4

Children and Youth in Military Families

In Chapter 4, you will

- Meet Connery, a high school senior, who has been raised in a military family.
- Learn about military children's experiences of moving and going to school.
- Discover the impact of parental deployments on children's adjustment.
- Consider how to support children during parental deployment, injury, or death.

Meet

Connery, A High School Senior

"We've had it good for us."

A military family is different from civilian families. Being an active-duty son, I had to get used to moving around every 4 years. That's good because you are going to have to move anyway when you go to college or get a job. If you aren't the coolest guy in one state, you can have a fresh start. Here a lot of people know me. I call it home. I was 10 when we moved here and now I'm 18. It's the longest I've lived anywhere.

When I was born, we moved to Germany. I just remember my grandmother coming, and mom and I traveled around with her. I have experienced different cultures and know lots of people not like me. I'm open to new ideas.

The benefits are a huge plus. I am under my dad's health insurance, auto insurance, and dental insurance while I'm living with him.

As a military kid, you have more respect for authority. Having a commanding officer for a dad, I feel you have to say, "Sir, yes, sir" and get on with it. It helps when you have procrastination issues like me.

You see and do neat things. I got to sit in the cockpit of an A-10. My dad flies it. The A-10 is a close air support for troops on the ground that sticks with the soldiers and keeps our guys alive. There's a lot of buttons. It's a safe plane. You can take a hit and go back in.

When my dad goes off to missions, he's fulfilling a commitment he has made. I've experienced his leaving many times. Maybe his discipline has rubbed off on me. I want to go into the Air Force Reserve or Air National Guard. The benefits are good. I want to follow my dad's footsteps and serve my country. I'd like to fly a helicopter. I hear stories that being a pilot is all it is cracked up to be. It's like being on a roller coaster all the time. I want to have a civilian job, too, in architecture. My parents are behind it as long as I finish college first, but I always planned to do that. I'm aware of the danger, and I still want to do my part.

I don't recommend military life for everyone. It was hard to leave my really good friends when we moved. We talk on Facebook sometimes, but now my life has moved on. You can have friends but not a huge bond.

The most important thing is to be on good terms with your family. Talk. Hang out together. My brothers and I are good friends. We always had each other every time we moved. We hold a lot of respect for our parents. They put us first. If you don't have a close-knit family, you kick yourself in the butt. We've had it good for us.

INTRODUCTION

Nearly 2 million children in the United States have at least one parent serving in the military. In 2013, there were approximately 1.2 million children of active duty personnel and over 700,000 children of selected reserve personnel (DASD, 2014). Many of these children have only known military family life, while some recall a prior civilian life. Others transitioned through a parent leaving active duty and joining the National Guard or Reserve, or vice versa. Still more children are military-connected when a sibling joins either the Active Duty or Reserve Component.

In addition to those children with a parent currently in the military, there are another 2 million children who experience military family life while at least one parent is active duty or a Reservist for some years, but now are living a civilian life because their parent separated from the military (Lester & Flake, 2013). Finally, there are adults who, as military children, grew up in the military culture. We are learning more about their perspectives of life as they share their stories with the media and researchers (Martin, Rosen, & Sparacino, 2000). Later in this chapter Randy Ott, an adult raised in the military, looks back on the impact the military culture has had on his life.

Of course not all children with a parent in the military experience the same type of "military family life." For example, those children whose parents are active duty may experience separations, relocations including overseas, and life on or near a major military installation. These children usually are familiar and comfortable with military culture and being on military bases or posts. They typically attend either DoDEA schools or civilian schools with a high population of military children. However, children of parents who are in the Air or Army National Guard or the Reserves may never experience relocating to a new community or know many children like themselves. Although they may visit an Armory or an Air National Guard base, their daily lives are lived in the civilian rather than a military world.

In this chapter, we examine the influence of military culture, relocation, child care, education, and deployment on children. Connery, the 18-year-old high school senior you met at the beginning of this chapter, shares some of his perceptions of life in a military family. He emphasizes being close to his brothers and parents as a key component of living in a military family. As you read, notice how many of Connery's and Randy's points are highlighted in what we know about military children. The experiences of military children vary, and not all may have such positive responses as Connery and Randy.

Military children face relocations, separations, and risks of parental injury. The studies we have of military children suggest that most adapt well to military life (Chandra et al., 2011; MacDermid et al., 2008). However, some military children experience more extensive and intensive stressors when parents deploy multiple times over the course of a few years, are injured, or die. These events and a pile-up of stressors (e.g., combat deployment followed by a PCS move and extended work hours at the new duty station and another combat deployment) can immobilize individual family members, including children, and wear away or overwhelm families' coping skills. Even then we know that protective factors such as positive family dynamics, social support, and finding meaning from such adversities can make a difference in the resilience of children and families (Boss, 2006; Park,

2011; Walsh, 2002; Wiens & Boss, 2006). While research on military children has been increasing, more studies are needed that are based on representative, rather than convenience, samples and designed to examine strengths in military children. In addition, studies that apply a life course perspective can help us understand the link between children's and parents' development and, for example, the trajectories of children whose military parent was wounded or died (Cozza & Lerner, 2013).

RELOCATION

As noted in Chapter 3, relocation is a well-known feature of active duty military life. If raised their whole life in an active duty family, military children will have moved an average of six to nine times between kindergarten and graduating from high school (Department of Defense-State Liaison Office, 2010), or every 2–3 years (Finkel, Kelley, & Ashby, 2003). Military children have reported traveling and meeting new people as benefits of military life. Yet, both of these benefits occur because of one of the "toughest" parts of military life for children: moving (Ender, 2002, 2006; National Military Family Association, 2010).

Moving can seem to be a perpetual process for some active duty military children and teens. They are preparing to move, physically moving, settling in, or wondering where the next move will be. Prior to the physical move, they are saying good-bye to friends and family and perhaps beginning to grieve over the loss of daily connection to these important people. Little is known about military children under the age of 5 and relocation. However, as with any move or transition, infants, toddlers, and preschoolers are greatly influenced by the prevalent emotions of their caregivers and consistency in routine.

For school-age children and teens, a move usually means changing schools, rejoining sports teams and interest groups, and finding new friends. They may be concerned about whether they will be "behind" or "ahead" others in their grade. However, they also report liking the opportunity to start over at a new school that a relocation offers (Finkel et al., 2003).

The website *Military Youth on the Move* includes information for children, teens, and parents on transitioning to a new location and school. Some military installations have a youth sponsorship program that will match a new child to a child approximately of the same age who is living in the new location in order to assist with integration into the new installation, surrounding community, and school.

Although research has given us some insight into the experiences of military children with moves, our knowledge is still limited. For example, few studies have followed children longitudinally as they go through the process of a move or followed up with them for a period of time afterward to determine the longer-term consequences. Most studies ask children about their experiences only after the fact. Most studies are relatively small, and as noted above, there is little information about preschool children (Weber & Weber, 2005). To better understand how relocation affects military children, we need representative samples across age ranges and branches of service and more focus on what factors are associated with positive adjustment.

Relocation often means changing schools for military children. The *Military Families on the Move* study (MacDermid et al., 2007) introduced in Chapter 3 offers some insight into what can make transitioning to a new school easier or more difficult for youth. The study included collecting data from one child, age 10–17; the service member; and the spouse from 608 Army and Air Force families. The average number of schools attended by these youth since the age of 5 was 4.08. Children reported experiencing school transitions as more difficult when they were female, had social anxiety (i.e., fear of negative evaluation), had negative attitudes about moving, and had negative perceptions of their own academic competence. They also indicated moves during the school year as more difficult. However, summer moves may also result in challenges for teens who, without

the interaction with peers that comes with attending school, may not be able to identify potential friends and create friendships (Tyler, 2002).

Evidence suggests that the number of moves is not what predicts children's adjustment (Finkel et al., 2003). Although teens report loss of friends, maneuvering in new surroundings, and changing schools as stressful, factors such as maternal functioning (or the functioning of the major caregiver), family cohesiveness, and time at a current residence appear to be more important than the rate of mobility (i.e., dividing the number of moves a child experiences by the child's age) in predicting children's psychosocial adjustment (Finkel et al., 2003). In a nonrepresentative sample of 86 mother–child pairs, children, whose average age was 12, reported less loneliness and more positive relationships with peers when they lived longer at the current residence. Trusting relationships with mothers, cohesive family ties, and longer time at the current residence reduced children's concern about others evaluating them negatively and predicted children's self-esteem. Mothers' self-reports of depressive symptoms were associated with children's sadness, anxiety, and withdrawal. The number of moves did not predict children's adjustment in these areas (Finkel et al., 2003).

