

How Wartime Military Service Affects Children and Families

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Summary

How are children's lives altered when a parent goes off to war? What aspects of combat deployment are most likely to put children at risk for psychological and other problems, and what resources for resilience can they tap to overcome such hardships and thrive?

To answer these questions, Patricia Lester and Lieutenant Colonel Eric Flake first examine the deployment cycle, a multistage process that begins with a period of anxious preparation after a family receives notice that a parent will be sent into combat. Perhaps surprisingly, for many families, they write, the most stressful part of the deployment cycle is not the long months of separation that follow but the postdeployment period, when service members, having come home from war, must be reintegrated into families whose internal rhythms have changed and where children have taken on new roles. Lester and Flake then walk us through a range of theoretical perspectives that help us understand the interconnected environments in which military children live their lives, from the dynamics of the family system itself to the external contexts of the communities where they live and the military culture that helps form their identity.

The authors conclude that policy makers can help military-connected children and their families cope with deployment by, among other things, strengthening community support services and adopting public health education measures that are designed to reduce the stigma of seeking treatment for psychological distress. They warn, however, that much recent research on military children's response to deployment is flawed in various ways, and they call for better-designed, longer-term studies as well as more rigorous evaluation of existing and future support programs.

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As the longest war in United States history, the conflict in Iraq and Afghanistan has placed extraordinary demands on children living in military families. Long separation from a parent is difficult for children of any age, but separation combined with the heightened danger of wartime military service is unique to military children.

As a matter of course, military children and their families negotiate the many transitions in military life that are familiar and expected—frequent moves, job reassignments, changing friends and communities, and new schools in different states and even different countries. These transitions may be rewarding, with opportunities for growth and adventure. But they may also be disruptive, with changes in routines and support networks for children and adults alike.

Over the past decade, however, U.S. military children and their families have also had to manage the cumulative stress of separation from a loved one in the context of danger. Children have said goodbye with the pervasive worry that their mother or father might return injured, or might not return at all. Multiple deployments mean that military children may experience this type of separation many times, from infancy to adolescence. Even if they themselves aren't directly affected, most military children know another child who has lost a loved one or seen a parent or sibling return injured from war. These children often know how hard it is to reconnect with a parent who suffers from traumatic brain injury, posttraumatic stress, or a serious physical disability. Deployment and its dangers can threaten children's sense of security in their primary caregiving relationship, a disruption that may not readily

resolve even after the parent returns home. Perhaps more than any other unique characteristic of military life, deployment—and the way it shapes children's expectations of their caregiving relationships and their family's sense of safety—is central to understanding how parents' wartime service affects military-connected children.

In this article, we examine what we know and what we still need to know about how children react to military life and their parents' wartime service. We use developmental theory and research as the foundation to understand how children may experience wartime deployments, paying particular attention to risk and resilience. We hope that our framework will help guide a national research agenda and develop a public health approach for military-connected children and their families, at the same time that it offers insights about civilian children affected by other types of adversity.

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Context for Wartime Deployment

About four million military-connected children live in the United States, or about 5 percent of the total of 80 million children. More than two million children have a parent on active duty or in the Guard and Reserve, and another two million have a parent who is a veteran; 90,000 children are born annually to

active-duty service members. An even greater number of children have been affected by a sibling's military service. In essence, these children serve along with their family members, often without recognition for their contributions and sacrifice. Though some of them live on military installations, many do not, and military-connected children are embedded throughout our civilian communities. Only 50 percent of military children receive medical care on-base, and 80 percent of them attend civilian schools.¹

Like families everywhere, military families have evolved over time, reflecting cultural and historical context. During the Vietnam era, as few as 10 or 15 percent of active-duty service members were married and had children. By contrast, in the contemporary all-volunteer force, 56 percent of active-duty service members are married, and nearly 7 percent of those are married to another service member. Notably, active-duty service members tend to marry and start a family earlier than civilians in the same age range, and 50 percent of children in active-duty families are younger than age seven.²

Relatively high pay and benefits, job security and readily available child care may influence service members' decisions to marry and start families earlier than the national norm. Military service offers a transparent pay scale and high standards of racial and gender equity.³ Children raised in active-duty military households have at least one parent who is employed, and the job's benefits include health care (free for service members and inexpensive for their families) and access to an array of social services, including high-quality child care. These social, economic, and demographic factors, many of which provide stability and resources, can have lasting positive effects on children's physical, cognitive, and

social-emotional development, and they may help to buffer the stress of deployment.

Among military families, several subpopulations warrant special attention, particularly in the context of deployment separations. Currently, 2.3 percent (52,322) of individual service members live in dual-service families with children, about 30 percent of female service members are mothers, and 6.9 percent (155,000) of service members are single parents.⁴ More than 100,000 military families have children with special health-care needs.⁵ These military children experience sources of stress that the majority of their peers do not.

Children and Military Life

Many experiences enrich a military child's life, but these adventures can bring both opportunity and hardship.⁶ From an early age, children in military families often move to new communities, change schools and friends, live in foreign countries, and experience long periods of family separation. Active-duty families typically move every two to three years, potentially hindering their ability to establish a sense of belonging to a community. Even when they stay connected to a single base, families may move many times. Within a year of arriving at a new base, military families are typically already discussing and preparing for the next assignment and location. Even those who don't move may feel isolated because they have few friends with similar experiences and related emotions.⁷

Despite these challenges, living in a military family gives children a meaningful identity associated with strength, service, and sacrifice, which is a basic component of military culture not only for service members but also for their family members. This identity and the larger military community are

important sources of resilience and support.⁸ Notably, the child's experience of this identity may vary depending on the parent's service branch and duties; each military branch has its own culture, with unique traditions, histories, and service roles. These unique characteristics influence service members' training, mobility, and deployments, which in turn influence their families. Appreciating these different background characteristics provides a context for understanding how children's individual experiences differ within the setting of their families and communities.⁹

Deployment

For military children, separation from a parent during deployment makes the family's already dynamic cycle of frequent moves even more complex. When a service member is deployed or sent on an unaccompanied yearlong tour, many families move to be closer to extended family. One study of families with a currently deployed service member found that 47 percent had moved at least three times in the past five years.¹⁰

The deployment cycle model describes the range of emotions and behaviors that families and children experience.¹¹ The model includes five phases: predeployment, deployment, sustainment (during deployment), redeployment, and postdeployment. During predeployment, children and family members may withdraw emotionally. When the service member leaves, emotions may intensify, and children can feel overwhelmed, sad, or anxious. When he or she returns, the family feels excitement and relief during a honeymoon period, but this is followed by another readjustment as the service member reintegrates into the family. Families must renegotiate roles and relationships, and they revisit family problems that were set aside during deployment.

The way children react to the deployment cycle depends on their age. Very young children may be more vulnerable to disruptions in parental functioning and family relationships, because they have fewer coping skills and less outside support than older children do.¹² Younger children typically express the stress of separation by struggling with daily routines, regressing behaviorally, withdrawing emotionally, and sometimes acting out.¹³ School-aged children and adolescents, on the other hand, are more aware of their parents' duties and the dangers of war. Deployed parents aren't there to help with daily routines like homework, and they may miss major developmental milestones like school graduations.¹⁴ Older children may take on new responsibilities and roles; they must not only help when a parent is away, but also when a parent comes home with physical or psychological injuries. For many families, in fact, readjustment is the most stressful part of the deployment cycle, yet it remains the least understood.¹⁵ Although the deployment cycle model is widely used to guide educational programming, we must caution that it has not been studied through longitudinal research—that is, research that follows individuals or families over time.

