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DOMESTIC VIOLENCE AND THE AIR FORCE FAMILY:
RESEARCH INTO SITUATIONAL DYNAMICS AND EVALUATION
OF THE AIR FORCE FAMILY ADVOCACY PROGRAM

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Masters of Arts
in
Criminal Justice

by
Captain Thomas Peter Sherman

June 2004


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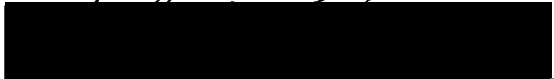
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ABSTRACT

Domestic violence is a problem that has plagued our society for generations. Unfortunately, it was often viewed as a silent crime remaining behind closed doors of households across America. The military family was no exception. Recently, several publicized murders on military bases brought forth public scrutiny on military family programs. Many asked if violence is inherent or common in the military community and what actions is the military taking to remedy this problem.

The Department of Defense began initial work in the 1970's with the Air Force establishing the first proactive measures. Vested in the Child Advocacy Program Regulation of 1975, long-term efforts evolved into the Family Advocacy Program seen today. Medical in nature, the program enhances Air Force community by promoting family health and resilience. This is accomplished by providing services designed to prevent and to treat cases of family violence. In addition, the program maintains, analyzes, and conducts analysis on all family violence cases. Current research focuses on the effectiveness of the Family Advocacy program in mitigating violence in troubled Air Force families.

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Furthermore, I would like to express special appreciation to my family and Laurie. Your unwavering support and understanding throughout this experience motivated me to persevere through the greatest challenges. I am grateful to have such wonderful people behind me.

Finally, I would like to thank the United States Air Force for providing me the opportunity to attend this university and challenge myself academically. Also, to the Air Force Family Advocacy Program for opening their archives and supporting this study.

DEDICATION

To the men, women, and families of the United States
Air Force.

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CHAPTER ONE

INTRODUCTION

The Problem

Over the course of the last 30 years, society's view of domestic violence has changed dramatically. As seen in the literature review, the previously accepted view of allowing spousal abuse to remain behind the curtain of the home has given rise to publicly and privately sponsored spousal violence intervention services (Brewster, Milner, Mollerstrom, Saha, & Harris, 2002; Landes, Segal, & Foster, 1993). This reflects a monumental progression in society's view toward family violence.

Transitioning from the overlying theoretical views, the literature looks at the military's spectrum of influence concerning domestic violence. In many ways, the military system has been a source of intrigue for the general populous. Dr. Nichols (1982) articulated curiosities that many Americans had for the military structure. She likened a military base to a "company" town that is excluded from society with its own infrastructure, norms, values, and secretive actions. Such curiosity inspired comparative studies focusing on differences with the civilian

population.

In the last six months the nation witnessed tragedies unfold at Fort Bragg with the murders of several military spouses. Popular television programs searched for answers to this rash of serious domestic violence cases in the military. Further inquiries and personal testimony resulted in increased scrutiny of the military system. The military was accused of being unresponsive, not taking care of their people, and being prone to ignoring the needs of their troubled families. These reports naturally created a public outcry for further investigation into the conduct and actions of a tax-payer funded institution.

The vast majority of these studies focused on U.S. Army statistics, as it is the largest single branch of the U.S. Military. However, the United States Air Force boasts programs with considerable longevity over the other services. As a result, the Air Force has been the leading service branch in the development of domestic violence mitigation programs. Although the Air Force is not the largest branch, it is no less amalgamous than its sister services. Therefore, it provides an ideal environment for further study.

Outline of Research

Chapter two begins with an overview of the theoretical literature on domestic violence in general. In years before the 1960's, little was done in the area of domestic violence research. The mentality of the time considered it a problem that remained in the home...between husband and wife (Straus & Gelles, 1990). The discussion continues with a chronological progression looking into changes in attitudes and studies on the subject. The 1970's saw the greatest advancement of women's issues and, as a result, an increase in domestic violence awareness (Gelles, 1987). Since this study will be focusing on the issues of domestic violence, key definitions are outlined to lay a foundation of understanding. Studies primarily focused on factors associated with the root causes of domestic violence.

After laying a theoretical and historical basis, the relation of domestic violence to the military family is discussed. It is thought that the military is exposed to factors not fully experienced in the civilian world. Such military characteristics as frequent moves, inadequate pay, military culture, and the tasks to be performed can have a great effect on the family (West, 1997). Theorists, with varying points of view, search to understand root causes.

In conjunction, various studies were conducted to compare the military and civilian communities. The majority of the studies were contradictory in causes and methods. However, there was common agreement that further research was needed.

The Department of Defense has not stood idle on the issue of domestic violence in the ranks. Initial program work began in the 1970's. The Air Force became the most proactive service branch with the publication of a Child Advocacy Program Regulation in 1975 (Mollerstrom, 1992). These initial steps later transitioned into the Family Advocacy Program that evolved from the late 1970's until the present day (Mollerstrom, 1992).

In the continuing efforts to combat domestic violence in military families, the Department of Defense has convened a Defense Task Force on Domestic Violence. The program's charter is to conduct long-term strategic planning and study into the mitigation of family violence (Defense Task Force on Domestic Violence, 2001).

As the research specifies, the actual Air Force Family Advocacy Program is explored in greater depth. Program purposes, goals, and responsibilities are outlined to provide a full understanding of the service provided. In addition to program information, the expectations of

squadron leadership and their involvement in the process will prove a vital research link. The proposed research will focus on those two aspects. The effectiveness of the Family Advocacy Program will be evaluated by looking into recidivism amongst program participants coupled with perceptions of the program itself. Finally, the role of Commanders and First Sergeants will be researched. Program expectation adherence will be determined by exploring the rate in which they are referring their troubled families to the program.

Chapter three will detail the methodology behind the proposed collection and subsequent analysis of the data. The program evaluation will utilize a quasi-experiment with a non equivalent comparison group. The experiment group will consist of all active-duty Air Force families referred to the FAP following the program policy review change. The comparison group will consist of a demographically similar sample referred to the Family Advocacy Program (FAP) prior to the program policy review change.

Chapter four will contain descriptive and statistical analysis for the proposed research project. Descriptive data will consist of important demographic variables that may reveal trends in the families referred to the program.

Examples of the direct tests of the hypothesis are explained to demonstrate desired results of the test. This research proposal has the potential to provide important data to the Air Force on an important aspect of domestic violence mitigation. In the coming years, continued research on this topic may affect the manner in which the military deals with domestic violence in the ranks.

CHAPTER TWO

LITERATURE REVIEW

Domestic violence is a cancer that has plagued our society for generations. Unfortunately, it was often viewed as a silent crime remaining behind closed doors of households across America. For many years this problem remained there. The military family was no exception to this regrettable trend. Recently, the murders of several military spouses at Fort Bragg following the return of troops deployed to Afghanistan in support of Operation Enduring Freedom were seen nationally. These events brought forth increased public scrutiny of the military family. Many may ask if violence is inherent in the military culture; if this is a commonality in the military community; or what actions the government will take in light of recent events. This is a situation that bears further examination due to the impact of domestic violence on the military family, and the military community itself.

Roots of Domestic Violence Research

In the years prior to the 1960's, there was very little mentioned about domestic violence. Reports were occasionally published in local papers or periodicals. However, these cases seemed to be confined to mentally ill members of society. It appeared that domestic violence was not considered a social problem (Straus & Gelles, 1990). Noteworthy is the mentality of early society. During the Middle Ages, women could suffer punishments ranging from severe beatings to being burned alive for offenses deemed unacceptable by husbands and society. In 1768 this concept became more codified as Blackstone published in the common law that a husband had the right to "physically chastise" his wife. In the official language, he may not use a stick larger than that of his thumb. Such concepts were upheld in a United States appellate court as late as 1867 (Straus & Gelles, 1986). In demonstrating the mentality of the period Landes, Siegel, and Foster (1993) further explained the court ruling

A husband is responsible for the actions of his wife and he is required to govern his household, and for that purpose the law permits him to use towards his wife such a degree of force as is

necessary to control an unruly temper and make her behave herself; and unless some permanent injury be inflicted, or there be an excess of violence, or such that a degree of cruelty as shows that it is inflicted to gratify his own bad passions, the law will not invade the domestic forum, or go behind the curtain. It prefers to leave the parties to themselves, as the best mode of inducing them to make the matter up and live together as man and wife should (p. 106-107).

Although the decision is dated, a key aspect of this decision continued into the 20th century. As the court case encouraged husband and wife to "make the matter up," later experts on family dynamics encouraged couples to take an approach of therapeutic aggression. It was assumed that brutal honesty, gut-level communication and "letting it all hang out" would act as a safety valve in a couple's relationship. However, there was no scientific validation to support this in mental therapy, nor evidence suggesting it would work for families either (Straus, 1974).

Amidst the cultural climate of socially accepted wife beating, a change in direction emerged from Alabama in 1871 in the case *Fulgham v. The State* (46 Ala. 143-148). The

court reached a landmark decision that ruled:

...a rod may be drawn through the wedding ring is not now deemed necessary to teach the wife her duty and subjection to the husband. The husband is therefore not justified or allowed by law to use such a weapon, or any other for her moderate correction. The wife is not to be considered as the husband's slave. And the privilege, ancient though it be, to beat her with a stick, to pull her hair, choke her, spit in her face or kick her about the floor, or to inflict upon her like indignities, is not now acknowledged by our law (Landes et al., 1993, p. 107).

The language is important as it officially denied the husband the right to physically abuse his wife. In essence, women began to find protection under the law as a member of the community (Landes et al., 1993).

Court decisions like the above case began a shift in mentality from state endorsement of disciplining one's wife to further protection under the law. Although the law may have changed, the traditions did not. The actual events of what was taking place "behind the curtain" in American marriages was a different matter (Straus & Gelles, 1986).

Progression of Research in Domestic Violence

As society continued to progress, so did the research into domestic violence in America. This movement began in the 1960's and progressed through each decade. As time progressed, knowledge and theory grew in the study of domestic violence.

The 1960's were the budding age in domestic violence studies. Popular theory focused on the evolving concept of the "Battered Child Syndrome." The theory was widely recognized by experts as a benchmark in modern research on child and family abuse. Most of the work conducted in that period dealt with narrow theoretical and methodological approaches to the issue. Reliable statistical studies did not exist as uniform reporting laws were not in effect. The focus was, instead, on clinical samples and investigation style techniques (Gelles, 1987).

The decade of the 1970s saw a dramatic increase in the attention to domestic violence. Three major events began to shape the scope of research. First, the war in Southeast Asia drew a great deal of public attention to violence in general. Second, the women's movement began to shed light on the problems of battered women. Finally, there was a shift in thought amongst theorists from the consensus model

to social action model (Gelles, 1987). The greatest stride during this period was the emphasis placed on reliable empirical studies aimed at identifying associated factors in family violence along with developing theoretical models.

The momentum found in the 1970's seemed to plateau during the 1980s as the drive for research declined. It is postulated that researchers rested on the progress of earlier work and felt that further research replicating frequency comparison analysis would be of little value. The greatest contribution was found in the Second National Family Violence Survey. This study focused on a concern for changing rates of domestic violence (Gelles, 1987).

Key Definitions

In the study of domestic violence, one of the items that plagued early research was the lack of a uniformed definition of key terms being studied. Murray Straus and Richard Gelles in their book *Physical Violence in American Families* (1986), developed universal explanations of key terms based on their extensive research on the subject. For the purposes of this review, two key terms are applicable. First, is the concept of *violence*. It is considered "an act carried out with the intention or perceived intention of physically hurting another person." "Hurt" can be used in a

broad spectrum of situational circumstances from slight pain to serious injury (Straus & Gelles, 1990). In certain cases, violence was used as an equitable term for aggression.

However, *aggression* is a slightly broader concept encompassing emotional injury or depravation as well (Goode, 1971).

Another term that bears clarification is the *family* itself. Three categories can be identified when using this term. First, is that of a *kin relationship* which describes those linked through birth or marriage. Next is an *intimate relationship* of those who have a close personal link. Finally are the *domestic relationships* which describe those sharing a domicile or household (Straus & Gelles, 1990; Weis, 1989). The establishment of common definitions will facilitate understanding of discussed terms.