Military children may learn positive coping skills when faced with multiple relocations. A study examined 179 military parents' perceptions of teens' adjustment to multiple relocations. The average number of moves was 4.89, with a range of 1–18 moves. Military parents, from the four military branches, were recruited from four secondary schools with a large proportion of military teens. Seventy-five percent of parents considered relocations to have positively influenced their children's development, and parental perception of this positive influence increased as the number of moves increased. Also, parents perceived improved behavior as the frequency of moves (i.e., number of relocations per year of life) increased (Weber & Weber, 2005).

The education of children can affect whether and when military families move to a new location. If service members are scheduled to deploy soon after arriving at a new duty station, families may choose to remain where they are currently living or move to be close to extended family. If the date for the permanent change of duty station occurs after the beginning of the school year, families may choose to remain in their current location to allow children to complete the academic year at the same school. Finally, if the quality of education is better at the current location, families may remain in order not to negatively affect the education of their children (DOD, 2011c).

Military teens perceive themselves as adaptable and comfortable talking with others because of frequent relocations, including moves outside of the United States (National Military Family Association, 2010). In some ways, military children share these and other characteristics with children of missionaries, business executives, and diplomats who live years in cultures outside of their "passport country" (Ender, 2002). They are often identified as "third culture kids" because they spend a significant number of their developmental years outside of their parents' culture(s) (Pollock & Van Reken, 2001).

Raised within the military community on self-sufficient bases and posts, whether the installations are in or outside of the United States, military children can feel in a world apart from their civilian cousins and peers. Then, upon adulthood or when their parent leaves the military, they are no longer officially part of the military community (unless they join themselves as an adult) and may not feel in synch with the larger civilian population. As a result, they can feel between cultures and may enter adulthood feeling in "a world between worlds" (Pollock & Van Reken, 2001, p. 29).

The Internet has facilitated the connection of military children, including those who are now adults, with others who have shared experiences. A quick search of the Internet for the term **military brat** (or Air Force brat, Army brat, Navy brat, or Marine Corps brat), a positive and affectionate term claimed by military children to refer to themselves and others growing up in the military (Wertsch, 1991), will show social networking

and informational sites. Some military brats hold reunions based on the DoDEA school attended (Martin et al., 2000). Although the origin of the term is disputed, military children use "backronyms" including "'brave, resilient, adaptable, and trustworthy'" to describe the meaning of BRAT (Park, 2011, p. 67).

Voices From the Frontline

I WOULD NOT TRADE MY UPBRINGING FOR ANYTHING.

My dad was in the U.S. Army. We lived anywhere and everywhere. I remember Christmas in Florida, Georgia, North Carolina, and Germany. In the first grade, I went to five, maybe six, different schools. It was hard on me. My parents decided that I should repeat the year. I remember thinking, "Am I dumb?" Then we were in the same place from the time I was 10 to 15. I was able to skip the 8th grade to put me back on track with my peers and graduated with people my age. It gave me a huge confidence boost.

I look very positively on the experience of moving so often. It gave me more strength. I think we underestimate military kids when we assume moving is hard on them. It teaches perseverance and grit, and how to adjust to new places and people.

When I was 10, my parents divorced. My dad was my parent. The Army raised me. The military gave us structure and stability. My dad never had to worry about missing his job. My sister and I had the beauty and the benefit of walking to school with our friends and going to the Youth Center after school to do our homework and play games until our parents picked us up. (I can still shoot a pretty mean game of pool.) We were always around soldiers. I saw the culture, the structure. I would see men and women in uniform. There were people of different cultures. There was a sense of community, a commonality, and I felt it.

We moved to a new base just before I started the 4th grade. My dad's work was in a big building near our house. My school was maybe a mile away. The first day of school I followed the other kids but got lost on my way home. I found the big building where my dad worked, I remembered the color, and I waited there for an hour while my dad was out looking for me. Eventually some of the people he worked with found him and we connected up. I don't remember feeling scared or lost even though this was a brand new place. It speaks to the trust and security of living on a base.

The way I live my life, I learned from my dad and others around him. He and the military influenced who I am today in many ways. For example, when you live on a base, you have the responsibility to help care for the grounds around your house. Today, I mow the lawn every week. That's what you do.

I'm never late. To me on time is late so I am always early. I don't know any different. (My wife is not that way but we work it out.) When I sit in the living room and take my shoes off, I get up and put them into the closet. Habits that I learned then still stick with me and I like who I am and what I learned from military culture.

My dad was a good athlete and today I stay in good shape. I remember going to watch my dad in competitions. He'd get an award sometimes. People from different units and services would compete with respect and become a community. I see the importance now. It is a true community of force and protection for all of us civilians. One day these soldiers might be fighting together and some may not come back so I see the importance now of them being together in all walks of life and serving.

I almost joined the military two times. I'd say, "Why go to college? It's for the birds." I wanted to be like my dad, who did not go to college. When I was a senior I worked at the Army bowling alley during Desert Storm. It was 1991. Every now and then I'd see officers. They were respectful and would keep others in line. I wanted to be like them and so realized I needed to go to college. Even though from high school

teachers I'd been told I should go to college, I had to figure it out myself. I was influenced by the military culture and all its differences.

I currently work in higher education where I teach courses on leadership and direct the Center for Academic Success Programs. A university is like an Army base. We have buildings, roads, a structure. There are expectations in terms of conduct and my colleagues and I each serve something bigger than ourselves.

I have one mind and one body and I want to use them to the fullest. I finished my doctoral work in 2011 and a year later, I started what turned out to be a two-year-long process to join the military. I was turned down at first and had to redo everything including my physical to reapply. Two weeks ago, at age 40, I was accepted into the Navy Reserve. The Navy is the only branch that would take me because of my age. I think there is wisdom in taking someone my age. I may not be as fit as I was at 30 but I have years of knowledge and experience. I will continue to work at the university and serve my weekend a month and two weeks a year.

My joining was a family decision. I could be deployed overseas. I could be killed. I definitely will be away from home more often. My wife and I talked. She doesn't know the military culture except for what my dad tells her and what she sees in the news and movies. But she knows this decision is very important to me.

I know what I experienced growing up and what the military culture taught me as a person. I want to give that to my son. Right now he spends time with my dad and learns from him. We are lucky for that. I want him to learn from my service, too. I want him to have an appreciation of the country we have. Cliché or not, freedom isn't free. I want him to know what that means. I want him to learn discipline, timeliness, and the importance of ongoing education, fitness, and exercise. I want him to gain appreciation for different cultures. The military still has more work to do in this area but it is a beginning.

I hope I can serve for 20 years. It means a lot for me. I will learn something new and have the opportunity to be in a culture that means so much to me. I have the opportunity to serve my country and be with people I respect. I am looking forward to it.

I look in the mirror and I am happy with myself. I am not nearly perfect, but feel I can influence and help others. The military helped me start on this never-ending journey of learning, self-improvement, and helping others. I would not trade my upbringing for anything.

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CHILD CARE

Provision of child care is an important daily issue that affects a large number of military families with children. In FY 2013, 42% of children of active duty parents and 29% of children of selected reserve parents were age 5 or under (DASD, 2014).

In particular, dual-military, single parents, and those with children under the age of 6 have indicated that the availability of child care that is responsive to a parent's work schedule (e.g., overnight duty, early morning hours, evening hours) influences their decision to remain in the military. Child care is also important to military families with a civilian spouse who is or wants to be employed (Zellman, Gates, Moini, & Suttorp, 2009). Box 4.1 highlights how child care providers play an important role in supporting military families.

BOX 4.1 BEST PRACTICES

Military parents have a wide array of strengths and skills and want the best for their children. However, corrosive stress, the experience of combat, and injuries (visible and invisible) can make it difficult for parents to function as they did before. Service members and spouses may feel overwhelmed or distracted. A parent may become depressed—unable to access feelings of competence or hope. Family life may become disorganized.

All these are natural responses to difficult situations. However, these changes can disrupt family relationships and a baby or toddler's sense of safety, security, and self.

For children under age 3, whose brains are literally being wired cognitively and emotionally, early relationships with parents and other caregivers are laying the foundation for the future. This is where you come in.

