to summary court martial convictions.

SUGGESTIONS FOR FUTURE RESEARCH

We have provided a number of suggestions for further research. Among these are comparisons of military and civil populations on such factors as lifestyle, treatment efficacy, assessments and definitions, and precipitating circumstances (stressors) for family violence incidents. It is also important to determine which aspects of the military community serve as risk factors and which are supporting and protective factors that may mitigate against family violence. These topics have yet to be adequately studied, but have the potential to yield valuable knowledge for both the military and civilian societies.

The relation between military deployment and domestic violence is an important issue. Further research is needed to determine which types of incidents of marital conflict progress or do not progress to severe aggression, and if they may occur during different phases of the deployment cycle. Understanding the mechanisms of spousal aggression related to deployment requires identifying the causative factors in the deployment environment. It is also important to determine whether the location of the deployment, the mission, or the number of times a person has been deployed has an effect on spousal aggression. Deployment environments differ greatly depending on the mission, whether for peacekeeping, humanitarian aid, or combat. Deployments also vary in length, and many individuals are likely to be deployed more than once in the course of a few years. Research is also needed to determine whether these conditions

produce different results in terms of effects on individuals, families, and communities.

SUMMARY

This article focused on the Army FAP and initiatives it encompasses to foster the prevention and treatment of child and spouse maltreatment. We also addressed research that explored similarities between domestic violence in the Army and in the civilian community. The stresses of military life, such as separations, deployments, and frequent moves, have not been associated with an increase in family violence. Race, recidivism, employment, mutual abuse, alcohol use, treatment initiatives, and deployment-related issues were presented as factors to consider regarding incidents of domestic violence. Compensation and other benefits to provide support for the families of discharged soldiers because of family violence were also discussed. The chapter concluded with an overview of the military's legal response to family violence and suggestions for further research.

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