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RECENT STUDIES ON THE EFFECTS OF DEPLOYMENT ON MILITARY CHILDREN

HEARING

BEFORE THE

MILITARY PERSONNEL SUBCOMMITTEE

OF THE

COMMITTEE ON ARMED SERVICES
HOUSE OF REPRESENTATIVES

ONE HUNDRED ELEVENTH CONGRESS

SECOND SESSION

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[There were no Documents submitted.]

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[There were no Questions submitted during the hearing.]

QUESTIONS SUBMITTED BY MEMBERS POST HEARING:

[There were no Questions submitted post hearing.]

RECENT STUDIES ON THE EFFECTS OF DEPLOYMENT ON MILITARY CHILDREN

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ARMED SERVICES,
MILITARY PERSONNEL SUBCOMMITTEE,
Washington, DC, Tuesday, March 9, 2010.

The subcommittee met, pursuant to call, at 5:32 p.m., in room 2118, Rayburn House Office Building, Hon. Susan A. Davis (chairwoman of the subcommittee) presiding.

OPENING STATEMENT OF HON. SUSAN A. DAVIS, A REPRESENTATIVE FROM CALIFORNIA, CHAIRWOMAN, MILITARY PERSONNEL SUBCOMMITTEE

Mrs. DAVIS. The hearing will come to order.

Good evening, everybody—or good late afternoon. Thank you so much for joining us today. We appreciate it.

Given the limited legislative calendar available to the committee, we are embarking on a different hearing structure. This hearing will focus on a specific topic, the effects of deployment on military children, and will only last approximately one hour prior to our votes at 6:30. As such, I will keep my remarks very short, and we will have time for a more robust discussion on this issue during the question and answer section. I want to thank our witnesses again for coming.

While there is a lot of anecdotal information that we all think about as we think about our military families and our young people, until recently there have been really very limited analysis of the impact deployments are having on our military children. Today, we will focus on two recent studies that looked at military children and the impact multiple deployments have had on them and their families. So let me welcome our witnesses, Dr. Anita Chandra, a behavioral scientist with the RAND Corporation, and Dr. Leonard Wong, research professor at Strategic Studies Institute with the U.S. Army War College.

While their individual research has documented several findings, it is important to note that both studies have many similarities. For example, both studies found that children with a strong non-deployed parent and/or family support structure was very important to ensuring lower levels of stress and a better ability to cope with the deployment. These findings, of course, are an important first step toward understanding the needs of our military children and helping to provide them and their families the programs and support that they need to survive, be resilient, and succeed during these difficult times.

Dr. Chandra and Dr. Wong—please, Dr. Chandra, if you will begin first. All written statements will be included in the record. We would ask you to keep your remarks to three or four minutes. We really want to hear from you, so we want to be sure you have an opportunity to say what you would like; and, of course, we will follow up with questions as well.

Mr. Wilson, do you have any comments?

[The prepared statement of Mrs. Davis can be found in the Appendix on page 23.]

STATEMENT OF HON. JOE WILSON, A REPRESENTATIVE FROM SOUTH CAROLINA, RANKING MEMBER, MILITARY PERSONNEL SUBCOMMITTEE

Mr. WILSON. Thank you, Chairwoman Davis; and thank you for holding the hearing today.

Today's hearing continues our commitment to military families who share the challenge of ongoing wars alongside their military service member. I believe our children are the future of this great nation. We must take care that, in our efforts to mitigate the effects of combat on service members, we are mindful that families experience the challenges of deployment together but each in their own way.

I am encouraged by the studies we will hear about today which seem to suggest our military children are more resilient than we could expect. With that, it is also clear that the well-being of our children is affected by the stability of their family and the emotional strength of the non-deployed parent, among other factors.

Our main concern, that although the Department of Defense [DOD] and the military services have implemented numerous programs to address the mental health needs of our service members and their families, these programs remain under resourced and pose challenges to families who need help. I encourage the Department and services to look closely at the results of these studies to determine where these programs may fall short in providing the necessary support to military family programs.

I also recognize this research is only the first step in understanding how the war on terrorism is affecting our military children. I would like to hear from our witnesses today their recommendations for future study. I am also interested to hear if they found gaps in programs available to assist military families and if the effects of deployments on children would be mitigated if these gaps were addressed.

Finally, I would like to know how else we can help these incredible children who so often have to be strong beyond their years, while their military parent is away. We owe it to this nation to ensure this generation of military children is able to transition to adulthood with the skills and emotional strength to successfully lead us in the future.

I welcome our witnesses and thank them for participating in the hearing today. I look forward to your testimony.

Mrs. DAVIS. Thank you, Mr. Wilson.

[The prepared statement of Mr. Wilson can be found in the Appendix on page 25.]

Mrs. DAVIS. Dr. Chandra, would you please begin.

STATEMENT OF DR. ANITA CHANDRA, BEHAVIORAL SCIENTIST, RAND CORPORATION

Dr. CHANDRA. Thank you.

Chairwoman Davis, Representative Wilson and distinguished members of the subcommittee, thank you for inviting me to testify today. I will discuss the findings from our study, "Children on the Homefront: The Experience of Children from Military Families" related to the well-being of military children and how they are coping specifically with parental deployment. These findings were also published in the Journal of Pediatrics in December of 2009.

As you know, multiple and extended deployments and the high operational pace of the current conflicts are unparalleled for the U.S. military's all-voluntary force. As a result, many military children are experiencing more months or years of parental deployment; and it is increasingly important to understand how parental deployment affects child well-being. Despite the contributions of previous studies, significant knowledge gaps remain, especially for older children.

Our study focused on the well-being of youth ages 11 to 17 and their non-deployed parent or caregiver from over 1,500 families. Families in our study were selected from the 2008 applicant pool to Operation Purple, a summer camp program sponsored by the National Military Family Association. Our sample was proportionate to deployed force composition across Army, Navy, Marines, and Air Force active, guard, and reserve service members. We conducted two interviews, one with the non-deployed caregiver, usually the mother in this case, and one with the child. I will highlight our findings related to military youth well-being as well as challenges specifically associated with deployment and reintegration.

First, to military youth well-being. A goal was to show how children from military families function with respect to academics, peer, and family relations, general emotional difficulties, and overall problem behaviors. Compared to children in the U.S. sample, the average emotional difficulty for our study sample is consistently higher at each age. We found that 30 percent of our sample had elevated levels of anxiety symptoms indicating a possible anxiety disorder. This is twice as high as the proportion of other samples of youth. We did not observe any major differences in child well-being by component, deployment experience, or service.

Children and caregivers were also asked to report on difficulties that children experienced as a result of parental deployment and return. Caregivers reported that older children had a greater number of difficulties than younger children during deployment. Girls reported more challenges during deployment and reintegration than did boys. We also found that caregivers with poor mental health themselves reported more child difficulties during deployment.

Total months of parental deployment in the past three years were significantly linked to a greater number of child difficulties during that deployment as well as upon reintegration. More specifically, as the total months of parental deployment increased, so did the number of difficulties the child reported. In some, our analysis uncovered important associations between a family's military background, deployment experience, and key child outcomes.

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 and not simply during initial stages. Further, families in which the non-deployed caregivers are struggling with their own mental health may need more support for both caregiver and child.

At the same time, however, we know that dozens of programs are already being implemented across the defense and civilian sectors to support military families. It is important to ask questions about whether, based on research, these programs are meeting the needs of the families; and, if not, should they be continued or how might they be improved.

Thank you again for the opportunity to testify today and to share the results of our research.

[The prepared statement of Dr. Chandra can be found in the Appendix on page 26.]