You may provide child care, health care, mental health services, or family support. This guide will support you in building respectful, responsive relationships with family members.

As you will see, the little things you say and do matter. When you genuinely listen, family members are less alone. When you reflect back their strengths, there is hope. When you play a game of peek-a-boo or sing a silly song with a child, you remind families (and yourself) of the joy babies and toddlers feel and give. As you build trust with family members, they are more likely to get the support and information they need to be more available to their babies and toddlers. The positive cycle continues. (ZERO TO THREE, 2009, p. 6)

Found on most military installations, **child development centers (CDCs)** serve infants to 5-year-olds, and **family child care (FCC) providers** (called child development providers in the Navy) serve children from infancy to 12 years of age. CDC hours of operation are typically 6:00 AM to 6:30 PM (or 0600 to 1830 in military time). FCC homes may offer even longer hours as well as evening, nighttime, and weekend hours. Both CDCs and FCC providers may offer care on an hourly basis (Zellman et al., 2009). **School-age care (SAC) programs**, along with resource and referral services, are also available to families. A military installation's website typically includes information about local CDCs, FCC providers, and SAC programs.

The military's systematic and multipronged approach to delivering child care has been lauded as a model for the nation, although that was not always the case (Pomper, Blank, Duff Campbell, & Schulman, 2005). The Military Child Care Act of 1989 is credited for drastically improving the quality of child care and its affordability (Zellman et al., 2009). As a result, all child care that comes under the purview of the DoD is subject to DoD and national accreditation standards. Ninety-eight percent of military CDCs have earned accreditation by the National Academy of Early Childhood Programs, a division of the National Association for the Education of Young Children, compared with 8–10% of community child care centers (Graham, 2010). It is estimated that military parents pay 25% less in child care fees than civilian parents (Castaneda & Harrell, 2008).

FCC providers also must meet DoD guidelines for certification (e.g., background check; certification in CPR and First Aid; an initial training that includes child abuse protection; fire, medicine, and program inspection; health screening), participate in ongoing training, and meet recertification requirements. In addition, home visits are conducted to ensure the safety and well-being of children. FCCs may be required to meet state

licensing requirements and accreditation with the National Association for Family Child Care (Commander, Navy Region Mid Atlantic, n.d.). Nationally, only 1% of civilian FCC homes are accredited (Smith & Sarkar, 2008).

Care for school-age children is offered through before- and after-school school-age and youth programs (Zellman et al., 2009). Children can participate in physical activities and sports, complete homework, do arts and crafts, or access computers. Programs may be accredited through the National After School Association.

Single parents and dual-military parents have priority in accessing care by DoD policy. Most CDCs have waiting lists, and these families are given priority on them. Care for infants is the longest wait list, and infant care is the most expensive for centers although not for families. Fees are based on income, not on the cost of care, and so benefit mostly those in the junior ranks with the youngest children (Zellman et al., 2009). As of fall 2014, fees ranged from $50 to $148 per week (Assistant Secretary of Defense, 2014).

Military spouses have raised concern about the limited capacity, limited hours, high costs of child care, and use of multiple types of child care (Castaneda & Harrell, 2008; Smith & Sarkar, 2008; Zellman et al., 2009). A study with a random, stratified sample of active duty, single parent, dual-military, and civilian-spouse families with children from infancy to age 12 found that parents of children under the age of 5 face a number of difficulties related to child care (Zellman et al., 2009). In this sample, more than 50% of parents had irregular work hours, forcing them to rely on multiple arrangements to meet their child care needs. Although single parents and dual-military parents received priority at CDCs, with their lack of evening, overnight, holiday, and weekend care, these facilities were the option least likely to fit military schedules. Military parents in this and other studies found child care too expensive (Castaneda & Harrell, 2008). Most parents did not know that their child care was subsidized, and some believed CDCs make a profit for the DoD, which they do not (Zellman et al., 2009).

FCC homes may provide longer hours of care and more flexible scheduling than CDCs. However, these benefits may be unstable. If the provider becomes ill or has a family emergency, child care may be compromised. Even a provider's back-up plan can be uncertain as it usually involves other FCC providers who may be at capacity and cannot accommodate an additional child (Zellman et al., 2009).

The DoD has initiated two programs, *Operation: Military Child Care* and *Military Child Care in Your Neighborhood*, to assist active duty, Reserve, and National Guard parents in locating child care when they live at a distance from military installations. In addition, the Air Force Reserve and Air National Guard members drilling at specific installations can use the Air Force Home Community Care program. The DoD partnered with the National Association of Child Care Resources and Referral Agencies (NACCRRA), a national organization for agencies that offer child care resources and referrals (http://www.naccrra.org), to offer these programs. Continued attention is needed, however, to examine more policy alternatives to meet the needs of families. Suggestions include offering subsidized slots at community centers, developing wrap-around care, and partnering with community after-school programs (Zellman et al., 2009).

EDUCATION

In addition to child care, other concerns of military families are access to a quality education for their children and availability of regular after-school and summer activities.

A majority of school-age military children attend private or public civilian schools in the communities where they live or are home-schooled (DoDEA, 2015). Many attend school with other military children in a community near a military installation. However, a family may move in order to be closer to extended families during deployment. Going back home

to be near grandparents or other extended family may result in a military child attending a school with students and staff unfamiliar with military life. Likewise, children of Reserve Component personnel typically attend civilian schools, many of which are located far from major military installations. They too may feel isolated from other children who do not have a parent serving in the military.

Military children may experience physical disruptions in their formal education, reflecting the high mobility of these military families. A parent's change of duty station may mean a change of schools for military children. Relocations can take families to military installations across the country. International moves may take children to countries where they do not speak the language and/or are unfamiliar with the local customs and culture.

More than 78,000 or nearly 7% of the 1.2 million student-age military children attend schools established specifically for DoD family members (DoDEA, 2014b). The DoDEA, a DoD organization that falls under the direction of the Under Secretary of Defense for Personnel and Readiness, operates 181 schools in 12 foreign countries, seven U.S. states, Guam and Puerto Rico for family members of U.S. military personnel and civilian DoD employees.

The DoDEA schools provide students with a standardized curriculum that makes it easier for students of military families to move from school to school, particularly from a domestic school to an overseas school or vice versa. The DoDEA schools provide resources and support to help students cope with the stress of frequent moves and other stressors that come with being a military family member.

The DoD also provides resources to civilian schools relied on by military families so students not in a location with a DoD school can receive support coping with the challenges associated with military life. In recent years, the DoDEA has granted public schools throughout the nation grants for improving the education for military students and for providing professional development for educators in schools that serve military students (DOD, 2011c).

Military children show academic strengths. In 2010, children in DoDEA schools, grades 3–11, exceeded national averages on standardized testing in math, science, language arts, social studies, and reading (DoDEA, 2010a, 2010c). In 2014, 75% of DoDEA students in graduating classes took the SAT test (a college admissions test), compared with a national rate of 52%. DoDEA students' average critical reading score exceeded and writing scores were slightly above or at the national average scores although the DoDEA math score was lower than the national average. African American and Hispanic DoDEA students continued to score higher in each section of the SAT than their stateside civilian peers in 2014, continuing a multiyear trend (DoDEA, 2014a). Reasons for this difference in performance are not clear but may reflect the fact that military children avoid some of the hardships that disproportionately affect ethnic minority families in the civilian population: parental unemployment, limited parental education, extreme poverty, lack of access to health care, poor-quality schools, discrimination, and/or disadvantaged or dangerous neighborhoods.

In addition to the process of saying good-bye to friends and making new ones because of relocation, children and their parents have had to contend with differences in education policy across states. However, the recent Interstate Compact on Educational Opportunities for Military Children is establishing continuity in many education policies and practices across the 50 states (Military Interstate Children's Compact Commission, 2014; see Chapter 12 for more information on this compact).

