# Practitioner and Military Family Perspectives of Child Maltreatment Risk and Protective Factors During COVID-19: A Multimethod Approach

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Physical distancing efforts due to the coronavirus (COVID-19) pandemic have isolated families and may result in a number of unintended consequences, including increased parental loneliness, anger, anxiety, depression, and stress; increased parental substance abuse; paranoia about leaving the home; and decreased support from family and friends (Humphreys et al., 2020; Wang et al., 2020; Zhou et al., 2020). As parents' stress increases and their mental health decreases, they are less likely to engage in positive parenting and instead engage in negative parenting behaviors such as harsh, permissive, or neglectful parenting (Beckerman et al., 2017; Ciciolla et al., 2013). In fact, recent reports suggest the COVID-19 pandemic has elevated parental stress, resulting in increased risk of harsh parenting (Chung et al., 2020) and child maltreatment (Brown et al., 2020). In addition, parent stress and mental health may be affected by limited family relationships and social support during this time; for example, relationship issues during COVID-19 lockdowns have been related to mental health concerns (Pieh et al., 2020). Conversely, positive family relationships, including intimate-partner relationships and social support, may buffer stress and act as a protective factor for child maltreatment (Brown et al., 2020). These increased risks and decreased protections place families at increased risk for child maltreatment (i.e., physical, sexual, or emotional abuse or neglect) during COVID-19 (Humphreys et al., 2020; Riegler et al., 2020). In particular, active duty military families often have unique experiences that can affect their parent stress and mental health as well as social support and family relationships, which in turn can affect their risk for child maltreatment.

## Active Duty Military Families' Risk and Protective Factors for Child Maltreatment

Active duty military families face challenges unique to military life, including frequent geographic relocations, deployments and post-deployment reintegration, combat-related physical and mental health injuries, and living in geographically isolated areas. These unique challenges can serve to exacerbate or diminish risk and protective factors for child maltreatment that both military and civilian families possess (Palmer, 2008). Risk factors are characteristics families possess that heighten the probability of child maltreatment in the future, while protective factors are characteristics families possess that are correlated

with positive outcomes over time (Masten & Wright, 1998). Although prior research has identified other risk and protective factors for child maltreatment in active duty military families (e.g., Smith Slep et al., 2014), the current study focused on parent stress and mental health as well as social support and family relationships for two reasons. First, these risk and protective factors are malleable (i.e., as opposed to fixed factors such as race/ethnicity that do not change over time), meaning they are likely to change in the context of COVID-19 and they can be addressed via telehealth services in this unprecedented time. Second, prior research has found that these risk and protective factors are related to the unique experiences of military families as discussed next.

Increased stress and decreased mental health have been well-documented as risk factors for child maltreatment in active duty military families (e.g., Cozza et al., 2019; Lorber et al., 2017; Kaye et al., 2019). According to Palmer's (2008) theory of risk and protective factors and supported by research suggesting maternal stressors impact military children through mothers' mental health and parenting (Gewitz et al., 2018), military-specific challenges affect parents' mental health and stress, which in turn affects their interactions with their children. Military-specific challenges include stress associated with deployment (Creech et al., 2014; Gibbs et al., 2007), post-deployment reintegration (Taylor et al., 2016), military-related job stressors (Stander et al., 2011), and combat-related physical and mental health injuries (Hisle-Gorman et al., 2015; Morris et al., 2019). In addition, mental health challenges are not atypical among service members (Kehle et al., 2011) or their partners (Renshaw et al., 2008). Similarly, parenting distress, harsh parenting, and other problematic parenting practices are common in active duty military families, particularly before and after deployments (Creech et al., 2014; Willerton et al., 2011). Distress, particularly when related to parenting, has also been associated with child maltreatment in active duty military families (Schaeffer et al., 2005). In contrast, decreased stress and increased mental health can serve as a protective factor for child maltreatment in active duty military families, resulting in positive child outcomes (De Pedro et al., 2011). Services addressing both stress and mental health are available and sometimes required for military parents (Rentz et al., 2006), and these services are often highly coordinated (Chamberlain et al., 2003).