Mrs. DAVIS. Thank you.

Dr. Wong.

STATEMENT OF DR. LEONARD WONG, RESEARCH PROFESSOR, STRATEGIC STUDIES INSTITUTE, U.S. ARMY WAR COLLEGE

Dr. WONG. Chairwoman Davis, members of the subcommittee, thank you for this opportunity.

There have not been very many studies done on the influence of multiple deployments on children; and of the studies that were conducted, many of them focused on whether deployments indeed stress children.

In March of 2009, Steve Gerras and I conducted a study to explore what factors might influence the magnitude of that stress. We collected the responses of over 2,000 active duty soldiers who completed a web-based anonymous survey. In addition to that, we provided them a link to forward to their spouses, which resulted in over 700 spouse surveys, identical surveys. We also provided them four links to send to up to four of their children between the ages of 11 and 17, which resulted in adolescent surveys, identical surveys. We also conducted a second phase of this study where we traveled throughout the United States Army installations and interviewed over 100 adolescents at assorted Army posts.

What did we find? What we were expecting, first of all, is a cumulative effect of deployments. We thought that with each subsequent deployment there would be higher levels of stress in the children. When we looked at the soldier surveys with their estimate of the stress that their children are experiencing, there was a cumulative effect. But when we looked at the children's perspective, there was no cumulative effect. Amazingly, there was a trend of decreasing stress with each subsequent deployment. So instead of a cumulative effect, we saw perhaps levels of coping strategies being learned and maturing happening in the children.

Back to the predictors of deployment stress. What did we find? We found the number one predictor for deployment stress was their participation in an activity such as sports. That was followed by a strong family and then the child's belief that the American public supported the war.

Sports as a diversion for deployment stress, that makes sense; and youth sport programs are relatively easy to create. A strong family that is expected, but that is a long-term social problem as well as an Army problem.

But the strength of a child's perception of the American support for the war would be associated with their deployment stress was a surprise, and that is a much more complex issue to deal with.

We also shifted then to another question, not looking at the everyday stresses of a deployment but looking at a child's ability to cope with a life of deployments. For this, we looked at what predictors help a child survive the life of an Army brat in a deployed Army.

What we found was that the predictors were a strong family, a strong non-deployed spouse, the perception that the American public supports the war, but the largest predictor of a child's ability to cope with the life of deployments was their belief that soldiers are making a difference in the world. That is surprising and yet intuitive.

What happens is these adolescents grow up in an environment with lofty notions such as sacrifice, selfless service, and duty. They are surrounded by sayings such as I know my soldiers and I will always put their needs ahead of my own from the NCO Creed.

These children understand that the Army is a greedy institution, demanding all the time, energy, and focus of a soldier. But they also understand from firsthand experience that the family is a greedy institution that requires constant attention and care. So they see their deployed soldier caught in the middle of both noble institutions.

So our study examined deployment stress, how do you deal with the stress of an individual deployment, and found that sports, a strong family, but also the belief that the American public supports the war influenced that stress. But when we looked at the ability to cope with the deployment, we found that, in addition to strong family, strong non-deployed spouse, the perception of American support for the war but the belief that American soldiers are making a difference in the world is the number one predictor. What we found was that we found varied common factors, but we also found that attitudinal factors make a difference in a life marked with multiple deployments, that a child's confidence in their parent's call to duty is worth the sacrifice.

I look forward to your questions.

[The prepared statement of Dr. Wong can be found in the Appendix on page 39.]

Mrs. DAVIS. Thank you very much, both of you, for your comments and the work that you have done on this.

Maybe I will just start with you for a second, Dr. Wong, because I found that interesting in terms of the adolescents. And one of the things that I wondered about is, if you were able to separate those young people who were living in a more confined military base versus those who were living in the public domain essentially, attending public school versus a military on-base school, what difference did you see?

Dr. WONG. That is a good question, and we did ask both of those. We asked, did you live on base versus off post; and we also asked,

did you go to a DOD school or a public school. What we discovered is there is really only—in this age group, 11 to 17, there are only two DOD high schools anyway. So that question went away.

As far as the on-post/off-post, we did not find a difference. Why is that? It could be because someplace like Fort Carson where off-post there is a huge variance in what an off-post experience is. There are some that are far away and they are very civilianized, but there are some very close and they are very military. What we think we heard from the anecdotal evidence we picked up in the interviews was how much the family participated in the post activities as opposed to where they lived was a bigger factor.

Mrs. DAVIS. So if they participated heavily in post activities, there was a higher level?

Dr. WONG. Exactly. And yet they lived off post. They took the time to take advantages of activities. Interestingly, during a deployment, you reduce the persons available to drive to activities by 50 percent.

Mrs. DAVIS. Dr. Chandra—and, I think, Dr. Wong, you can weigh in on this as well. While there were certainly differences in your studies, one of the things that was similar is that the non-deployed parent, the extent or the well-being of that parent particularly or provider as it relates to their own mental health, is there anything in particular you found that actually was quite supportive of that non-deployed parent that jumped out a little bit that was more unusual, whether or not they actually accessed services and family support centers, et cetera? Did you learn anything about what kinds of programs perhaps that that non-deployed parent took advantage of?

Dr. CHANDRA. For this study, we actually didn't look specifically at the services that non-deployed caregivers access. We are looking at that issue in follow-up analyses. But certainly we had a very strong relationship between the caregivers' mental health and their ability to cope as well as their ability for their children to handle some of the deployment stressors.

Dr. WONG. For our study we did ask the spouse how they handled deployments, and that was a very significant factor. From the interviews, what we discovered was that a key factor in the spouse's dealing with deployments is the Family Readiness Group, and that is a strong factor. And you can almost tell in the children how active the parents were, and the children saw that as the non-deployed spouse's role almost during deployment.

Mrs. DAVIS. Were there any particular gaps that you picked up in speaking with them, something that would have been helpful?

One of the things that actually I have picked up over a number of contacts with military families is the lack of tutoring assistance, that the non-deployed parent has sort of lost that extension in helping out with school. And they said, if we only had more ability to access tutors or get some help. Because, as one of parents would say, I cannot—I have got three kids. I cannot help them all at one time.

Dr. WONG. We didn't pick up anything like that. What we heard was a lot of spouses just want someone to listen to and chat with and talk about things, to feel like they are not alone. So as far as specific tutoring programs, we didn't pick up that.

Dr. CHANDRA. For this part of the study, we focused specifically on the types of challenges that children are facing during and after deployment. And so what we found was there were things that they highly endorsed as difficult, both from the caregiver perspective as well as children; and these were things like missing school activities, finding that people in the community really didn't understand what life was like for them. So they definitely articulated some of those things you are referencing as more common challenges, particularly during the deployment.

Mrs. DAVIS. What do you think should be done to assist military families? What would you like to see?

Dr. CHANDRA. Well, I think our studies—both of our studies really point to the needs of older youth; and, as we reference in our work, there certainly has been a lot more attention on younger children, younger than 12, for which we know there are a lot of child development and support programs on base and off. So what we hope from this work is that it starts to identify some of the needs of older youth and teenagers so that we can look at the programs that we currently have and try and figure out are we aligning our programs with those needs, particularly of adolescents and particularly those older adolescents.

Dr. WONG. What our study showed was also a similar focus, but what I liked about our study was the surprising findings there are some obvious, easy things like sports activities. The kids need to be busy, keep them distracted.

Strong families, that is a hard one; and yet it is very intuitive to all of us that you need a strong family. And that starts long before deployment, and it starts maybe even before the soldier comes into the Army.

