

# Collateral Damage on the Home Front: Ten Years Later

## *Making Strides in Reducing Homicides by Parent or Caregiver in the Military*

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A decade ago, the NC Child Advocacy Institute (now Action for Children North Carolina) studied the occurrence in our state of HPC - homicide of a child aged 0-10 by a parent/caregiver responsible for the child's health and welfare. During the study, the chief investigator, Dr. Marcia Herman-Giddens noted that the HPC rates for Cumberland and Onslow counties were the highest in the state, with rates twice the rate for the state as a whole. Since these counties are home to the largest military installations in the state, a further study of the HPC rates in families with at least one active duty member was undertaken. The resulting 2004 issue brief, *Reducing Collateral Damage on the Home Front*, showed that, while the HPC rates among civilian families in Cumberland and Onslow were significantly higher than the state average, the HPC rates for active military families were higher still.

Staff of the local departments of social services in Cumberland and Onslow, representatives from Fort Bragg and Camp Lejeune, and staff from the Department of Defense provided helpful consultation during the study. More importantly, all participated in efforts to reduce the problem. Both counties implemented interagency work groups (including the military) to further study the problem from a local perspective and

to adopt promising interventions. In addition, the Department of Defense strengthened the *Family Advocacy Program* that had already been initiated to support military families.

The former study covered the period 1985-2000. The current study examined the period 2001-2010 to assess if, after a decade, the interventions have had an effect, and if the resultant HPC rates for Cumberland and Onslow counties have declined. The results show both promise and concern.

### **The Basic Results**

Between 2001 and 2010 there were 251 homicides by parent/caregiver of children from birth through ten years of age in North Carolina. That computes to a state rate of 1.9 deaths per 100,000 children.

There were no HPCs reported in 35 of the state's 100 counties during this ten-year time period. In the remaining 65 counties, just seven counties had eight or more occurrences. The state rate as well as the rates for the seven counties are illustrated on Chart 1. It is clear that the rates for Cumberland and Onslow counties remain much higher than any other county, and indeed more than twice the state rate.



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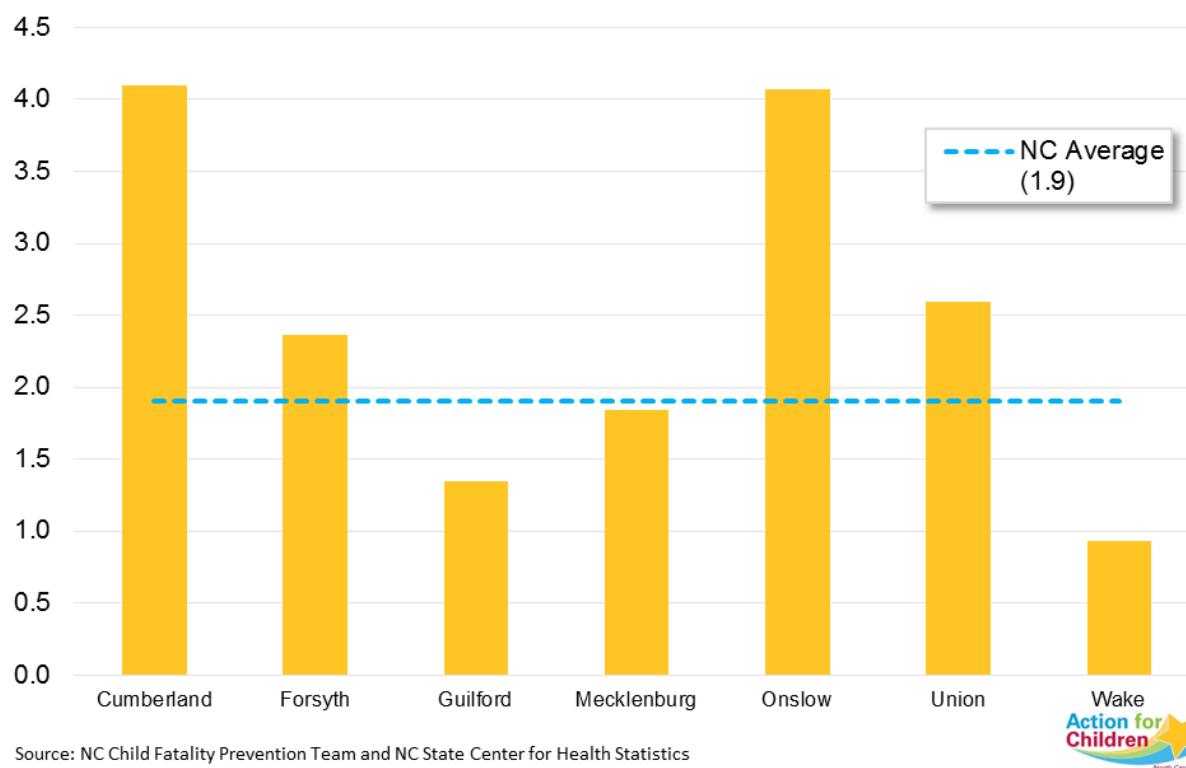