Teachers and other school staff members play an important role in the lives of children. Learning provides a positive focus, and the school day provides a structure and a routine that can benefit children. School teachers, counselors, and administrators may

find the following recommendations (Chandra et al., 2010; DoDEA, 2011; "Educator's Guide to the Military Child During Deployment," n.d.; Harrison & Vannest, 2008) helpful in creating a school environment that supports military children and their families:

- Know which students have a parent or parents serving in the military.
- Talk with parents to learn about past, current, or future deployments and relocations. Let parents know you appreciate their service and are there to support their children during any transitions.
- Recognize that adjusting to transitions throughout the cycle of deployment takes time and patience.
- Recognize signs when students are having difficulty adjusting.
  - Extensive clinginess.
  - Disruptions in eating and sleeping patterns.
  - Misbehavior.
  - Headaches, stomachaches, other unexplained pains.
  - Difficulties in speech.
  - Withdrawn or aggressive behavior.
  - Excessively active.
- Recognize more serious signs of difficulty coping.
  - Not resuming typical levels of academic engagement.
  - Continuing intense emotional responses.
  - Continuing depression, withdrawal, noncommunication.
  - Disturbing drawings or writings.
  - Hurting themselves intentionally or appearing likely to hurt others.
  - Significant weight loss or gain.
  - Poor hygiene or personal care.
  - Symptoms of alcohol or drug use.
  - Anxious or aggressive.
- Act.
  - Speak with parents about observations.
  - Consult with administrators and knowledgeable community supports.
  - Be sensitive to students' needs.
  - Provide structure in the classroom and offer time to listen to students.
  - Use objectivity about war and conflict, setting aside personal beliefs in order to help students.
  - Focus on safety and security of students and parents.
  - Use patience, consider briefly reducing workload for students, and offer tutoring or mentoring support.
  - Be approachable, attentive, and knowledgeable about children, relocation, and deployment; acknowledge and normalize their feelings.
  - Be culturally sensitive.
  - Encourage appropriate ways to handle feelings such as anger.
  - Weave deployments into subjects (e.g., geography, social studies, cultures).
- Ensure school is a safe place for military children: maintain routines, be sensitive, and encourage all staff to be aware of needs of military children.
- Encourage parents to visit the classroom. Military parents could discuss their jobs or their knowledge of another culture.
- If feasible, invite the deployed parent to communicate with the class. If not possible, encourage the class to write a letter to the parent.
- Maintain communication, to the extent possible, with the nondeployed parent about the student's class work.

BOX 4.2 BEST PRACTICES

RESOURCES FOR SCHOOL STAFF

Learn More about Military Families

Access the DoDEA's *Educational Partnership* website for information and resources for school leaders, military families, and military leaders: http://www.dodea.edu/Partnership/eferencesAndGuides.cfm.

Building Resilient Kids, developed and offered through the Military Child Initiative at Johns Hopkins School of Public Health: http://www.jhsph.edu/research/centers-and-institutes/military-child-initiative/

Stay Updated

Military Child Education Coalition: http://www.militarychild.org

Military Impacted Schools Association: http://militaryimpactedschoolsassociation.org/

Department of Defense Education Activity: http://www.dodea.edu

Direct Students and Families to Resources

Military OneSource: http://www.militaryonesource.com

Military Youth on the Move: http://apps.militaryonesource.mil/MOS/f?p=MYOM:HOME2:0

Student Online Achievement Resources: http://www.soarathome.org

Tutor.com for U.S. military families: http://www.tutor.com/military

- If concerned about the nondeployed parent's adjustment to the deployment, encourage his or her use of resources.
- Encourage parents to attend school activities and parent–teacher conferences.

Box 4.2 lists resources for school staff about military children and support for military families.

DEPLOYMENT

Since 9/11, the optempo of the military has increased significantly compared with the prior decade, particularly for the National Guard and Reserves. As a result, the number of children affected is larger than in prior conflicts since World War II (Committee on the Initial Assessment of Readjustment Needs of Military Personnel, Veterans, and Their Families; Board on the Health of Selected Populations; Institute of Medicine [Committee on the Initial Assessment of Readjustment Needs], 2010).

Over 1 million U.S. military children have experienced separation from their parents because of wars since 2001 (MacDermid Wadsworth, 2010). Combat deployment and the possibility of multiple deployments have been continuous factors in the lives of many military children, complicated by uncertainty of length and by parental injury or death or the threat of them (Cozza, 2009b). Box 4.3 illustrates that deployed parents, and grandparents, worry about maintaining their relationships with their children and their grandchildren.

Research prior to and since 9/11 suggests that deployments influence children's academic functioning, behavior, and psychological well-being (Sheppard, Malatras, & Israel, 2010).

BOX 4.3 VOICES FROM THE FRONTLINE

REFLECTIONS OF A MILITARY GRANDPARENT

When I was in Iraq I held a monthly parent forum. Parents were worried their kids didn't know them. For some it's true. When a child is 5 and his mom or dad has been deployed three times that doesn't leave much time to spend together. Our grandchildren were ages 10, 4, and 2 when I deployed. I went from being active in their lives to talking with them during occasional calls and the mail. I worried, too.

Colonel Rick Campise, Col, USAF, BSC
Commander, 559th Medical Group

Studies on children and deployment undertaken in the 1990s suggested that symptoms of distress exhibited by children did not meet clinical significance (Committee on the Initial Assessment of Readjustment Needs, 2010). In many studies, the impact of deployment was small on the variables measured, yet statistically significant. Results of studies conducted in past 14 years are noting possible effects on children of multiple parental deployments and total number of months of deployment. Woven throughout studies is the recognition of the important role parental adjustment and relational processes such as parenting and communication has on children's well-being (MacDermid Wadsworth, Lester, Marini, Cozza Sornborger, Strouse, & Beardslee, 2013).

Academics

Prior to OEF/OIF, studies of the effect of deployment on children's academic functioning either showed no effect or a slight decrease (Sheppard et al., 2010). For example, the math scores of children of deployed Army enlisted and officers showed a small 1–2 point decrease compared to scores of children whose military parent had not deployed. The largest decrease occurred for children who experience parental deployments over 3 months, total parental deployment of 7 or more months within the last 4 years, maternal deployment, and total maternal deployment of 7 or more months (Lyle, 2006).

More recent research suggests parental deployment has a modest negative affect on some children's and teen's academic functioning (Lester & Flake, 2013). A study of academic achievement of children in DoD schools from 2002 to 2006 whose active duty parent was in the Army (Engel, Gallagher, & Lyle, 2010) found similar effects as the study noted above (Lyle, 2006). The decreases in academic achievement were small, from less than 1% to 1.5% points, but significant. Decreases in test scores in math and science were greater than those for language, arts, social studies, and reading.

Of the military spouses responding to the 2012 Active Duty Spouse Survey who had a child in the household, 19% reported their child having academic problems and 16% reported their child exhibiting behavior problems at school (Dorvil & Pfieger, 2014). Similar results were found in a survey of 101 Army spouses. Fourteen percent reported one or more children having problems in school that included conflict with teachers, losing interest in school, and lower grades during a deployment (Flake, et al., 2009). A study sponsored by the National Military Family Association considered the academic engagement (e.g., arrive at school on time, complete homework) of 11- to 17-year-olds. Academic engagement was more problematic as children aged, when there was poorer quality of communication between the caregiver and youth, and when the caregiver reported poorer mental health (Chandra et al., 2011).

Chandra and colleagues conducted 24 focus groups of teachers, counselors, and administrative staff at 12 schools that served a high concentration of Army families assigned to one of two installations with high deployment rates (Chandra, Martin, Hawkins, & Richardson, 2010). They also conducted telephone interviews with 16 school staff members (i.e., teachers, counselors, and administrative staff) who worked in areas with higher numbers of National Guard and Reservists. What follows are themes from the interviews, although not every focus group or interviewee mentioned each theme.

Overall, school personnel noted that many military children were able to handle the stress of deployment well, yet some children had difficulty with functioning well at school. School personnel thought three points contributed to military children experiencing difficulty with deployment: when they were unsure of the length of the deployment, when they experienced increased stress at home, and when they perceived the parent at home had difficulty adjusting (Chandra et al., 2010). Moreover, school personnel concluded that parental deployment isolates children of National Guard and Reservists who may know few, if any, other children in their school with a deployed military parent. Some children's sadness and anger were apparent in classroom and peer interactions. Increased number of chores at home (e.g., helping with younger siblings more) and taking care of the nondeployed parent emotionally at times interfered with children's functioning at school. School personnel noted that depressed adult caregivers at home did not attend school activities, did not assist children with homework, and at times kept children at home "as a source of comfort" rather than sending them to school (p. 221). Although school personnel recognized the resilience of some children to do well in school after an initial adjustment period, they noted the toll multiple and extended deployments were having even on these children. In subsequent deployments children who demonstrated resilience during the first deployment became "less engaged in school work" and engaged in more risk-taking behaviors (p. 221). During the reintegration phase when the deployed parent returned, school personnel noticed that some children had difficulties in adjusting. Finally, school personnel saw school as a safe haven for those military children who experienced instability at home (Chandra et al., 2010).