But how do you influence—because we found that the factors of the child's belief, what they feel about the Army, what they feel about the nation makes a difference, and they will see through propaganda. So how do you influence a child's beliefs? That is a critical question, and that will have us thinking for a long time.

Mrs. DAVIS. One of the surveys that has been done—I am going to turn to Mr. Wilson in just a second. One of the surveys that was done—we met with a number of spouses probably about a year ago—was their belief that the—I think 94 percent believe that the American public really had no idea what they go through, what their sacrifices are all about. And we know in many ways—we have been pretty much a military at war, not necessarily a nation at war. Did those kinds of sentiments—did those come across from the students as well? Or you are saying the fact that they feel that there is a great deal of support really has helped them tremendously?

Dr. WONG. We saw a variance on that, that where some people thought yes and some people thought no. What we found was that it does influence the stress that the children experience.

Mrs. DAVIS. Thank you very much.

Mr. Wilson.

Mr. WILSON. Thank you.

An extraordinary difference would be for young people who live on military bases, their mom or dad are active duty, and then I know from my personal experience serving in the Army Reserves

and National Guard, here we have people back in their home communities. In your studies, did you see a difference between active duty children and reserve and guard children?

Dr. WONG. Our study was restricted to active duty. And so if a follow-on study would be conducted, we could hypothesize that it would be worse for a reserve component because they don't have that tight-knit community, or we could hypothesize that it would be better because they are taking extraordinary measures and the community might be behind it and there could be sustained community and family support available. So it could go either way.

Dr. CHANDRA. Our study actually did include representation, active, guard, and reserve; and we did not find any significant differences in terms of child well-being with respect to component. There were other factors like the total months of deployment that seemed to be more of a distinguishing risk factor.

We did note that for children living on base, caregivers were less likely to report difficulties during deployment than for those families living off base.

Mr. WILSON. And I do hope, as you continue your studies, because it really would be interesting to see the difference between the active duty, whose moms and dads are in uniform every day, and then we have the guard members, whose moms and dads are in uniform monthly, and then deployment.

And I know that is really reflective of my family. I have one son who is active duty Navy, served in Iraq, and he has small children. And then I have got three other sons, one served in Iraq, another in Egypt, and they are Army National Guard. So I wouldn't want you to study my family. I don't want to offer that up. But I know there are differences and different challenges.

But I do know this, that in our family our sons, their spouses, the children are all very, very proud of the service that has been rendered to our country. And particularly with the elections yesterday—my oldest son had been in Iraq for the 2005 election, so it was great to see his keen interest in the 62 percent participation. And then I have a nephew who is in Baghdad, and he was keeping me up on the percentage of participation during the course of the evening. So our family is engaged.

In regard to Family Readiness Group, because to me that is so important, and I was provided pre-mobilization legal counseling in my service and something that I, in retrospect, wish we had focused on more in working with families. Guard members, reservists received annual legal briefings to prepare them in the event of deployment, but it was rare that we had family members participate. Now it is a significant part to have a Family Readiness Group, and the families do want to be participants.

How would you judge the Family Readiness Groups and which ones did you see were most effective?

Dr. WONG. That would be a hard question for us, because we saw plenty of spouses and children who were very appreciative of the Family Readiness Groups, and we really didn't hear people talking about ones that were wanting. And so it could be that people didn't want to express that, but I didn't hear that many people complaining.

Dr. CHANDRA. We didn't look specifically at Family Readiness Groups, but I would submit, certainly thinking about how those families who don't live on base or who are not geographically collocated to access those Family Readiness Groups, what are the other ways they can engage in those kind of connections, particularly for guard and reserve families.

Mr. WILSON. I hope you will look into that. Because there are armory Family Readiness Groups, but a challenge is that many of the members of that particular armory are people who commute—it is not uncommon—100 miles, 200 miles, not just within that community. And so I hope we will look at that.

And I know from my experience you will have a spouse, male or female, who is just enthusiastic organizing the immediate community and then trying to make efforts for those persons who live further away; and they are just so selfless and the communities are so supportive. And we also have in our state what is called the State Guard, which backs up.

So, again, thank you; and I look forward to the balance of the testimony.

Mrs. DAVIS. Thank you.

Mr. Kline.

Mr. KLINE. Thank you, Madam Chair; and thank you both for the studies and for being here and your testimony and answering our questions.

I guess I jump sort of intuitively to the same thing that Mrs. Davis and Mr. Wilson did, and that there would be a big, noticeable difference between whether you lived on the base—on-post or off-post in the case of the Army. And, apparently, Dr. Wong, you didn't see that so much.

I guess with the active forces—and, Dr. Wong, that is what your study was—we are now way past the point where we have individual assignments, for the most part. We send units over. So you have Family Readiness Groups, and you have some unit cohesion that would apply whether you lived on or off the base, as you are suggesting.

My son is still with the 101st, and for years he lived in Clarksville, Tennessee, off the post, and now he lives on Fort Campbell. And, in all cases, the kids were surrounded by other kids whose moms and dads were with the 101st. So I can see why that might get blurred pretty easily.

I think you are really suggesting, though, that the post activities might be helpful, but if you have to commute to them, that might be a detriment for those who live significantly off-post. But I am not sure why you said sports are a good distraction. I am not sure if I understand in the results of either of your studies that these post activities make a big difference; is that correct?

Dr. WONG. Our study looked at activities, specifically sports. We looked at clubs such as band or drama. We looked at organizations such as Boy Scouts and Girl Scouts. And we looked at religious activities. What we found is that the significant factor for predicting which children would be better with the deployment and stress are those that are participating in activities such as sports.

Mr. KLINE. But does it have to be a post activity?

Dr. WONG. No, not at all. What it is, it serves as a distraction to the negative feelings that are associated with a deployment.

Mr. KLINE. So if they live off the post and they are in little league or something like that off-post, that is the same thing as if it were—okay. I think it would be helpful to, at some point, for somebody, when you are looking at this, to look at the impact of the individual deployments which still occur in the reserve component. We still have them called up and sent off, and they are not surrounded by any unit cohesion, and that might be interesting to see.

I know I always worry about my grandkids. They are still preteen. This is the third—my son will leave here in about 10 days for his third combat deployment, and I found it interesting because I have been worried about that cumulative effect, too. I don't know if that—you said there may be a sort of maturing that goes along. I don't know if that just applied to older kids, or does that apply to your three, four, five, six, seven, eight, nine-year-old?

Dr. WONG. We restricted our study to 11- to 17-year-olds.

Mr. KLINE. So you had nobody below 11?

Dr. WONG. We didn't have anyone, so we really can't compare.

Mr. KLINE. Okay.

Dr. CHANDRA. And, to add to that, we looked at both the number of deployments and the total months of deployments, regardless of the number. And actually the factor that mattered the most, that had the greatest effect was the total months of deployment, not the discrete number of deployments. So we were able to differentiate those.

Mr. KLINE. That is where I was getting to next, whether you had concluded that it was better to have more, shorter deployments, those would be preferable to fewer, longer deployments, or whether it was a cumulative deployed time. In other words, if you had five 7-month deployments, is that worse than two 15-month deployments? We don't do 15-month deployments now, but if we did, do you have a——

Dr. CHANDRA. We did not look at the sequencing, but certainly it is—that cumulative months of deployment with whatever configuration, as you suggested, that example had a greater impact negatively on children's well-being.

Mr. WILSON. Okay. Thank you very much. Thanks for doing the study, and we are looking forward to more.

I yield back.

Mrs. DAVIS. Thank you.

Dr. Snyder.

Dr. SNYDER. Do either of you have any idea what the total number of children like at this moment in time today have parents that are deployed overseas, what kind of numbers we are talking about?