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## Figure 1: HPC Rates Twice as High in Military Counties

Homicide by Parent or Caregiver per 100,000 Children, 2001-2010



There were 22 HPCs in Cumberland and 11 in Onslow during the period 2001-2010. Stated another way, Cumberland and Onslow account for 2% of the counties, 6% of the children birth through age 10, and 13% of the HPCs in the state.

Thankfully, the numbers of HPCs statewide and by county are small. However, measured over a decade (and a quarter of a century when combined with the original study), the differences are real, and remain of great concern to all involved.

### The Better News: Overall HPC Rates Declined

When compared against the original report period 1985-2000, all HPC rates for the period 2001-2010 have dropped.

As depicted on Chart 2, the state HPC rate of 1.9 deaths per 100,000 children in the period 2001-2010 is a 13.6% decline from

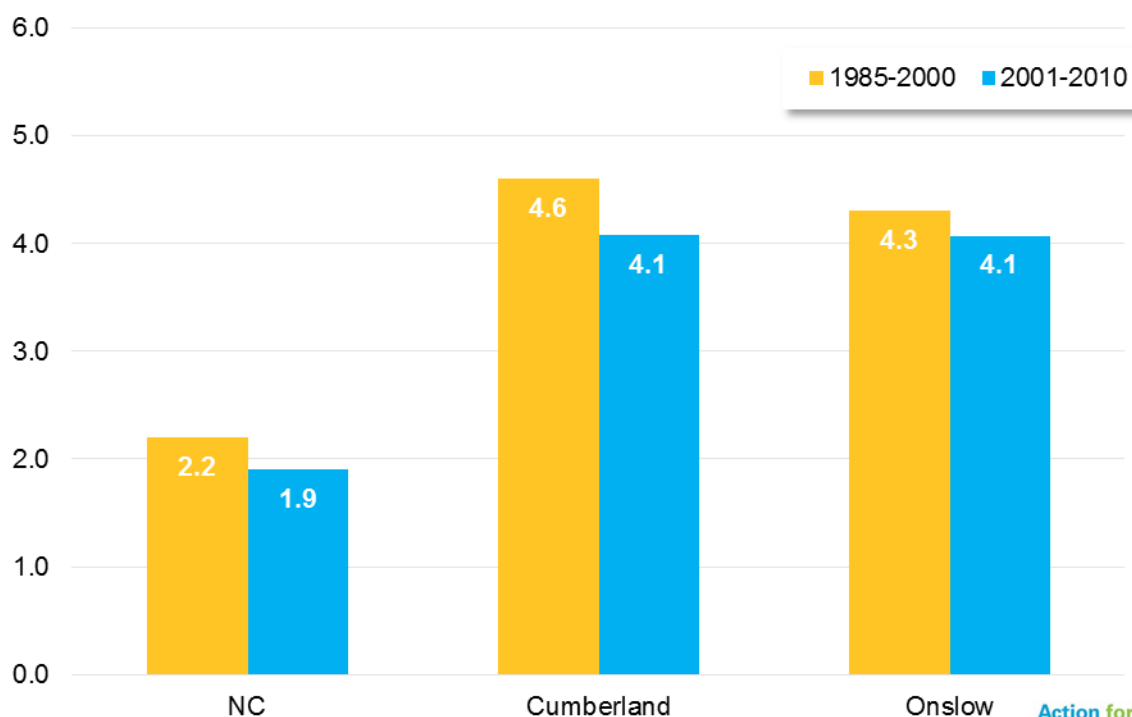
the rate of 2.2 per 100,000 in the period 1985-2000. Though all HPCs are considered preventable and thus of great concern, the rate of 1.9 in the first decade of the new millennium is the lowest ever recorded for North Carolina.