Behavior and Psychological Well-Being

Studies of military children and deployment conducted during OEF/OIF have focused on preschool children (Chartrand, Frank, White, & Shope, 2008), school-age children, and teens (Chandra et al., 2011; Huebner & Mancini, 2005; Huebner, Mancini, Wilcox, Grass, & Grass, 2007) but not on infants and toddlers (Cozza, 2009a). The following sections address children's worry about parental safety during deployment, psychological distress and behavioral problems, parental factors influencing child adjustment during deployment, child maltreatment, and evidence of resilience and maturity.

Children's Worry about Parental Safety Children under the age of 14 in the United States have lived during an era in which their country has been responding to terrorism and using its military on extended combat operations. Likewise, youth, who now are between the ages of 14 and 21, were toddlers, preschoolers, or first and second graders when the World Trade Center was attacked and the United States launched OEF and OIF. These events prompted, and may continue to prompt, civilian and military children to worry about their own and their loved ones' safety.

Military children worry about their parent's well-being when they are apart. Worry can be evident even during the predeployment phase. Very young children may show their stress by clinging more to parents, crying more, and resisting engaging in their daily eating and sleeping routines. Preschoolers often are concerned about practical matters such as where will mommy sleep or what will daddy eat and may become confused, angry, or

sad when they ask their parent to stay home but their parent leaves on deployment anyway. Their stress is manifested in regression to earlier behaviors, becoming aggressive or demanding, and behaving in attention-seeking ways (Lincoln, Swift, & Shorteno-Fraser, 2008).

School-age children can become very concerned about their parent's physical safety when "going to war." They may express volatile emotions, have trouble sleeping, be distracted by worry, and have difficulty focusing on school work (Lincoln et al., 2008).

Teens are clearly knowledgeable about the possible injury and death of a parent deployed to a combat zone and media accounts of combat and danger in theater sustain this awareness (Huebner & Mancini, 2005). They may act out, play "cool," and stop activities they once enjoyed (Lincoln et al., 2008). Although phone calls, e-mails, and face-to-face video calls can momentarily reassure children, once contact ends, uncertainty can reappear (Huebner et al., 2007).

How worries about parental safety can influence adolescents' psychological well-being and behaviors is illustrated in two studies. One study engaged teens in focus groups (Huebner et al., 2007), and the other used a telephone interview design (Chandra et al., 2011).

In the first study, 107 adolescents between the ages 12 and 18, attending a free camp for military children experiencing parental deployment, participated in focus groups to discuss their experiences. About a third of the teens described signs consistent with depression (e.g., losing interest in activities, isolation, changes in eating and sleeping) and higher anxiety (e.g., ruminating on the deployed parent's safety and daily life). These signs, along with changes in roles and responsibilities and increased emotionality in the family added up to stressful situations for these youth. The 27 youth who described getting angry and lashing out often also described trying to hide their emotions in order to protect the nondeployed parent, siblings, or friends (Huebner et al., 2007).

The second study likewise found evidence of increased anxiety among 1507 military adolescents who were between 11 and 17 years old. Of these adolescents 30% reported symptoms of anxiety, a higher percent than what has been found in another, albeit somewhat younger, youth sample (Chandra et al., 2011).

In Box 4.4, Dr. Patricia Lester notes the importance of parents being tuned into the concerns and worries of their children. Rather than diminishing children's fears, avoiding discussions of children's possible worries and questions can actually magnify fear and feed anxiety. For example, one of the authors of this textbook recalls a situation during peacetime in which a mother sought guidance because her 6-year-old sobbed and would

BOX 4.4 BEST PRACTICES

SUPPORTING CHILDREN BY SUPPORTING THEIR FAMILIES

Creating a shared story about deployment experiences and having that story to share builds resilience of families and their children.

Today's military families are experiencing understandable reactions to the challenges they face. The stress of wartime and multiple deployments reverberates within families.

We created FOCUS to support children and teens by enhancing the strengths of families in areas of emotional regulation (identifying and understanding emotions, communication, problem solving, goal setting, and managing reminders of deployment and combat stress). Families talk, play, and work with resiliency trainers to create their family's unique story of deployment experiences, challenges, and successes.

One of our challenges is always how to make concepts concrete and specific that children at different ages can understand. For example, there is a lot of discussion in sessions about how to use a calendar so deployment isn't one big overwhelming chunk of time for children. It's complicated because there is often uncertainty about return dates. So our resiliency trainers work together with families to come up with ideas that are not linked to a specific day.

A little boy with a Marine Corps dad liked to wear his dad's boots. At one session, the family brought in Dad's boots and outlined them. They then made a map from their home to Iraq. Each month the little boy put down the outline of his dad's boots on a path showing Dad coming home. It allowed him to mark time and see it pass concretely.

Children have questions about danger and risk. When a child asks, "Will my dad (or mom) die?" it can be hard to know what to say. Many parents—like most of us—try to avoid questions like this. So we do lots of talking together with families to help parents know what to say. A family with a younger child (age 3–7) might bring in their service member's flak vest and helmet and talk about training and how the deployed parents' buddies will help keep him safe.

As a child gets to be older, the conversation shifts. The parent who is at home might acknowledge, "I get worried, too," then share ideas of what helps them when they are worried and suggest, "Let's make a plan together about what we can do when we get worried."

Over the years, we've learned a lot about resilience from military families. One of my favorite stories is about a family in Okinawa who came in with a 4-year-old. When the child was 2, his dad deployed. It was a tough time, in part because Dad had always given him his "special good-night kiss." Mom couldn't do it right. This time the family came in advance of Dad's next deployment saying, "We want to make this transition smoother."

Dr. Patricia Lester
Director of Family Resiliency Training for Military Families (FOCUS)

not be consoled whenever the family discussed the upcoming, routine deployment. She was encouraged to ask her son what he thought deployment meant. After listening to their son, the mother and father realized that he had heard the family and neighbors talk about a recent accident a board a deployed ship in which dozens of sailors had died. As a result, their son equated deployment with ships exploding and sailors dying. Given this understanding of deployment, his reactions were justified and warranted, particularly when the adults around him seemed nonchalant about what he perceived to be a clear possibility of his father dying at sea. Once the parents realized what their son thought and feared, they explained what deployment was, that the explosion on the other ship was atypical, and the ways in which the ship's Captain and crew made sure everyone aboard was safe during deployment. The parents reported that after this conversation their son no longer displayed signs of panic when discussing the upcoming deployment and, when the deployment began, displayed an appropriate level of sadness.

Psychological Distress and Behavioral Problems Studies of children who experienced parental deployment in peacetime and wartime prior to OEF/OIF indicated that children exhibited increases in externalizing and internalizing symptoms, including depression and anxiety, but that they typically did not need clinical assistance (Cozza,

Chun, & Polo, 2005). Studies of military children since 9/11 indicate parental deployment is associated with emotional and behavioral stress and risk-taking as well as struggles at school (MacDermid Wadsworth et al., 2013). Multiple parental deployments are associated with problematic behaviors in children (DASD, 2015).

Young children, who could be separated from a deployed parent for a length of time that represents one-third or half of their lives, may exhibit confusion, fear, anxiety, and clinginess (Barker & Berry, 2009). In a study focused on the adjustment of preschoolers (Chartrand et al., 2008), researchers examined parent and teacher reports about children, ages 1.5–5, enrolled in Marine Corps CDC. They found that 3- to 5-year-olds with a deployed parent (but not 1.5- to 3-year-olds) displayed more behavioral problems than those of the same age whose parent was not deployed. In another study of 57 Army families with children under the age of 4, parents reported an increase in behavioral problems during deployment. Although young children showed confusion and distress when the deployed parent returned home, the majority of parents indicated that problematic behaviors disappeared within 3 weeks; however, 31% of children showed continuing attachment problems past this time. Parents of these children listed one or two behaviors that persisted, such as children not staying in their own bed, not wanting comfort from the returning parent, not wanting the returning parent to leave the home, or preferring the other parent or caregiver in lieu of the returning parent (Barker & Berry, 2009). It may be that young children are developmentally more vulnerable to parental separation because they are establishing an internal working model of attachment (MacDermid Wadsworth, 2013).