Dr. CHANDRA. The recent statistics that I have seen is about 1.8 to 2 million children.

Dr. SNYDER. So almost 2 million children that have parents—I probably should have phrased that differently than when I said overseas—deployed overseas, separated from their parents?

Dr. CHANDRA. That is my understanding from recent data. I don't know——

Dr. SNYDER. Do you agree with that number, Dr. Wong?

Dr. WONG. I don't know the number, but that number is in the ballpark from what I have read in the studies.

Dr. SNYDER. Dr. Wong, why was your study restricted to only active duty? That seems like if we did that by mandate in our legislation we made a terrible mistake, I would think. Why was that?

Dr. WONG. Sir, that was done because we were sending out a survey that we wanted 11-year-olds to fill out. And so if we wanted to make it applicable to the reserve component, we would have had to have made it a lot bigger because the issues were different. So we said we wanted to see does the post's youth center make a difference. That question would not have made sense to a reserve component child. So to keep the survey short enough that an 11-year-old would fill it out, we said restrict it to the active component.

Dr. SNYDER. It may point to the need to do a further study of the component. Because we—I think most bases probably do have sports teams. I would suspect there are a fair number of kids in the reserve component world that we don't have control over that. We can't send around a memo, hey, Dr. Wong's study recommends all your bases need to have a summer baseball league or something. We don't have control over what is going on in other parts of the world.

I wanted to ask about special needs kids. Did either of your studies look at those parents who have special needs kids and how this might impact on them? Because that is a problem in the military even when everybody is at home.

Dr. CHANDRA. Unfortunately, we didn't include questions about this in this study, but we are hoping to include this in follow-up work. Because I think the Exceptional Family Member Program and other services that are available to special needs families are an important consideration.

Dr. WONG. Our study did not address special needs specifically, but during the interview portion of our study we did have special needs children arriving for interviews, and we took their comments into consideration.

Dr. SNYDER. I think Mrs. Davis has heard me talk about this before, but, 3 years ago or so, at the Little Rock Air Force Base, I had them arrange a meeting with family members of kids with autism; and they had to work at it a little bit because of medical privacy. So they extended that. But we finally ended up with a group—I can't remember what—maybe six to eight families were represented there.

And the most striking thing about it was that they didn't know each other, that it was like a godsend for them that they finally had other parents on the base. Little Rock Air Force Base is a relatively small base. But it was their first opportunity—we have gotten so protective of people's privacy there wasn't an ability to get people to get together. So I had to actually recommend it.

And I am told that this has been done by some bases now around the country, that once every so often that the base commander needs to have kind of like Special Needs Parents Day and get everybody in there for coffee at 8:00 in the morning and then at 8:30 say that is autism corner, that is asthma corner, that is diabetes corner, however you want to do it. But just to get people—let par-

ents instruct parents as they are coming and going. Because I think this must be a tremendous—deployment must be a tremendous potential burden on those families who really have difficulties anyway with a child with some either emotional or physical health issues.

We had a situation—we talk about valuing things. I am putting this in context now. We had this situation at Little Rock Air Force Base where there is a public school on the base that is the responsibility of the local school district. It leaks. It is terribly inadequate. It is great education there. But everybody is so frustrated because they say they are going to do something, and then it doesn't get done. And the base commander has gotten involved the last two—has gotten involved politically about why we can't do something about this school. But it makes sense. If you don't value the school, what message is that sending to the kids?

One guy talked to me about how he would get e-mails from his kid that the roof had leaked again on the school papers while he was in Iraq, you know, on his desk the next morning and the school desk is all wet. And maybe that puts it in context, why that is so important to those families, that they sense that we don't take care of their physical needs, that it may be sending the wrong signal about how important we think their service is.

That is probably a stretch, but I will ponder that some more.

My time is up. Thank you, Madam Chair.

Mrs. DAVIS. Thank you.

As I recall, in both of your studies—and this certainly represents the military that they are serving in the wars today as well—both of those families who were questioned, the father was deployed. Do you have any sense or do you think we should be looking also at more families where the mother is the deployed parent?

Dr. WONG. In our study, 10 percent of the sample were women; and what we found was there was no significant difference between the children of women soldiers and men soldiers in how they dealt with deployment stress.

When we looked at their ability to cope with deployments overall, in other words, a life of deployments, there was a significant difference that women—the children of women soldiers had a harder time coping with a life of deployments. That could be for many reasons, one of which is that the percentage of single parents is higher for women soldiers.

Mrs. DAVIS. And in terms of adolescents, you looked more at adolescents than at young children?

Dr. WONG. Exactly. We stopped at 11 as the youngest and 17 as the oldest.

Mrs. DAVIS. Dr. Chandra.

Dr. CHANDRA. Absolutely. I think it is critical for us to look not only at female service members but dual-military families and to understand the impacts and the effects associated for the family as well as for children specifically. We had a small number of fathers in our sample, so we weren't able to tease apart differences between whether the father was deployed or the mother.

Mrs. DAVIS. One of the things that I think we have to be careful about is, even though you saw great resiliency in a number of people, especially the young people, I had to smile because I was

thinking for adolescents maybe I think you suggest that life might be easier without dad around and that in some ways they have learned to cope and they have a certain amount of independence and have taken on roles in the family that otherwise they might not have done. So it may be that, especially during the transition periods that occur that are tough when people are coming back from a deployment, that life is just perhaps a little simpler for kids.

But I also think that even though we are seeing that there are a number of young people as well that have great resiliency and are doing well, we also know there are some young people that are not doing well at all. And so as you look at those children particularly, did you have any sense of the severity of the mental health problems that they have and how does that compare to the general population?

Dr. CHANDRA. We purposely didn't use clinical or diagnostic assessments, but we did note that about a third of our sample had elevated anxiety symptoms, and these are anxiety symptoms that would warrant a subsequent clinical assessment for an anxiety disorder. So that was about twice what we would expect in other studies of young people.

We also found that about a third of our sample had heightened emotional difficulties. So these are things like getting along with friends and feeling sad and tearful and so on. And that compares to about 20 percent, about a fifth, in the general population. So it gives you a sense a little bit of the elevated symptoms. Certainly further studies should really use diagnostic or screening tools to know if it is a disorder level.

Mrs. DAVIS. I guess also the number of times that the young person frequents a mental health provider during the course of the year, whether, in fact, the parent is seeking that kind of assistance as well. I think what we would be after in this is some of the changes that have occurred within the military around issues of stigma and whether the families are benefiting from what I hope and see is a changing attitude in that regard and whether there is a belief that there is help out there if we need it and if we feel that it is available to us. Is there anything in some of the surveys or the discussion that you picked up that could speak to that?

Dr. WONG. Our study did not address clinical diagnosis either. What we did was ask overall how your child—when we asked the soldiers and the spouses—handling deployments overall. Interestingly, soldiers said about a third of their children were doing poorly or very poorly. When you turned to the children, only 17 percent said they were doing poorly or very poorly. But that 17 percent could be extrapolated out to 20,000 children in the active force that say they are not doing okay, they are doing poorly or very poorly. I think that reflects your point of let us not say that everything is fine out there. There are 20,000 children out there saying they are doing poorly or very poorly, and it is not acceptable.

Dr. CHANDRA. We did include questions about mental health service use at subsequent surveys. So we are actually in the process of analyzing that. So, hopefully, we will be able to have those findings for you soon.

Mrs. DAVIS. Thank you.

Mr. Kline, did you have any other questions?

Mr. KLINE. Just one quick question. Dr. Wong, on the poorly or very poorly question, did it—I guess I am not sure when you were doing the asking. Was this all post deployment or during deployment?