Over the past decade, hundreds of thousands of military families have experienced the cycle of deployment many times. Their cumulative experience of multiple deployments is perhaps best described not as a cycle but as a *spiral*, a word that captures the accumulation and transformation of experience, both positive and negative, as the child and family grow.¹⁶ The fast operational tempo during the past decade of war has dramatically increased the frequency and length of deployments, and decreased the amount of time at home between deployments.¹⁷ Policies developed in peacetime were designed to allow service

members to stay at home for 18 to 24 months between deployments, giving them time to reconnect with family members. As deployments have grown longer, many service members have experienced unanticipated redeployments shortly after returning home, and this creates uncertainty and instability in family routines and roles.

Nowadays, however, technology allows real-time communication between deployed service members and their families, through e-mail, web chat, social media, etc. This sort of communication may help to maintain family connections. But such brief encounters don't always produce effective communication, and they can leave the family and the service member frustrated. Moreover, real-time communication brings family problems to the battlefield and the realities of war to the family, at times exacerbating the uncertainty and fear that spouses and children feel. And military commanders must negotiate how sensitive information leaves the combat theater, for example, by ensuring that families learn about casualties through appropriate channels rather than through social media.

Ecological Context of Development

Military children are embedded in an array of systems—family, school, health care, spiritual, and local and national communities—all of which may affect how they experience and negotiate their parents' deployments.¹⁸ To better understand how parental deployments and other military separations during wartime affect children as they grow, we must recognize how these multiple systems contribute to child and family outcomes.¹⁹ Urie Bronfenbrenner's ecological perspective provides a framework for doing so.²⁰ An ecological model emphasizes the mutual

influences both within families and between families and their social context.²¹ If we identify and understand the links between family and community, we can better understand how families and communities affect the way children adjust over time, as well as the interplay between risk and resilience across the family system.²² (For a detailed discussion of risk and resilience among military children, see the article in this issue by Ann Easterbrooks, Kenneth Ginsburg, and Richard Lerner.)

From an ecological perspective, how deployment affects military children and families may also be related to historical, social, and cultural contexts, including the national response to returning service members and veterans. A review of the relationship between military service and life course noted that returning combat veterans who received greater social support suffered fewer adverse effects from deployment.²³ Unlike during the Vietnam era, the national response to service members returning from Iraq and Afghanistan has been generally supportive, and an array of national and local initiatives has emerged to help service members, veterans, and their families. Still, only a small portion of our nation's population has direct knowledge about and experience of military service. In this context, communities, whether local or national, may not adequately recognize, understand, or support the military family's sacrifices.

Family Systems

Individuals are best understood in the context of the family system.²⁴ From a family system perspective, interactions between parents and children are bidirectional—that is, family members influence and modify one another.²⁵ Therefore, each family member's experiences

and reactions to military life will reverberate throughout the system. For example, individual distress, such as a combat-related mental health problem, may affect parenting practices, marital relationships, or extended family support. Marital conflict may spill over to other family relationships, such as those between parents and children, as well as to individual functioning.²⁶ Conversely, children's sleep or behavioral problems may strain marriages and family life. Thus family relationships influence one another, in ways that can be positive or negative. This principle applies not just to parents and children but to the extended family as well, including relationships with and among siblings, grandparents, and others who play an important role in a child's life.

Family systems theory also helps us see how typical developmental milestones, as well as atypical or stressful life events, can affect family equilibrium. The deployment cycle and the transition from military to civilian life require changes to roles and routines, and these changes can disrupt family stability. For example, when a parent is deployed, adolescents often take on greater responsibilities to help the family. As they contribute to the family's shared mission, children may reap rewards, growing more competent and self-confident. However, when children take on more family responsibilities (for example, by caring for younger siblings), they may miss developmental opportunities because they don't have the time and freedom to pursue age-appropriate activities.²⁷ Furthermore, if boundaries change during deployment, the family may have trouble readjusting when the service member parent returns; for example, a child may not want to give up newfound autonomy.

Co-Parenting

Research on co-parenting gives us more insight into military families, as couples negotiate separation, readjustment, and reactions to combat-related stress. Co-parenting includes the ways that parents manage childrearing decisions, share responsibilities, and respond to each other's strategies. The quality of a co-parenting relationship is associated with the level of maternal warmth, the father's involvement, and parent-child interactions, and it is linked to children's wellbeing over time.²⁸ Deployment presents several obstacles to effective co-parenting, especially because separations and reunifications require frequent shifts in responsibility for maintaining family routines and discipline. When these transitions happen unexpectedly, parents have little opportunity to prepare and communicate as a team. Furthermore, if the military parent returns with physical or mental health problems, the communication capacities that are central to effective co-parenting may be disrupted.

Attachment Theory

Research based on attachment theory has established that parent-child relationships are fundamental to social and emotional wellbeing throughout childhood.²⁹ Attachment theory describes how children develop a sense of security from their earliest experiences with a caregiving parent—specifically, how the parent provides protection and comfort in the context of threat.³⁰ From their earliest interactions with a parent, children develop their capacity for behavioral and emotional self-regulation, and the parents' ability to act as an external source of emotional regulation for the young child is a primary predictor of attachment security. Further, a child's confidence that a parent can provide emotional support enhances his

or her capacity to explore new environments and develop social competencies. These ideas suggest that children may have less confidence in a deployed parent's ability to provide reassurance, care, and safety, particularly when the parent is facing the dangers of war.³¹

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Some longitudinal research shows that children who form secure attachment relationships early in life develop more positive social relationships with their peers, have greater academic success, and manage stress more effectively.³² Attachment security also buffers physiological stress responses in early childhood, and it protects early brain development.³³ In fact, secure attachment relationships contribute to cognitive, social, emotional, and physical growth throughout childhood and into adult life.³⁴

For military-connected children, a service member's deployment means that a primary caregiver—one of the child's usual resources for managing distressing events—is not immediately available. The child may seek more support from the parent who remains at home. However, an increase in household duties, greater parenting responsibilities, and worry over the deployed spouse's safety may interfere with the at-home parent's ability to respond to the child's increased demands.³⁵ In single-parent families, children may be separated from their sole primary caregiver; in dual-service families, both parents may

be deployed at the same time. In either case, children may be left in the care of extended family members or others, suggesting that these children may be particularly vulnerable.

Attachment theory also helps us understand how children are affected in the long term when a parent returns home with symptoms of posttraumatic stress or grief. Research on civilians indicates that parents with unresolved trauma or loss are more likely to have a disorganized attachment relationship with their children.³⁶ Parents who suffer from symptoms of posttraumatic stress, including aggression, irritability, or unpredictable responses to reminders of trauma, can behave in ways that confuse, upset, or even frighten children.³⁷ Unlike children who demonstrate secure attachment behaviors, children with disorganized attachment relationships have more trouble regulating their emotions, and they have a higher risk for psychological problems throughout their lives.³⁸ But we need more research to see whether these findings from civilian life hold true for children living with parents who have experienced combat trauma and loss.