Poor social support and challenging family relationships have been studied as both risk and protective factors for child maltreatment in active duty military families. In active duty military families, poor social support may be compounded by social isolation due to geographic relocations (Cozza et al., 2019) or deployed family members (Dichter et al., 2015; Rabenhorst et al., 2015). Active duty military families also face unique parenting challenges with changing parenting roles accompanying parental separations and reintegration and associated parental well-being (DeVoe et al., 2020). Similarly, interpersonal problems occur due to frequent separations, family role changes, high levels of stress and worry, and mental health challenges (Dekel & Monson, 2010; Sayers, 2011) and have been associated with child maltreatment (Cozza et al., 2019; Kaye et al., 2019; Schaeffer et al., 2005). For mothers, low marital satisfaction, low social support, and low family cohesion have been related to child maltreatment perpetration (Schaeffer et al., 2005). In contrast, increased social support and high family cohesion are protective factors for child maltreatment in active duty military families (Stith et al., 2009).

While increased stress, decreased mental health, poor social support, and challenging family relationships are risk factors that civilian families are also likely to experience during physical distancing due to the COVID-19 pandemic, investigating these risk factors as they relate specifically to active duty military families is essential given the unique circumstances they face. As aforementioned, these families face compounding challenges such as deployment, geographic relocations, living in remote locations, and dealing with combat-related injuries. Physical distancing, awareness of one's exposure to the virus, and dealing with the consequences of getting the virus during the pandemic may exacerbate their feelings of stress and social isolation. For example, for a family who already feels socially isolated, quarantining at home may further cut them off from community resources, increasing stress and mental health problems. On the other hand, active duty military families may be protected from many of the risk

factors related to the pandemic due to the specialized support services they receive. In fact, prior research has found that many active duty military families are adaptable, cope well, and are resilient (Meadows et al., 2017; National Academies of Sciences, Engineering, and Medicine [NASEM], 2019).

## Military Parent Support

In efforts to promote resilient families, healthy parenting attitudes, and skills to prevent child maltreatment within the military, the Army provides prevention and intervention efforts at no cost to families. One such program is the New Parent Support Program (NPSP), a secondary prevention (i.e., for families at high risk of child maltreatment) home visitation program that delivers parenting education and support for military connected expectant parents and parents with children from birth to age 3. Supporting military-connected parents of young children is particularly important, as more than half of the cases of child maltreatment across the military occur with children under the age of 5 (U.S. Department of Defense, 2020). NPSP helps parents at high risk for family violence learn to cope with stress, isolation, military transitions, and the everyday demands of parenting. With nearly all families reporting that their lives have changed (Pew Research Center, 2020) and their stress has increased during the COVID-19 pandemic (Brown et al., 2020; Chung et al., 2020), NPSP practitioners are in a unique position to observe changes in the military families they serve.

In light of the evidence linking increased parental mental health and stress, relationship issues, and poor social support with child maltreatment in the independent contexts of the military and the COVID-19 pandemic, understanding the combined effects of a military context and the pandemic on factors for child maltreatment is particularly important. The purpose of this study was to examine self- and practitioner-reported child maltreatment factors of Army parents enrolled in NPSP services during the COVID-19 pandemic. By using these two data sources, the present study can compare and contrast across different perspectives as well as modes of inquiry. The present study was guided by the following research questions:

1. What risk and protective factors do practitioners perceive as family needs during the COVID-19 pandemic?
2. What parent-reported risk and protective factors are associated with child abuse potential during the COVID-19 pandemic?
3. To what extent do practitioner-identified risk and protective factors converge with parent-reported risk and protective factors are associated with child abuse potential?

## Method

A convergent parallel mixed methods design was used, in which qualitative and quantitative data were collected in parallel, analyzed separately, and then merged. Convergent designs obtain different but complementary data on the same topic, allowing for a comparison of results to establish convergence or divergence (Creswell & Plano Clark, 2018). The research team collected this data from Army NPSP practitioners and the families they serve across 10 Army installations.