Dr. WONG. Thirty-six percent of the soldiers who responded to our survey were deployed at the time. So we had responses coming from Iraq, Afghanistan. We had 700 of their spouses, about a third of them had their spouse deployed; and we had 550 adolescents, about a third of their parents were deployed. So what we were able to do is compare the non-deployed with the deployed for questions addressing deployment stress.

Mr. KLINE. What I was getting at was you may be doing poorly or very poorly—11 months into deployment may be different than one month into deployment. And I was trying to understand if your study got at that.

Dr. WONG. Right. For the ability to cope with a life of deployments as opposed to a single deployment, that was done with everybody; because we are asking them to reflect upon life as an Army brat.

Mr. KLINE. I see. Okay. Thank you.

Mrs. DAVIS. Dr. Snyder, any more questions?

Dr. SNYDER. Probably the longer we go on, the more our questions will get far more detailed than your study could possibly undertake. Back in the olden days when Mr. Kline and I were in the Marine Corps and I was in Vietnam, it was—the rarity was—I can remember I think I talked to my mother on the phone maybe twice in a year or something like that.

I have I guess a total of three employees that have been mobilized overseas. One of them is currently overseas on a second deployment. He is getting towards the end of his second year-long deployment and has three little girls. But he is very pleased with the use of Skype or some brand of that.

I assume that you haven't looked at any of those kinds of things, the importance of those kinds of contacts or what those impacts might be with much, much better communications than we have ever had in war situations.

Dr. WONG. Actually, one of our hypotheses was that the more frequent communication with the deployed soldier and the more in-depth communication with a soldier, two variables, we figured the lower the stress would be. What we found was the more frequent the communication, the higher the stress.

Now, we have to be careful about causality here because it could be—a knee-jerk reaction might be the more they talk, the more they get stressed. Or it could be the more stressed the child is, the more they want to talk with the deployed soldier. Or it could be the more they talk to the deployed soldier, the more they are hearing about what is going on; and that might produce more stress.

Dr. SNYDER. You are no help at all, are you?

Dr. WONG. But we did find that for a family that reported that all the indicators were that it is an intact, strong family, the communication was not detrimental. Increased communication was not a detrimental factor. For families that reported that their family was a weak family, the more communication, the more stressful. So

there we start to see a glimpse of the complex nature. We can't just say more communication is better.

We also did a previous study where we looked at the effect of communication on the forward operating base back home on the soldier, and a lot of times more communication from the soldier back home produces more stress in the soldier. Because, in the old days, you focused on the mission and only the mission. Today, we are worried about the washing machine repairman coming and what should the spouse do and buying a house and everything else that we have now put on the brains of the soldiers deployed.

Dr. SNYDER. I see. When you start looking at kind of how we judge this stuff, I don't know how you ultimately decide the impacts of these things.

I am not running for re-election. This is my seventh term. Because life treats you differently. Mr. Kline and Mr. Wilson, they talk about their sons in uniform. I have sons in diapers. I have a set of triplet boys that are one-year-old. They turn 15 months today. And then a three-year-old. And I know that anytime I put on a necktie—I had about a year, year and a half where my three-year-old would cry because he thought that meant I was going to Washington. So that is stressful. On the other hand, he went through phases of several months—he would cry when I went to the grocery store. I don't know how you balance that out. He is a little kid.

But I don't know how you look at this down the line. After talking about my employee's second deployment of a time away from family is over a year both times, two and a half years total out of—a very, very important part of both their lives as parents but also their lives as children. I don't know you do studies down the line. You won't be able to. You just—people go through it the best they can, and we try to be as supportive as we can. But you did not look at children younger than 11; is that correct?

Dr. WONG. That is correct.

Dr. CHANDRA. One thing that will be critical is that our study is longitudinal. So we followed families over three time points, and certainly hopefully we can follow families longer, because it will be important to see how these effects change over time and certainly to tease apart kind of natural developmental changes that happen with kids and adolescents and what really is kind of the effects associated with deployment stressors.

Dr. SNYDER. Right. And it is my belief that everybody is entitled to one off-the-wall question a day or so. So, Dr. Wong, I am going to ask it to you; and for obvious reasons I won't ask Dr. Chandra.

Last week, some allegations were made that RAND cannot be trusted, that they have bias in their studies. Have you had any reason to think that RAND is not a reputable research institute?

Dr. WONG. I am honored to be sitting here with Dr. Chandra.

Dr. SNYDER. Thank you.

Thank you, Madam Chair.

Mrs. DAVIS. Thank you so much. We certainly appreciate all of your comments.

I think we have asked this in several different ways, but with the work that you have done and particularly as it relates to a lon-

gitudinal study, what else would you like to know? What is it that is important as we continue?

Dr. WONG. For our study, what is important that we can see that children are saying that they are not doing as bad as their parents said. But what happens when they are 25 years old? How are they going to be as parents? We don't know that. That is something that needs to be taken a look at. We looked at 2009. The wars are 8 years old. What happens when they are 10 years old, 12 years old? We don't know that. So even though we are looking at it from a certain point in time, we don't know the future.

Dr. CHANDRA. I think there are a few things that hopefully we can understand better. One is to really understand the non-deployed spouse or caregiver's mental health. I don't think a lot of attention has been paid to the parent at home. I think it is critical that we look at the needs of girls and older teens. And we haven't spent a lot of time looking at what supports we have in place.

And then, overall, we have a lot of programs being rolled out; and there have been tremendous efforts on behalf of DOD as well as the civilian sector. But we really don't know which programs are effective. And given that we have research now that is really identifying what those need areas are and which subgroups of kids could benefit, now we really need to think about whether our programs are matching those needs.

Mrs. DAVIS. I am glad you brought up girls particularly, because in your study there was a difference in the response of young women. Now, were those responses of the non-deployed parent regarding the girls or were these actual responses of the girls themselves?

Dr. CHANDRA. Actually both. But our finding about the reintegration-related challenges was really based on youth report. And so girls and boys both sort of shared that it was difficult getting to know that returning parent again. But girls expressed more worry about how their parents were getting along at home. They expressed more worry if that deployed parent who returned had a mood change or was different in some way. They just had greater anxiety about some of those issues. So we need to think about how we support girls during that process.

Mrs. DAVIS. And in teasing out what is unique about girls and boys, when it comes to perceptions around social relationships as well. Because I think we would probably agree, those of us in the audience, that there is a difference, sort of a complexity of those relationships seems to be picked up more by young women often than is by young men. And I would—that would be curious to see whether there are some programs particularly that should be targeted and supported as they go forward with their adolescent development which would be really critical with their dad being gone.

Dr. CHANDRA. Absolutely. I think earlier studies that have focused on younger kids have really seen difficulties for boys, and certainly those difficulties are there for the adolescent boys, but I think this study highlights some of the needs of girls specifically.

Mrs. DAVIS. Great. Thank you so much.

We certainly appreciate the work that you have done, and we hope it will continue. We remain concerned about identifying and trying to help to the extent that that is possible.

One of the things that I have been a little concerned about is in some areas I guess it is difficult for us to even identify where the military families are located. In California, that is not really the case. But I understand that in some states it is, and I know that there are organizations looking at military children and families that are concerned about that as well. So we would want to know in isolated areas and particularly as parents come home where they don't have a support structure, whether or not we really need to be—have a lot more services available to those families. We need to find out ways of thanking the families and thanking the young people. We thank our families repeatedly. We thank—we sort of direct our comments often to our spouses, to their spouses, but the kids really also need to be recognized and thanked for the sacrifices that they make. It is very important.