Chart 2 also shows the progress made in Cumberland and Onslow counties. In Cumberland, there were 22 HPCs during the period 2001-2010 for a rate of 4.08 per 100,000. This is an encouraging decline of 11.3% from the rate of 4.6 during the period 1985-2000.

In Onslow, there were 11 HPCs during the period 2001-2010 for a rate of 4.07 per 100,000. This represents a 5.4% decline from the rate of 4.3 during the period 1985-2000.

## Figure 2: HPC Rates Declined Over the Past Decade

Homicide by a Parent or Caregiver per 100,000 Children



Source: NC Child Fatality Prevention Team and NC State Center for Health Statistics



### The Really Encouraging News: Military HPC Rates Also Declined

Since the military (and its families) have been under such great stress in the past decade, there was reason to expect that the decline in HPCs in both Cumberland and Onslow occurred exclusively in the civilian sector. However, as depicted in Chart 3, this was not the case.

In Cumberland County (Fort Bragg and Pope Air Force Base), there were 10 HPCs in children of military families for a rate of 4.18 per 100,000 in the period 2001-2010. This is a 16.4% decline from the rate of 5.0 during the period 1985-2000. (Remarkably, this decline is greater than the statewide decline.) In civilian families, there were 12 HPCs for a rate of 4.0 per 100,000. This is a decline of 9.1% from the rate of 4.4 during the period 1985-2000.

In Onslow County (Camp Lejeune and New

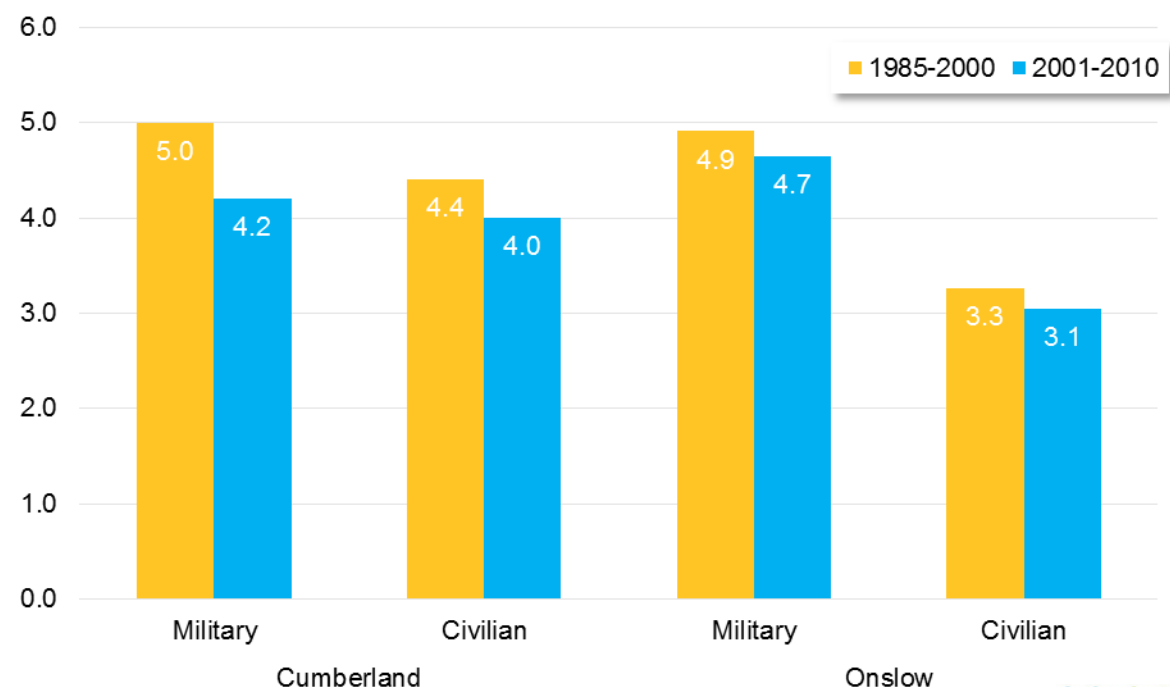
River Air Station), there were 8 HPCs in children of military families for a rate of 4.65 per 100,000 in the period 2001-2010. This is a decline of 5.3% from the rate of 4.91 in the period 1985-2000. In civilian families, there were 3 HPCs for a rate of 3.05 in the period 2001-2010. This is a decline of 6.4% from the rate of 3.26 in the period 1985-2000.