### Practitioner focus groups

The focus group protocol was developed for a larger examination of NPSP services during COVID-19 (see Ferrara et al., in press). The protocol was based on emerging literature detailing practices of switching in-person health services to telehealth services and family violence risks during COVID-19. Next, research team members independently reviewed and revised the questions. In the final protocol, practitioners were asked to respond to a series of open-ended questions. The final protocol received IRB approval and all practitioners provided informed consent prior to participation. The data examined in the present study pertains to practitioners' perceptions of the family needs they have been addressing most during the COVID-19 pandemic between March 2020 and June 2020.

### Practitioner participants and procedures.

Army NPSP practitioners were drawn from 8 of the 10 installations (*N* = 30). All consenting practitioners

were female; 20 were registered nurses, nine were licensed social workers, and one was a licensed marriage and family life therapist. Practitioners participated in nine virtual focus groups lasting between 23 and 68 minutes ($M$ = 51.62; $SD$ = 13.96 minutes), which took place between May 2020 and June 2020 as part of a larger examination of Army NPSP services during COVID-19 (Ferrara et al., 2021). The audio-recorded virtual focus groups were led by an experienced moderator and supported by a similarly experienced assistant moderator, transcribed verbatim using Amazon Transcription (AWS), and corrected by the research team.

## *Qualitative data analysis*

The research team collected and analyzed practitioner data in three phases (i.e., open coding, axial coding, selective coding; Charmaz, 2017) as part of a larger study (see Ferrara et al., in press). Data within the identified subtheme of family well-being were re-examined by the first author with particular attention to family violence risk and protective factors, reapplying selective coding— developing themes that expressed the content of each of the groups.

## Parent participants and procedures

Following IRB approval, families stationed at 10 installations across the United States enrolled in Army NPSP services between September 2018 and September 2020 were offered the opportunity to participate in an evaluation of NPSP services. Consenting parents receiving NPSP services during the COVID-19 pandemic ($N$ = 292) participated in an online survey between March 15, 2020 and September 30, 2020. Participants were predominately female (93.5%; 4.8% male; 1.7% other or unknown), White/Caucasian (59.2%; 21.6% Hispanic; 20.2% Black/African American; 4.1% Asian/Pacific Islander; 3.4% American Indian; 2.1% other), spouses of service members (77.1%; 18.8% Active Duty service member; 2.1% retired military; 2.1% other or unknown), and married (93.5%; 5.2% single or separated; 1.4% unknown), with an average age of 27.236 ($SD$ = 5.237) years. Parents reported having zero (i.e., they or their partner were pregnant) to six children living in their home ($M$ = 1.458; $SD$ = 1.141). Parents completed two quantitative measures assessing child abuse potential and risk and protective factors.

### *Child abuse potential*

The Brief Child Abuse Potential Inventory (BCAP; Ondersma et al., 2005) identifies parents at risk for the perpetration of child maltreatment through their indication of *agreement* (1) or *disagreement* (0) with 24 items assessing child abuse potential. This measure has been shown to have high sensitivity for detecting instances of child maltreatment (Milner & Wimberley, 1980; Ondersma et al., 2005). Positively worded items on BCAP (e.g., "My life is good") were reverse coded such that higher responses indicated more risk for child maltreatment. Responses for the BCAP risk abuse subscale were then summed (Cronbach's a = .856).

### *Risk and protective factors*

The Army uses the 59-item Family Needs Screener (FNS; Kantor & Straus, 1999) to screen families for NPSP services and identify areas of need to assist in service delivery. Recent work identified 37 items representing five factors (i.e., relationship discord, support, psychological distress, violence approval, and family of origin violence and neglect) and nine covariates that predicted family violence (Kaye et al., 2019). The current study considered malleable factors— the 9-item psychological distress (i.e., a combination of depression, suicide ideation, stress, and poor self-esteem), 4-item relationship discord (i.e., intimate-partner relationship perception), and 6-item social support (i.e., a combination of emotional and instrumental social support) subscales—along with the single-item covariates assessing uncontrolled anger and isolation (see Figure 1 for sample items). Participants rated items on a 4-point Likert-type scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Responses for the FNS psychological distress, relationship discord, and social support subscales were summed. These factor subscales were scored such that a higher value indicates that the factor is a risk for child maltreatment, while a lower score indicates that the factor is a family strength. These factors were part of a five-factor model that demonstrated adequate fit and predictive validity for family violence in past research (Kaye et al., 2019), and the internal consistency reliabilities for the psychological distress, relationship discord, and social support factors in the present study were .888, .777, and .669, respectively.