Thank you for your work. Thank you.

[Whereupon, at 6:21 p.m., the subcommittee was adjourned.]

A P P E N D I X

March 9, 2010

PREPARED STATEMENTS SUBMITTED FOR THE RECORD

MARCH 9, 2010

Opening Statement
Chairwoman Susan Davis
Hearing on Recent Studies on the Effects of Deployment on Military Children
March 9, 2010

The hearing will come to order.

Given the limited legislative calendar available to the committee, today we are embarking a different hearing structure. This hearing will focus on a specific topic—the effects of deployment on military children and will only last approximately one hour, prior to our votes at 6:30. As such, I will keep my remarks short, so that we will have time for a more robust discussion on this issue during the question and answer period.

I want to thank our witnesses for coming. While much antidotal information has been shared, until recently there have been very limited analyses of the impact deployments are having on military children.

Today we will focus on two recent studies that looked at military children and the impact multiple deployments have had on them and their families.

Let me welcome our witnesses,

Ms. Anita Chandra, Dr.PH.
Behavioral Scientist
RAND Corporation

Mr. Leonard Wong, Ph.D.
Research Professor
Strategic Studies Institute
U.S. Army War College

While their individual research has documented several findings, it is important to note that both studies had many similarities. For example, both studies found that children with a

strong non-deployed parent and/or family support structure was important to ensuring lower levels of stress and a better ability to cope with the deployment.

These findings are an important first step toward understanding the needs of our military children, and helping to provide them and their families the programs and support that they need to survive and succeed during these difficult times.

Opening Remarks – Congressman Wilson
Military Personnel Subcommittee Hearing
The Effects of Deployment on Military Children
March 9, 2010

Thank you Chairwoman Davis and thank you for holding this hearing. Today's hearing continues our commitment to military families who share the burden of the ongoing wars alongside their military service member. I believe our children are the future of this great Nation. We must take care that in our efforts to mitigate the effects of combat on our service members, we are mindful that families experience the challenges of deployment together, but each in their own way.

I am encouraged by the studies we will hear about today, which seem to suggest our military children are more resilient than we could expect. With that said, it is also clear the well-being of our children is affected by the stability of their family and the emotional strength of the non-deployed parent among other factors.

I remain concerned that although the Department of Defense and the military services have implemented numerous programs to address the mental health needs of our service members and their families, these programs remain under resourced and pose challenges to families who need help. I encouraged the Department and the Services to look closely at the results of these studies to determine where their programs may fall short in providing the necessary support to military family programs.

I also recognize this research is only the first step in understanding how the war on terror is affecting our military children. I would like to hear from our witnesses today their recommendations for future study. I am also interested to hear if they found gaps in programs available to assist military families, and if the effects of deployments on children would be mitigated if these gaps are addressed,

Finally, I would like to know how else we can help these incredible children who so often have to be strong beyond their years while their military parent is away. We owe it to this nation to ensure this generation of military children is able to transition to adulthood with the skills and emotional strength to successfully lead us into the future.

I welcome our witnesses and thank them for participating in the hearing today. I look forward to your testimony.

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TESTIMONY

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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Study Principal Investigator (Director)
The RAND Corporation

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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[2] This testimony is available for free download at http://www.rand.org/pubs/testimonies/CT341/.

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%).

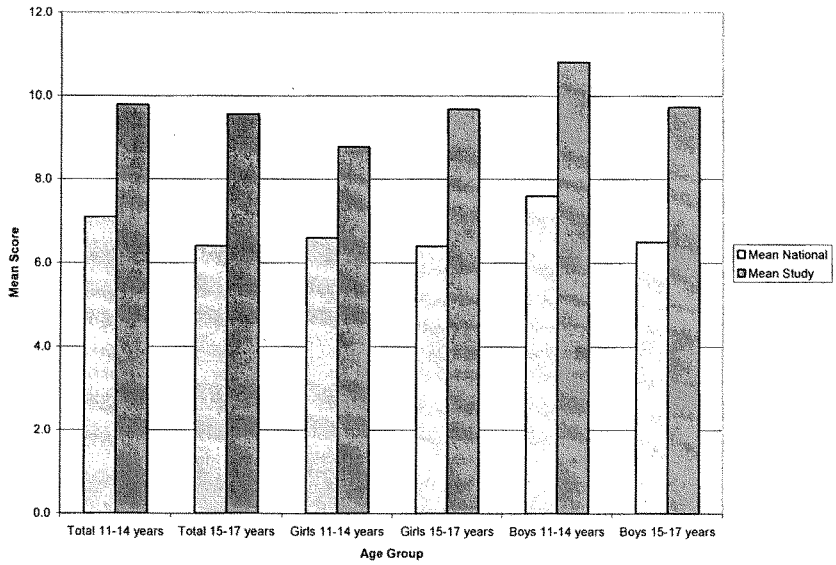
Approximately 57 percent of families had a parent in the Army, and nearly 20 percent in the Air Force. Although participants were sampled to match national deployment numbers, the baseline sample had fewer Marines, primarily due to the availability of families in the applicant pool from which the sample 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.

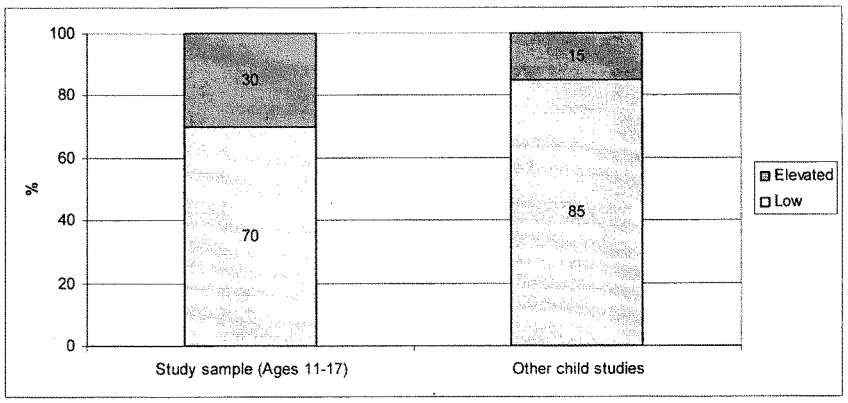
Figure 1: Emotional and Behavioral Difficulties-Comparison of Sample with Population Based Sample of Caregiver Report (Average Score of Difficulties) (n=1,495) [a, b, c]



[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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STATEMENT BY

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BEFORE THE

HOUSE ARMED SERVICES COMMITTEE
SUBCOMMITTEE ON MILITARY PERSONNEL
UNITED STATES HOUSE OF REPRESENTATIVES

SECOND SESSION, 111TH CONGRESS

THE EFFECTS OF MULTIPLE DEPLOYMENTS ON ARMY ADOLESCENTS

MARCH 9, 2010

Despite the increased attention on the impact of repetitive deployments on soldiers, there has been very little research examining the effects of multiple deployments on Army children. And of the research conducted, much energy continues to be spent determining whether Army children are indeed stressed by deployments. Previous studies and thousands of Army households can confirm that deployments do cause stress in children. It may now be appropriate for research to shift to determining what factors influence the magnitude of that stress.