### Analysis and Perspective

Because the numbers of homicides of children by parent or caregiver in North Carolina are (thankfully) fairly small, the purpose of this report is not to raise great alarm. Rather, we hope to convey an impression of the general trends with regard to HPC. However, measured over a decade (and a quarter of a century when combined with the original study), the disparities noted between Cumberland and Onslow – and in particular military families in those counties – and the rest of the state are real,

### Figure 3: HPC Declines Consistent in Both Military and Civilian Families

Military v. Civilian HPC Rate per 100,000 Children



Source: NC Child Fatality Prevention Team, NC State Center for Health Statistics and Defense Manpower Data Center

and remain of great concern to all involved. All HPCs are both preventable and tragic. They deserve serious attention.

#### The State

The 13.6% decline in the statewide HPC rate for the period 2001-2010 is most welcome. Heretofore, the HPC rate had seemed almost intractable. This reduction is not happenstance. Since the stress on today's families is no less (and probably far greater) than in the past, the reduction is almost certainly due to an array of statewide and community-based efforts to raise awareness and enhance family supports.

From a general perspective, all local departments of social services have implemented the Multiple Response System to respond more efficiently and effectively to reports of child maltreatment. And all participate on local child protection teams, multi-agency coordinated efforts to learn from current experience to develop

interventions to prevent future occurrences of child maltreatment and death.

In addition, all intervention and support services are required to be evidence-based, i.e., have been proven to be effective in supporting families and reducing negative outcomes. Just some of these services are the Nurse-Family Partnership Program (home visiting for families of newborns); Parent-Child Interactive Training; Child Treatment Program (for children who have been abused); Period of Purple Crying (hospital-based education on handling the stress of caring for newborns). Regrettably, these services are not available statewide due to a lack of resources. However, where implemented, they are making a difference.

#### The Counties

Though the overall rates in Cumberland and Onslow have not dropped as much as the state rate, the progress in those two counties

is nevertheless impressive. There is a very large military presence in both counties, with an influence on the entire community. Child maltreatment risk indicators include younger families (and younger children), those with economic stress, often a lower level of education, and isolation from extended family supports. A large number of military families have all these risk indicators. To those, add deployment (perhaps more than one), and the perfect storm for family violence is created. And yet, the occurrence of HPC went down in both Cumberland and Onslow, for both military and civilian families.

Once again, this was not happenstance. There appear to be two main thrusts that produced the positive results. First, in both counties the military and local agencies have established high levels of cooperation, coordination and collaboration. There are interagency agreements, joint participation on a number of committees, and frequent leadership meetings. County-sponsored services, such as Family Development Centers and Child Advocacy Centers, are available to civilian and military families alike.

Second, as part of national efforts sponsored by the Department of Defense, the installations in both counties now have an enormous array of family support services, including parenting education, home visiting for parents of newborns, family violence prevention and intervention, and many others. Importantly, there are a host of support services related to deployment, including pre-deployment briefings for the soldier and family, family support during the deployment, and special supports for a period after return. There is a growing group of Family Readiness Officers specifically assigned to this effort.