Deployment is associated with an increase in the number of outpatient medical visits for mental and behavioral health care for military children. An examination of over 642,000 medical records of 3- to 8-year-old children of active duty personnel during fiscal years 2006 and 2007 indicated that there was an 11% increase in outpatient medical visits during a parental deployment. Diagnoses of behavioral disorders increased 18% and stress disorders increased 19% with a deployed parent. During the same time, however, there was an 11% decrease in outpatient visits for routine care or for physical complaints such as colds. Rates were increased for children of male service members compared with children of female service members, for children of married parents compared with children of single parents, and for older than younger children. Researchers suggest that these results may be explained by mothers being more familiar with children's typical behaviors versus fathers or extended family members in the case of single parents, and by older children having a greater range of emotional and behavioral responses. Girls and boys did not differ in the number of visits (Gorman, Eide, & Hisle-Gorman, 2010). A second study of healthcare records of more than 300,000 5 to 17 year olds of Active Duty Army personnel showed increases in diagnoses related to stress and adjustment, depression, and pediatric behavioral problems for children who experienced parental deployment. The effects were larger for children experiencing longer parental deployments (12 months or more) compared to shorter parental deployments (1-11 months), boys than girls, and older than younger children (Mansfield, Kaufman, Engle, & Gaynes, 2011).

Voices From the Frontline

DISENTANGLING THE IMPACT OF DEPLOYMENT

I've been a youth and family researcher for years. I started studying military youth and families 5 years ago. Lots of what I'd learned over the years about children and families was transferrable. Although military youth have some unique experiences, it is also important to remember that they are children and youth first and follow the same developmental milestones. That information can help any researcher or provider in working with these families.

Visiting military families on installations and talking with them by phone gave me insight into their experiences. Aside from deployment and reintegration, these include frequent moves and transitions to new homes, schools, and communities that can be a source of difficulty but also a source of strength.

We still have relatively little information on the experiences of military families. Our first project at RAND [a nonprofit institution focused on research and analysis] was Children on the Home Front. The National Military Family Association funded us to explore the lives of military youth. In the summer and fall of 2007, we did a pilot study in which we surveyed youth attending the association's Operation Purple summer camps and their parent or primary caregiver at home. The next year, we conducted a larger study, with 1500 families, to assess the impact of parental deployment and reintegration and followed youth and families over a year.

We've also worked with the U.S. Army to learn what teachers and other school staff see in the many hours they spend each day with military and other youth. Recently, the Department of Defense has funded us to look at how families from all services and components fare before, during, and after a specific period of deployment. Unlike studies before, this research will allow us to disentangle the specific effect of deployment from other life experiences and to surface the factors that contribute to family resilience.

As we've been studying the functioning and well-being of military youth and teens, we have learned a lot about how they are handling deployment. We assessed youth anxiety symptom levels and found that one-third reported symptoms in the moderate or elevated range as opposed to 15% of civilian kids. Colleagues working with younger children have found the same thing. The more months a parent was deployed, the more symptoms of anxiety were reported.

We've also found a strong relationship between the mental health of the nondeployed parent and child. This is true in the literature about civilian families, too. In military families, we see that parents (or other caregivers) at home often put themselves last. The fact that the challenges of the parents impact children has led us to recommend that the at-home parent also receive support throughout deployment. We also recommend that we continue to study military families as systems and examine how the experiences of each family member influence others in the family.

If you are going to work with military families:

- Bring the principles and knowledge you have gained working with other families.
- Consider the strengths that each family brings and try to build on these assets to help families confront the stress of deployment.
- Get a little smart about resources available to families. If you work in a community with an installation, don't be intimidated. Make a connection and learn what resources are available. And remember that most families don't live on installations—they live in the community. They are your neighbors, and your support means a lot.

To work with or study military youth and families you don't have to know the entire lexicon or military structure. You do have to listen, learn about, and understand their experience.

Anita Chandra, Dr.PH, Behavioral Scientist
Manager, Behavioral and Social Sciences Group, RAND Corporation

Chandra and colleagues, who conducted the telephone interview study of military adolescents referred to earlier, asked both adolescents and their nondeployed caregivers questions about challenges, behaviors, and emotional responses. The researchers found more reported difficulties and problematic behavior during deployment and reintegration among the middle and older adolescence groups compared to the younger youth and among girls (Chandra et al., 2011). According to caregivers, youth experienced more challenges during deployment and reintegration as the total number of parental deployments increased; however, data provided by the youth did not show this outcome. Caregivers who reported poorer mental health also indicated more child emotional difficulties and family functioning problems; youth of these caregivers reported greater anxiety and emotional difficulties. Finally, compared with a 2001 national sample of children in the United States, military children in this sample exhibited significantly more emotional and behavioral difficulties. Results of a survey of seventh, ninth, and eleventh graders in California school district showed having a military parent decreased the odds of positive well-being. Experiencing the deployment or multiple deployments of a parent or sibling increased the likelihood of feeling sad or hopeless and the likelihood of depressive symptoms for ninth and eleventh graders. Experiencing two or more deployments was associated with increased odds of suicidal ideation for students in these two grades (Cederbaum, et al., 2014).

A study of Army and Marine Corps families explored the link between parent combat deployment and parental distress on the behavioral and emotional adjustment of their school-aged children who were between 6 and 12 years old (Lester et al., 2010). The children either had a currently deployed parent or a recently returned parent. The military children in this sample did not differ from community norms for girls and boys in depression scores or in internalizing or externalizing symptoms. They did, however, show significantly higher levels of anxiety; 32% of children with a recently returned parent and 25% of children with a currently deployed parent had anxiety symptoms in the clinical range. Girls whose active duty parent was currently deployed had a higher externalizing score than girls with a recently returned parent, whereas boys were opposite. Boys with a recently returned parent showed higher externalizing scores than boys with a currently deployed parent. The total number of combat months predicted depression and externalizing behaviors, but not internalizing behaviors, in children.

Sixty-five youths from grades 4–8 who attended a charter school for military children located near a Naval Air Stations-Joint Reserve Base and their parents participated in a study on adjustment and coping strategies (Morris & Age, 2009). Better adjustment was associated with higher levels of effortful control (i.e., being able to pay attention and inhibit or use behavioral responses as strategies to regulate emotions and behavior) and perceived maternal support. The study also indicated that compared to a community sample, military youth, at least during an extended period of wartime, are at risk for conduct problems (Morris & Age, 2009). In the study of 101 Army spouses noted earlier, 32% percent reported children exhibiting enough symptoms to place them in a high-risk category. High levels of parenting stress and perceived lack of military support predicted parental reports of increased problems in psychosocial functioning. Perceived support by the military, community, or religious organizations was associated with less parenting stress and fewer children in a high-risk category (Flake et al., 2009).

Military spouses who responded to the 2012 Active Duty Spouse Survey were asked to answer questions about the child in their household whose birthday month was closest to their own. Fifty-two percent of the children selected were male and the average age of child selected was 6.5 years. Children who showed greater insecurity than the overall average had experienced a parental deployment in the past 12 months. Thirteen percent of spouses indicated their child coped poorly, 60% coped well, and 26% coped neither poorly or well to the deployment. Twenty-eight percent reported their child was angry about military requirements and 24% reported that their child exhibited behavioral problems at

BOX 4.5 TIPS FROM THE FRONTLINE

MAINTAINING THE PSYCHOLOGICAL PRESENCE OF THE MILITARY PARENT FOR CHILDREN

- Phone calls, webcams, e-mails, and letters are important in maintaining psychological presence and emotional connection among family members. However, they are not always possible, particularly according to a child's schedule. So, children need other ways to maintain connection that they can access when they feel a need to be close to the deployed parent.
- Children benefit from concrete items such as photographs, videos, and audio messages that can be prepared before the deployment. Some children like deployment dolls that have a clear plastic cover on the head where a photo of a parent can be placed, a life-sized poster board photo of a parent, or a stuffed toy replica of their deployed parent.
- Younger children can watch a video, DVD, or digital movie of the deployed parent reading their favorite books and doing everyday tasks such as shaving, putting on makeup, washing dishes, helping to pick up toys, and mowing the yard.
- Smell can also bring a person to mind; service members can give their child a T-shirt, hat, or scarf that "smells like" mom or dad. This article of clothing could be placed on a stuffed animal for younger children to cuddle.
- Family and service members can share an activity while apart, such as reading the same book or doing the same puzzle book.
- The deployed parent can leave "surprises" for children to find throughout the deployment.

home. However, approximately 60% reported their child becoming closer to family members, accepting responsibilities, and being proud of having a military parent. Having a parent deployed at the time of the survey or in the past year increased the likelihood of the spouse reporting that the child exhibited anger or behavioral problems and decreased the likelihood of the spouse reporting that the child accepted responsibility (Dorvil & Pflieger, 2014).