### Quantitative data analysis

Descriptive statistics and correlations were computed for all variables. BCAP risk was used as a dependent variable in a multiple regression with the three malleable FNS subscales (i.e., psychological distress, relationship discord, and social support) and two malleable covariates (i.e., uncontrolled anger and isolation) as predictor variables.

# Results

## Practitioner-identified factors

Practitioners reported that "the pandemic was on the forefront" for their clients. As one practitioner described, "The content of our conversation changed immediately. My clients' initial reaction to the pandemic was on the forefront. We talked a lot about the pandemic, their anxieties due to it, and how they just need to see a way forward as it related to not leaving their homes."

Within this context of the families' focus on the pandemic and their changing needs, five themes associated with changing family needs during the pandemic were identified: (1) isolation with one subtheme, decreased mental health, and two categories, anxiety and depression; (2) challenging family relationships; (3) limited support; (4) increased stress; and (5) family resilience.

### Isolation

Practitioners in six focus groups discussed the risks active duty military families were facing were due to the isolation of the pandemic: "The isolation has, maybe, exacerbated some of their [high risk] symptoms, and with limiting resources for childcare or even therapy being limited, I think that has contributed to some of the decompensating we've seen with some of our families."

### Decreased mental health

Practitioners across eight focus groups indicated families were facing increased mental health issues. Consequently, they were conducting increased mental health checks: "[I] keep reminding myself to check in with that mental health component." In particular, they expressed concerns over parents' anxiety and depression as it related to the isolation created by the pandemic.

### Anxiety

Practitioners in four groups discussed parental anxiety compounded by COVID-19: "Folks are still very isolated. And for those individuals…who are at risk for depression or have a history of depression or anxiety, this just puts them at further risk." This was particularly emphasized for clients with existing mental health conditions, pregnant parents, and those with family members and friends who contracted COVID-19 or died from the virus.

### Depression

Practitioners in four focus groups also discussed the impact of pandemic-related isolation on parental depression: "This isolation has really upped that depression for [clients who are prone to depression]." Depression was specifically linked to the risk for child maltreatment: "It's just anybody who's at risk for depression, if they're isolated, that's an environment in which they are more likely to withdraw even further and same thing with the anxiety…which therefore makes their children at greater risk for becoming victim."

### Challenging Family Relationships

Six groups discussed challenges in relationships with both children and partners: "With this pandemic, things get out of balance, relationships get out of balance." One practitioner noted, "A lot of them have already some shaky relationships with their partner, and that partner's in their home all the time. And so, the mom doesn't get much relief from her immediate situation because she has nowhere to go." Others discussed challenges with parenting during the pandemic: "I think we're having to address parents having more frustration with kiddos. They don't understand that this is a new lifestyle for their kids. And they don't understand why kids are acting up more than usual." Conversations included parents' need for managing anger and frustration due to challenging family relationships, and practitioners discussed their concerns that family violence might go undetected during the pandemic.

## *Limited Support*

In six focus groups, both social and concrete support were identified as needs families were experiencing. Limited social support was compounded due to COVID-19, with many practitioners reporting parents' feelings of loneliness: "They're socially isolated in ways, and they are limited. They don't have anybody else for support." Practitioners also discussed parents' limited concrete support, such as little access to daycare due to COVID-19, limited ability to obtain groceries, and a lack of information about hospital practices for delivery during COVID-19, "But, specifically, basic needs has come up…When this first started, we were addressing things like toilet paper that we hadn't had to deal with before."