Theoretical Causes of Domestic Violence

The last four decades of research produced a wealth of theory into the causes of domestic violence across America. There is generally accepted documentation that is germane in establishing a richer theoretical foundation. Families that experience one or more of the following characteristics may have an increased likelihood of domestic violence and potential escalation if the situation continues without an

intervening force (Gelles, 1987).

The following are key points: Families share a great intensity of commitment and involvement. Therefore, disparaging remarks made by family members will be of much greater impact than those made by outsiders (Gelles, 1987).

Many interactions in the family center around a give-and-take compromising relationship. It is inherently "zero sum," as it involves a series of winners and losers (Gelles, 1987). As time progresses or as frustration mounts, the decision making process becomes increasingly confrontational. Spouses may then resort to violence to maintain their dominance over the relationship. (Landes et al., 1993)

Several closely related factors play a large role in the likelihood of violence. Effects of age, sex, and assumed family roles can contribute to family members in feeling they possess a right to influence the values, attitudes and behaviors of the family (Gelles, 1987). Men have often viewed the traditional role of women as subservient status in the household. Research has found that uneven relationships with the male or female as the dominant member had the highest potential for violence (Landes et al., 1993). Gelles (1987) also noted that family is one of the only social institutions where status and responsibility is

based on age and sex rather than regard or competence.

Stress comes in many forms and can have a variety of devastating effects on the household. Families are prone to stress as they are in a constant state of change. Birth, death, children and life itself are recognized by family scholars as examples of transitional stress (LeMasters, 1957). Additionally, stress is something easily transmitted throughout the family. As a member of the family is suffering from such things as unemployment, illness or poor performance, it is ultimately felt by all members (Gelles, 1987). Several research studies have pointed to social status and financial situation as being among the largest causes of stress in a family. Low socio-economic status was found to be a consistent risk factor in domestic violence (Landes et al., 1993). In fact, the *Second National Family Violence Survey* suggested that families living at or below the poverty line were 500 percent more likely to suffer from domestic violence issues than that of families in higher socio-economic classes (Landes et al., 1993).

Finally, a variety of peripheral contributors are discussed. Things such as drugs and alcohol can play an influencing role; however, these are often used only as excuses for committing the act. Studies on the effect of

alcohol's relation to domestic violence suggested that a much smaller percentage of the abusers were consistently drunk at the time of violence (Landes et al., 1993).

Although there are countless causal factors in the study of domestic violence, the above provides the evolution of domestic violence research necessary for further study of such violence in the military family.

Domestic Violence in the Military Family

The military, by the nature of its wide reaching duties and responsibilities, is an amalgam of cultural, religious, racial, and belief demographics from across America. Being in the service of one's country is not a simple task for the member or their family. This lifestyle has implications in almost all facets of the family's life (West, 1997). It is estimated that there are over 800,000 married couples in the military service (Caliber Associates, 1994). Duty, honor, country are words immortalized by General Douglas McArthur that have echoed in the military's concept of service since World War II. In a similar fashion, the Air Force has published "core values" for its Airmen establishing a common culture of "Integrity first; service before self; and excellence in all that we do." This expectation flows not

only to the Airmen, but to the family as well. Dangerous work environments, family separations, financial concerns, long work hours, and relocations name a few of the demands placed on our military families to accommodate the mission (West, 1997).

Key Concepts

In recent years, the Department of Defense has placed greater emphasis on the situation of the military family. More of the Department of Defense findings and programs will be discussed later. However, there are standardized definitions established by the Department laying common baseline for military law enforcement, family advocacy and military commanders to gage the pulse of their military families. Spouse abuse, according to DoD Directive 6400.1, includes the following:

...assault, battery, threat to injure or kill, other act of force or violence, or emotional maltreatment inflicted on a partner in a lawful marriage when one of the partners is a military member or is employed by the Department of Defense and is eligible for treatment in a medical treatment facility (Department of Defense, 2002, p. 1).

Although the Department of Defense has not issued a formal definition for "domestic violence," it is possible to see that the above definition encompasses a combination of the terms "violence" and "aggression" from Goode (1971).

However, the Department of Defense, for the purposes of bringing clarity in the Defense Incident-Based Reporting System, combined the concept behind Punitive Articles in the Uniformed Code of Military Justice¹ (UCMJ) and the Family Advocacy Program's definition of "Spouse Abuse." The combined work resulted in the following definition:

The use or attempted use of physical force, or the threatened use of a deadly weapon, against a current or former spouse, a person with whom the victim shares a child in common, a person who is cohabiting with or has cohabited with the victim as a spouse, a person similarly situated to a spouse, or against an adult who is unable to provide care for himself or herself and receives care from the abuser. The commission of three or more such acts against the same person shall be considered aggravated domestic violence

(Department of Defense, 2002, p. 2).

Theory of Military Domestic Violence

The Effect of Strain

Research has revealed that the military family is subject to unique stress that is not as prevalent in the civilian world. Although, it should not be viewed as a constant absolute in the military life. These factors evolve over time, duty location, nature of the military unit, mission, and the type of job performed (West, 1997).

Military service is a demanding job, and many times an unforgiving job. It often requires a great deal of long and constantly changing work schedules to meet mission requirements. This often interferes with spousal employment, recreational plans or normal family obligations (Segal, 1989). To compound this matter, a great number of military organizations are round-the-clock operations. Therefore, shift schedules are required to ensure proper mission execution.

A number of years ago a study on Air Force Security Police was conducted by Rosana Hertz and Joy Charlton (1989). Their focus was the effect that shift work had on the family. They discovered an increased level of stress placed on a family attempting to accommodate the shift

schedule of the military member. Additionally, for family members working the "swing" or "midnight" shift, very little quality time was actually spent with family members. The spouse was left to carry the burden of running the household and in some cases, working a second job as well. The result was that many spouses shared the symptoms of work related stress with their shift-working spouse (Hertz & Charlton, 1989). To compound matters, the demanding work does not always come with an equitable economic reward. This is especially prevalent in the younger enlisted airmen who are also married. This unfortunate example is evident as many of our young families find themselves on food stamps for survival.

The combination of these factors, especially over time, can cause a great deal of strain in a family. Dr. Agnew (1992) discussed that each type of strain increases the likelihood that individuals will experience a range of negative emotional reactions. In the case of domestic abusers, anger is found to be a critical emotional reaction to the strain (Agnew, 1992). This anger grows in a cumulative response to external factors. Abusers begin to blame their adversity on others, most importantly their spouse. The anger festers inside until it manifests into

violence or revenge (Agnew, 1992). Many of our young military couples experience this form of violence. They often lack the experience to deal with the strain associated with being thrust into a difficult adult world while they are still adolescents.

The military is often called upon to move frequently. Military members are not permitted to remain at one duty location for extended periods of time. Some families look upon this as an opportunity to visit new locations, countries, and considered an advantage of military service. Others frown upon such change, as it becomes nearly impossible to develop any long-term consistency. However, even for the enthusiastic mover, this can be a stressful period for a family. Difficulties with housing issues, new school environments, and community changes disrupt family life. Additionally, families may also experience economic challenges as jobs, once secured by a spouse at a previous duty location, may not be available at the next base. Many families also experience a sense of isolation at the new duty location due to separation from family and friends. Finally, assignments over-seas can compound these issues as adjustments to new customs and cultures create enhanced challenges (Segal, 1989; Ursano, et al., 1989; West, 1997).

Emile Durkheim focused attention on the social change in society and argued that social forces are a factor in the manifestation of crime (Ortmann, 1997). The concept of anomie refers to a breakdown in social norms. Individuals then have great difficulty in finding their place in society without the normal or familiar structure to guide their behavior (Greek, 2001; Ortmann, 1997). As conditions in life change, the adjustment causes strain in the family. Such strain can lead to distraction, deviance, conflict, and violence (Greek, 2001; Ortmann, 1997). These periods of distractions and adjustment bring forth a higher degree of anomie in the family. The military move is often a sudden event with families having only a short time to begin preparations. Durkheim felt that sudden changes compound the degree of anomie experienced by the family. In that case, the system breaks down with familiar norms and routines destroyed as the family is uprooted to a new location (Greek, 2001; Ortmann, 1997). The unfortunate reality is that the presence of anomie is increased as the family violence adds more pain to an already difficult situation.

In the study of the military family, the regimented, rank-centered structure is often examined as a source of

family problems. This lack of autonomy for a large percentage of the force has been hypothesized to create difficulties in the family (West, 1997). Some families may find the military structure as a stabilizing force while others may feel a hindrance caused by normative constraints. Rank, position, and possibility of advancement can carry a sense of status for the military family. While in another vein, families may be resentful and perceive advancement expectations as burdensome, thus causing additional normative stress (Segal, 1989). Ultimately, rank and position are equated to two important aspects. One's success is often viewed by the rank they achieve. Rank also equates to increased financial rewards to a family as the service member attains a higher position.

The relationship of military and family expectations compared to the actual performance of the service member can create a great deal of strain in a family. Theorists have pointed out that this strain is derived from two important aspects of the cultural structure. They are the assigned expectations and the method to achieve these expectations.

For this situation, they are found in the military's assigned goals and aspirations levied on the members (Evans, 2003; Merton, 1938). Examples can be found in position,

rank, income, or other material items that the culture deems important. The second form is the formal method that the military establishes for members to achieve these goals (Evans, 2003; Merton, 1938). Procedures the military uses are performance reports, awards, medals, promotion testing, professional education, and recommendations by superiors.

Success is found when the military member feels that they are achieving the goals through the prescribed methods of advance (Evans, 2003; Merton, 1938). When the performance does not meet the expectation, strain can form in the family. This strain can lead to violence as the military member lashes out against the spouse. Conflict can arise as the spouse expresses displeasure in the performance or ability of their service member. The violence is often used to squelch the reminders of their failures. The military member can also transfer their rebellion against the military system onto the spouse due to strain caused by their own frustration.

The Perspective of Control

A by-product of being a global power with international military presence is a frequently occurring separation of military families. This can be categorized in a variety of ways. Separation often occurs during military operations

that require a short-term deployment of forces. Another form is seen in a one-year remote tour in which service members are not authorized to bring family members. Finally, during peacetime, military schooling, training, sea duty, or work related assignments could keep a service member away from the family for months at a time. Such separations can create a great hardship on families left behind. They are forced to assume new roles and family duties accompanied with the disruption of their normal routine (Segal 1989; West, 1997).

In conjunction with the family separation itself are the dynamics of pre and post-deployment. Following a study conducted by the Department of Veterans Affairs following the Gulf War, the military has recently focused attention to the family reunion period. The study found that the veterans were concerned about family matters associated with performing duty while separated from family (Figley, 1993). In pre-deployment, general anxiety and tension builds from the initial notification to the actual separation itself. However, it was the reunion that researchers found the highest level of hardship.

It is a period of high expectation on the part of the service member and family. During this process the family

must reintegrate and adjust to changes in the homeland, changes in family dynamics, the pressure to return to a normal family environment, and possible psychological concerns from the deployment experience (Figley & Leventman, 1980). From the aspect of the service member, their reactions are closely linked to the family pressures above; however, the perspective is slightly different. They may experience conflict over changes in social support networks for the family, jealousy over perceived extra-marital affairs, disappointment over homecoming expectations, or competition among family members determining activities and events (Figley, 1993).

This period of high intensity readjustment is sometimes overwhelming for service member and family. The conflict often turns to violence as a result. Researchers could look at these violent reactions to external stimuli as a loss of self-control. These deficiencies in self-control can be related to an impulsive nature in the individual. They often fail to think about the consequences associated with the actions they are about to take (Strayhorn, 2002). These individuals cannot curb their aggressive urges toward their family members and fail to engage in peaceful conflict-resolution (Strayhorn, 2002). Gottfredson and Hirschi

categorize those with low self-control as impulsive, self-centered individuals. They often prefer physical activity over mental and have a difficult controlling their temper (Lanza-Kaduce, 2001). This loss of control is often compounded by family problems that existed prior to the deployment. This was the case in the violence and spouse murders at Ft. Bragg.

The military has always prided itself for holding its personnel to a higher standard of conduct. One does not have to look far to see core values, codes of conduct, and honor codes like that seen at the United States Air Force Academy that states "We will not lie, steal, or cheat, nor tolerate among us anyone who does." The concept behind these codes and values are to develop rich social bonds amongst the military members. Strong bonds lead to a sense of esprit de corps that serves as a force multiplier in difficult situations.

