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Children on the Homefront

The Experiences of Children from Military Families

ANITA CHANDRA

CT-341

March 2010

Testimony presented before the House Armed Services Committee,
Subcommittee on Military Personnel on March 9, 2010

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Children on the Homefront
*The Experiences of Children from Military Families*²

Before the Committee on Armed Services
Subcommittee on Military Personnel
United States House of Representatives

March 9, 2010

Chairwoman Davis, Representative Wilson, and distinguished members of the Subcommittee, thank you for inviting me to testify today. It is an honor and pleasure to be here. I will discuss the findings from our study “Children on the Homefront: The Experience of Children from Military Families.” More specifically, my testimony will briefly review the findings from our study related to the well-being of military children and how they are coping specifically with parental deployment.

Background

Multiple and extended deployments and the high operational pace of the current conflicts are unparalleled for the U.S. military’s all-volunteer force (Belasco, 2007; Bruner, 2006; Hosek, 2006). As a result, many youth from military families are experiencing significant periods of parental absence. In 2006, approximately 1.89 million children had one or both parents in the military; 1.17 million had parents in the Active Component and 713,000 had parents in the Reserve Components (Department of Defense, 2006). While there are positive aspects of deployment, including increased camaraderie, sense of family pride and financial benefits associated with deployment, deployments can take a heavy toll on families concerned for the safety of their loved ones (Tanielian & Jaycox, 2008; Hosek, 2006). Arguably the most vulnerable are the children and youth left at home. While younger children may not fully comprehend why a parent must leave, older children and adolescents must cope with parental deployment during a critical and rapid stage of social and emotional development, which is challenging in the most supportive and stable of environments (Huebner, 2005).

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Early studies before Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) suggested an association between military parent separation and children's behavior, including increases in aggressiveness and behavior problems particularly among boys (Hillenbrand, 1976; Yeatman, 1981). Other studies of children of deployed parents also indicated that deployment is associated with higher levels of internalizing behaviors (e.g., feeling sad, fearful, or over-controlled) (Jensen, 1989; Levai, 1995, Jensen, 1996). There is a small, emerging body of research *specifically* on the effects of OEF and OIF deployments associated with child well-being problems, particularly increases in stress levels, reports of child maltreatment, and increases in school difficulties. However, most of that research has focused on children ages 12 and younger. For example, a study of children age five to twelve found that those with deployed parents had mental health and behavior problems at rates significantly higher than the national average (Flake, 2009). Recent studies also suggest that child maltreatment and neglect may increase during parental deployment (Rentz, 2007; Gibbs, 2007).

Both the number of children exposed to deployment and the months their parent is away make it important to understand their health and well-being and to determine if total time of parental deployment matters for child academic, social, and family functioning. Despite the contribution of previous studies, significant gaps remain. To date, no studies have assembled the breadth of information about how military children are doing that would allow comparison with other youth populations. In addition, few studies have quantitatively assessed the experiences and perspectives of youth directly and no studies have quantitatively assessed deployment and reintegration challenges and linked results to demographic, military, and deployment characteristics.

In December 2009, my colleagues and I released the first findings from our study, "Children on the Homefront: The Experience of Children from Military Families" to address these gaps. This study was published in the journal, *Pediatrics*, the official journal of the American Academy of Pediatrics. This independent study of more than 1500 families focused on the well-being of youth ages 11-17 and their non-deployed parent or caregiver.

Families for this study were selected from the 2008 applicant pool to Operation Purple, a summer camp program sponsored by the National Military Family Association to provide military children with an opportunity to meet other military children and to learn more about coping with deployment. *Operation Purple* is a free camp sponsored by the Association for children of military service members at 63 sites nationwide. The mission of *Operation Purple* is to help children cope with the stress of war, particularly those who have experienced a deployment. Of the applicant pool, 4,674 families with children between 11 and 17 years of age were eligible for the study. In

families with more than one child in the study age group, a single child was randomly selected to participate in the study. The sampling plan was designed to be proportionate to deployed force composition across Army, Navy, Marines and Air Force Active and Guard/Reserve service members (Table 1).

Table 1. National deployment (as of 2007) and study population composition comparison

Branch	Deployment Composition	Study Population
Army Active	30%	32%
Army Reserve/Guard	19%	25%
Navy Active	17%	14%
Navy Reserve/Guard	2%	3%
Marines Active	11%	5%
Marines Reserve/Guard	2%	1%
Air Force Active	14%	11%
Air Force Reserve/Guard	6%	9%
TOTAL	100%*	100%

*Percentages do not add to 100 as a result of rounding.

Contact was made with 1,697 families (53.6% of the viable sample). Of those, eighty-nine percent of household were screened and agreed to participate (N=1,507). Assessors used a Computer Assisted Telephone Interview (CATI) with one child (11-17 years old) and his or her non-deployed parent or caregiver.