Stress and Resilience

We can also gain insight into the lives of military children through research that documents how children develop when they face many hardships at once.³⁹ Longitudinal research among civilians consistently demonstrates that children who live in families with multiple risk factors are more likely to experience social, emotional, physical, and psychological problems than are children who live with fewer risks.⁴⁰ Early research showed that children who are exposed to multiple risk factors in the family are significantly more likely to develop mental health problems. More recently, we

have learned that the adversities parents face—demographic, environmental, and psychological—affect children both directly and indirectly.⁴¹ The same studies have also consistently demonstrated that the quality of the caregiver-child relationship influences whether children experience the stress of these multiple hardships as “tolerable” or “toxic.”⁴² Thus research with civilian populations suggests that a cumulative stress model can help us understand how deployment affects military children. But we need to know the relative contribution and timing of independent and combined risk factors, including risks embedded in community systems (for example, level of resources, military rank and duty, school environment, level of community support, or historical context), risks directly related to deployment (parents’ exposure to combat, cumulative length of separations), and risks at the family level (marital relationships, co-parenting, family adjustment).

A cumulative stress model that accounts for interactions at the systems level can also help illuminate pathways of resilience for military children. Ann Masten calls resilience “the capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development.”⁴³ If we clarify how resilience works for military children and families who face multiple deployments, we can build better preventive strategies. We can also learn, through longitudinal research, why some children grow more resilient than others, despite being exposed to similar levels of cumulative risk.⁴⁴ Developmental research consistently identifies family relationships and supportive communities as crucial factors that help children develop resilience in the face of adversity.⁴⁵ Based on resilience research, Froma Walsh has developed a model of core processes that

help families successfully manage adversity, including effective communication, collaborative problem solving, and the ability to create shared meaning.⁴⁶ Using models like this, scholars have developed intervention strategies that enhance family resilience.⁴⁷

Research on Deployment, Children, and Families

One of the earliest studies of wartime deployment’s effects on children comes from World War II; it suggested that a family’s reaction to a service member’s prolonged absence could affect the returning veteran’s ability to reintegrate.⁴⁸ The Vietnam era saw a growing interest in studying military families, which led to the concept of a “military family syndrome.” According to this concept, the returning father oversaw a household under an authoritative regimented order, producing psychological problems in military children.⁴⁹ More recent and rigorous research does not support the idea of such a syndrome, however. Although the evidence is still limited, it appears that most military children demonstrate the same psychological and behavioral processes that comparable civilians do.⁵⁰

The past decade of war has brought national attention to military families, highlighting the need to better understand how parents’ military service and combat deployments affect children. As a result, more studies of military children have been conducted.⁵¹ A recent review of such studies found that parents’ deployment is consistently associated with children’s behavioral and academic problems, although the strength of this association is modest.⁵² Next we summarize key findings from the latest research on military children, focusing on children’s academic performance and psychological health.

Academic Performance

Research indicates that a parent's deployment can affect how military children do in school.⁵³ Quantitative and qualitative studies of children, caregivers, and schools alike have shown that deployment has modest negative effects.⁵⁴ For example, one of the authors of this article, Eric Flake, along with several colleagues, surveyed spouses of deployed soldiers who had at least one school-aged child; 14 percent reported that at least one of their children was having problems in school, including falling grades, declining interest, and conflicts with teachers.⁵⁵ Similarly, when the Department of Defense surveyed 26,000 spouses of active-duty and Guard and Reserve service members, it found that more than half of adolescent children saw their academic performance fall when a parent was deployed.⁵⁶ In focus groups, educators report that children of deployed parents are less likely to finish their homework and more likely to be absent.⁵⁷ Annual test scores tell a similar story. For example, achievement test scores of Army children in North Carolina and Washington showed modest but academically meaningful declines among students with a parent who had been deployed for a total of 19 months or more.⁵⁸

Psychological Health

Young children. About 40 percent of children in active-duty military families are five years old or younger.⁵⁹ As we've said, young children are likely to be particularly sensitive to multiple long separations from a primary caregiver. Although few researchers have examined this recognized risk among very young military children, at least two studies have found that preschool children with a deployed parent are more likely than other children to exhibit behavioral problems.⁶⁰

School-age children and adolescents.

Like preschoolers, school-age children and adolescents with a deployed parent show moderately higher levels of emotional and behavioral distress.⁶¹ In fact, school-age Marine Corps and Army children reported more symptoms of anxiety not only when a parent was deployed but also for up to a year after the parent returned home, suggesting that emotional effects continue after deployment ends.⁶² Other studies of school-age children and teens with deployed parents have found increases in problems with peer relationships, physiological signs of stress, emotional and behavioral problems, depression and suicidal thoughts, and use of mental health services.⁶³ Interestingly, one recent study found that adolescents were more likely to use drugs or alcohol not only when a parent was deployed, but also when a sibling was sent to war.⁶⁴

Families. Beyond the individual child, wartime deployment can also affect the way a family functions. For example, children are more likely to be maltreated or neglected in families affected by deployments, especially families consisting of younger parents with young children.⁶⁵ Deployment may also increase marital conflict and interpersonal violence in families.⁶⁶ A number of studies have found that family-level factors such as parent-child communication, as well as community support, can affect how children and families adjust to deployment.⁶⁷

Child gender. A few studies have examined whether boys and girls react differently to wartime deployment. During the Gulf War, for example, one study found that school-age boys showed more behavioral distress than girls did.⁶⁸ Working with a number of colleagues, one of the authors of this article,

Patricia Lester, found an interesting pattern: girls with a deployed parent acted out more frequently than those with a recently returned parent, while boys did just the opposite.⁶⁹ But Anita Chandra found that girls had more problems when a parent returned than boys did.⁷⁰ These varied findings underscore how complex the deployment experience can be for individuals and families.

Separation during deployment. Studies consistently find that, as the cumulative stress model would predict, the longer and more often a parent is deployed, the greater the psychological, health, and behavioral risk for the child; for example, children whose parents were deployed the longest exhibited more problem behaviors and received more diagnoses of mental health problems.⁷¹ But we need further longitudinal research to better understand how the nature of deployment (for example, combat vs. noncombat) and its timing interact with children's developmental transitions, as well as to clarify which processes may accelerate or buffer this risk.

Parent psychological health. When their parents suffer psychological distress during deployments, research shows, military children are at risk for adjustment problems. As we've said, an extensive body of research documents this effect in civilian populations, so it isn't surprising to see the same result in military families.⁷²

Following wartime deployment, 17 to 20 percent of returning active-duty service members and veterans screen positive for combat-related mental health problems; the rates are higher in the Guard and Reserve.⁷³ Military parents who return home with mental health problems, such as posttraumatic stress disorder (PTSD) or depression, may not be able to manage their own reactions well,

compromising their relationships with other family members and interfering with their parenting.⁷⁴ For example, a parent who experiences the emotional numbing characteristic of PTSD may have trouble communicating or engaging with a spouse or child, putting both the marriage and the parent-child relationship at risk.⁷⁵ Furthermore, the tendency of returning service members to be hyper-vigilant and to react strongly and unpredictably to reminders of trauma may translate into marked irritability in interpersonal family relationships.⁷⁶ Children may perceive increased conflict in family relationships as a threat to their emotional security and to the integrity of family life.⁷⁷ Parents who react to reminders of combat stress and loss may also withdraw from family interactions and routines.⁷⁸ Research with veteran families shows that the reverberating effects of PTSD across family relationships can increase the risk for psychological health and adjustment problems in children and spouses living with these disruptions.⁷⁹

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Family type. The way children experience deployment may vary by family situation. For example, we need to better understand how children react to a mother's versus a father's deployment. Also, the military's January 2013 decision to allow women to serve on the front

line means that we need to further scrutinize the impact on children of maternal military service and combat exposure. Within the military, we've seen an increase in both single-parent and dual-service families, but research on these groups is in short supply. One study of married and single Navy mothers found that deployment affected their children differently, with children of distressed single mothers exhibiting behavioral symptoms not seen in the children of married mothers.⁸⁰ Perhaps the absence of a second caregiver to help buffer the stress of deployment presents a risk for children's psychological adjustment. Children of deployed single parents may also worry more about their parent's safety and feel more vulnerable about their own care and protection.