Travis Hirschi (1969) developed a theory addressing the importance of social bonding in respect to delinquency. Acceptance of the bonds of attachment, commitment, involvement, and belief gives an individual a stake in conformity (Hirschi, 1969). Attachment relates to one's connection to society's, or in our case the military's,

norms and values. Commitment exhibits the rational aspect of conforming to the established norms and realizing that deviating from those norms can jeopardize one's potential. The next concept of involvement states that one is simply too busy to partake in activity that violates the organization's values. Finally, belief is the internalization of norms so that it is embedded in the psyche of the individual (Hirschi, 1969). Unfortunately, there are persons that join the military and never embrace the values the military stands for. These individuals often slip into deviant behavior.

Power, total self-reliance, and arrogance of being above the system may be motivating factors for these individuals. Their attitudes drive a wedge between their own goals and the norms of the military system. The farther they slip away from the social bonds, the more they attempt to exert their power at home. Their brewing deviant behavior begins to affect the family. They, in turn, become the victim as the military system is no longer effective in preventing such behavior (Hirschi, 1969). The violence continues until a mechanism can reenergize the significance of the social bond. Once established they can prevent the continuance of abuse.

The Social Influence

Not all criminal theorists would embrace this control theory applied to family violence. Using a similar scenario, we must look at the demographics of the military structure itself. The overwhelming majority of military members enter the military in the period of late adolescence. The military is, generally, a young organization as compared to nationwide population distributions (Heyman & Neidig, 1998). As they are assimilating into the military system during basic and advanced training, they may begin a period of initial deviance. This can be against the military structure or the family itself (Ray & Downs, 1986). For example, this can take the form of failure to comply with military standards or immature lashing out in a young marriage.

One form of re-motivation is shaming in front of one's peers. However, this shaming tactic can turn into the label of being a 'slacker, blow, or a lost cause.' The label follows the airman who then receives only negative motivation from superiors. As the feeling of self-worth continues to decrease, they begin to enter a secondary deviant period (Ray & Downs, 1986). The violent behavior continues at home as the airman translates the sentiments

from superiors into expected conduct at home. Therefore, the airman becomes the slacker, lost cause, or, in our case, the wife-beater. Therefore, such theorists would suggest that the military system itself creates the deviance through labeling airmen early in their careers. The behavior then manifests through continued negative reinforcement (Ray & Downs, 1986).

The military is often characterized as a highly structured, regimented, and primarily male dominated organization. It is this aspect of the military that is often criticized as a contributing factor to violence in the family. The criticism focuses on two main theoretical considerations. They are institutional masculinity and informal associations.

The first suggests that the authoritarian male dominance is inherent in the system itself. Critics are concerned that the mentality may be bolstered by training or formal influences. It is important to note that full integration of women into the military structure came only in the last 30 years. The integration was slow to gain acceptance and remnants of an old manner of thinking occasionally surface today.

Sutherland's (1947) work on differential association

suggests that deviant behavior is a learned process. This process is enhanced through interaction and communication with peers and superiors (Sutherland, 1947). The members of a military unit form close, intimate bonds that characterize the principal part of the learning process (Sutherland, 1947). As the service member becomes increasingly integrated in this authoritarian organization the behavior translates from the learned aspect into the application of violence in the home. The learned behavior of operating in a male dominated, authoritarian system became the expectation in the family. Therefore, strict measures would translate into a strict application of authority at home.

One interesting report noted that military commanders stressed the importance of not allowing stress to affect their job performance. It was suggested that one method of dealing with stress was to actually take the anger home and release it in the form of abuse on one's spouse (Nichols, 1982). Evidence to support this situation is based more on anecdotal reports than empirical evidence (West, 1997). However, this does relate to an important concept of differential association.

It is believed that one participates in delinquent behavior due to definitions favorable to do so (Sutherland,

1947). For a young airman the influence of a commander carries a great deal of influence. This is further magnified as commanders are the authority that levies punishment for violation of law. Therefore, if commanders advocate such activity to their subordinates, it becomes an acceptable behavior.

The second theoretical aspect focuses more on informal associations. It is hypothesized that this authoritarian, male dominated structure attracts members with that predisposition. The behavior is then reinforced through peer interactions (Warr & Stafford, 1991). Studies have expanded on the theory of differential association to focus on the effects that peer groups have on influencing delinquent behavior (Warr & Stafford, 1991).

The theory suggests that peers' attitudes can have a significant impact on an individual's delinquency. It is human nature for individuals to develop associations with peers of similar thinking, interests, and outlook on life. Those predisposed to committing violence in the home may have their behavior validated by their peers. This peer group may embrace a male dominated, hierarchical system that should also be present in the home as well (Warr & Stafford, 1991). With constant support by similar thinking, the abuse

will continue in the home, as the abuser believes this course of action is correct.

The nature of military service is inherently dangerous. Those that volunteer for this duty are asked to place themselves in harms way for the needs of America. It is also important to remember that the ultimate responsibility of the military is the directed use of violence against an opposing force. This concept must be reinforced constantly in the force in that the responsibility is instilled in the service member. In essence a culture of violence must be created. For example, cadets at the United States Air Force Academy are required to participate in a combat oriented assault course. When preparing for the course the cadets are educated in the methods of hand-to-hand fighting with a rifle. The cadre asks the group of cadets "What is the spirit of the bayonet?" The response is "To kill! To kill! To kill!"

Managing this culture of violence is critical in allowing it to operate within the norms of society as a whole. To best accomplish this, the military must make itself a societal subculture. The military establishes a social system that embellishes upon the ideals of American culture (Greek, 2003; Wolfgang & Ferracuti, 1967).

Additionally, the military also establishes norms of conduct outlined in the Uniformed Code of Military Justice and service specific regulations. Failure to comply with the military normative system can result in disciplinary action or discharge. The transmission of both the violence inherent in the duty and the norm of the subculture must be indoctrinated. Therefore, a learning process must establish the link between the military norms and the individual service member (Greek, 2003; Wolfgang & Ferracuti 1967).

Unfortunately, this linkage is sometimes incorrectly instilled as the service member assimilates the violent aspects of the service with incorporating the controls placed on it. They thrive on the violent aspect of their job, and often perform well at the technical tasks. However, the violence at the core of the subculture is taken back to the home. The service member does not differentiate between the violence in the training and the violence they are levying upon their family (Figley, 1993; Segal, 1989; West, 1997).

When looking at domestic violence in the military family, one would be remiss if the exploration of causes rested solely in the military system. It is important to remember that today's military is a complete volunteer

force. Therefore, it cannot be characteristic of a true representation of society as one could expect in a conscripted force. Thus, a variety of risk factors may be present that must be accounted for when studying military spousal abuse (Heyman & Neidig, 1998). With this in mind, research into domestic violence has shown that the seeds of abuse could be sown early in life. This concept known as the cycle of violence has gained popularity in a method of explaining the roots of family maltreatment (Widom, 1989).

The theory was one of the few that address abuse and family violence directly. Widom (1989) suggests that children who are subjected to or bear witness to abuse in the home grow into abusers later in life (Widom, 1989). Therefore, it can be inferred that a significant number of family abusers in the military may have been subjected to violence as children. As these individuals mature in life, get married, and have children, they revert to negative experiences they were subjected to earlier in life (Widom, 1989). Unfortunately, the cycle of violence continues. Previous trauma is so ingrained that an abuser, when confronted with conflict, defaults to an abusive reaction.

The cycle of violence is one of a variety of theories that explore the affects of life on future deviant behavior.

Theorists are looking into the effects of life course models on changes in criminal behavior over time (Samson & Laub, 1990). The life course is defined as a pathway that traverses through the differentiation of age and experience. Through this pathway, the decision making process is developed through events that give shape to stages, transitions, and turning points in life (Samson & Laub, 1990) There are two core components to the life course. The first is a trajectory of development through life, characterized by long-term patterns of behavior. The second focuses on significant transitions that occur within life's trajectory. They are short-term events such as marriage, employment, or parenthood (Samson & Laub, 1990). This external stimulus molds one's personal character through life's progression. It also implies that a strong connection exists between childhood experiences and behavior later in life (Samson & Laub, 1990).

As mentioned above, the military is a volunteer amalgam of society. We possess airmen from all over the county, various cultural groups, diverse socio-economic statuses, and backgrounds. They bring with them experiences from their life course into the military structure. Unfortunately, not all aspects of their life courses are

positive manifestations in the military or family environment. Those victimized at critical points in the life course show tendencies to commit violent acts later in life (Macmillan, 2001).

The military system does not condone violent behavior and possesses mechanisms of punishment for offenders. However, abusers will commit violence against their families, as the military structure has not been able to alter the service members life course (Macmillan, 2001). The violence in the home will continue until a significant transition can take place, thus altering the life course into a new, more positive direction (Samson & Laub, 1990). Although, these theories are independent of a direct causal military influence, they are important concepts in understanding why violence occurs in the military family.

Studies and Comparisons of Military Domestic Violence

Over the last few years, numerous studies have examined domestic violence in the military family. The majority of studies look at the demographics of the violence, severity, and potential causes. There is a much smaller pool of research looking into direct comparisons between military and civilian rates of domestic violence.

There is limited research that directly examines if military families are inherently more violent than their civilian counterparts. Carolyn West (1997) suggested that findings should be approached with caution. She uses an example compiled by Bohannon and Dosser (1995). They used a sample survey of 94 military couples and compared them to couples in the Second National Family Violence Survey. They concluded that the rate of violence was higher in the sample military group than the national survey at a rate of 57% versus 16%. Additional small sample surveys reached conclusions suggesting that the violence also appeared to be more severe where both military men and women (21% and 4%) required more medical attention than civilian couples (3% and 0.4%) from the same national family violence survey (Cantos, Neidig, & O'Leary, 1994). Clinical surveys

sampling 60 couples with marital dysfunction reported that 23% of military wives were hit by husbands compared to 3% of civilian counterparts (Griffin & Morgan, 1988).

In 1995 a specific study was conducted that sampled students of American Military and Civilian dependents at the University of Maryland campus in Munich, Germany (Cronin, 1995). The research was designed around reports of parental spouse abuse from the college students of the military and civilian families stationed in Europe. This was viewed as an opportune sample group to compare the rates of violence between military and civilian families. In theory, such a sample group would be spatially removed from the reporting bias differences in the military and civilian communities.

Dr. Cronin (1995) caveated his work stating that several authors have commented on the tendency for the military establishment and families to avoid officially reporting family violence. It was felt that family violence can directly jeopardize the family's financial security, as administrative action can result in punishment or dismissal from the service (Cronin, 1995). In addition, reporting among families of commissioned officers is viewed with suspicion. It was felt that the military would be more inclined to protect officers accused of domestic violence

than that of enlisted members (Cronin, 1995). A voluntary survey was distributed to 220 students with 202 returning the material. The results collected suggested that a higher percentage of students from military families reported violence in the home. The general trend found greater incidents of spousal abuse in the military family. Higher levels of slapping, throwing objects, and an overall measure of violence distinguishing them from the civilian group (Cronin, 1995). Ultimately, the study concluded anonymous self-reporting by adolescents in determining degrees of family violence can be used as a valid instrument.

In 1989, Richard Heyman and Peter Neidig completed a study on aggression rated in true representative sample sets. Their research was motivated by concerns about faulty media reporting and unsatisfactory comparative studies addressing domestic violence between military and civilian families. They stated that many small-scale studies imply that the rates of violence and aggression are significantly higher in the military family than in civilian counterparts.

The major concern was that these studies did not use representative samples. Additionally, due to the small sample numbers, results cannot be generalized to represent the military and civilian populace as a whole (Heyman &

Neidig, 1998). To provide a definitive and more accurate study of this problem, it is important to use: a large random sample of civilians and military members; use established, reliable, and valid survey tools; and implement statistical controls to eliminate differences in population characteristics.

In their study, measuring was extensive with respondents sampled at 38 Army installations. The population was weighted to ensure a 15% representation among bases (Heyman & Neidig, 1998). The civilian group was obtained by sampling households that met the criteria of those who were presently married or living in a male-female capacity. Couples who were recently divorced or separated were accepted as well. All sample groups were standardized to match the age and race distributions of the 1990 U.S. Census. These data compiled indicated that once age and race are statistically controlled, the reported rates of violence in the U.S. Army were slightly higher than the nationally represented civilian group (Heyman & Neidig, 1998). Ultimately, the team suggested that further work should be conducted before definitive conclusions are made concerning the rates of spousal aggression between the military and civilian community.