## *Increased Stress*

Practitioners in three groups discussed stress that families were experiencing due to the pandemic: "Almost all of my clients are mentioning stress being one of the things going on now. You have this mom stuck in the house with little kids, and that's actually compounding the stress too." Clients were experiencing, "Stress. Stress of the unknown, stress of COVID, lately, the stress of Mr. Floyd's death, and stress of being pregnant, not knowing what's going to happen when they get to labor and delivery… So, they all have worries, they're stressed."

## *Family Resilience*

Family resilience during COVID-19 was identified in two groups with remarks that active duty military families may be protected from some of the challenges of the pandemic due to their resiliency and adaptability: "They're used to the military lifestyle and the changes." Family resiliency conversations centered on coming together as a family, getting both parents involved in services, and establishing routines; for example, one practitioner stated, "I think that they're pretty resilient, so they're seeing it as an opportunity… to kind of get some work done. I've had some families who have used this time to focus on potty-training or napping routines and utilizing both parents to participate."

## Parent Results

Descriptive statistics and correlations are presented in Table 1. On average, parents reported low-to-moderate levels of psychological distress, relationship discord, social support, uncontrolled anger, and isolation. All included variables were significantly correlated with risk for child maltreatment. Multiple regression results indicated that parent-reported risk and protective factors explained nearly half of the variance in child abuse potential, $F(5, 286) = 46.419$, $p < .001$, $R2 =$ 44.8%, adjusted $R2 =$ 43.8%. In particular, increased psychological distress, relationship discord, and isolation were related to increased risk for child abuse (see Table 2). For example, every one-point increase in isolation corresponded to an approximately one-point increase in child abuse potential.

## Merged Results

Practitioners' descriptions of active duty military families' risk and protective factors for child maltreatment converged with parent-reported risk and protective factors that were associated with risk for child abuse in four main ways (see Figure 1). First, the quantitative finding that parent-reported psychological distress was significantly related to risk for child maltreatment converged with practitioners' qualitative reports of mental health and stress functioning as

**Table 1. Pearson Correlations Between FNS and BCAP and Descriptive Statistics**

| Factor | 1 | 2 | 3 | 4 | 5 | M | SD | Min. | Max. |
|---|---|---|---|---|---|---|---|---|---|
| 1. BCAP Risk for abuse | | | | | | 4.017 | 4.235 | 0 | 23 |
| 2. FNS Psychological distress | .572** | | | | | 15.140 | 4.617 | 9 | 31 |
| 3. FNS Relationship discord | .474** | .366** | | | | 6.938 | 2.507 | 4 | 16 |
| 4. FNS Social support | .405** | .563** | .348** | | | 12.414 | 3.212 | 6 | 23 |
| 5. Uncontrolled anger | .317** | .342** | .298** | .172** | | 1.623 | 0.757 | 1 | 4 |
| 6. Isolation | .524** | .591** | .352** | .581** | .203** | 2.120 | 0.921 | 1 | 4 |

*Note.* * $p < .05$ ** $p < .01$

**Table 1. Pearson Correlations Between FNS and BCAP and Descriptive Statistics**

| Variable | B | SEB | Beta |
|---|---|---|---|
| Constant | -6.229*** | .843 | |
| FNS Psychological distress | 0.291*** | .054 | .318*** |
| FNS Relationship discord | 0.427*** | .084 | .253*** |
| FNS Social support | -.020 | .076 | -.015 |
| Uncontrolled anger | .491† | .268 | .088† |
| Isolation | 1.095*** | .272 | .238*** |

*Note. † $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$; B*

increased risk factors during the pandemic. Second, the quantitative finding that relationship discord was significantly related to risk for child abuse converged with the qualitative finding that practitioners viewed challenges in family relationships as a risk factor. Third, the quantitative finding that uncontrolled anger was marginally related to risk for child maltreatment converged with practitioners' qualitative reports that families were experiencing increased anger and frustration in their family relationships. Finally, the quantitative finding that isolation was related to risk for child abuse converged with practitioners' qualitative descriptions of families' isolation—isolation due to COVID-19 impacted other risk factors such as poor mental health, increased stress, decreased support, and challenging family relationships.