We conducted two interviews, one with the non-deployed caregiver (usually the mother) and one with the child. Interviews covered service member deployment history, children's difficulties with the deployment and reintegration/return of the service member, and child and maternal well-being. The caregiver and child interview drew largely upon existing measures and covered similar topics areas.

We explored two questions. First, what is the relationship between child demographic characteristics and well-being? Second, which factors are most important in predicting outcomes?

Study Sample Characteristics

The study sample was predominantly white, non-Hispanic (72%) and nearly half of the children were girls (47%). The average age of the children was approximately 13 years. Most of the caregivers were women (95%), with an average age of 38 years. The majority of caregivers was employed outside the home (58%) and had some college education (86%).

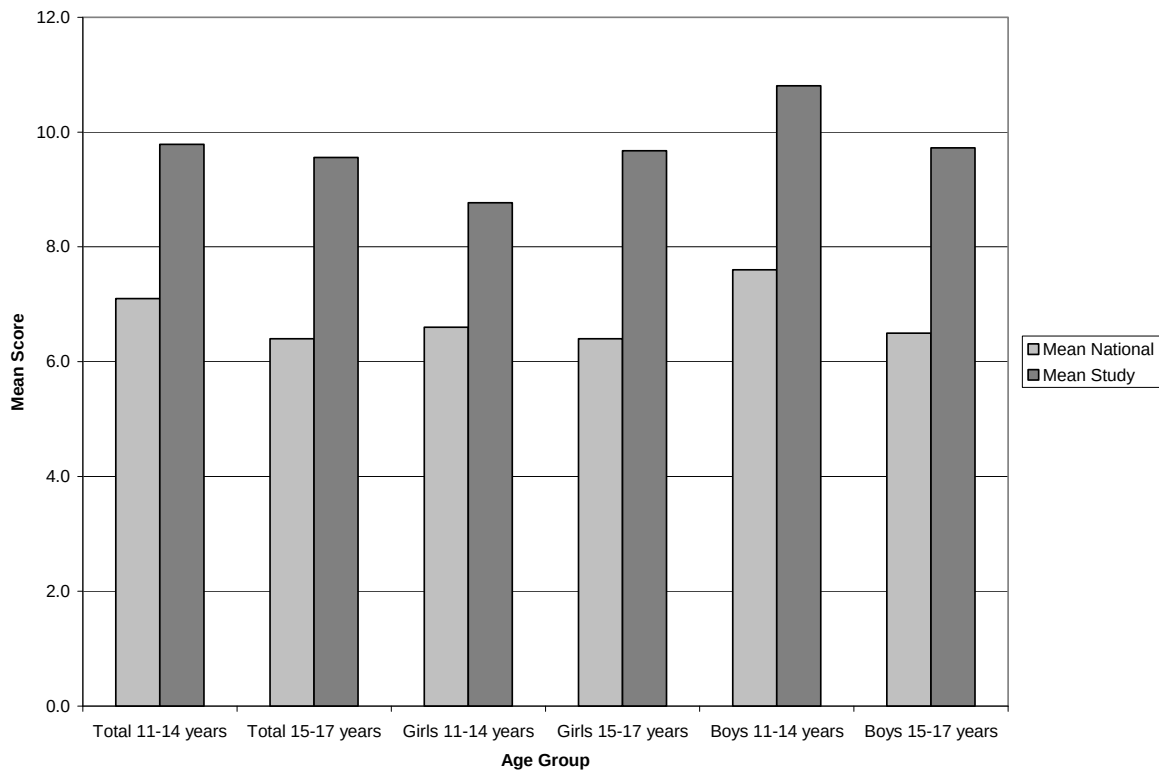
Approximately 57 percent of families had a parent in the Army, and nearly 20 percent in the Air Force. Although participants were sampled to match national deployment numbers, the baseline sample had fewer Marines, primarily due to the availability of families in the applicant pool from which the sample was drawn (6% vs. 13% national) (Table 1). Approximately 37 percent of the families were in the National Guard or Reserve. The majority of the families were in the mid or senior enlisted rank or pay grade (67%). Most of the families had experienced at least one deployment (95%), and on average families reported that the parent was deployed approximately 11 months in the past 3 years (or 36 months). At the time of the baseline interview, approximately one-third (38%) of the families were experiencing a deployment.

The remaining sections of testimony focus on our findings related to two main questions: How were military children generally faring across important domains, such as school and social life? What types of challenges do youth face specifically related to deployment?