Department of Defense Involvement

For many years the Department of Defense has been involved with family related concerns and more specifically domestic violence. In 1974, Congress passed the Child Abuse Prevention and Treatment Act. The Air Force was the first service component to respond to the legislation by creating a Child Advocacy Program Regulation in 1975. Department of Defense directives based on national legislation followed later to establish consistency through all service branches. Directives defined specific categories of child and spouse abuse. Additionally, each military service was required to create a central registry and mandated reporting of all such incidents to this registry (Mollerstrom, 1992).

In 1985, the Air Force expanded the previous system into the Family Advocacy Program. Outreach workers were hired from Congressionally provided funds to focus attention on preventing family maltreatment and outreach services provided to the military community. In 1988, the Air Force recognized the growing need to expand the services and staff of the Family Advocacy Program. The staff was then augmented with personnel trained in dealing with victims, perpetrators and families who experienced violence (Mollerstrom, 1992). The Office of the Air Force Surgeon

General oversees program management. The connection to the medical community gives a positive aspect to the families being treated. Primary referral sources are the medical personnel themselves, followed by commanders/first sergeants², and finally by the Security Police. Strengths of the program include mandatory reporting and assessment, monitoring services for patients, and involvement of unit commanders (West, 1997). The program continues to expand filling the needs of the Air Force family.

Recently the Department of Defense began a new phase in domestic violence research and program management. The National Defense Authorization Act of 2000 ushered in the foundation of the Defense Task Force on Domestic Violence. This program calls for the long-term strategic plan to assist the Department of Defense in eliminating domestic violence (Defense Task Force on Domestic Violence, 2001). This plan will include a recommendation and research phase to adequately define program priorities. To do this, the research team must compile data on domestic violence in the military (published and unpublished), gather descriptions of studies of a similar nature in progress, and formulate a cadre of experts in the field to provide vision for future

research efforts to address domestic violence in the military.

Aside from the theoretical nature, the Department of Defense called for the establishment of a database to track domestic violence incidents. The information would be categorized on an existing Defense Incident-Based Reporting System. The program collects data, tracks criminal offenses in which military law enforcement has primary responsibility, and annotates corrective actions taken by the unit commander. As a second method, the Family Advocacy Office will collect both criminal and non-criminal data reported by the spouse. In this case, these data are more of a clinical nature and, therefore, do not include action taken by the commander (Department of Defense, 2002).

The Defense Task Force on Domestic Violence recently published their Second Year Report (2002). In this report, issues were compared to program goals of the initial report and necessary adjustments analyzed. The concepts were then further developed or expanded based on feedback during research. The team reported that during their second year of operation, it is becoming clear that they did not have answers to the issue of domestic violence. Additionally, there was not a solid recommendation that could be provided

to the Secretary of Defense to guarantee an end to domestic violence in the military.

Through the intense level of research, it is understood that domestic violence is a complex national problem that does not lend itself to easy answers or all-encompassing solutions for military or civilian communities. The report described further research in the areas of policy, reporting, intervention, increased tracking, and prevention. The Task Force was encouraged to find that respective service Family Advocacy Programs were looking at program issues in the same manner as members of the Task Force. The members are hopeful that over the next few years the collective knowledge and efforts of the task force will make strides in improving all aspects of the Department of Defense's response to domestic violence (Defense Task Force on Domestic Violence, 2002).

Foundation for Study

In response to congressional interest in child abuse, the Air Force began its first steps toward today's Family Advocacy Program in 1975. Department of Defense guidance did not emerge until 1981. In 1981 the Department of Defense (DoD) established specific guidelines and categories

for child and spouse abuse, mandated central information registries, and required standardized reporting across the service branches. The Air Force continued to progress in the development of the Family Advocacy Program based on the Defense Department's regulations. A steady series of process improvement initiatives occurred throughout the 1980s and 1990s. These efforts resulted in improved outreach programs for families, certified social workers at each installation, maltreatment prevention services, special medical or educational needs assessment, and the exceptional family member program services.

Program Goals and Services

According to the Air Force, the goal of their program is multifaceted in an effort to best serve the Air Force community. Ultimately, the Family Advocacy Program (FAP) is a medical program that enhances Air Force readiness by promoting family health, community health, and resilience. The FAP helps build and sustain healthy relations by developing, implementing and evaluating policies designed to prevent and treat family maltreatment. The FAP also provides program management, oversight, expert training, and consultation services to the Air Force community. In addition, it maintains, analyzes, and reports data on family

maltreatment.

In concert with base and community agencies, the Air Force FAP provides a continuum of services based on the needs of the community and the individual. In the end, these services must facilitate family, community, and mission readiness (United States Air Force Medical Command, 2002). The FAP is comprised of three principle components. They are prevention services, maltreatment intervention, and special needs identification. Throughout the Air Force Instructions, the term "family maltreatment" is used. They define this term as the situation when a military family member experiences nonaccidental physical or emotional trauma or neglect (United States Air Force Medical Command, 1993). It is a simplified, yet synonymous term for the DoD combined definition of domestic violence.

The two most important aspects of the program dealing with domestic violence are the prevention and intervention offices. The goal of the prevention office is to decrease behaviors that contribute to domestic violence and enhance behaviors that foster a healthy lifestyle. They employ the efforts of a number of subsidiary specialty offices to best serve the community. In addition, they educate base leadership on proper identification and referral services

for their assigned personnel. The office also accomplishes an annual installation prevention plan assessing the local climate to best determine community needs.

The intervention office deals with cases that are in-progress or require immediate attention. Family Maltreatment Case Management Teams, Child Sexual Maltreatment Response Teams, and High Risk for Violence Response Teams comprise the crisis-action services provided for Air Force family members. In addition to the rapid-action services, the office also responds to referrals, develops treatment plans, and undertakes family assessments (United States Air Force Medical Command, 2002).

Unit Leadership Roles and Involvement

The Family Advocacy Program is designed with a myriad of reporting options for troubled families. These include self-reporting methods, referrals from the medical community, and formal referrals generated from police action taken by the base Security Forces. However, the most vital mechanism for identifying and referring troubled families rests at the unit level.

The basic Air Force stand-alone operational unit is called a squadron. The squadron commander is the highest-ranking commissioned officer assigned to the unit. They

legally take charge of their designated squadron and are entrusted with the morale, welfare, and discipline of the airmen, non-commissioned officers, and commissioned officers they command. Additionally, they are provided with legal authority as established in the Uniformed Code of Military Justice, for punishment or administrative action on subordinates that require discipline.

Working in concert with the commander is the first sergeant. This position is filled by a senior non-commissioned officer assigned to the squadron with the sole responsibility for the care and welfare of the enlisted force. Additionally, they serve as the primary advisor to the unit commander for all personnel issues within their squadron. Along with the legal requirements of these positions, there is a human element as well. The greatest responsibility among these individuals is a responsibility to their people.

Unlike many civilian companies, military leadership takes an active role in the lives of military personnel and their families. Problems at home perpetuate into visible problems at work. Therefore, identifying and making every effort to mitigate problems is a vitally important function for both the family and the Air Force.

The Family Advocacy Program places expectations on the unit commanders and first sergeants. As this is an Air Force mandated program, commanders and first sergeants are obligated by the Secretary of the Air Force to comply with FAP expectations. The program requires commanders and first sergeants to have a working knowledge of the program, to include procedures and policies.

All suspicions of family maltreatment will be reported to the program office immediately. Active-duty family members suspected of committing maltreatment will be directed to the Family Advocacy Program. Finally, they will provide information and referral to active-duty members and eligible beneficiaries on Family Advocacy Program prevention and maltreatment intervention services (United States Air Force Medical Command, 2002).

Focus of Study

It is evident through program descriptions and requirements that the Air Force possesses a proactive program for dealing with the issues of domestic violence. In any large-scale treatment program, system validation is important to the ultimate care of their target audience.

Research Question 1: Is the Family Advocacy Program meeting program goals by reducing the recidivism rate of domestic violence in the United States Air Force?

Hypothesis 1: The level of domestic violence recidivism will be lower in families treated by the Family Advocacy Program than those treated by other means.

Hypothesis 2: Completion of the Family Advocacy Program will not directly affect recidivism rates.

Hypothesis 3: Treated families of a younger military members will experience lower levels of recidivism than the older population demographic.

Hypothesis 4: Treated families of elder military members will experience higher levels of recidivism than other groups due to the influence of secondary deviance theory of offending.

It is understood throughout the military community that the jobs of a commander and first sergeant are some of the most demanding assignments in the Air Force structure. They are expected to ensure their squadron is prepared to execute a war-time mission, comply with local installation requirements, address the needs of the personnel in the squadron, and balance their own family lives. With that, it is important to further search into this relationship with the Family Advocacy Program. The level at which they are complying with program expectations can have a crucial effect on the speed and quality of the service needed to mitigate potential family problems.

Research Question 2: Are the unit commanders and first sergeants serving the needs of their troubled families by complying with the expectations of the Family Advocacy Program?

Hypothesis 5: Families referred to the Family Advocacy Program by commander and first sergeants will be vested in the younger population demographic of the squadron.

Hypothesis 6: Older more ranking military members will be referred to the Family Advocacy Program by sources detached from the military base.

Hypothesis 7: Involvement of commanders and first sergeants will have a positive affect in reducing levels of recidivism.

Hypothesis 8: The military structure itself has a greater influence on recidivism than referral source.

CHAPTER THREE
RESEARCH METHODS

Design

In examining the treatment of domestic violence in the Air Force, this study focuses on the overall process of the Family Advocacy Program. This evaluation was conducted through a quasi-experiment format utilizing preexisting patient sampling data. Due to the moral and ethical implications of this sensitive issue, it is not prudent to separate program participants into experimental and control groups.

This study examines an active and functioning program. Therefore, it is imperative that normal care and program operations be allowed to continue. The research group itself will consist of Air Force personnel and their families referred, either voluntary or obligated, for treatment in the Family Advocacy Program.

The initial quasi-experimental portion of the study incorporates analysis of all patients provided in an Air Force generated data set. This allows for the evaluation of domestic violence mitigation and the affects of external stimuli in a military setting. The longitudinal aspect from

a same-source collection will facilitate a deeper look into the military environment and program impact.

An additional aspect of this study includes involvement from the military member's Commander and First Sergeant. Although focusing on a different aspect of the program, the collection methods mirror the above-mentioned process. The combined assessment of two important factors of this program provides a well-rounded evaluation of the Family Advocacy Program (FAP) and Air Force domestic violence characteristics in general.

Sample

The sample group for the quasi-experimental study consists of all military members and families receiving treatment from the Air Force FAP during a specified period of time. This includes all Air Force bases within the United States and those bases over-seas. The Air Force Headquarters for FAP program management and data collection is located at Brooks Air Force Base in Texas. Therefore, the distance between sample participants did not create logistical difficulties in actual data collection.

In the last 10 years, the Department of Defense established common policy that was implemented by all

branches of the service. Program basis remains the same with small service-specific nuances³ being the only difference. It is possible to research the entire sample over the longitudinal course of study with current program implementation. Therefore, year-by-year or entire sample analysis is possible. This is advantageous due to the wealth of existing demographic information.

Data Collection

A valuable asset from the Family Advocacy Program is the detailed data maintained in the system. The Department of Defense mandates that all services assess, document, and maintain records of all cases handled by the FAP. Therefore, a wealth of demographic, situational, source, and treatment recommendation information is stored in a central database located at Brooks AFB. Case information is analyzed, tracked, and stored for an indefinite period of time for use in internal trend analysis.

All individuals or families that enter the FAP are entered into the system via the Air Force Form 2486, "Child/Spouse Abuse Incident Report" (See Appendix A.) This form documents all subject/victim information, demographics, cause of incident, referral source, substance involvement,

evaluations prior to final approval. As a result, such events are highly infrequent. Additionally, stringent internal and external quality control measures⁴ also increase the level of reliability.

Coding

The Air Force Form 2486 (Appendix A) is a comprehensive record of domestic violence incidents and treatment documentation. Each case was logged with an incident number and applicable situational demographics. At the program completion, each case is authenticated by a base Family Advocacy Officer and forwarded to Brooks Air Force Base to the central database. As an aside, the documentation process is completely automated with computer based forms sent through an electronic medium.