Practitioners' descriptions of active duty military families' risk and protective factors for child maltreatment also diverged with parent-reported risk and protective factors in two ways. First, practitioners described how poor social support functioned as a risk factor for families; however, in the quantitative results, a lack of social support was not associated with risk for child abuse. Second, in the qualitative results, reduced concrete support and family resilience were uniquely identified as a risk and protective factor, respectively.

## Discussion

Active duty military families face unique challenges that may serve to exacerbate or diminish risk and protective factors for child maltreatment during the COVID-19 pandemic. As pandemic-related risks are likely to impact families for the foreseeable future, a more comprehensive understanding of the factors associated with child maltreatment during COVID-19 is warranted. Thus, the research team compared qualitative Army NPSP practitioner responses and quantitative military family self-reports of factors for child maltreatment during the COVID-19 pandemic. Through the qualitative analysis, Army NPSP practitioners reported that, across their experiences with families during the pandemic, poor mental health, increased stress, lack of social and concrete support, and challenges in family relationships were risk factors for child maltreatment in Army families during the pandemic. While these factors may not be unique to military families, in practitioners' descriptions, these factors were at the forefront of families' needs and have been exacerbated due to the ongoing pandemic. Unique to military families, practitioners reported that Army families demonstrated resilience throughout this time, and they saw this as a protective factor. Then, through quantitative analysis, parent-reported psychological distress, relationship discord, uncontrolled anger, and isolation were associated with child abuse potential. In addition, through comparing and synthesizing both qualitative and quantitative data about Army families, Army NPSP practitioners' identification of families' risk and protective factors during COVID-19 demonstrated both convergence and divergence with parent-reported risk and protective factors associated with child maltreatment risk.

### Convergence

Practitioner-identified risk factors and parent-reported risks associated with child maltreatment potential converged around mental health, stress, and psychological distress. Practitioners cited mental health issues, including depression, anxiety, and stress as increased risk factors for the families they

**Figure 1. Joint Display of Qualitative and Quantitative Results**

| Qualitative Themes from Practitioner Focus Group Responses | Quantitative Regression Results from Parent-Reported Survey Responses |
| --- | --- |
| **Mental Health**<br>"Well, it's just anybody who's at risk for depression, if they're isolated, that's an environment in which they are more likely to withdraw even further and same thing with the anxiety."<br>**Stress**<br>"Stress. Stress of the unknown, stress of COVID, lately, the stress of Mr. Floyd's death, and stress of being pregnant, not knowing what's going to happen when they get to labor and delivery…So, they all have worries, they're stressed." | **Psychological Distress*****<br>Sample items: *"At times I feel out of control, like I'm losing it;" "I frequently feel as if I am not as good as others;" "There are times when I feel life is not worth living."* |
| **Family Relationships**<br>"Relationships between themselves and their significant other are already challenging." | **Relationship Discord*****<br>Sample item: *"I wish my partner and I got along better."* |
| **Support**<br>"They're socially isolated in ways, and they are limited. They don't have anybody else for support."<br>"But, specifically, basic needs has come up…When this first started, we were addressing things like toilet paper that we hadn't had to deal with before." | **Social Support**<br>Sample item: *"I only have a few friends/family to help with the baby (my children)."* |
| **Family Relationships**<br>"I think we're having to address parents having more frustration with kiddos. They don't understand that this is a new, lifestyle for their kids. And they don't understand why kids are acting up more than usual." | **Uncontrolled Anger†**<br>Single covariate item: *"Uncontrolled anger can be a problem in my family."* |
| **Mental Health**<br>"Folks are still very isolated. And for those individuals…who are at risk for depression or have a history of depression or anxiety, this just puts them at further risk."<br>**Stress**<br>"You have this mom stuck in the house with little kids, and that's actually compounding the stress too."<br>**Support**<br>"They're socially isolated in ways, and they are limited. They don't have anybody else for support."<br>**Family Relationships**<br>"A lot of them have already some shaky relationships with their partner and that partner's in their home all the time. And so, the mom doesn't get much relief from her immediate situation because she has nowhere to go." | **Isolation*****<br>Single covariate item: *"I feel very isolated."* |
| **Family Resilience**<br>"They're used to the military lifestyle and the changes."<br>"And I think that they're pretty resilient…some of my families have used it as that opportunity." | |