Implications for Research

Despite its limitations, the emerging research on military children and parental deployment corresponds with what we know from civilian populations about how stress and separation affect children and families. For example, research on military families consistently indicates that stress accumulates with greater exposure, and that it reverberates through the family system, with both direct and indirect pathways of transmission. Furthermore, the research supports the idea that military families are strongly affected by relationships with their various contexts—communities, schools, health care, etc.—suggesting that effective prevention and intervention strategies should be embedded in existing systems of care, whether military or civilian.⁸¹

But we must interpret the research on military families cautiously. Many studies have been conducted with relatively small samples; chosen research subjects because they were easy to get access to rather than seeking a

representative sample; selected research designs that can't demonstrate cause and effect; or relied solely on surveys of parents. Moreover, very few include direct observational data. Recently, however, researchers have been increasingly trying to overcome these shortcomings in design. Additionally, researchers are paying more attention to the systems that surround military children, including family, school, and community. Studies that use large military and medical data sets have already linked deployment to child maltreatment and greater use of mental health-care services.⁸²

Despite these advances, researchers generally agree that a longitudinal study with a large, representative sample, which accounts for differences among the service branches, would help us pin down how the stresses of military life and deployment affect family functioning and child wellness in the long run. In particular, we need to clarify whether deployment and other family separations in the context of war and combat have effects that differ markedly from the separation effects we see in studies of civilian populations.

A longitudinal study could also help to clarify the role that developmental cascades play in the military child's life. The cascade model says that the way children function at one stage of life or in one developmental domain (physical, emotional, social, language, or cognitive) may affect how they function later in life or in other developmental domains. Longitudinal research based on the cascade model could help tell us how deployment and military life interact with other factors over time.⁸³ Such research could also help us to identify critical points during deployment and reintegration when we can build on positive cascades and interrupt negative ones, as we have done for nonmilitary populations.⁸⁴

Studies should also use developmentally appropriate ways to measure resilience, stress, and wellness in children. We lack benchmarks for military children and families on standard assessments of child well-being. Thus we have relied on comparisons to civilian community norms, which may not adequately represent the norms for military children. We need to pay particular attention to at-risk or underrepresented populations within the military community, including single-parent and dual-service families, families exposed to combat injury or death, and families with risk factors such as mental illness, poor health, or children with disabilities.

Some longitudinal research on military families is already under way. For example, the Millennium Family Life Study is adding a spouse survey to a two-decade study of U.S. service members, and the RAND Corporation is conducting a three-year study of military families that surveys not only mothers and fathers, but also children who are at least 11 years old. Ideally, future researchers will have access to data from these longitudinal samples, which will help us integrate research on military children with national child health data sets.

We also need to know more about how service members and their families use real-time communication technology, so that we can guide policy and practice and enhance community education and intervention. A 2010 military lifestyle survey reported that 88 percent of military families use social media or e-mail more than once a week to connect with deployed service members.⁸⁵ Social media and electronic communication can keep families informed and give them better access to support services, yet we know little about the risks and benefits of these technologies.

Research on military children can also benefit civilian families. Military families are certainly not unique in having at least one parent whose work requires separation from their children; for example, truck drivers and pilots also spend a lot of time away from home. Nor are military jobs the only ones that involve dangerous duties; firefighters and police officers, for example, face danger every day. We anticipate, then, that research on military children who face the stress of deployment and military life will help us develop preventive interventions that can be translated to civilian children.

Implications for Prevention

Family-centered prevention science—which builds on the evidence that parenting, parent-child relationships, and family-level factors play an important role in children's development—can guide us to effective approaches to reducing the risk of deployment separations.⁸⁶ The ecological systems framework we described in this article can help integrate research findings so that we can offer targeted and timely preventive interventions for military and veteran children and families. Systemic methods that build on individual and family resilience processes to mitigate risk should be highly compatible with military communities, which value proactive approaches.⁸⁷ A systemic framework also recognizes that we must take community and culture into account when we develop new programs or adapt existing ones. As an example of how a systemic approach can improve interventions, studies among civilians, as well as a recent study of National Guard soldiers, have found that psychological health services are more acceptable and less stigmatizing when provided to families as a whole rather than to individuals.⁸⁸

We should develop delivery platforms that engage virtual as well as physical communities.

Over the past decade, communities, military bases, the service branches, and the Department of Defense have rolled out a multitude of psychological health and family support programs for military families. Unfortunately, most of these programs lack scientific evaluations that could be used to determine their effect on the target population or to compare their costs against their benefits. Some programs, however—such as Families OverComing Under Stress (FOCUS), which offers resilience training, and the Army’s School-Based Behavioral Health Program—not only use systemic approaches but also integrate evaluation into their design and implementation.⁸⁹ Also, a number of research initiatives are now attempting to rigorously evaluate the impact of various preventive and treatment interventions for military families.⁹⁰

If we establish processes to assess and rigorously evaluate interventions, we can find the most effective programs and the best ways to implement them; certainly, we must pay attention to intervention fidelity, training, integration into military communities, and customization for particular settings and specific stresses.⁹¹ In this way, we may advance not only the care of military families, but of children and families affected by other types of adversity as well. Fortunately, a range of innovative partnerships between military and civilian systems are under way, linking publicly collected data to the needs of

military children. At the same time, assessment and intervention research on military children and families has been identified as a national and military research funding priority. Despite these advances, barriers to conducting research with military-connected children and families persist; for example, we need to streamline institutional review and data sharing across academic, Veteran’s Affairs and military institutions.

As we said earlier, military-connected children, particularly those who live far from military installations, can be difficult to reach through traditional program delivery strategies. Taking an ecological perspective, we should develop delivery platforms that engage virtual as well as physical communities. Innovative web-based and mobile-application strategies can help us deliver education, prevention, and intervention to geographically dispersed children and their families. These programs hold promise for reaching greater numbers of children and families by reducing physical barriers, easing the burden of travel, and minimizing the stigma associated with mental health services; therefore, they warrant further rigorous study.

Implications for Public Health Policy

From a policy perspective, quantifying the impact of cumulative stress on military families may help the military set the length of deployments. We also need more data on families who do well despite multiple deployments, to help identify the supports they use to maintain stability. This information might help identify the children and families most vulnerable to deployment stress, so that we could allocate resources more effectively. Furthermore, our knowledge of military families’ psychological health needs suggests

that we should facilitate public health education across military, veteran, and civilian communities, potentially reducing the stigma of seeking care.

Policy initiatives like the Army Family Covenant and the recent Joining Forces campaign by the White House have primed military and community leaders to focus even more on the role of the military family. A family focus is central not only to military readiness, but also in the larger context of support for our returning warriors. The ecological framework suggests that we should enhance existing systems of care to more effectively respond to the needs of military and veteran families. Community-based systems, including schools, child-care providers, and health-care and mental health facilities, should develop protocols to identify military-connected children, and they should receive training to provide relevant services based on sound evidence of their effectiveness. As the nation has recognized that strengthening systems of care in civilian communities is central to building resilience in military children, initiatives and partnerships have sprung up among local, state, and national organizations, and these should be encouraged.