Program effectiveness can be operationalized in a variety of ways. One such being if the program itself is accomplishing established mission goals. Cases that are entered in the system are coded as opened, pending, or closed. All closed cases must be authenticated as completing program requirements. Another explores if the program is reducing the overall rate of domestic violence by mitigating repeat offenses by treated families. In the

event the family returns due to additional incidents, the form will be coded as a repeated offense. Finally, case demographics are analyzed in a search for trends that need further program attention.

In studying the chain of command involvement in the program, the variables were operationalized in the following way. The first is whether the Commander or First Sergeant are referring troubled families to the program. The Air Force Form 2486 will provide the necessary information as the referral source is coded to track the method for which the family was entered into the program.

The ultimate goal of this study was to explore the effectiveness of this program. The exploration of agency data should provide the necessary means to evaluate the program.

CHAPTER FOUR

RESULTS

Data Description

The initial dataset comprised all individual cases entered into the Family Advocacy Program central case registry (N = 40,506). This database, located at Brooks Air Force Base, Texas, contains of all case information and individuals referred to the program. The information provided included all incidents of child and spousal abuse beginning of fiscal year 2000 through the end of fiscal year 2003.

Due to the enormity of the set, it was necessary to synthesize these data into a workable sample. As the primary focus of this study was spouse on spouse abuse, cases of child abuse were deleted from these data. Additionally, to ensure validity in analysis, it was necessary to delete unsubstantiated cases annotated in the data set. Cases classified as unsubstantiated do not receive treatment and are beyond the scope of this research. Retaining these data would lead to unacceptable errors. All remaining cases were officially documented and categorized by each receiving Family Advocacy Office.

A major criticism following the Fort Bragg murders was the concern that leadership may negate cases in an effort to protect the offender. The method of categorization was deemed acceptable due to a formal review process. In determining case status a Family Maltreatment Case Management Team convenes monthly at each base to review all referred cases. The team assesses the evidence and assigns disposition based on a standardized Department of Defense criteria. Incidents meeting the criteria are coded as substantiated with all demographic and personal information cataloged. Those determined unsubstantiated maintain demographic information in the system; however, all personal information is masked per the DoD instructions.

Descriptive Statistics

The dataset for this research comprised 13,167 substantiated cases of domestic violence archived in the central database for fiscal year 2000 to the end of fiscal year 2003. This time frame was provided for a few important reasons. The original data registry began in the mid 1980's and was catalogued by hand. As the system became automated, the old hand-catalogued was transferred to computer and archived as part of the current central database. Federal

legislation passed in 1997 transformed domestic violence reporting and documentation for all governmental organizations. Therefore, previous case coding was not as comprehensive as the current system. Data prior to 2000 are anticipated to contain considerable disparities and not beneficial to the study due to unacceptable errors.

Table 1. Demographic Summary of Data (N = 13,167)

	Frequency	Offender ^a	Victim	Air Force ^b
Age in years				
Mean		27.24	26.89	
Standard Deviation		6.62	6.62	
Mode		21.90	20.20	
Gender ^{c d} (%)				
Male	8152	61.9	38.1	80.4
Female	5015	38.1	61.9	19.6
Ethnic Background ^c (%)				
White	7280	55.3	57.0	73.3
Black	3687	28.0	26.4	16.1
Hispanic	1246	9.5	9.1	5.1
Asian/Pacific	566	4.3	4.8	2.8
Native Am./Alaskan	59	.4	.4	.5
Blended	329	2.5	2.4	2.3
Rank Category ^c				
Enlisted	7446	56.6		80.6
Commissioned Officer	234	1.8		19.4
Civilian/DoD Employee	19	.1		Unk
Civilian/Military Spouse	5464	41.5		Unk
Warrant Officer	4	.0		0.0
Major Types of Abuse				
Emotional	3406	25.9		
Neglect	18	.1		
Minor Physical	9420	71.5		
Major Physical	239	.6		
Sexual	84	1.8		

^a Offender population includes groups outside the military

^b Defense Equal Opportunity Management Institute, 2002

^c Frequencies are provided for offenders only

^d Percentages and frequencies mirror as the population is spousal abuse only

Table 1 provides a summary of demographic information and will be referenced throughout the section. In analyzing the demographics of this dataset, notable trends were observed. The most significant is that the demographic characteristics of the offenders generally reflect the demographics of the Air Force itself; with a few exceptions.

In looking at ethnic distribution, white males comprise the largest single offending group. They also represent the largest percentage of total force population; although in terms of frequency, are underrepresented when compared to population composition. Overall minority groups are not overrepresented as their level of offending generally mirrors their actual percentage of the Air Force population as well. One exception was found in the African American category. This ethnic group is offending notably above that of their population composition. They possessed a 28% offending rate compared to a 16% population composition.

For the current sample, the two significant offending groups are enlisted military and spouses. Enlisted members constitute majority of cases (56.6%), they also comprise the largest segment of the population sample. The level of offending committed by the spouse (41.5%) is notable, as the

perception is that offending is a military problem, not necessarily committed by the spouse.

When considering the type of violence, minor physical abuse is the most common occurrence of spousal violence. Over 71% of substantiated cases were categorized in this manner. Emotional abuse is the next most common occurrence. It is considerably less frequent at almost 26% of substantiated cases. The remaining cases occupy only a small fraction of documented incidents.

Although the study focused primarily on the offender, there are a few aspects of victim demographics that are germane to the discussion. The summary table also contains victim demographic information and provides contrasting information between offender and victim. These indicate a noteworthy demographic relation in both age and ethnic group. This is important as it signifies a level of homogeneity and patterns related to domestic violence in the Air Force.

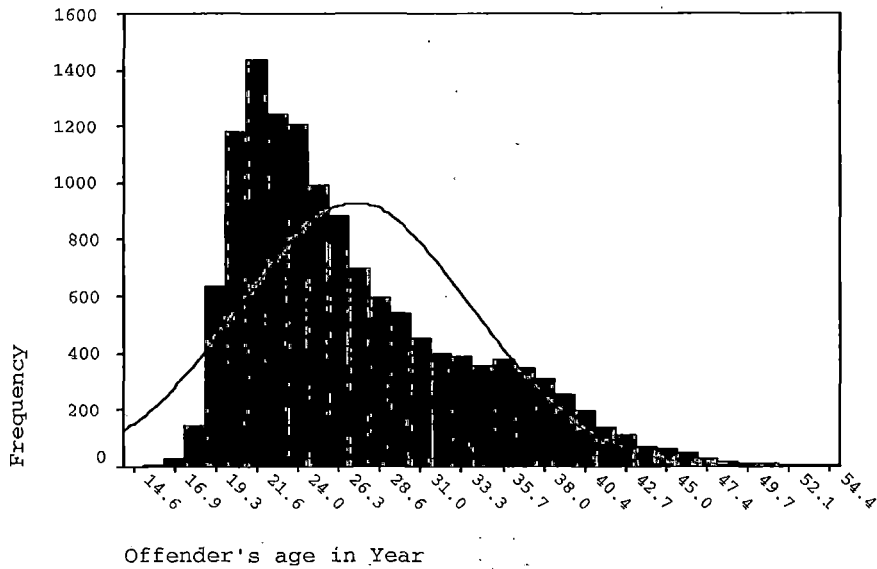


Figure 1. Age Distribution of Offenders by Individual Cases

Figure 1 graphically represents the age of offending by the frequency of domestic violence incidents. The age distribution of offenders is positively skewed with the highest incident concentrations vested in the early 20's. More specifically, a significant modal spike is found at almost 22 years old. A rather dramatic decline in offending immediately follows and plateaus throughout the 30's. Although, not numerically congruent with the frequency of young offenders, the findings are interesting. It is possible that an underlying theoretical influence such as strain exists. Aspects related to service members rank,

pay, or retirement prospects could be contributing factors. This observation is relevant due to a lower population in that age range.

Table 2. Distribution of Rank for Offenders and Air Force

Category	Rank	Frequency	Percent	Air Force ^a
Enlisted	Airman Basic	171	2.3	5.0
	Airman	478	6.4	4.1
	Airman First Class	1966	26.4	18.4
	Senior Airman	1891	25.4	18.6
	Staff Sergeant	1879	25.4	25.1
	Technical Sergeant	650	8.7	15.2
	Master Sergeant	363	4.9	10.6
	Senior Master Sergeant	40	.5	2.0
	Chief Master Sergeant	8	.1	1.0
Total		7446	100	100
Officer	Second Lieutenant	43	18.4	13.7
	First Lieutenant	35	15.0	11.7
	Captain	75	32.1	31.7
	Major	58	24.8	22.1
	Lieutenant Colonel	19	8.1	14.9
	Colonel	4	1.7	5.4
	General	0	0.0	0.5
Total		234	100	100

^a Defense Equal Opportunity Management Institute, 2002

In the military force structure, a member's rank can be associated with one's age. For example, generally a young Airman is a recent high school graduate who enlisted following school. Not solely relating to age, rank brings in two additional factors when looking at offender demographics. It incorporates a socio-economic status and a responsibility element.

Table 2 specifically illustrates the rank distribution for the military members and relates the frequency of offending to population composition in the Air Force. In concert with previous observations, it is primarily found in the junior to mid-level enlisted ranks. Those in the rank of Airman First Class, Senior Airman, Second Lieutenant, and First Lieutenant are overrepresented as compared to their respective population frequency. The remaining ranks more closely reflect their respective Air Force demographic.

These data paint an important picture of the high-risk offending group. The basic profile indicates that a young, enlisted, white male is the most common offender. Additionally, he most frequently engages in minor physical abuse against his spouse.

Tests of Hypotheses

To properly address each research area, the tests were split into two phases. The first phase focused solely on the Family Advocacy Program itself. Recidivism was a key variable in the analysis process. The variable was coded to account for single offenders and recidivating offenders. This variable would then be used as a dependent test of external program comparisons and internal assessments. The

second phase incorporated a study at situational dynamics and external factors affecting recidivism. Variables such as age and referral source were utilized as independent factors of analysis.

Is the Family Advocacy Program meeting program goals by reducing the recidivism rate of domestic violence in the United States Air Force? In addressing this, a series of tests were conducted focusing on two aspects. The first compared recidivism rates of each respective program option. The second used an internal risk assessment program to evaluate the program against itself.

The original Air Force variable for treatment programs contained numerous related programs categorized individually. To provide for a valid test, the treatment variable was recoded into fewer categories. This action accounted for the numeric disparity between groups.

The category of "Other Program/Individual" accounts for both Department of Defense sponsored or individually sponsored treatment programs. These can include substance abuse programs, long-term mental services, or family preference programs such as a bona-fide church counseling program. The code of "Not Officially Treated" was previously coded as non applicable by the Air Force.

Further inquiry indicated that for cause, sponsorship, or unspecified reasons the offender did not receive a documented official treatment program. Therefore, the current recode more accurately defines the individuals within that category.

It was observed that a significant amount of missing data (N = 2871) existed in the treatment variable. This data was coded as Unknown or Unaccounted For. Although entered into the central database, the method of treatment was not annotated.

A probable explanation may be found in the transformation of documentation procedures from 1997 federal legislation. It is possible that certain bases did not complete the transition prior to the initiation period of this dataset. Another possible explanation can be found when comparing the victims' treatment with that of the offender. In some cases the victim received a documented treatment code where the offender did not. It is possible that both received the same treatment and only one was documented. Due to the importance of examining the entire sample, it was prudent to include this category.

Table 3. Comparison of Offender Treatment Program and Recidivism

Offender's Treatment Program		Recidivism of Offenders Following Treatment		Total	Pearson's χ^2	Cramer's V
		One-Time Offense Only	Recidivating Offender			
Unknown/Unaccounted	Observed	2762	109	2871		
	Row %	93.2%	3.8%			
Family Advocacy Program	Observed	4059	212	4271		
	Row %	95.0%	5.0%			
Other Program/Individual	Observed	878	47	925		
	Row %	94.9%	5.1%			
Not Officially Treated	Observed	1120	89	1209		
	Row %	92.6%	7.4%			
Total	Observed	8819	457	9276	23.189***	.050***
	Row %	95.1%	4.9%			

*** p < .001 (2-Sided)

It was hypothesized that the level of recidivism will be lower in families treated by the Family Advocacy Program than those treated by other means. To test this, a Chi Squared analysis along with measures of association were conducted (Table 3). The Chi Squared test revealed a statistical relationship between the treatment program and recidivism ($\chi^2 = 23.189$ p < .001). Results show that the Unknown/Unaccounted category yielded the lowest level of recidivism (3.8%). The Family Advocacy Program and Other Programs/Individual exhibited similar levels of recidivism (5.0% and 5.1% respectively); the size of the sample renders this difference insignificant. The final category of Not Officially Treated displayed the highest level of recidivism

(7.4%), and appeared to be inferior to other treatment programs.