Parental Factors Family and parental factors influence children's lives and how they cope with the stress of deployment (Sheppard et al., 2010). How well children adjust to the stressor of deployment and to many other stressors depends to a great extent upon the responses of their parents. Parents who respond with an attitude that conveys a sense of security and confidence and with effective coping strategies serve as "a powerful protective factor" in the lives of their children. Parents who cope with the stressor and feel able to cope transmit to their children a repertoire of effective coping behaviors (MacDermid et al., 2008; Walsh, 2007).

Voices From the Frontline

FACILITATING A PREDEPLOYMENT PROGRAM FOR FAMILIES

"I love you."

When I worked at a Navy Family Services Center (now called a Fleet and Family Support Center), predeployment programs for families often occurred aboard ships so children would know where their mother or father was going to live during the

deployment. The families toured the ship to see where the deploying parent would sleep, eat, and work. They often had dinner aboard ship for children to feel reassured that their parent would be cared for while they were separated. Afterward, while parents remained on the mess deck (i.e., the cafeteria) to discuss typical reactions of children to deployment and ways to support children during deployment, we divided the children and teens into small groups by ages and took them to different areas of the ship for their own age-appropriate program centered around normalizing feelings and identifying positive steps to take when feeling sad or lonely during deployment.

I remember facilitating a group of 6- and 7-year-olds. During one activity in which the children were drawing pictures of feelings we asked them, "What would you like your dad to know or do with you before he leaves on deployment?" (At this time, this ship only accommodated male service members.) Children often said play a game, go to an amusement park, go swimming, or see a movie as did these children, except one. One 7-year-old boy said nothing. About 20 minutes later after the group was involved in another activity, he motioned to me with his finger to lean over to him. He whispered in my ear, "I want my daddy to tell me he loves me."

During the final part of the program, the children and children's group facilitators returned to the mess deck. The children sat with their parents and the facilitators reported back to the large group of parents, in general and using no names, what the children did and said during their group time. When we reported that the 6- and 7-year-olds wanted to hear their fathers say, "I love you" to them, the mess deck went silent. The wisdom and the need of a Navy child for his daddy to "tell me that he loves me," educated all of us. From then on, "say 'I love you'" became my first message from children to deploying parents.

Karen Blaisure

Coauthor of this textbook and Professor of Family Studies at Western Michigan University

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Positive parent–child relationships and family adjustment influence child adjustment (Lincoln et al., 2008). Studies conducted during OEF and OIF have demonstrated the close association between maternal or caregiver adjustment and children and youth adjustment to deployment (Chandra et al., 2011).

The study of Army and Marine Corps children and parents described earlier found that parental distress and children's level of distress were linked. The at-home mothers and the active duty parents (primarily fathers) had clinically significant differences in global distress, anxiety, and depression compared with community norms. At-home civilian mother distress predicted depression and externalizing and internalizing behaviors in children. PTSD symptoms in active duty parents predicted depression and internalizing and externalizing symptoms in children; and the greater the symptoms in the parent, the greater the symptoms in the child. Depression and anxiety symptoms in active duty parents predicted internalizing symptoms in children (Lester et al., 2010).

Multiple and dangerous deployments and the stress associated with them can result in the reduction of **parental efficacy**, that is parents' availability and effectiveness in caring for their children. One way this stress can be exhibited in some military families is in child maltreatment (Cozza, 2009a).

Since 2001, studies have found an increase in child maltreatment of military children during deployment. A state-level study of military families in Texas where there are numerous military installations showed an increased rate of child maltreatment before and after the first large-scale deployment after 9/11 (Rentz et al., 2007). Research on Army families with one or more instances of substantiated child maltreatment found the overall

rate of child maltreatment was 42% greater during combat deployments compared to periods of time when soldiers were not deployed (Gibbs, Martin, Kupper, & Johnson, 2007). Of the types of substantiated child maltreatment, child neglect was the most common (Gibbs et al., 2007; McCarroll, Fan, Newby, & Ursano, 2008). In the 1990s, Army families experienced a decline in substantiated child neglect; however, the rate in 2004, after the initiation of OEF/OIF, approximated 1991 rates (McCarroll et al., 2008). Although researchers have not reached a consensus on how rates of child maltreatment in military families compare with nonmilitary families, the study of military families in Texas from 2000 to 2003 showed the rate of child maltreatment was higher for nonmilitary families (Rentz et al., 2007).

A major way to promote children's positive adjustment to deployment then is to support parents in acquisition and use of positive coping strategies themselves (DASD, 2015). Given the knowledge that deployment and reintegration are stressful times for families, additional prevention efforts should be focused on increasing positive parent–child relationships and family adjustment all along the deployment cycle (Chandra et al., 2011).

Results of focus groups with 71 military fathers from 14 military installations across the world suggest multiple messages to share with military families about father involvement. Leaving most of the parenting to wives, some military fathers become visitors in their children's lives by pulling back and having a "softened" role as a parent (Willerton, Schwarz, MacDermid Wadsworth, & Oglesby, 2011). Others, feeling guilty over not being the ideal involved father, may use permissive parenting practices. However, fathers can expand their ideas on involvement in their children's lives by not equating "good fathering" only with a physical presence but by focusing on quality time and managing their time well to facilitate involvement with children when home; planning and thinking creatively before deployment about ways to be psychologically present when deployed; and considering how to best reunite and resume day-to-day parenting with their children after deployment (Willerton, Schwarz, et al., 2011). Better connections between deployed parents and their children result in fewer child behavioral and attachment problems, and better reconnection once reunited (DASD, 2015).

Overall The research on deployment and children suggests that as a group military children are resilient; studies are not finding a majority of them having academic, behavioral problems, or psychological symptoms rising to clinical levels. However, for some military children, parental deployments, particularly combat deployment and multiple deployments, appear to be taking a toll in terms of academic outcomes, worry, internalizing and externalizing symptoms, anxiety, and depression. In summary, risk factors for problematic adjustment to deployment include combat deployments; multiple deployments; total number of deployed months (Chandra et al., 2011; Engel et al., 2010; and Lester et al., 2010; Lyle, 2006); nondeployed caregiver distress (Chandra et al., 2011); deployed parent post-traumatic stress symptoms, PTSD, and other mental health problems (Lester, Leskin, et al., 2011; Lester, Mogil, et al., 2011); and caregiver–youth communication (Chandra et al., 2011). Factors that promote resilience include positive parent–child relationships and communication, social support, overall family adjustment, parental emotional well-being, and effective parental coping skills (Lester et al., 2010; MacDermid et al., 2008).

It is important to note that multiple contexts beyond the family system affect military children and may contribute, or diminish, their coping skills. As noted earlier, schools and teachers play important roles in the lives of military children. Likewise, other interlocking systems including school, health and mental health care, spiritual/religious, and community affect children's wellbeing and functioning (Lester & Flake, 2013; MacDermid Wadsworth et al., 2013). To better understand military children and family outcomes and trajectories, researchers recommend applying theories and frameworks built on systemic thinking, such as ecological and attachment theories, risk and resilience perspectives, and life course perspectives (Lester & Flake, 2013; MacDermid Wadsworth, 2013; MacDermid et al., 2013; Riggs & Riggs, 2012).

Leaders and service providers within these systems can be aware of the impact of multiple and long deployments, the deployment spiral, and the interconnection within and among systems on children's wellbeing in order to encourage development of capabilities and processes associated with resilience (Lester, Leskin, et al., 2011; Lester, Mogil, et al., 2011; Walsh, 2002). For example, providers can and do offer online, group education, family support groups, and one-on-one counseling to families in order for them to prepare for both the emotional side of deployment and reintegration and the practical side (e.g., financial and legal documents, communication plans, budgets); gain information and guidance on parenting; address family stress and find help for overwhelming emotions such as sadness, depression, anxiety, or anger; develop a shared meaning of deployments; promote close family relationships, goal setting, and problem solving; enhance family communication and address family conflict; and develop strong social support systems for all family members, including children and adolescents (Chandra et al., 2011; Gewirtz, Erbes, Polusny, Forgatch, & DeGarmo, 2011; Lester, Leskin, et al., 2011; MacDermid et al., 2008; Morris & Age, 2009). Service providers can identify and encourage parents to provide social support for one another. Those who work with children can notice changes in their appearance, attitude, or behaviors and then talk with parents to determine if they need assistance with self-care or with obtaining help for their children.