Often, policy makers focus on the children of active-duty service members. Yet military life affects children far beyond military installations. If resources are concentrated on or near installations, Guard and Reserve families can be isolated from services and community support. Similarly, veterans and their families are dispersed across the nation. Reintegrating into civilian society often means fewer resources, fewer services, and

separation from the structure and identity inherent in military life. Understanding these individual life experiences remains a national priority, so that we can tailor our support for military children regardless of their situation.

Conclusions

Military children and families strengthen our national security. When a military father or mother volunteers to serve our country, their children do so as well. Military families have an immense sense of pride in the service they perform for the United States of America. Their mission requires constant change, poses continual and unforeseeable demands, and can be both challenging and rewarding. Even though the stress of military life has escalated in the past decade, military families continue to report high levels of strength and endurance.⁹²

As a nation of individuals, families, communities, and systems of care, we share a responsibility to support military children and families by investing in research, services, and policies that honor their service and sacrifice. The best way to show our national gratitude is to respond effectively to their needs. Clinicians, researchers, and community members must work together to understand the challenges that military-connected children face, and to tackle the long-term implications for public health. A successful national public-health response for military-connected children and families requires policies that help military and civilian researchers—as well as communities and systems of care—communicate, connect, and collaborate with one another.

ENDNOTES

1. Department of Defense, *2011 Demographics Profile of the Military Community* (Washington: Office of the Deputy Under Secretary of Defense, 2012), http://www.militaryonesource.mil/12038/MOS/Reports/2011_Demographics_Report.pdf.
2. Ibid.
3. James Hosek and Shelley MacDermid Wadsworth, "Economic Conditions of Military Families," *Future of Children* 23, no. 2 (2013): 41–60.
4. Department of Defense, *2011 Demographics Profile*; Lori Manning, *Women in the Military: Where They Stand*, 5th ed. (Washington: Women's Research and Education Institute, 2005).
5. Department of Defense, *2011 Demographics Profile*.
6. Lolita M. Burrell et al., "The Impact of Military Lifestyle Demands on Well-Being, Army, and Family Outcomes," *Armed Forces & Society* 33, no. 1 (2006): 43–58, doi: 10.1177/0002764206288804; Stephen J. Cozza, Ryo S. Chun, and James A. Polo, "Military Families and Children During Operation Iraqi Freedom," *Psychiatric Quarterly* 76, no. 4 (2005): 371–78.
7. Eric M. Flake et al., "The Psychosocial Effects of Deployment on Military Children," *Journal of Developmental & Behavioral Pediatrics* 30, no. 4 (2009): 271–78, doi: 10.1097/DBP.0b013e3181aac6e4.
8. Shelley MacDermid Wadsworth et al., "Approaching Family-Focused Systems of Care for Military and Veteran Families," *Military Behavioral Health* 1 (2013): 1–10, doi: 10.1080/21635781.2012.721062.
9. Molinda M. Chartrand and Benjamin Siegel, "At War in Iraq and Afghanistan: Children in US Military Families," *Ambulatory Pediatrics* 7 (2007): 1–2.
10. Flake et al., "Psychosocial Effects."
11. Simon H. Pincus et al., "The Emotional Cycle of Deployment: A Military Family Perspective," *US Army Medical Department Journal* (April–June 2001): 15–23.
12. Ruth Paris et al., "When a Parent Goes to War: Effects of Parental Deployments on Very Young Children and Implications for Intervention," *American Journal of Orthopsychiatry* 80, no. 4 (2010): 610–18; American Psychological Association, *The Psychological Needs of U.S. Military Service Members and Their Families: A Preliminary Report* (Washington: American Psychological Association, 2007).
13. Kathleen Mulrooney and Dorinda Silver Williams, *Increasing Understanding of Infants and Young Children in Military Families through Focused Research* (Los Angeles: USC School of Social Work, Center for Innovation and Research on Veterans and Military Families, 2012), http://cir.usc.edu/wp-content/uploads/2011/09/CIR-Policy-Brief_Mar2012_K.Mulrooney-D.Williams.pdf.
14. Valorie Maholmes, "Adjustment of Children and Youth in Military Families: Toward Developmental Understandings," *Child Development Perspectives* 6 (2012): 430–35, doi: 10.1111/j.1750-8606.2012.00256.x.
15. Pincus et al., "Emotional Cycle.;" Leora N. Rosen, Joel M. Teitelbaum, and David J. Westhuis, "Children's Reactions to the Desert Storm Deployment: Initial Findings from a Survey of Army Families," *Military Medicine* 158, no.7 (1993): 465–9.
16. Patricia Lester et al., "The Long War and Parental Combat Deployment: Effects on Military Children and At-Home Spouses," *Journal of the American Academy of Child & Adolescent Psychiatry* 49, no. 4 (2010): 310–20, doi: 10.1016/j.jaac.2010.01.003.

17. Institute of Medicine, *Returning Home from Iraq and Afghanistan: Preliminary Assessment of Readjustment Needs of Veterans, Service Members, and Their Families* (Washington: National Academies Press, 2010).
18. MacDermid Wadsworth et al, "Approaching Family-Focused Systems."
19. Joān M. Patterson, "Integrating Family Resilience and Family Stress Theory," *Journal of Marriage and Family* 64, no. 2 (2004): 349–60, doi: 10.1111/j.1741-3737.2002.00349.x; Pauline Boss, *Family Stress Management: A Contextual Approach* (Thousand Oaks, CA: Sage Publications, 2001); Cale Palmer, "A Theory of Risk and Resilience Factors in Military Families," *Military Psychology* 20, no. 3 (2008): 205–17.
20. Urie Bronfenbrenner, *The Ecology of Human Development: Experiments by Nature and Design* (Cambridge, MA: Harvard University Press, 1979); Urie Bronfenbrenner and Pamela A. Morris, "The Bioecological Model of Human Development," in *Handbook of Child Psychology*, 6th ed., vol. 1, *Theoretical Models of Human Development*, ed. Richard M. Lerner (Hoboken, NJ: John Wiley & Sons, 2006), 793–898.
21. Jack P. Shonkoff and Deborah Phillips, *From Neurons to Neighborhoods: The Science of Early Childhood Development* (Washington: National Academies Press, 2000).
22. MacDermid Wadsworth et al., "Approaching Family-Focused Systems"; Bronfenbrenner and Morris, "Bioecological Model."
23. Alair MacLean and Glen H. Elder Jr., "Military Service in the Life Course," *Annual Review of Sociology* 33, no. 1 (2007): 175–96, doi: 10.1146/annurev.soc.33.040406.131710.
24. Patricia Minuchin, "Families and Individual Development: Provocations from the Field of Family Therapy," *Child Development* 56 (1985): 289–302; Martha J. Cox and Blair Paley, "Families as Systems," *Annual Review of Psychology* 48, no. 1 (1997): 243–67, doi: 10.1146/annurev.psych.48.1.243.
25. Arnold J. Sameroff, "Developmental Systems and Family Functioning," in *Exploring Family Relationships with Other Social Contexts*, ed. Ross D. Parke and Sheppard G. Kellam (Hillsdale, NJ: Lawrence Erlbaum Associates, 1994), 199–214; Glen H. Elder Jr., "War Mobilization and the Life Course: A Cohort of World War II Veterans," *Sociological Forum* 2 (1987): 449–72, doi: 10.1007/BF01106621.
26. Osnat Erel and Bonnie Burman, "Interrelatedness of Marital Relations and Parent-Child Relations: A Meta-Analytic Review," *Psychological Bulletin* 118, no. 1 (1995): 108–32.
27. Angela J. Huebner and Jay A. Mancini, *Adjustments among Adolescents in Military Families When a Parent Is Deployed: Final Report to the Military Family Research Institute and Department of Defense Quality of Life Office* (Falls Church, VA: Virginia Polytechnic Institute and State University, Department of Human Development, 2005); Lester et al., "The Long War."
28. Darya D. Bonds and Dawn M. Gondoli, "Examining the Process by Which Marital Adjustment Affects Maternal Warmth: The Role of Coparenting Support as a Mediator," *Journal of Family Psychology* 21, no. 2 (2007): 288; Mark E. Feinberg and Marni L. Kan, "Establishing Family Foundations: Intervention Effects on Coparenting, Parent/Infant Well-Being, and Parent-Child Relations," *Journal of Family Psychology* 22, no. 2 (2008): 253–63; Sarah J. Schoppe Sullivan et al., "Coparenting Behavior Moderates Longitudinal Relations between Effortful Control and Preschool Children's Externalizing Behavior," *Journal of Child Psychology and Psychiatry* 50, no. 6 (2009): 698–706, doi: 10.1111/j.1469-7610.2008.02009.x.
29. Alan L. Sroufe, "Attachment and Development: A Prospective, Longitudinal Study from Birth to Adulthood," *Attachment & Human Development* 7, no. 4 (2005): 349–67.