To test the level of association between recidivism and referral, Cramer's V was utilized in this test as the table is greater than 2 X 2. The test indicated a weak association between the variables examined (V = .050, p < .001). Significant differences between treatment sources and recidivism existed. The measure of association provided little to explain results.

Table 4. Contingency Table Comparing Offender Employment Category Code With Treatment Program

Offender's Treatment Program		Offender's Employment Category Code				Total	Pearson's χ^2	Cramer's V
		Enlisted	Officer	Civilian Employee	Civilian/Spouse			
Unknown/Unaccounted	Observed	1560	55	6	1249	2870		
	Row %	54.4%	1.9%	0.2%	43.5%			
Family Advocacy Program	Observed	2651	67	5	1547	4270		
	Row %	62.1%	1.6%	0.1%	36.2%			
Other Program/Individual	Observed	525	19	0	381	925		
	Row %	56.8%	2.1%	0.0%	41.2%			
Not Officially Treated	Observed	409	16	2	782	1209		
	Row %	33.8%	1.3%	0.2%	64.7%			
Total	Observed	5145	157	13	3959	9274	321.72***	.108***
	Row %	55.5%	1.7%	0.1%	42.7%			

*** p < .001 (2-Sided)

A supplemental test was conducted to look into the relationship between offenders' employment category and the treatment provided (Table 4). The Chi Squared test yielded

a statistically significant relationship ($\chi^2 = 321.72$, $p < .001$). Much like the previous test, the Cramer's V measure of association was notably weak ($V = .108$, $p < .001$).

In an effort to delve further in the composition of the "Not Officially Treated" category an examination of rank distribution with treatment categories was conducted. The key observation of this test is the lack of specific demographic trend observed between variable groups. Therefore, the composition of the contingency table can assist in discounting treatment selection bias between categories.

In continuing the study on program effectiveness, two internal assessment measures were analyzed against recidivism. These two measures consist of risk assessments provided to all families at the initiation and conclusion of their treatment. Patients are assigned one of five categories ranging from very low to extreme risk of recidivism. For the scope of this study, only the offenders' categories were tested. Additionally, it was necessary to recode the risk variables to account for low cell counts in the "very low, high, and extreme" categories. Therefore, two categories accounting for low and moderate/high risk levels were assigned.

To examine this relationship two areas were tested. The first concentrated solely on initial risk prior to treatment and recidivism. This logic is that once a risk level is assigned, the treatment would be tailored to accommodate the needs of the family. The second area expounds on the first by then comparing the relationship between initial and completion risk levels in respect to a one-time or recidivating offender.

Table 5. Relationship Between Initial Risk Assessment and Recidivism

Recidivism of Offender Following Treatment		Risk of Recidivism at Case Initiation		Total	Pearson's χ^2	Phi ^a
		Low Risk	Moderate/High Risk			
One-Time Only Offender	Observed	2736	1323	4059		
	Row %	67.4%	32.6%			
	Column %	93.8%	97.6%	95%		
Recidivating Offender	Observed	180	32	212		
	Row %	84.9%	15.1%			
	Column %	6.2%	2.4%	5%		
Total	Observed	2916	1355	4271 ^b	28.486 ^{***}	-.082 ^{***}
	Row %	68.3%	31.7%			

*** p < .001 (2-Sided)

^a Utilized for 2 X 2 table.

^b Only those treated by the Family Advocacy Program tested.

Table 5 outlines the relationship between recidivism and risk of recidivism at case initiation was conducted. The Chi Squared test ($\chi^2 = 28.486$, $p < .001$) yielded a significant relationship between the variables. It was

observed that recidivism was significantly greater in patients classified as low risk (6.2%) than those classified as moderate/high risk (2.4%). Due to the 2 X 2 configuration, a Phi test of association was conducted ($\phi = -.082$). The weak negative association indicated only a slight inverse relationship between variable categories.

Table 6. Paired-Samples *t* Test of Overall Risk of Recidivism at Case Initiation Paired with Case Closure

Overall Risk of Recidivism at Case Initiation/Closure	Paired Differences				<i>T</i>	df	η
	N	Mean	SD	Std. Error			
Paired Test 1 Factor: One-Time Offender ^a	4059	.15	.415	.007	23.589***	4058	.538***
Paired Test 2 Factor: Recidivating Offender ^b	212	.10	.315	.022	4.581***	211	.495***

*** $p < .001$ (2-Sided)

^a Paired samples test conducted with recidivating offenders filtered

^b Paired samples test conducted with one-time offenders filtered

As the analysis progressed, the focus shifted to the combined results of initial and concluding risk assessment. To do so, two separate paired-sample *t* Tests were conducted. The first test (Table 6, Test 1) focused on the relationship between initial and closing risk assessments for one-time offenders. Therefore, recidivating offenders were not

included to ensure specific results on non-recidivating offenders only ($N = 4059$). The paired-sample t test yielded a highly significant relationship between the risk category assigned to a treated family and the prevention of recidivism ($t = 23.589$, $p < .001$). A noteworthy result was found when examining the relatively high correlation between the two variables ($\eta = .538$). Therefore, the combination of correct initial and concluding risk assessments can be a predictor in one-time offenders.

In the same respect, a second independent t test was conducted focusing on the recidivating offenders (Table 6, Test 2). Again, a highly significant relationship was found between the risk category assigned and recidivism ($t = 4.581$, $p < .001$). Remaining consistent with the previous t -Test, a relatively high Eta association was found ($\eta = .495$). The results indicate a similarity with the previous test. The risk assessment can also be predictor for recidivating offenders as well.

Transitioning to tests concentrating on situational dynamics, an examination of the relationship between age of offending and recidivism was conducted. It was hypothesized that the primary recidivating offenders would be vested in

the older population. The rationale was theoretically based, in that younger members would be engaging in domestic violence as a primary deviancy phase of offending. If treated in this primary deviancy phase, recidivism occurring in a secondary phase of deviancy could be prevented. In contrast, the older military population would have already entered secondary deviancy phase. Therefore, the treatment provided would have little effect on correcting the ingrained behavior.

Table 7. Independent *t* Test Comparing Offender Age and Recidivism

Group Statistics				<i>T</i> test for Equity of Means				
Age of Offender	N	Mean	SD	Age of Offender	<i>T</i>	df	Mean Diff.	Std. Error Diff.
One-Time Offender	8819	27.18	6.675	Equal Variances Assumed	-2.156*	9274	-.688	.3191
Recidivating Offender	457	27.87	6.194	Equal Variances Not Assumed	-2.306*	512.43	-.688	.2984

* $p < .05$ (2-Sided)

Treated families of younger military members will experience lower levels of recidivism than the older population demographic. To study this, an independent *t* test was conducted to examine the effect that the age has on

recidivism. Table 7 outlines these results. The test yielded a statistically significant, yet slight, difference between variable categories ($t = -2.156$, $p < .05$). Due to the close proximity of mean and standard deviation values, hypothesized results were not completely attained. This finding is further compounded by the fact that the range of offending is between 15 and 55 years of age.

The mean age of the recidivating offender ($M = 27.87$) was only slightly higher than that of a one-time offender ($M = 27.18$). To further research a correlation between these variables, a bivariate analysis was conducted.

In concert with the Independent t Test, the Pearson's correlation also indicated a statistically significant relationship between conditions ($p < .05$). However, the test found a weak positive correlation ($r = .022$) between variables. This implies that recidivism can only minutely account for greater recidivism as the age of offender increases.

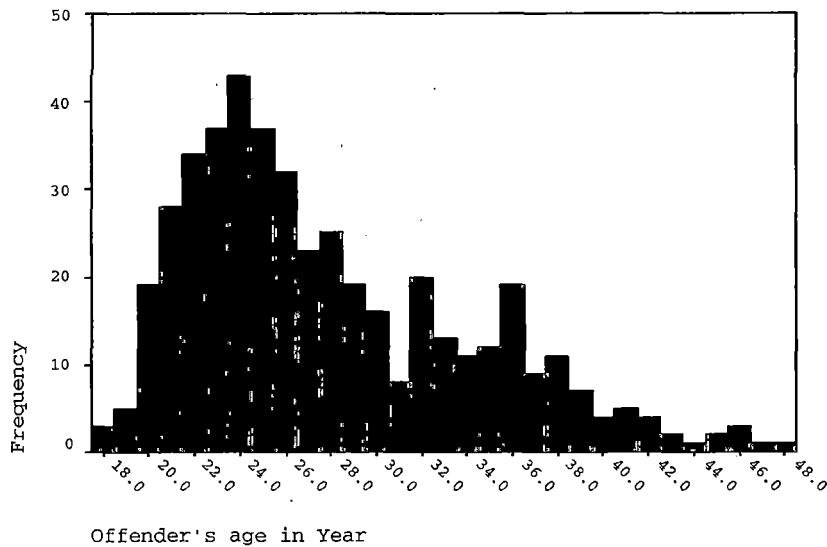


Figure 2: Distribution of Recidivating Offender Age by Offense Frequency

While conducting the analysis an interesting aside was noticed and further researched. Harking back to the descriptive statistics of offenders' age, a similar phenomenon was found when analyzing the recidivating offenders' age. Figure 2 displays the distribution of recidivating offenders' age. It was noted that an increase in recidivism occurred in the early to mid 30's. This information seems to coincide with a plateau in cases in the early to late 30's (Figure 1).

Table 8. Contingency Table Comparing Age and Recidivism With Expected and Actual Values

Offender Age Category	Count	Recidivism of offenders Following Treatment		Total	Pearson's χ^2
		One-Time Only Offense ^a	Recidivating Offender ^a		
20 Years and Younger	Observed	664	17	681	
	Expected	647	34		
20+ Years to 25 Years	Observed	3599	175	3774	
	Expected	3588	186		
25+ Years to 30 Years	Observed	2066	125	2191	
	Expected	2083	108		
30+ Years to 35 Years	Observed	1140	64	1204	
	Expected	1144	59		
35+ Years to 40 Years	Observed	902	55	957	
	Expected	910	47		
40+ Years to 45 Years	Observed	337	14	351	
	Expected	334	17		
45+ Years and Older	Observed	111	7	118	
	Expected	112	6		
Total	Observed	8819	457	9276	14.777*

* p < .05 (2-Sided)

^a Expected count rounded to whole number.

To further explore the effect of age, a contingency table comparing recidivism as compared to an age category was produced (Table 8). A Chi Squared analysis indicated a significant relationship between age category and recidivism ($\chi^2 = 14.777$, $p < .05$). Observed values were also contrasted with expected values based on the population. It was found that offenders over the age of 25 and under the age of 40 all possessed higher observed than expected values of offending.

Table 9. Mean Distribution of Offender Age as Compared to Referral Source Category

Referral Source Category v. Age of Offender	Mean	N	SD
Military Command	26.30	2640	6.224
Military Law Enforcement	26.87	3130	6.388
Military Family Services	27.28	372	6.871
Military Additional Sources	27.44	322	6.547
Military Medical	28.07	1399	6.949
Non-Affiliated Sources	28.72	1221	7.317
Civilian Sources	29.21	192	7.021
Total	27.21	9276	6.654

The next series of analyses continues the examination of situational dynamics and the influence of the chain of command as a referral source. Is the unit chain of command serving the needs of their troubled families by complying with the expectations of Family Advocacy Program? It was hypothesized that families referred by the chain of command will be vested in the younger population demographic. An initial distribution of means revealed interesting initial observations. The distribution in Table 9 indicated that younger Air Force members are generally referred by military affiliated sources. To further focus on hypothesized predictions, observations indicate that those with the youngest mean age of offending are referred, on a greater level, by authority-based sources such as military law

enforcement and command positions. Conversely, those referred by a civilian related source possessed the highest mean age of offending. To further test the validity of these observations a one-way Analysis of Variance was conducted to examine the relationship between these two variables.