Thus, during a decade for military families perhaps more difficult than any since World War II, the HPC rate for military families in Cumberland declined more than the state

rate! Though the decline in Onslow was less, it was nevertheless significant during a period of great stress.

While the rates in Cumberland and Onslow have dropped, they remain – for both military and civilian families – about twice the state rate. The rationale for the high military rate is apparent. The rationale for the high civilian rate is less clear. The most reasonable conjecture is that a large number of young women are drawn to the installations as part of, or in search of, a relationship with a soldier. If the relationship does not succeed, the young women may stay in the area and form a relationship with a civilian. These relationships have all the risk indicators noted above – except deployment – thus producing the unfortunate “civilian” outcomes. Parenthetically, the proposed reason that the rates are somewhat higher in Cumberland than in Onslow is the I-95 corridor, which makes Cumberland a more transient community and introduces another level of risky behaviors.

### **A Final Word and Recommendations**

The report issued in 2004 included two primary recommendations. One was that a national study of all large installations be undertaken to determine the occurrence of HPC among both military and civilian families in the respective host communities. While the Department of Defense has enhanced its support services for all installations, we could find no evidence that formal studies of HPC have occurred. We recommend that the Department of Defense, in collaboration with relevant state and local organizations, give serious consideration to this recommendation.

The other recommendation was to expand prevention, treatment and support services – using a family violence approach – to reduce both spousal and child maltreatment. When our initial report was published in 2004, the *Family Advocacy Program* sponsored by the Department of Defense already offered support services for military

families. Collaboration between the installations and local agencies had already begun as well.

A decade later, we find an exponential growth in the array and depth of services available to military families (beyond enumeration in this issue brief), and an incredibly enhanced level of collaboration between the installations and local agencies. Importantly, reminders that negative outcomes still persist are not met with defensiveness, but openness and a willingness to work collaboratively to achieve progress. While progress with regard to HPC is quite encouraging, we must be mindful that a significant percentage of military families are at high risk for adverse family violence outcomes. Thus, the current trajectory of support service expansion should not only be continued, but even more effective ways to mitigate family violence need to be explored and implemented.

The state response has also been supportive, with Governor Beverly Perdue aiming to make North Carolina the “most military-friendly state”, and the legislature enacting the recommendations of a NC Institute of Medicine task force to establish a framework to “ensure that the behavioral health needs of members of the military, veterans, and their families are met.” (SL 2011-185)

To continue the progress, we must raise awareness that being in the military injects enormous stresses and difficult situations into the family lives of the men and women who courageously serve. Our gratefulness for their service and sacrifice to our country must include supports for our soldiers and their families to reduce the frequency and severity of family violence. Helping our men and women in the military and their families is an important way to really support our troops.

### Methodology

Data on homicides by parent/caregiver of children birth through 10 years of age were provided by the NC Child Fatality Prevention Team at the Office of the Chief Medical Examiner. A military case is defined where one or both of the parents or caregivers of the

deceased child were on active duty at the time of the homicide. We are grateful for the cooperation of the NC CFPT, which is known for the depth and accuracy of its information. Population data by year, age and county are available from the NC Center for Health Statistics, another excellent resource.

The number and age of children in active military families is available only episodically from the Defense Manpower Data Center. Fortunately, the data for 2000 were available from the previous study, and the latest DMDC report was for 2010. The beginning and ending data were averaged to represent the average annual population of children in active military families for the 2001-2010 study period. To provide the most accurate data, rates in the narrative were computed to the hundredths. For clarity in presentation in the charts, the rates were rounded to the tenths.

### Acknowledgments

We are grateful to the dedicated personnel at the Cumberland and Onslow Departments of Social Services, Fort Bragg, Marine Corps Base Camp Lejeune, New River Air Station, and the NC Child Fatality Prevention Team housed in the Office of the Chief Medical Examiner for their advice and assistance.

Action for Children North Carolina is solely responsible for the contents of this report and its recommendations. Points of view and opinions expressed in this document are those of the author and do not represent the official position or policies of the installations and agencies noted above.