*Note. Significant variables in the multiple linear regression are indicated by † p < .10, * p < .05, ** p < .01, *** p < .001.*

served during the pandemic. This converged with the finding that parent-reported psychological distress was significantly related to risk for child maltreatment. While parents reported low-to-moderate levels of psychological distress, mental health issues are not atypical among active duty military families (Institute of Medicine of the National Academies, 2014). In addition, Army NPSP practitioner reports that pandemic-related isolation exacerbated mental health issues and stress for families reflect emerging research about COVID-19 lockdowns, which has indicated that mental health issues in the general population, including anger, anxiety, depression, and stress, intensified as a result of quarantining (Serafini et al., 2020). Research has also associated higher anxiety and depressive symptoms with parental stress and child abuse potential during COVID-19 (Brown et al., 2020). The current findings extend these prior studies by providing practitioner observations of mental health issues and stress during the pandemic, along with an association between parent-reported psychological distress and anger and risk for child abuse.

Similarly, practitioners viewed challenges in family relationships as an increased risk factor during the pandemic. This converged with the finding that parent-reported relationship discord and uncontrolled anger were related to risk for child maltreatment. Parents again reported low-to-moderate levels of these risks; however, relationship problems are common in active duty military families due to frequent separations, family role changes, high levels of stress and worry, and mental health challenges (Dekel & Monson, 2010; Sayers, 2011). With findings that relationship discord was associated with substantiated child maltreatment in Army families (Kaye et al., 2019) and relationship issues during the pandemic also related to mental health concerns (Pieh et al., 2020), our findings highlight the need for practitioners to support relationships between partners through regular check-ins and providing evidence-informed stress-reduction strategies.

The quantitative finding that isolation was associated with child maltreatment potential converged with several areas practitioners identified as risk factors, including poor mental health, increased risk, limited support, and challenging family relationships. Army families may be particularly at risk for experiencing social isolation during the pandemic, as they continue to experience deployments and military-related relocations. Military installations are often located in geographically isolated areas, and families living in private housing (as opposed to installation housing) are more likely to report feeling socially isolated and disconnected (National Academies of Sciences, Engineering, and Medicine, 2019). In past research, isolation predicted substantiated child maltreatment in Army families (Kaye et al., 2019). Practitioner observations of increased family isolation during the pandemic, as well as the quantitative finding that isolation is associated with risk for child maltreatment, are troubling, as family life is unlikely to return to normal in the near future. Thus, practitioners supporting families should consider implementing strategies to reduce isolation through virtual events for parents.

## Divergence

Practitioner and parent reports of risk and protective factors diverged around two areas: support and resilience. Practitioners indicated families experienced increased risks associated both concrete and social support, yet parent-reported lack of social support was not associated with risk for child maltreatment. One possibility for this divergence is that the risk around social support that practitioners reported was related more to feelings of isolation compared to the quantitative measure which assessed a combination of emotional and instrumental support. Perhaps active duty military families were better equipped to deal with low instrumental social support during the pandemic, as they frequently face challenges in this area. For example, active duty military families are unlikely to have family geographically nearby to provide help with childcare and household tasks. This divergence could also stem, in part, from the lack of opportunity parents had to report on concrete support (e.g., food, shelter, basic needs). While active duty military families do not experience the same income-related risks as civilian families, many of them struggle financially (Hosek & Wadsworth, 2013), and one in seven active duty military families reported experiencing food insecurity (Wax & Stankorb, 2016). Nevertheless, practitioners should not overlook risks

associated with concrete and social support in military populations.