30. John Bowlby, *Attachment and Loss*, vol. 1, *Attachment* (1969; repr., London: Pimlico, 1997); John Bowlby, *Attachment and Loss*, vol. 3, *Loss, Sadness and Depression* (New York: Basic Books, 1980).
31. Lester et al., "The Long War."
32. Jay Belsky and R. M. Pasco Fearon, "Early Attachment Security, Subsequent Maternal Sensitivity, and Later Child Development: Does Continuity in Development Depend Upon Continuity of Caregiving?" *Attachment & Human Development* 4, no. 3 (2002): 361–87; Melissa Nachmias et al., "Behavioral Inhibition and Stress Reactivity: The Moderating Role of Attachment Security," *Child Development* 67, no. 2 (1996): 508–22.
33. Megan R. Gunnar, "Quality of Early Care and Buffering of Neuroendocrine Stress Reactions: Potential Effects on the Developing Human Brain," *Preventive Medicine* 27, no. 2 (1998): 208–11; Nachmias et al., "Behavioral Inhibition."
34. Sroufe, "Attachment and Development."
35. Patricia Lester et al., "Wartime Deployment and Military Children: Applying Prevention Science to Enhance Family Resilience," in *Risk and Resilience in US Military Families*, ed. Shelley MacDermid Wadsworth and David Riggs (New York: Springer, 2010), 149–73.
36. Karlen Lyons-Ruth and Deborah Jacobvitz, "Attachment Disorganization: Unresolved Loss, Relational Violence, and Lapses in Behavioral and Attentional Strategies," in *Handbook of Attachment: Theory, Research, and Clinical Implications*, ed. Jude Cassidy and Phillip R. Shaver (New York: Guilford Press, 1999): 520–54.
37. Mary Main and Erik Hesse, "Parents' Unresolved Traumatic Experiences Are Related to Infant Disorganized Attachment Status: Is Frightened and/or Frightening Parental Behavior the Linking Mechanism?" in *Attachment in the Preschool Years: Theory, Research, and Intervention*, ed. Mark T. Greenberg, Dante Cicchetti, and E. Mark Cummings (Chicago: University of Chicago Press, 1990), 161–82.
38. Karlen Lyons-Ruth, "Attachment Relationships among Children with Aggressive Behavior Problems: The Role of Disorganized Early Attachment Patterns," *Journal of Consulting and Clinical Psychology* 64, no. 1 (1996): 64–73; Mary K. Dozier, Chase Stovall-McClough, and Kathleen E. Albus, "Attachment and Psychopathology in Adulthood," in Cassidy and Shaver, *Handbook of Attachment*, 497–519.
39. Jay Belsky, "Interactional and Contextual Determinants of Security," in Cassidy and Shaver, *Handbook of Attachment*, 249–61; Natasha J. Cabrera et al., "Influence of Mother, Father, and Child Risk on Parenting and Children's Cognitive and Social Behaviors," *Child Development*, 82, no. 6 (2011): 1985–2005, doi: 10.1111/j.1467-8624.2011.01667.x; Stacey N. Doan, Thomas E. Fuller-Rowell, and Gary W. Evans, "Cumulative Risk and Adolescents' Internalizing and Externalizing Problems: The Mediating Roles of Maternal Responsiveness and Self-Regulation," *Developmental Psychology* 48, no.6 (2012): 1529–39, doi: 10.1037/a0027815.
40. Vincent J. Felitti et al., "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults," *American Journal of Preventive Medicine* 14, no. 4 (1998): 245–58.
41. Michael Rutter, "Protective Factors in Children's Responses to Stress and Disadvantage," in *Primary Prevention of Psychopathology*, vol. 3, *Social Competence in Children*, ed. Martha Whalen Kent and Jon E. Rolf (Hanover, NH: University Press of New England, 1979), 49–74; Arnold Sameroff, "Ecological Perspectives on Developmental Risk," in *WAIMH Handbook of Infant Mental Health*, vol. 4, *Infant Mental Health in Groups at High Risk*, ed. Joy D. Osofsky and Hiram E. Fitzgerald (New York: Wiley, 2000); Jack P. Shonkoff et al., "The Lifelong Effects of Early Childhood Adversity and Toxic Stress," *Pediatrics* 129, no. 1 (2012): e232–46, doi: 10.1542/peds.2011-2663.