Table 10. One-Way Analysis of Variance for Offender Age Versus Referral Source Category

Source of Variation		SS	df	MS	F	η	η^2
Offender age in years	Main Effect	7172.044	6	1195.341	27.463***		
Referral Source Cat.	Co-variate	403442.7	9269	43.526			
	Total	410614.8	9275			.132***	.017***

*** p < .001

The results of the one-way ANOVA, seen in Table 10, indicated significant differences in age of offender across the seven referral sources (F = 27.46 and df = 6/9269.) Although the test itself was significant (p < .001), the association of variance was notably weak ($\eta = .132$). After analyzing the measure of association, ($\eta^2 = .017$) it was determined that referral source only statistically accounted for 1.7% of the variance in age of the total sample. Therefore, in relation to the specific area of study it was

important to conduct a post hoc test to understand what aspects of these data are associated. Due to the relatively narrow range of the military population, the Tukey HSD test was most appropriate to fulfill testing needs.

Table 11. Tukey HSD Comparing the Dependant Variable of Offender Age and Referral Source Category

Referral Source Category (Group 1)	Referral Source Category (Group 2)	Mean Dif. (1-2)	Std. Error	Sig.
Military	Military Command	.575*	.174	.017
	Military Medical	-1.202***	.212	.000
Law Enforcement	Military	-.412	.361	.917
	Family Services	-.572	.386	.757
	Additional Sources	-2.340***	.491	.000
	Civilian Sources	-1.847***	.223	.000
	Non-Affiliated Sources			
Military Command	Military	-.575*	.174	.017
	Law Enforcement	-1.777***	.218	.000
	Military Medical	-.987	.365	.098
	Military	-1.147	.389	.051
	Family Services	-2.915***	.493	.000
	Military	-2.422***	.228	.000
	Additional Sources			
	Civilian Sources			
Civilian Sources	Military	2.340***	.491	.000
	Law Enforcement	2.915***	.493	.000
	Military Command	1.147	.508	.273
	Military Medical	1.929*	.586	.017
	Military	1.769	.602	.051
	Family Services	.494	.512	.962
	Additional Sources			
	Non-Affiliated Sources			
Non-Affiliated Sources	Military	1.847***	.223	.000
	Law Enforcement	2.422***	.228	.000
	Military Command	.644	.258	.161
	Military Medical	1.435**	.391	.005
	Military	1.275*	.413	.033
	Family Services	-.494	.512	.962
	Additional Sources			
	Civilian Sources			

* Mean difference: $p < .05$

** Mean difference: $p < .01$

*** Mean difference: $p < .001$

This test yielded more specific findings. Table 11 outlines the most significant differences between Military Law Enforcement, Military Command, Civilian, and Non-Affiliated sources ($p < .05$). The variables of Military Family Services and Additional Military Sources did not yield statistically significant results between any of the referral groups ($p > .05$).

Trend analysis is most prevalent when Military Command is compared to all other sources. Aside from possessing the greatest statistical significance with other categories, it also possesses the largest variance of mean differences. This indicates that the Military Command possesses a higher influence over a particular portion of the sample population. By comparing these results with those of table 9, the Military Command category possess the lowest mean age of offending ($M = 26.30$). It is also worthy to note that the highest concentration of offenders is vested in the younger range of the distribution.

Table 12. Recidivism in Relation to Referral Source Category

Referral Source Category	Count	Recidivism of offenders Following Treatment		Pearson's ^b χ^2	Cramer's V
		One-Time Only Offense ^a	Recidivating Offender ^a		
Military Law Enforcement	Observed	2956	174		
	Expected	2976	154		
	Row %	94.4%	5.6%		
Military Command	Observed	2521	119		
	Expected	2510	130		
	Row %	95.5%	4.5%		
Military Medical	Observed	1333	66		
	Expected	1330	69		
	Row %	95.3%	4.7%		
Military Family Services	Observed	358	14		
	Expected	354	18		
	Row %	96.2%	3.8%		
Military Additional Sources	Observed	294	28		
	Expected	306	16		
	Row %	91.3%	8.7%		
Civilian Sources	Observed	186	6		
	Expected	183	10		
	Row %	96.9%	3.1%		
Non-Affiliated Sources	Observed	1171	50		
	Expected	1161	60		
	Row %	95.9%	4.1%		
Total	Observed	8819	457	17.767**	0.044**
	Row %	95.1%	4.9%		

** p < .01 (2-Sided)

^a Expected count rounded to whole number.

The final test continued the examination of the affects of referral source on domestic violence offenders.

Involvement of chain of command will have a positive affect in reducing levels of recidivism. In this analysis, seen in Table 14, recidivism is directly compared to the source of referral. A Chi Squared analysis yielded a significant relationship ($\chi^2 = 17.767$, $p < .01$) between the source of

referral and recidivism. As seen in previous tests, the measures of association produce weaker results ($V = .044$). Therefore, the actual link between referral source and recidivism may be less than anticipated.

An examination of the contingency table provides insight to the actual rates of recidivism compared to the respective referral source. Recidivism rates are similar across referral sources with one exception. Military Additional sources possessed the highest recidivism rate at 8.7%. This was over 3% higher than the next closest source (Military Law Enforcement, 5.6%). The final observation was noted when studying the observed versus the expected values. Military Law Enforcement possessed the greatest difference in offending above expected levels. Conversely, Military Command possessed recidivism levels furthest below expected values.

CHAPTER FIVE

DISCUSSION

Summary of Results

In addressing the research question and tests of hypotheses, significant results were noted in all tested areas. The large sample size of the study sample was most likely the cause of this. Tests of association between the variables tested proved to be less decisive. Regardless, beneficial results were attained in studying the effectiveness of the Family Advocacy Program and examination of situational dynamics.

In studying the effectiveness of the Family Advocacy Program important findings were noted. No single option was significantly more effective at lowering recidivism than others tested. In fact, the variable consisting of all unknown treatment source data contained the lowest recidivism rate between all categories. In respect to other treatment options, the Family Advocacy Program possessed both the highest number of treated individuals and a notably low recidivism rate. This is important when considering that treatment took place on individual bases located throughout the world. Each Family Advocacy Program office

is responsible for providing individual treatment to those assigned to that particular. This consistent treatment, provides worldwide, is designed to best suite the global nature of the Air Force mission. Although, the findings are not particularly strong in this respect, they paint an encouraging picture of the programs overall value.

Within the results trends were observed that require additional explanation. In media circles, a perception exists that preferential treatment is institutionally provided to officers or senior non-commissioned officers. The results are noteworthy as there is no noticeable trend for treatment program classification. It may be inferred that treatment options are becoming primarily based more on clinical reasoning than status. Although interesting, this finding does not completely dispel this opinion as it only accounts for those entered into the program system.

Of the four primary options, it was found that military spouses primarily comprise the "Not Officially Treated" category. This may be explained in two plausible scenarios. It is possible that the marriage was dissolved prior to the prescribed treatment; therefore, treatment was no longer applicable. The next may be clarified in the moderate span of control that the military has over civilian spouses. The

military member can be required to go through treatment. Civilians, in contrast, can be highly encouraged or influenced, but are not ordered in the same fashion as is the military. With this category possessing the highest recidivism rate, a review may be necessary to ensure some form of treatment is provided before this category is offered.

In continuing the look at program effectiveness an internal risk assessment mechanism was tested against itself. The first analysis focused specifically on the effect that the initial assessment has on recidivism. It can be inferred that the initial assessment may be a key element in developing the pace, duration, and method of treatment. The negative association illustrated that increases success was found in offenders assessed at a higher risk. Therefore, families initially classified as moderate/high risk are benefiting from lower recidivism rates than their counterparts classified as low risk. This is of some concern as the higher percentage of recidivism in low risk families runs contrary to the logic that low risk families should be experiencing greater program success.

There may be two possible causes for this observation. The first may be a factor of families not truthfully

reporting the severity of the abuse at home. The treatment provider may then have a skewed perception and, therefore, misclassify the family as a lower risk. The second possibility is that once a family receives a low risk category, they are given a less regimented or shorter treatment program. The result indicates that resources may not have been allocated to deal with a more complex problem than assessed. In a positive light, these results also indicate that the classification and subsequent treatment for high risk patients appears to be a more effective process.

The study then compared the risk assessment at initiation and conclusion of treatment. The combined characteristics of these variables were then tested against one-time offenders and recidivating offenders separately. It was discovered that the combination of initial and concluding risk assessments can be a strong predictor of recidivism.

The results can be a valuable tool used by policy managers in improving the quality of treatment. Programs can then be developed to factor for the disparity between low and high risk patients. In addition, the assessment process can be adapted to account for reporting

inconsistencies of referred families.

The next phase of analysis shifted from the internal workings of the Family Advocacy Program to treatment in relation to the population demographic. The test focused on the relationship between age and recidivism. It was originally hypothesized that recidivating offenders would be vested in the older population due to the inability to treat offenders within secondary deviance. The results are encouraging, as it indicates that no single segment of the population is particularly resistant to treatment.

These results also indicate that treatment efforts for recidivism may remain consistently applied to the assessed needs of the respective patient. This concept is more advantageous than formulating treatment options based solely on demographics. Ensuring a base-line treatment program with clinical additions based on need may be more effective in countering recidivism.

The next research area examined the affect of referral source and, specifically, influence that the chain of command can have on program success and recidivism rates. The first series of analyses studied the relationship between referral source and the age of offender. Tests revealed significant differences in the mean age of

offenders and their referral source. As seen in previous tests, the level of association was relatively weak. However, important conclusions were garnered from these results none the less.

Each referral source appeared to be vested in a particular segment of the population. Sources such as Military Command and Military Law enforcement possessed the lowest mean ages of offending. Where as, Non-Affiliated and Civilian Sources possessed the highest mean ages of offending.

This can be explained by understanding cultural aspects of the military system. The military often places a great deal of emphasis on its young airmen. Married families are offered base housing and given a very strong support net within the base. Therefore, a great deal of non-work related time is spent on the military base itself. Basic needs are provided to families in the form of supermarkets, department stores, and recreation facilities. Therefore, the level of interaction between base services and the younger service members is high. Those having more experience in the military often prefer a separation between work and personal life. Service members nearing retirement often buy property at a location and spend more time away

from the military structure. Therefore, it is reasonable that military law enforcement will come in contact with a higher concentration of younger service members when responding to incidents of domestic violence.

Focusing on the younger members of the force is not relegated to off duty activities. Extra attention is often paid to the young inexperienced members of the squadron as well. They are assigned supervisors charged with being involved in both their professional and private lives. As they also serve as a mentor, the level of command interaction is quite high. In the opposite manner, experienced members are often trusted to have knowledge of professional and private expectations. Therefore, these members are not watched with the same critical eye that the inexperienced members are. Understanding the focus placed on younger service members, the differences in mean age is understandable. The command elements would be remiss from their required duties by failing to refer troubled families to the Family Advocacy Program. The independence of more experienced and mature service members may explain the reasons behind a higher mean age of a civilian affiliated referral.

Continuing on the analysis of referral source, the

relationship with recidivism was directly tested. Results only weakly supported the hypothesized conclusions that Military Command will have the greatest affect on recidivism. In fact, no single referral source stood out as being significantly more effective in preventing recidivism. Civilian sources possessed the lowest recidivism rate while Military Additional Sources possessed the highest. Military Command possessed the median recidivism rate compared to all categories. This result may be increasingly important when considering the greatest concentration of offenders is found in the younger population demographic.

It was learned that those referred by civilian sources also possess the highest mean age of offenders. There are two possible explanations for this. First, the impact that referral by a civilian police agency or civilian service organization can have a greater impact when received by the base. Therefore, as an older, higher-ranking populous, there may be higher consequences based on rank. In order to save their career they complete treatment and correct their behavior. Secondly, it is plausible that recidivating offenders are simply not observed as closely as they would on base. Therefore, this lower span of control may contribute to a lower level of referral to the program for

treatment and lower observed levels of recidivism. Overall, the low variance found between referral source and recidivism may be a factor of the military system rather than the source of referral.

Theoretical Implications

The military is often categorized as a reflection of the society for which they serve. In this reflection of society, those that serve also bring with them societal imprints containing the roots of family violence. Regardless of military involvement, the reality of the cycle of violence and social learning theories must be considered in any treatment method. However, differences in the theoretical influences on the military must be accounted for.