With those intentions, in March of 2009, Stephen Gerras and I received survey responses from a random sample of over 2,000 soldiers within U.S. Army Forces Command (the largest command in the Army and over 80% of the deployable force) who responded to an invitation to complete an anonymous, web-based survey. The soldiers—36% of whom were deployed—were also given a link and password to forward to their spouses, so over 700 spouses completed an identical survey. But we also gave the soldiers four links to send to up to four of their children between the ages of 11 and 17 which resulted in over 550 completed surveys from Army adolescents.[1]

In addition to collecting demographic data such as age, soldier's rank, and the number of deployments experienced since 9/11, the surveys gathered the perspectives of soldiers, spouses, and adolescents measuring the perceived stress of adolescents along with variables concerning their beliefs about the war and the Army, the strength of their family, the child's participation in activities such as sports and clubs, the frequency and depth of communication between the parent and child during deployment, and the availability of supportive mentors such as coaches, teachers, and friends to discuss problems.

We also conducted a second phase of the study consisting of over 100 individual interviews with Army adolescents at eight Army installations throughout the country. These interviews allowed us to flesh out trends that emerged in the quantitative surveys. One of the first questions in the interviews with the children was, "How many times has your parent been deployed since 9/11?" Surprisingly, the most common answer was, "I don't know."

This response highlights a challenge confronting studies analyzing deployments and children – obtaining critical information from the most relevant source. If we want to know how many times a soldier has been deployed, the best source of that information is the soldier, not the child. If we want to know how well a non-deployed spouse handles things when their soldier is deployed, we should ask the spouse, not the soldier. And if we want to know how adolescents feel—if they are nervous, if they have disturbing thoughts, if they worry about what will happen in the future—we should ask the children, not their parents. The interaction of the three subgroups in our survey—soldiers, spouses, and children—allow such an analysis.

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[1] For a complete description of this study, see Leonard Wong and Stephen Gerras (2010) *The Effects of Multiple Deployments on Army Adolescents*, Strategic Studies Institute, U.S. Army War College, http://www.strategicstudiesinstitute.army.mil/pubs/display.cfm?pubID=962

We were expecting a cumulative effect of deployments – that each subsequent deployment would result in higher stress in children. Analysis using only the survey responses of soldiers confirmed this hypothesis. Figure 1 shows that based on the perspective of soldiers, the greater the number of deployments of the parent, the more the soldier perceived their child as being stressed.

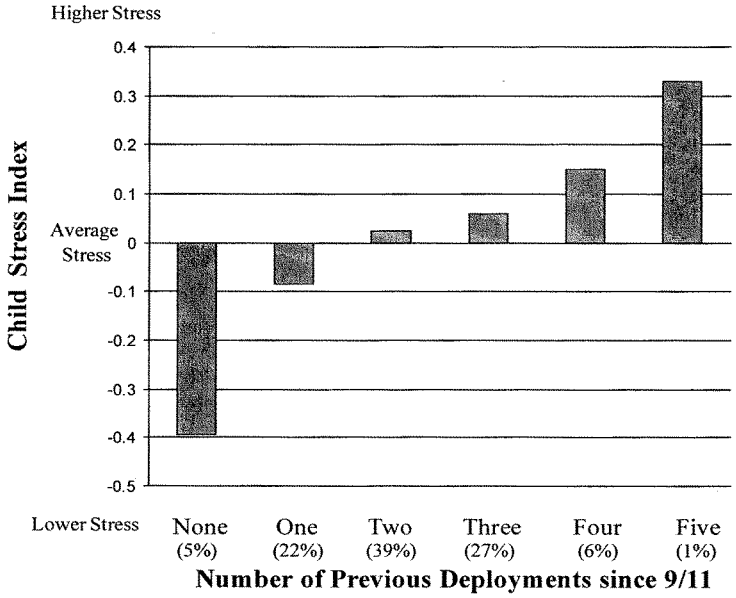

Figure 1. Cumulative Stress from the Soldier Perspective

But when measuring deployment stress using the children's perspective (and number of previous deployments using the soldiers' perspective), there was no cumulative effect. Figure 2 shows that adolescents who had experienced two previous deployments actually reported lower average stress than those with only one deployment in their past. The mean deployment stress of adolescents who had experienced three deployments was even lower.[2] With each deployment, it appears children learn coping strategies and mature.

[2] The size of the circle is proportional to the number of respondents and the center of the circle is the average stress index score in that category. The number of children experiencing four or five deployments was too small to derive any generalizations.

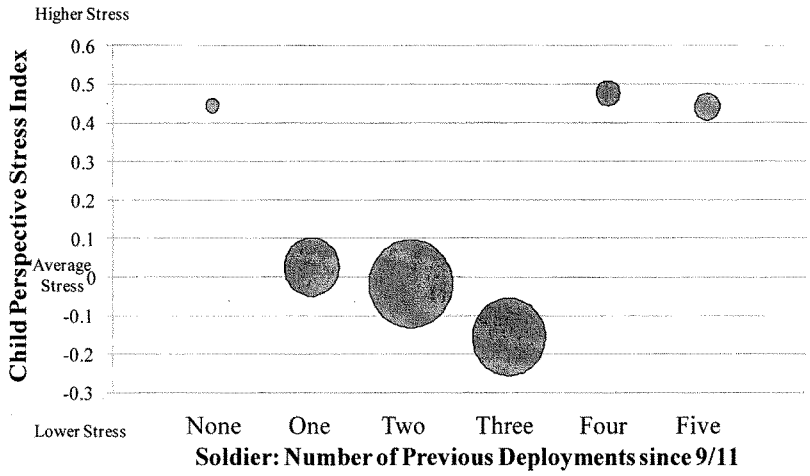

Figure 2. Cumulative Stress from the Child and Soldier Perspective

Because adolescent deployment stress was not directly related to the number of previous deployments, a child's age was thought to be acting as a possible moderating variable. Prior research on deployment and adolescents had shown that their understanding of the deployment was often a function of their age. As children mature, they become more aware of a parent's absence, the reasons for the deployment, and also the possible consequences of the deployment. As a result, age may moderate the stress experienced by adolescents during deployments.

Figure 3 shows stress levels for adolescents who were currently experiencing a deployment and those who were not. For those children who did not have a parent deployed, stress levels were significantly higher in older children. The upward trend in Figure 3 may reflect the relatively uncomplicated existence of pre-teens compared to the complex lives of teenagers.

For adolescents who did have a parent deployed, stress levels were expected to be parallel but higher to those adolescents who did not have a parent deployed. As expected, children from ages 11 to 13 with a parent deployed did report higher stress levels. But for ages 14 to 16, the children reported lower stress than those children who did not have a parent deployed. In other words, for mid-teen adolescents, stress levels are lower when their parents deploy. While the survey data could not provide an

explanation for this curious finding, subsequent interviews suggested that children between ages 14 and 16 often enjoy their new-found independence and experience less stress when their soldier parent is absent. For many teenagers in this age range, the decrease in supervision and relaxation of restrictions during deployment may lower the parental conflict common during this stage of adolescence. As one 15-year-old pointed out:

> My dad—he's the one who enforces the discipline and my mom's kind of lenient. When he left, I went through a phase where I got into trouble—talking back to my mom, and going out when I wanted . . . But now that he's back—not anymore!