42. Shonkoff et al., "Lifelong Effects"; Margaret Burchinal, Lynne Vernon-Feagans, and Martha Cox, "Cumulative Social Risk, Parenting, and Infant Development in Rural Low-Income Communities," *Parenting Science and Practice* 8, no.1 (2008): 41–69, doi: 10.1080/15295190701830672.
43. Ann S. Masten, "Resilience in Children Threatened by Extreme Adversity: Frameworks for Research, Practice, and Translational Synergy," *Development and Psychopathology* 23, no. 2 (2011): 493–506.
44. Ann S. Masten, "Ordinary Magic: Resilience Processes in Development," *American Psychologist* 56 (2001): 227–38.
45. Marion S. Forgatch and Terje Ogden, "Enhancing Resilience in a Nationwide System of Care for Children with Behavior Disorders," paper presented at the Fourth World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioural Disorders, Oslo, Norway, October 2006; Suniya S. Luthar, "Methodological and Conceptual Issues in Research on Childhood Resilience," *Journal of Child Psychology and Psychiatry* 34, no. 4 (2006): 441–53, doi: 10.1111/j.1469-7610.1993.tb01030.x; Emmy E. Werner and Ruth S. Smith, *Journeys from Childhood to Midlife: Risk, Resilience, and Recovery* (Ithaca, NY: Cornell University Press, 2001); Abigail Gewirtz, Marion Forgatch, and Elizabeth Wieling, "Parenting Practices as Potential Mechanisms for Child Adjustment Following Mass Trauma," *Journal of Marital and Family Therapy* 34, no. 2 (2008): 177–92; Ann S. Masten, Karin M. Best, and Norman Garnezy, "Resilience and Development: Contributions from the Study of Children Who Overcome Adversity," *Development and Psychopathology* 2, no. 4 (1990): 425–444. doi: 10.1017/S0954579400005812.
46. Froma Walsh, *Strengthening Family Resilience*, 2nd ed. (New York: Guilford Press, 2006).
47. William R. Saltzman et al., "Mechanisms of Risk and Resilience in Military Families: Theoretical and Empirical Basis of a Family-Focused Resilience Enhancement Program," *Clinical Child and Family Psychology Review* 14, no. 3 (2011): 213–30, doi: 10.1007/s10567-011-0096-1; Tina Watson Wiens and Pauline Boss, "Maintaining Family Resiliency before, during, and after Military Separation," in *Military Life: The Psychology of Serving in Peace and Combat*, ed. Carl Andrew Castro, Amy Adler, and Thomas W. Britt (Westport, CT: Praeger Security International, 2006), 13–38.
48. Reuben Hill, *Families Under Stress: Adjustment to the Crises of War Separation and Return* (Oxford: Harper, 1949): 443.
49. Don M. Lagrone, "The Military Family Syndrome," *American Journal of Psychiatry* 135, no. 9 (1978): 1040–3.
50. Cozza, Chun, and Polo, "Military Families and Children"; Peter S. Jensen et al., "The 'Military Family Syndrome' Revisited: 'By the Numbers,'" *Journal of Nervous and Mental Disease* 179, no. 2 (1991): 102–7.
51. Kris M. Tunac De Pedro et al., "The Children of Military Service Members: Challenges, Supports, and Future Educational Research," *Review of Educational Research* 81, no. 4 (2011): 566–618, doi: 10.3102/0034654311423537; Shelley MacDermid Wadsworth, "Family Risk and Resilience in the Context of War and Terrorism," *Journal of Marriage and Family* 72, no. 3 (2010): 537–56, doi: 10.1111/j.1741-3737.2010.00717.x.
52. Noel A. Card et al., "A Meta-Analytic Review of Internalizing, Externalizing, and Academic Adjustment Among Children of Deployed Military Service Members," *Journal of Family Psychology* 25, no. 4 (2011): 508, doi: 10.1037/a0024395.
53. Janice H. Laurence, Avlyn Bolton, and Greg Cook, "Appendix B: Educational/Academic Outcomes in Relation to Transition and Deployment Experiences of Military Students," in *Military Child Education Coalition, Education of the Military Child in the 21st Century: Current Dimensions of Educational Experiences for Army Children* (Harker Heights, TX: Military Child Education Coalition, 2010), 224–30; Sean C. Sheppard, Jennifer Weil Malatras, and Allen C. Israel, "The Impact of Deployment on US Military Families," *American Psychologist* 65, no. 6 (2010): 599, doi: 10.1037/a0020332.

54. Anita Chandra et al., "Children on the Homefront: The Experience of Children from Military Families," *Pediatrics* 125, no. 1 (2010): 16–25, doi: 10.1542/peds.2009-1180; Anita Chandra et al., "The Impact of Parental Deployment on Child Social and Emotional Functioning: Perspectives of School Staff," *Journal of Adolescent Health* 46, no. 3 (2010): 218–23, doi: 10.1016/j.jadohealth.2009.10.009; Card et al., "A Meta-Analytic Review"; Amy Richardson et al., *Effects of Soldiers' Deployment on Children's Academic Performance and Behavioral Health* (Santa Monica, CA: RAND, 2011); Kristin Mmari et al., "When a Parent Goes Off to War: Exploring the Issues Faced by Adolescents and Their Families," *Youth & Society* 40, no. 4 (2009): 455–75, doi: 10.1177/0044118X08327873.
55. Flake et al., "Psychosocial Effects."
56. Department of Defense, *Report on the Impact of Deployment of Members of the Armed Forces on Their Dependent Children* (report to the Senate and House committees on Armed Services, October 2010), http://www.militaryonesource.mil/12038/Project%20Documents/MilitaryHOMEFRONT/Service%20Providers/DoD%20Conferences/MFPP/MHF_page/Report_Impact_of_Deployment_Dependent_Children.pdf.
57. Richardson et al., *Effects of Soldiers' Deployment*.
58. Ibid.
59. Department of Defense, *2008 Demographics Profile of the Military Community* (Washington: Office of the Deputy Under Secretary of Defense, 2008), <http://www.militaryonesource.mil/12038/MOS/Reports/2008%20Demographics.pdf>.
60. Mulrooney and Williams, *Increasing Understanding of Infants*; Molinda Chartrand et al., "Effect of Parents' Wartime Deployment on the Behavior of Young Children in Military Families," *Archives of Pediatrics & Adolescent Medicine* 162, no. 11 (2008): 1009–14, doi: 10.1001/archpedi.162.11.1009; Lisa Hains Barker and Kathy D. Berry, "Developmental Issues Impacting Military Families with Young Children During Single and Multiple Deployments," *Military Medicine* 174, no. 10 (2009): 1033–40.
61. Anita Chandra et al., *Understanding the Impact of Deployment on Children and Families: Findings from a Pilot Study of Operation Purple Camp Participants* (Santa Monica, CA: RAND Corporation, 2008), http://www.rand.org/pubs/working_papers/WR566; Flake et al., "Psychosocial Effects"; Angela J. Huebner et al., "Parental Deployment and Youth in Military Families: Exploring Uncertainty and Ambiguous Loss," *Family Relations* 56, no. 2 (2007): 112–22; Chandra et al., "Children on the Homefront"; Lester et al., "The Long War"; Laurence, Bolton, and Cook, *Educational/Academic Outcomes*; Sheppard, Malatras, and Israel, "The Impact of Deployment."
62. Lester et al., "The Long War."
63. Chandra et al., "Children on the Homefront"; Vernon A. Barnes, Harry Davis, and Frank A. Treiber, "Perceived Stress, Heart Rate, and Blood Pressure among Adolescents with Family Members Deployed in Operation Iraqi Freedom," *Military Medicine* 172, no. 1 (2007): 40–3; Mary Catherine Aranda et al., "Psychosocial Screening in Children with Wartime-Deployed Parents," *Military Medicine* 176, no. 4 (2011): 402–7; Sarah C. Reed, Janice F. Bell, and Todd C. Edwards, "Adolescent Well-Being in Washington State Military Families," *American Journal of Public Health* (2011): 1676–82, doi: 10.2105/AJPH.2011.300165; Alyssa J. Mansfield et al., "Deployment and the Use of Mental Health Services among US Army Wives," *New England Journal of Medicine* 362, no. 2 (2010): 101–9, doi:10.1056/NEJMoa0900177; Gregory H. Gorman, Matilda Eide, and Elizabeth Hisle-Gorman, "Wartime Military Deployment and Increased Pediatric Mental and Behavioral Health Complaints," *Pediatrics* 126, no. 6 (2010): 1058–66, doi: 10.1542/peds.2009-2856.
64. Tamika D. Gilreath et al., "Substance Use Among Military-Connected Youth," *American Journal of Preventive Medicine* 44, no. 2 (2013): 150–53.