Military Youth Well-Being

One goal of this analysis was to show how children from military families function with respect to academics, peer and family relations, general emotional difficulties, and overall problem behaviors. To assess emotional difficulties, we used the well-established 20-item Strengths and Difficulties Questionnaire or SDQ that asked youth about topics like getting into trouble, paying attention to tasks, getting along with others, and feeling sad or tearful. A higher score indicates more emotional difficulties. The average score of emotional difficulties as reported by caregivers was 9.8 (on a scale of 0-40) and by children was 11.5. Figure 1 compares the scores from this sample with a national sample of caregivers reporting on child emotional difficulties, stratified by age and gender (Goodman, 2001). Compared to children in the U.S. sample, the mean SDQ score for our study sample is consistently higher in each age by gender group.

Figure 1: Emotional and Behavioral Difficulties-Comparison of Sample with Population Based Sample of Caregiver Report (Average Score of Difficulties) (n=1,495)^{a, b, c}



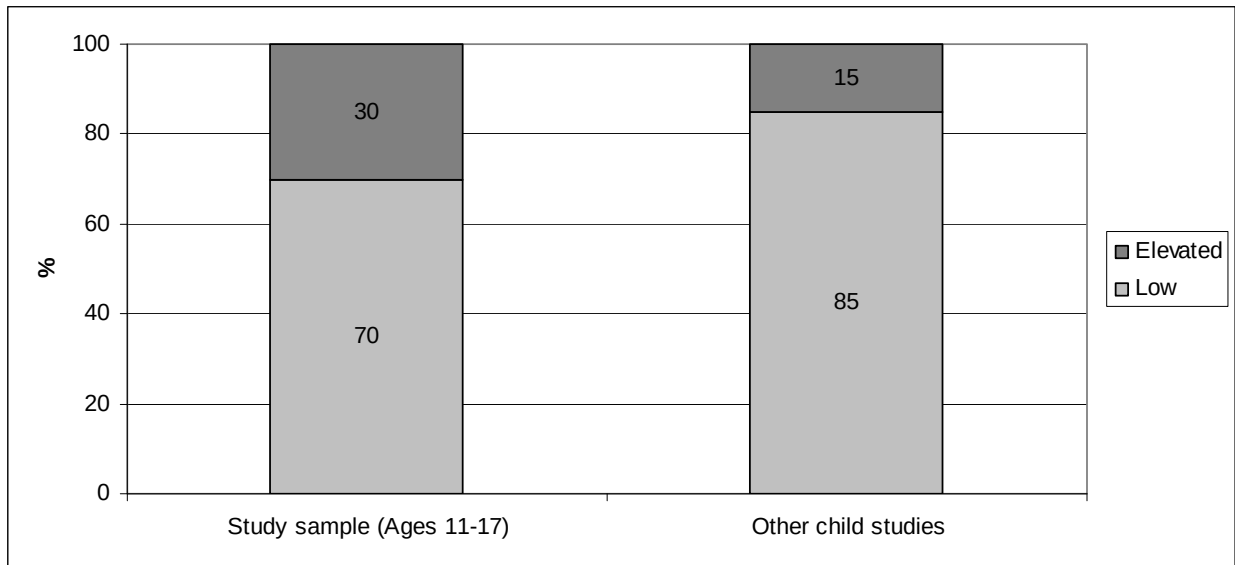
^a Analyses restricted to all families but Coast Guard.

^b Population based data from the National Health Interview Survey (2001)

^c All differences between national and study scores are statistically significant at $p < .01$

We employed the Screen for Child Anxiety Related Emotional Disorders (SCARED) short scale to assess anxiety symptoms among youth in our study. Based on scoring, 30 percent of the sample had some anxiety (greater than or equal to 3 on a scale of 0-10), indicating a need for further evaluation for a possible anxiety disorder. This is somewhat higher than the proportion reporting elevated levels in other samples of youth (see Figure 2).

Figure 2: Higher Percentage of Military Children Reported Elevated Anxiety Symptoms



In multivariate analyses that adjusted for demographic and deployment factors, there were age and gender differences in child well-being. Difficulties with academic engagement (e.g., completing homework), and problem behaviors such as fighting or drinking were worse with increasing age. On the other hand, peer functioning (e.g., getting along with peers, as reported by the non-deployed caregiver or parent) was better with increasing age. Symptoms of anxiety also decreased with increasing age. Compared to a non-depressed clinical sample, participants in this study had comparable difficulties in peer functioning, but slightly greater difficulties in family functioning (e.g., getting along with family members) (mean=3.3 (0.4) clinical sample vs. mean = 4.3 (3.2) study sample) (Jaycox, 2009).

We also found that the mental health of the home caregiver was significantly associated with child well-being, particularly child academic engagement (as reported by child), emotional difficulties, and peer and family functioning. We found no major differences in child well-being by component (Active vs. Reserve/Guard), deployment experience, and branch of service.

Youth Experience with Parental Deployment and Reintegration

Children and caregivers were also asked to report on difficulties that children experienced as a result of parental deployment and return.