A theory directly examined in this study was a social learning concept dealing with primary and secondary deviancy (Ray & Downs, 1986). To briefly sum, it was hypothesized that first offenses would be concentrated in the younger age spectrum, whereas recidivism would be found more frequent in the older age demographic. Additionally, these members may have entered secondary deviancy and treatment would be ineffective.

It was found that recidivism represented an almost even distribution when compared to single offenders. As a result, this theoretical model was dismissed as a primary explanation across the population demographic. However, the theory cannot be discounted as a contributing factor when treating an individual offender.

The concept of strain theory on the military family was also approached in this study. Although, strain affects each family uniquely, it is generally present to varying degrees of severity. Current world geo-political events are creating an environment of increased stress on the military. Extended deployments to Iraq, activation of the National Guard and Reserves, and other conflict related events can affect families both home and abroad. Such events significantly increase the importance of accounting for theoretical implications.

Ultimately, the Family Advocacy Program must deal with the particularities of a military culture. To be truly effective they must remain an adaptive program to evolving theoretical influences in the Air Force. Therefore, by remaining attuned to these nuances, a viable service can be provided to troubled families.

Policy Implications

Practitioners and policy makers alike must be cognizant to the theoretical roots of violence and the military culture they must treat. The value of providing empirically based results can have far reaching effects. The importance of assessing the effectiveness of the Family Advocacy Program can be employed to shape future program policy. Additionally, at the practitioner level, the value found in applying this program can be realized. This may, can lead to higher acceptance and a breakdown of cultural stigmas.

The single most important challenge to policy makers is to ensure that the program is being utilized. A highly effective treatment problem serves no purpose if those needing it are never referred. The sad reality is that domestic violence still exists, undetected, behind the veil of the home. The sample utilized in this study, still represent only a portion of actual incidents taking place. Many cases are never reported and remain untreated. Unfortunately, those cases that remain hidden cannot be assisted by the Family Advocacy Program or any other treatment program for that matter.

For those cases that are identified, resolution may be assisted by the command structure itself. Sustained support

by senior leadership can influence subordinate organizations, thus ensuring policy compliance. Treatment must be institutionalized as the only acceptable answer for domestic violence. Over time, this can be ingrained as a part of Air Force culture. It is a monumental task, but one worth undertaking for the good of victimized families.

Study Limitations and Suggestions for Future Research

The depth of information coupled with the validity of these data provided an excellent resource for internal and demographic analysis. The study produced a wealth of significant and valuable results; however, several limitations must be accounted for. The full scope of the study was hamstrung by an inability to exercise the scientific method in an unrestrained form. The lack of a suitable control group was a considerable limitation on research progression.

An ideal group, for these purposes, would be drawn from an earlier period of Family Advocacy Program. A viable equivalent control group could then be developed based on demographics and policy application. Utilizing a civilian population sample does not possess the same effectiveness.

The study may then shift away from a program evaluation to a domestic violence comparative experiment. Particular differences found in the military system make it necessary to keep studies of this genre within the Department of Defense or other organized paramilitary system.

The second significant limitation was found in the transition of coding methods and data entry requirements dictated by law. Federal legislation passed in 1997 changed the manner in which domestic violence cases are categorized and documented. For example, prior to the legislation, referral sources were required to determine one specific offender per case. After the legislation, the burden to determine a single offender was relaxed. In a case where a mutual affray occurs, with no specific aggressor, both parties are categorized as an offender.

The change was so great that unacceptable errors would have been created should comparative analysis take place. Even though the current dataset was comprised of data immediately following the new collection format, inconsistencies were still noted. The ability to conduct longitudinal research was also limited by these observations. Fortunately, the size of the dataset prevented these inconsistencies from corrupting statistical

tests.

Future researchers are standing in an advantageous threshold as a major policy shift across the Department of Defense is forthcoming. Following this change, an expanded program validation can be conducted with a valid control group. These data of present day would lay an excellent foundation for the study. Developing an experimental group following the policy change would create an ideal basis for pre and post policy analysis. Additionally, longitudinal research could monitor the effect of the program through phases of transition. A relevant example would be to incorporate a study as forces return from lengthy deployments in Iraq.

Another research option can be found in the establishment of an updated coding program. The increased data options with high consistency opens additional possibilities. This new coding program also incorporates data collected from program exit surveys conducted at each base. Originally, data from these exit surveys were utilized for that specific treatment office only. The new coding system incorporates a survey collection method allowing results to be categorized in the central database.

Future research should then incorporate the perceptions

and reactions of patients to the treatment provided. The responses can be a valuable tool in understanding the relation of treatment and recidivism. Researchers who capitalize use of emerging resources can provide a comprehensive evaluation the Family Advocacy Program.

CHAPTER SIX

CONCLUSION

Summary

Research into the situational dynamics and mitigation programs of military domestic violence is not commonly occurring in academia. The vast majority of literature on the subject is found in the public media realm devoid of an empirical foundation. As a result, arguments, often emotionally charged, are based on a particular crisis occurring at the moment. Unfortunately, this fuels media mistrust and public skepticism. The current evaluation was designed to introduce an analytical perspective.

The purpose of this study was to evaluate the Air Force Family Advocacy Program and examine the effects that situational dynamics have on recidivism. In conducting this study, a definitive conclusion to program effectiveness could not be reached due to limitations experienced. Although, the high volume of program participants and low recidivism rate demonstrated that the Family Advocacy Program is a valuable resource for treating families referred for spousal domestic violence. This is significant considering that the Family Advocacy Program is available at

all major bases and applied in a consistent manner the world over.

When assessing the risk assessment program, both positive and negative characteristics were found. The high level of association between risk assessment and recidivism prediction is an important find. It demonstrated that if implemented properly, can be an effective means of predicting and preventing recidivism. However, with a significantly lesser recidivism rate found in families classified as moderate/high, a review of the low risk assessment policy should be conducted.

When studying situational dynamics, the differences found between the sources of referral appear to be more demographically than recidivism based. Each source seems to cater to a different segment of the sample population. As a result, an definitive trend could not be established as to the benefit of one referral source over another. Rather, referring families to the program, not necessarily the source of referral proved to be the most important finding. It can be implied that the military structure of obligated treatment may be a greater influencing factor on recidivism.

The implications of these findings indicate that the most critical component in program success is getting the

families to the treatment. Therefore, the future aim of policy makers should be to institute a culture accepted treatment with ample avenues to receive it. The advantage in attempting this in a military environment is the blend of structure and resources.

The results of this study provide encouraging conclusions in the research of domestic violence in the Air Force and the Family Advocacy Program. The large sample size and duration of these data allowed for deeper analysis and inferences. Unfortunately, the lack of strong statistical associations left a number of results open to interpretation. Society, the Department of Defense, nor the Air Force will accept domestic violence within the ranks. As an internal treatment program, the Family Advocacy Program is worth the fiscal and human investment to improve and apply it.

The Road Ahead

The study of domestic violence in the military should not remain subject to the media spotlight. It is a study that must remain ongoing with a goal of continuous empirical evaluation. In that manner, the Department of Defense has recently completed a rigorous and systematic project to

combat domestic violence.

The results of their work may significantly shape the manner in which the military views and responds to domestic violence. Due to the intense and all-encompassing nature of this study, civilian groups concerned about domestic violence may reap the benefit of such a comprehensive study. Future study, should concentrate on the affects that proposed policy changes will have on recidivism and program application. In that manner effective longitudinal analyzes can be conducted that may possess implication in the civilian community as well.

The existence of domestic violence in any form is a societal tragedy. The effectiveness of the Family Advocacy Program is a critical component in the lives of troubled Air Force Families. It is hoped that the results of this study will prove beneficial to academia, the military and the Air Force in its effort to mitigate this battlefield behind closed doors.

ENDNOTES

1. The Uniformed Code of Military Justice serves as a standardized set of violations, rules, offenses and punishments across the Department of Defense. When referring to the "Punitive Articles," one is looking at offenses that require administrative or judicial action against the offender.
2. The commander is the highest-ranking Commissioned Officer of a designated military unit. They are entrusted with the morale, welfare, and discipline of the troops they command. Additionally, they are provided with legal authorities for punishment and administrative action on troops that require discipline. The first sergeant is a Senior Non-Commissioned Officer assigned to a military unit with the sole responsibility for the care and welfare of the troops. They serve as the primary advisor to the unit commander for all issues of the personnel assigned to that unit.

3. Each branch of the military possesses a specific mission that defines its culture. For example, the Air Force deals with the mobility and application of air power. The Navy focuses on sea power with ships away from port for months. The Marine Corps is a rapidly mobile air, land, and sea force. The Army comprises the heavy sustaining land forces. These mission diversities, dictate the methods that support systems are provided to the service member and their families.

4. Per Air Force regulations, each operational unit is required to comply with a unit self-inspection program. The program is administered by a unit quality control office that reports directly to the unit commander. In addition, during established time frames, units are inspected and validated by a Headquarters-level Inspector General Team.

APPENDIX
CHILD/SPOUSE ABUSE INCIDENT FORM

CHILD / SPOUSE ABUSE INCIDENT REPORT

PRIVACY ACT STATEMENT

AUTHORITY: PL93-247, "Child Abuse Prevention and Treatment Act," of 1974, DoD Directive 6400.1, "Family Advocacy Program"

PRINCIPAL PURPOSE: To identify and record information on incidents of child and spouse abuse and provide protection and medical treatment to military members and their families.

ROUTINE USES: The Military Services use the information for internal management and maintain it by Service. Data forwarded to OSD will be aggregated for analysis and void of incident identifiers. Incident data is used to evaluate and identify protocols required in the incident. Service program managers use the data to identify incidence and prevalence rates and trends, track involved families, justify appropriate resource allocation; and review and control providers of care.

DISCLOSURE: Voluntary; however, failure to provide information may delay the provision of appropriate services to the individual.

<i>I. Initial Incident Information</i>			
Incident Number:	Reason Upload:	Country Code:	State Code:
Parent Incident:	MTF:	Major Command:	Incident Status Date:

<i>II. Incident Information</i>			
Referral Source:		Referral Date:	Type of Victim:
Incident Status:		Incident Close Date:	Incident Close Reason:
Type of Maltreatment: <input type="checkbox"/> Major Physical <input type="checkbox"/> Minor Physical <input type="checkbox"/> Neglect <input type="checkbox"/> Emotional <input type="checkbox"/> Sexual			Provider Assigned:
Date Transferred:	Type of Transfer:	Transferred To:	Transferred From:

If incident is SUBSTANTIATED, fill out remainder of form. IF UNSUBSTANTIATED, STOP!

<i>III. Sponsor Data</i>		<i>Sponsor Role in Incident:</i>	
Last Name:		First Name:	Middle Name:
			Cadency (e.g. Jr.):
SSN:	Personnel Type:	If Personnel Type (Uniform): Branch of Service:	Status: Rank:

<i>IV. Victim Data</i>			
Last Name:		First Name:	Middle Name:
			Cadency (e.g. Jr.):
SSN:	Gender:	Birth Date:	Marital Status: Education Level:
Race:		Substance Use in Incident: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Unknown <input type="checkbox"/> None	Incident Occurred On Base:
Victim Status:	If Victim Status (Dead) Victim Previously Known:		Offender Previously Known: Fatality Date:

<i>V. Alleged Offender Data</i>				
Last Name:		First Name:	Middle Name:	Cadency (e.g. Jr.):
SSN:	Gender:	Birth Date:	Marital Status:	Education Level:
Personnel Type:		If Personnel Type (Uniform)		
		Branch of Service:	Status:	Rank:
Race:		Substance Use in Incident:		
		<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Unknown <input type="checkbox"/> None		
Relationship to Victim:		If Relationship to Victim: Extrafamilial (DoD Sanctioned)		
		Type of Caregiver:		
Additional Alleged Offenders:		Alleged Offenders SSN:		

<i>VI. Severity</i>
Severity for each type of maltreatment:
Major Physical:
Minor Physical:
Neglect:
Emotional:
Sexual:

<i>VII. Recommended Actions</i>

<i>VIII. Services Provided By</i>
Offender Services Provided By:
Victim Services Provided By:

<i>IX. Incident Notes</i>

<i>X. Authenticating Official</i>		
Typed Name	Signature	Date Signed
Title		

Computerized version of AF Form 2486.
THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974.

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