65. Deborah A. Gibbs et al., "Child Maltreatment in Enlisted Soldiers' Families During Combat-Related Deployments," *Journal of the American Medical Association* 298, no. 5 (2007): 528–35, doi: 10.1001/jama.298.5.528; Danielle E. Rentz et al., "Effect of Deployment on the Occurrence of Child Maltreatment in Military and Nonmilitary Families," *American Journal of Epidemiology* 165, no. 10 (2007): 1199–1206, doi: 10.1093/aje/kwm008; Sheppard, Malatras, and Israel, "The Impact of Deployment."
66. James E. McCarroll et al., "Deployment and the Probability of Spousal Aggression by U.S. Army Soldiers," *Military Medicine* 165 (2000), 41–44.
67. Chandra et al., "Children on the Homefront"; Abigail H. Gewirtz et al., "Posttraumatic Stress Symptoms among National Guard Soldiers Deployed to Iraq: Associations with Parenting Behaviors and Couple Adjustment," *Journal of Consulting and Clinical Psychology* 78, no. 5 (2010): 599–610, doi: 10.1037/a0020571.
68. Peter S. Jensen, David Martin, and Henry Watanabe, "Children's Response to Parental Separation during Operation Desert Storm," *Journal of the American Academy of Child & Adolescent Psychiatry* 35, no. 4 (1996): 433–41, doi: 10.1097/00004583-199604000-00009.
69. Lester et al., "The Long War."
70. Chandra et al., "Children on the Homefront."
71. Anita Chandra et al., "Understanding the Deployment Experience for Children and Youth from Military Families," in MacDermid Wadsworth and Riggs, *Risk and Resilience*, 175–92; Chandra et al., "The Impact of Parental Deployment"; Gilreath et al., "Substance Use"; Lester et al., "The Long War"; Barker and Berry, "Developmental Issues"; Alyssa Mansfield et al., "Deployment and Mental Health Diagnoses among Children of US Army Personnel," *Archives of Pediatrics & Adolescent Medicine* 165 (2011): 999–1005, doi: 10.1001/archpediatrics.2011.123.
72. William R. Beardslee et al., "A Family-Based Approach to the Prevention of Depressive Symptoms in Children at Risk: Evidence of Parental and Child Change," *Pediatrics* 112, no. 2 (2003): e119–31.
73. Charles W. Hoge et al., "Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care," *New England Journal of Medicine* 351, no. 1 (2004): 13–22.
74. David S. Riggs et al., "The Quality of the Intimate Relationships of Male Vietnam Veterans: Problems Associated with Posttraumatic Stress Disorder," *Journal of Traumatic Stress* 11 (1998): 87–101; Ayelet Meron Ruscio et al., "Male War-Zone Veterans' Perceived Relationships with Their Children: The Importance of Emotional Numbing," *Journal of Traumatic Stress* 15 (2002): 351–57.
75. Riggs et al., "Quality of the Intimate Relationships"; Ruscio et al., "Male War-Zone Veterans."
76. Aphrodite Matsakis, *Vietnam Wives: Women and Children Surviving Life with Veterans Suffering Posttraumatic Stress Disorder* (Kensington, MD: Woodbine House, 1988).
77. Patrick T. Davies and E. Mark Cummings, "Exploring Children's Emotional Security as a Mediator of the Link between Marital Relations and Child Adjustment," *Child Development* 69, no. 1 (1998): 124–39.
78. Saltzman et al., "Mechanisms of Risk and Resilience."
79. Tara Galovski and Judith A. Lyons, "Psychological Sequelae of Combat Violence: A Review of the Impact of PTSD on the Veteran's Family and Possible Interventions," *Aggression and Violent Behavior* 9, no. 5 (2004): 477–501, doi: 10.1016/S1359-1789(03)00045-4; Rachel Dekel and Hadass Goldblatt, "Is There Intergenerational Transmission of Trauma? The Case of Combat Veterans' Children," *American Journal of Orthopsychiatry* 78, no. 3 (2008): 281–89, doi: 10.1037/a0013955; Melissa Pearrow and Lisa Cosgrove, "The Aftermath of Combat-Related PTSD: Toward an Understanding of Transgenerational Trauma," *Communication Disorders Quarterly* 30, no. 2 (2009): 77–82, doi: 10.1177/1525740108328227.

80. Michelle L. Kelley, Ashley N. Doane, and Matthew R. Pearson, "Single Military Mothers in the New Millennium: Stresses, Supports and Effects of Deployment," in Macdermid Wadsworth and Riggs, *Risk and Resilience*, 343–63.
81. William Beardslee et al., "Family-Centered Preventive Intervention for Military Families: Implications for Implementation Science," *Prevention Science* 12, no. 4 (2011): 339–48; MacDermid Wadsworth et al., "Approaching Family-Focused Systems."
82. Mansfield et al., "Deployment and Mental Health Diagnoses"; Rentz et al., "Effect of Deployment."
83. Martha J. Cox et al., "Systems Theory and Cascades in Developmental Psychopathology," *Development and Psychopathology* 22, no. 3 (2010): 497–506, doi: 10.1017/S0954579410000234.
84. Ann S. Masten et al., "Developmental Cascades: Linking Academic Achievement and Externalizing and Internalizing Symptoms over 20 Years," *Developmental Psychology* 41, no. 5 (2005): 733–46; Ann S. Masten, "Resilience in Children Threatened by Extreme Adversity: Frameworks for Research, Practice, and Translational Synergy," *Development and Psychopathology* 23 (2011): 493–506.
85. Gewirtz et al., "Posttraumatic Stress Symptoms"; Blue Star Families, *2010 Military Family Lifestyle Survey: Executive Summary* (Falls Church, VA: Blue Star Families, 2010), <http://bluestarfam.s3.amazonaws.com/42/58/2/301/2010bsfsurveyexecsummary.pdf>.
86. Richard L. Spoth, Kathryn A. Kavanagh, and Thomas J. Dishion, "Family-Centered Preventive Intervention Science: Toward Benefits to Larger Populations of Children, Youth, and Families," *Prevention Science* 3, no. 3 (2002): 145–52; Mary Jane England and Leslie J. Sim, eds., *Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment and Prevention* (Washington: National Academies Press, 2009); Beardslee et al., "Family-Centered Preventive Intervention."
87. Beardslee et al., "Family-Centered Preventive Intervention."
88. Spoth, Kavanagh, and Dishion, "Family-Centered Preventive Intervention Science"; Anna Khaylis et al., "Posttraumatic Stress, Family Adjustment, and Treatment Preferences among National Guard Soldiers Deployed to OEF/OIF," *Military Medicine* 176, no. 2 (2011): 126–31.
89. Patricia Lester et al., "Families Overcoming Under Stress: Implementing Family-Centered Prevention for Military Families Facing Wartime Deployments and Combat Operational Stress," *Military Medicine* 176, no. 1 (2011): 19–25; Patricia Lester et al., "Evaluation of a Family-Centered Prevention Intervention for Military Children and Families Facing Wartime Deployments," *American Journal of Public Health* 102, no. S1 (2012): S48–54, doi: 10.2105/AJPH.2010.300088; Stan F. Whitsett and Albert Y. Saito, "School-Based Behavioral Health Services for Military Youth: Essential Components of a Novel and Successful Service Delivery Model," CYF News, American Psychological Association, January 2013, <http://www.apa.org/pi/families/resources/newsletter/2013/01/military-youth-health.aspx>; Lester et al., "Families Overcoming Under Stress."
90. Gewirtz et al., "Posttraumatic Stress Symptoms"; Paris et al., "When a Parent Goes Off to War"; Stephen J. Cozza et al., "Combat Injured Service Members and Their Families: The Relationship of Child Distress and Spouse Perceived Family Distress and Disruption," *Journal of Traumatic Stress* 23, no. 1 (2010): 112–15.
91. Beardslee et al., "Family-Centered Preventive Intervention."
92. Military Child Education Coalition, *Education of the Military Child in the 21st Century: Current Dimensions of Educational Experiences for Army Children: Executive Summary* (Harker Heights, TX: Military Child Education Coalition, 2012), <http://www.militarychild.org/public/upload/images/EMC21ExecutiveReportJune2012.pdf>.