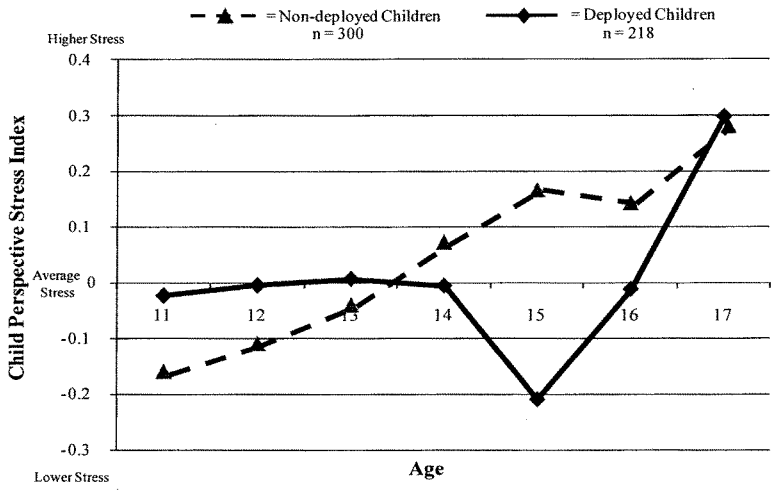

Figure 3. Stress and Age

While 14- to 16-year-olds reported lower stress when their parents deployed, 17-year-old adolescents with a parent deployed had the same mean stress levels as those with their soldier at home. The stress for 17-year-olds with a parent deployed may be explained by interview comments expressing special disappointment that their deployed parent would miss key occasions such as their high school graduation, college application process, senior year sporting events, or the job search after high school.

Returning to the study purpose of determining the key predictors of the stress levels experienced by adolescents during a deployment, we found that the best predictor of stress is a child's involvement in activities – specifically sports. Additional significant predictors are the strength of the child's family and the child's belief that the American public supports the war, in that order.

Participation in sports as a predictor of deployment stress was unremarkable and youth sports programs are relatively easy to create. The strength of the family as a mitigator of deployment stress was also expected, but building strong families is definitely a much longer term concern. But that the strength of a child's perception of public support for the war would be associated with their deployment stress was unexpected and is a much more complex issue.

In addition to analyzing factors to influence the magnitude of stress during an individual deployment, we examined how well Army adolescents coped with deployments overall – how they dealt with life as an Army brat in a deployed Army. This inquiry moved away from a focus on day-to-day stresses and instead examined strategies for dealing with the difficult role of as son or daughter of a soldier during a long war.

How adolescents cope with a life of deployments has been asked in previous research. Figure 4 shows assessments from various studies and various perspectives of how Army adolescents are faring with lives involving multiple deployments. The first bar in Figure 4 shows that according to spouse responses in the 2005 Survey of Army Families, 49% of the adolescents were coping well or very well with deployments. The 2008 Department of Defense Spouse survey showed nearly identical results. The spouse perspective in the 2009 present study also shows almost identical results—which reinforce the representativeness of the sample in the current study.

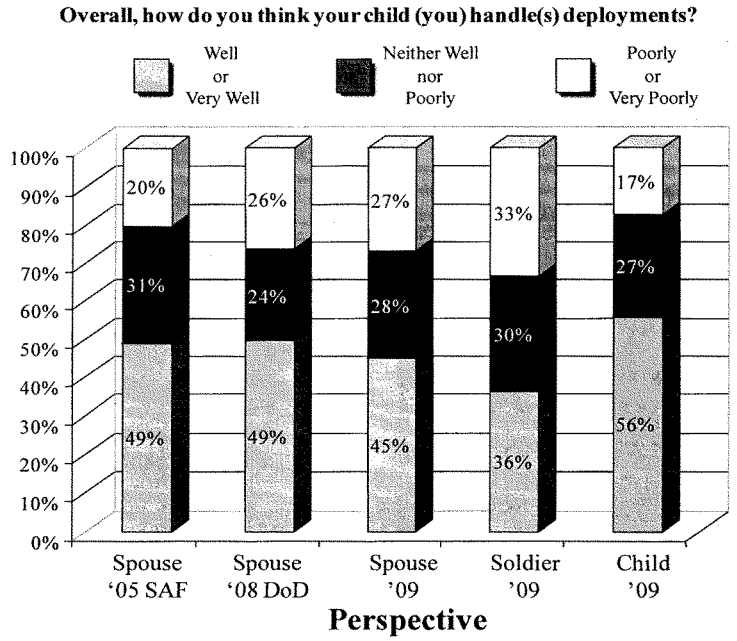

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Figure 4. Coping with Deployments

Shifting to the soldier perspective, however, introduces an interesting finding. Soldiers appear to be more pessimistic with estimates that a third of their children are coping poorly or very poorly with deployments. A possible explanation for the pessimism of soldiers could be that soldiers feel responsible for subjecting their families to deployment separations in the first place and therefore tend to heighten negative perceptions because of guilt. Soldiers may also be less apt to believe that, despite their repeated absences, their children can fare well without them.

From the adolescent perspective, the contrast is even greater, yet in the opposite direction. When asked how they handled deployments overall, a surprising 56% of Army adolescents responded that they coped well or very well while a much lower 17% said they coped poorly or very poorly. In other words, adolescents are significantly more optimistic about their overall ability to handle deployments than either spouses or soldiers.

Before celebrating the unexpectedly high percentage of adolescents who claimed they handled deployments well, we must remember that the results can be extrapolated to imply that over 20,000 adolescent children in active duty Army families are not coping well with deployments. Today's Army adolescents realize that they too are inextricably linked to the war fight. If one out of every six Army adolescents reports doing poorly with repeated deployments, the situation can hardly be considered satisfactory. Yet, the findings illustrate an unanticipated and remarkable resiliency in most Army adolescents in dealing with lives marked by multiple deployments.

The intent of this study, however, was not to determine how many Army adolescents were faring well or poorly with deployments. Instead, the goal was to identify factors that predicted, in the case of an individual deployment, lower levels of deployment stress. Or in this stage of the study, to identify those predictors of an adolescent's ability to cope overall with a life of deployments.

Multivariate analysis using the perspectives of children, spouses, and soldiers showed that strong families, a strong non-deployed spouse, and the strength of an adolescent's belief that America supports the war were significant predictors of adolescent ability to cope with deployments. But the largest predictor of an Army adolescent's ability to cope with a life of deployments was their belief that soldiers are making a difference in the world.

This finding is surprising and yet intuitive. Army adolescents grow up in an environment laden with lofty notions such as sacrifice, duty, and selfless service. They are accustomed to hearing common Army aphorisms such as, "I know my soldiers and I will always place their needs above my own," and "I will always place the mission first."[3] They understand that the Army is a "greedy" institution that demands all of their parent's time, energy, and focus. They also understand from firsthand experience that the family is another greedy institution requiring constant attention and care. They see deployed

[3] From the Non-commissioned Officer's Creed and Soldier's Creed respectively.

soldiers caught in the middle—struggling to maintain balance in the pull of both noble institutions.

Some Army adolescents contend poorly in this dilemma; others—many more than soldiers or Army spouses would indicate—say they are doing amazingly well in these trying times. They still suffer from stress and anxiety during each deployment, but they can handle the life of an Army adolescent if they remain confident that the repeated absences of their parent are not in vain. The maturity of today's Army adolescents is exemplified by the comments of the very discerning 16-year-old daughter of a Sergeant Major who stated:

> My daddy always being gone makes me stress out the most. He is in charge of a lot of soldiers and he always has to do what they do. "Set the example," he says, "Don't ask a soldier to do something you can't or won't do." I get scared that sometimes he will forget to be careful and he will get hurt. He has deployed so many times already, but he tells me to not worry. "Somebody has to do the job and take care of the younger soldiers."
>
> I just wish that sometimes he would forget about soldiers and remember me and my sisters. We need him too. I just wish the fighting would stop, then he would be able to stay home with us. I love my daddy to death, but he will never give up on taking care of his soldiers.

Overall, our study reinforces the necessity of having a strong family and the value of keeping kids busy to mitigate the negative outcomes of an individual deployment. The study also highlights, however, the impact of attitudinal factors such as the influence of public opinion concerning the war and the importance—in a life marked by multiple deployments—of a child's confidence that their parent's call to duty is worth the sacrifice.