On the other hand, practitioners recognized that many families demonstrated resilience in the face of the pandemic. Many active duty military families are adaptable, cope well, and are resilient (Meadows et al., 2017; NASEM, 2019). In fact, these families, who are connected to NPSP services because they screened as high risk for child maltreatment, reported low-to moderate levels of risk during the early shutdowns of the COVID-19 pandemic. While the isolation associated with the pandemic exacerbated existing challenges for many families, others may show resilience in the face of the challenges associated with the COVID-19 pandemic. More in-depth research is needed to increase understanding of the protective nature of resilience during the pandemic.

## Implications and Recommendations for Practice

As information related to risk and protective factors for child maltreatment during COVID-19 continues to evolve, these findings provide a starting point for practitioners supporting active duty military families during the pandemic. Considering how Army NPSP practitioners' observations of families' increased isolation, poor mental health, increased stress, limited support, and challenges with family relationships converged with the relationship between parent-reported risk factors (i.e., isolation, relationship discord, and psychological distress) and child abuse potential, addressing these risks is essential in preventing child maltreatment during the ongoing pandemic. Programming to provide emotional support, decreasing isolation, and improving family relationships is needed. Numerous evidence-based programs that address these risks exist, including Attachment and Biobehavioral Catch-up (ABC) Intervention, Incredible Years Parent Training Program, Parents as Teachers, and Strength at Home – Couple's Program. In addition, strategies to promote family resilience may include compassion- and mindfulness-based interventions (Cousineau et al., 2019; Gliske et al., 2019) and teaching coping skills or relaxation techniques, such as arousal regulation, cognitive restructuring, goal setting, and self-talk (Forbes & Fikretoglu, 2018). Implementing telehealth services to continue to serve families while physical distancing measures are in effect may be particularly important to enhance social connections and decrease isolation as would providing virtual gathering opportunities for parents.

Practitioners should conduct increased psychological assessments and monitoring during the pandemic. Army NPSP practitioners in the study reported conducting mental health check-ins with families each meeting. These check-ins should include assessments of pandemic-related stressors (e.g., feelings of isolation and anger), family relationships (e.g., partner/spouse, children), direct effects of COVID-19 (e.g., infected family members, grief due to the loss of loved ones; Ferrara et al., in press), and pre-existing psychological conditions (e.g., depression, anxiety; Pfefferbaum & North, 2020). Moreover, practitioners are encouraged to connect families with community resources to diminish feelings of isolation, especially for families who may be new to the area or live off-post.

## Limitations

The present study is limited by its design in a few ways. Parent-reported risk factors and child maltreatment potential may be underrepresented in the present study due to social desirability (Bradshaw et al., 2011). In addition, child maltreatment potential, as measured by the BCAP, provides an indication of physical abuse, leaving neglect unexamined. Nor are there direct measures of the unique experiences that may affect military parents' stress and mental health (e.g., deployment, geographic relocations, parental injury). Research is needed to better understand how military families' service experiences have directly and indirectly affected their functioning during the COVID-19 pandemic. It is also important to recognize that the present study is a snapshot of practitioner observations and family experiences during the COVID-19 pandemic; it does not control for the services families have already received via Army NPSP. As such, the present results should be interpreted cautiously; they may not be representative of changes families experience over the course of the pandemic. In addition, the findings reported are limited to active duty Army families with children birth to age 3. Families with older children, in other branches of the military, serving as reserves or in the National Guard,

or civilians may present different experiences and needs in the context of COVID-19.

## Conclusions

This study is part of an important emerging body of literature examining the impacts of COVID-19 and physical distancing prevention measures on family well-being. The present study provides both qualitative and quantitative results from two different sources to develop a more complete understanding of active duty military family risk factors for child maltreatment in the context of the COVID-19 pandemic. The vast majority of these results converged, suggesting that support for malleable risk and protective factors such as mental health and stress, family relationships, support, resilience, and most importantly isolation, are even more critical to preventing child maltreatment in this uncertain time. Efforts to prevent family violence and promote family well-being during the pandemic must continue, and practitioners should be prepared to identify and address risk and protective factors.

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