PARENTAL INJURY AND DEATH

As noted earlier, reintegration with a parent returning from deployment can be stressful for children. Combat-related injuries, both physical and psychological, pose additional challenges for family members, including children who must adapt to a new understanding of their parent (Gorman, Fitzgerald, & Blow, 2010).

Although few studies exist that examine children's adjustment to parental injury, medical and social service professionals who work with families of injured service members indicate that children will take their cue from their parents (Cozza, Chun, & Polo, 2005). Children benefit from developmentally appropriate information about the injury whether visible or invisible, reassurance of the parent's love for the child, encouragement to ask questions, and guidance on how to interact with the parent (e.g., "Mommy cannot give you a piggyback ride because she hurt her back, but she can play frisbee with you," or "sometimes Daddy forgets things so we write down what we will do tomorrow to help Daddy remember"). Parents may benefit from learning how to communicate with their children about injuries, particularly if the injury has interfered with the ability to interact sensitively. Resources for families can be found in Chapters 11 and 12.

Nonvisible injuries such as depression, anxiety, and posttraumatic stress symptoms may be particularly challenging for children. For example, a study of National Guard fathers demonstrated a link between increases in postdeployment PTSD symptoms and lower levels of effective parenting as reported by the service members (Gewirtz, Polusny, DeGarmo, Khaylis, & Erbes, 2010). Evidence points to PTSD negatively affecting parent–child relationship parenting through emotional numbing/avoidance (Ruscio, Weathers, King, & King, 2002). The symptom of hyperarousal may also play a factor. For example, service members or veterans with PTSD symptoms may withdraw from family interactions, do less monitoring of children, be less involved with children, and exhibit volatile emotions when stressed and when in conflict with children members (Gewirtz et al., 2010).

When a parent is first injured, the parent–child attachment, with either parent or both, may be challenged by separations due to hospitalizations perhaps at great distances from the child's home, medical treatments, doctor and therapy visits, and rehabilitation. The child's developmental needs may be overlooked to a small or large degree, perhaps placing the child at risk for psychological distress, and problems with attachment, regulation of emotions, behavior, health, and well-being. Social support for the family improves the

quality of life for its members and supports child development. Training, resources, and support can increase rehabilitation professionals' ability to involve children in the rehabilitation process (Gorman, Fitzgerald, & Blow, 2010). More information about children in combat-wounded families is presented in Chapter 8 and ideas for helping their families is presented in Chapter 13.

Approximately 7000 service members have died while serving in OEF, OIF, OND, and OIR since 9/11 (DoD, 2015). Yet we know very little about how children adjust to the death of a military parent (Holmes, Rauch, & Cozza, 2013). In general, however, bereavement is a risk factor for children developing emotional or behavior problems (Cozza et al., 2005).

The National Child Traumatic Stress Network (2008a, 2008b) has published a series of manuals for medical providers, educators, and parents on traumatic grief in children. These publications remind us that children may show grief in different and multiple ways. They may regress in behaviors, show sadness, become fearful, develop problems in school, notice "aches and pains," be moody, show anger and irritation, withdraw, and/or isolate themselves. They may "not be themselves" as they do uncharacteristic behaviors.

Young children whose parents die while deployed may not initially understand the permanence of death. They often seek the comfort of their closest caregivers and need extra attention and reassurance. School-age children may ask lots of questions about their parent's death and about death in general. Teens may try to hide their emotions (National Child Traumatic Stress Network, 2008a, 2008b).

Some children may develop traumatic grief, that is, exhibiting symptoms of post-traumatic stress whether initially or months following a parent's death, given it is unexpected, sudden, or traumatic. These symptoms can include children experiencing intrusive thoughts about the death or reliving the details of the death, if known; avoiding conversation, activities, or reminders of the parent or the parent's death; and startling easily, being "on alert," and becoming nervous, jumpy, distracted, and angry. If symptoms persist, appear after an initial stable period, or they disrupt daily life (e.g., attending school, playing with friends, participating in or enjoying activities), counseling may be appropriate (National Child Traumatic Stress Network, 2008a, 2008b).

Given the public nature of a military death during wartime, children and other family members may experience unexpected or unwanted intrusions while they are mourning. Families have a right to as much privacy as they wish, including privacy from the media. Children who hear someone say that their "parent died 'needlessly' in an 'unnecessary' war may find it much harder to accept and integrate that death than [children] whose parent's death is considered 'noble' or 'heroic.'...[O]lder teenagers may have their own opinions and feelings about the war, and these may either ease or complicate their grief" (National Child Traumatic Stress Network, 2008b, p. 4).

Following the death of a loved one, parents can assist their children by providing a sense of security by being physically and emotionally close and predictable; being patient; "listening" to what children's behaviors are saying they need; encouraging expression of feelings; knowing that grief and other feelings can get mixed up; and being aware of possible reminders of the death at unexpected times. Parents can also promote positive adjustment by supporting children's connection to the person who has died by talking and looking at photographs and videos; providing age-appropriate explanations; spending time with each child and considering their individual needs; and informing other adults about the children's experiences. Parents may need to advocate for children at school; encourage children's involvement in a project or organization, possibly one related to the interests of the person who died; and encourage bonds with other children by attending camps or support groups for children who are grieving (National Child Traumatic Stress Network, 2008a).

Death of a service member brings other changes in military children's lives. If living on a military installation, the family will need to move within a year and the move may

also bring a change in schools. With a death of a parent comes a possibility of losing touch with that parent's side of the family. Finally, the remaining parent will need to support and guide children as they realize the loved one will not be there for small and major milestones in life (National Child Traumatic Stress Network, 2008a).

Adults are also encouraged to care for themselves by seeking social support; exercising, eating healthy foods, and sleeping adequately; showing feelings; and modeling healthy coping (e.g., "I miss Daddy right now, that's why I'm crying. Let's take a walk together because I like being with you."). They are also encouraged to seek professional support if necessary (National Child Traumatic Stress Network, 2008a).

The risk of injury and death of a parent is a stressor known by many military children. They may also experience changes brought about by relocation and separation from a parent due to long duty hours, TDYs, or deployments. Positive family dynamics, social support, and finding meaning from such adversities can make a difference in the resilience of children. If you work with children directly, you know the importance of acceptance, listening, and guidance in supporting them through life's minor and major stressors. Likewise, by building trusting, responsive relationships with adult family members, you may have a positive influence on their ability to support their children. As a helping professional, what you know and what you say and do matters to families.

SUMMARY

- Nearly 2 million children in the United States have a parent who is serving in the Active or Reserve Component of the military.
- Even in the face of relocations, separations, and risks of injury and death, the majority of military families adapt, and their resilience is evident.
- Studies are needed to identify the particular strengths families use to overcome stressful situations.
- Children who grow up in the military culture on average move every 2–3 years. Evidence suggests that children's adjustment to moving is influenced by family cohesiveness and time at a current residence.
- Military child care includes CDCs, FCC providers, SAC programs, and resource and referral services.
- Military children attend civilian schools with a small or large presence of other military children, and DoDEA schools. Overall, military children attending DoDEA schools compare very favorably to civilian children.
- Teachers and other school staff members play important roles in supporting military children during relocation and parental deployments.
- Combat deployment and multiple deployments have been continuous factors in the lives of many military children, complicated by uncertainty of length and by parental injury or death or the threat of them.
- Evidence exists of children's positive adjustment to deployment as well as evidence of the "wear and tear" of multiple deployments, complicated deployments, and compromised parenting.
- When a parent is injured, the parent–child attachment may be challenged and a child's developmental needs may be overlooked. Social support for the family can promote attachment and positive child development.
- A parent and close adults can provide important emotional support and guidance to children whose parent or other loved one has died.
- Professionals who work with military families can focus interventions and supports toward decreasing identified risk factors and enhancing protective factors related to children's adjustment.