Difficulties during deployment

There were notable differences in deployment experience by gender, child age, housing status, caregiver mental health, caregiver reports of child emotional difficulties, and the number of months deployed in the past three years. For example, we found that caregivers reported that older children had a greater number of difficulties during deployment. In addition, girls reported more challenges during deployment than did boys.

We found that caregivers with poorer mental health reported more child difficulties during deployment. In addition, there was a positive association between caregiver reports of general child emotional difficulties and caregiver and child reports of deployment challenges. Further, based on caregiver reports, the total months that the military parent was deployed in the past three years was significantly associated with a greater number of child difficulties during that deployment.

Difficulties during reintegration (deployed parent return)

During reintegration, factors such as age, gender, caregiver mental health, caregiver report of child emotional difficulties, and total months deployed were critical. Increasing age was associated with more challenges with parental reintegration, as reported by both children and their caregivers. Developmentally, this is logical: older children tend to assume more responsibilities in the household during a caregiver absence (Weiss, 1979), and thus may experience greater role-shifting during deployment and reintegration. Similarly, based on non-deployed caregiver and child reports, girls exhibited more difficulties than boys when the deployed parent returned home. Further, those children who had more emotional difficulties also had more challenges during reintegration. Also, we found that the more months the parent was deployed, the greater number of difficulties the caregiver reported that the child had during reintegration.

Conclusion

This study provides important data on the well-being of military children and quantitatively demonstrates the differential experience of children of deployed personnel based on the total months of parental deployment. Further, this study offers insight that will guide continued intervention and future research.

Implications for Interventions: Given Congressional interest in military family support programs, it is critical to consider how these findings may inform future program design and implementation. Overall, children in our sample experienced greater emotional or behavioral difficulties than their civilian counterparts. As a result, at least some military families may require more assistance in addressing their children's needs, via school programming, mental health services, or resources that can be used in the home. Given that child difficulties were greater for families experiencing longer periods of parental absence in the last three years, these families may benefit from targeted support to deal with these stressors at later points in the deployment, not simply during initial stages. Further, families in which non-deployed caregivers are struggling with their own mental health may need more support for both caregiver and child. Girls and older youth are confronting more difficulties with deployment and reintegration, thus they may require more assistance. While those programs are being developed, implemented, and evaluated we have little empirical data on program efficacy and effectiveness.

Implications for Future Research: While this study provides important new information about the relationship between parental deployment and child well being, several areas warrant further research. First, the strong finding linking caregiver mental health with child well-being and deployment-related difficulties highlights a need to examine the emotional health of these non-deployed caregivers and the stressors that they experience. Second, given the impact of military parent reintegration on children, more analysis is needed on how military parent mental health (e.g., PTSD) may impact children and the family. Third, it will be critical to know whether the association between cumulative time of parental deployment and child difficulties continues to worsen or if there is a time point where these problems diminish. In addition, it will be important to analyze how child well-being changes as deployments continue. Fourth, a study which delves into the reasons why girls and older youth may be having more challenges with deployment is merited. Finally, more research is needed to explore pathways through which other family characteristics, such as housing and parental employment, affect children's deployment experience.

Study Limitations: A few study limitations should be explained. First, our sample may not be representative of all deployed families, which may affect the generalizability of our results. For example, we sampled children from an applicant pool to *Operation Purple* Camp. Families who apply for this program may be different from other military families (although the nature and direction of the difference is unknown). In addition, our sample included relatively fewer families from lower military ranks (e.g., E1-E4 pay grade). We also had few fathers in the caregiver sample, thus we do not know if the deployment experience is different for children when the mother is deployed. Second, the cross-sectional nature of these data limits our ability to infer a causal relationship between deployment and child well being. However, longitudinal data are

being collected for these families, which will enable us to examine changes in deployment histories as well as changes in children's well-being and deployment experiences.

Implications for Congress: These study findings provide insight into how military children are faring and can inform future program and policy development. At the same time however, we know that dozens if not hundreds of programs are already being implemented across the defense and civilian sectors to support military families in coping with deployment. Just as there had been no studies to date that examined the health, functioning, and well-being of military children during an extended era of conflict, there are also no studies that systematically assess the programs in place to support them. Given the high interest and previous investments in these programs, it will be important to ask questions about whether these programs are meeting the needs of the families and if they are not, to decide whether they should they be continued and/or how might they be improved. Our findings also suggest that these programs be examined to assess not only how they align with the deployment and reintegration continuum but also how their content matches what we know about needs. Understanding program efficacy and effectiveness will also require more rigorous methodologies to assess the program's impact on child and caregiver outcomes.

Thank you again for the opportunity to testify today and to share the results of our research. Additional information about our study findings and recommendations can be found at: <http://www.rand.org>.

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