

PREVENTION WORKS!

CHILDREN LIVING IN STRESSFUL ENVIRONMENTS: A RESOURCE KIT

VI.f. Children of Military Personnel/Veterans or Who Live on/Close to Military Bases

“I feel like I can’t relax. I’m always stressed and worried about something—my brother and sister, my mom, my dad, my friends.”

Teenaged child of a deployed service member

Discussion

Stress among children in military families is a perennial issue. Sources of stress include ongoing features of military life such as high rates of mobility as service members are transferred, the environment for substance use, as well as the increasingly common pressure experienced by youth and their families when a parent is deployed to a war zone or other location away from home.

The number of children at risk of military-related stress is large. For 2005, the Department of Defense (DoD) reported a total of nearly 1.2 million minor dependents of active duty members and about .7 million minor dependents of selected reserve members—reservists who train throughout the year and participate annually in active duty training exercises.¹

When Families Move

Moving frequently as service members are transferred is a common feature of military life. A survey of military teens showed they had moved five times on average.² Moving also may be prompted by a military member’s deployment. Military operations in recent years have increased the numbers of deployments, relocations, and family separations. Mobilization and deployment of National Guard and reserve members have increased the number of affected families.³

Moving means that families experience disruption and may not be able to establish deeply rooted support systems. Families of National Guard members and reservists often live in communities

¹ Military Family Research Institute at Purdue University. (2005). *2005 demographics report*. Arlington, VA: Office of the Deputy Under Secretary of Defense, Military Community and Family Policy. Retrieved March 25, 2008, from www.cfs.purdue.edu/mfri/pages/military/2005_Demographics_Report.pdf

² Kozaryn, L. D. (September 7, 2000). DoD to assess youth support. *American Forces Press Service*. Retrieved March 25, 2008, from www.defenselink.mil/news/newsarticle.aspx?id=45468

³ Huebner, A. J., and Mancini, J. A. (June 30, 2005). *Adjustments among adolescents in military families when a parent is deployed*. Falls Church, VA: Department of Human Development, Virginia Polytechnic Institute and State University. Retrieved March 25, 2008, from www.aap.org/sections/uniformedservices/deployment/DeploymentWebSiteResources/AdjustmentsAdol.pdf.

without base-connected services and support systems. Support systems for military families also may be weakened by living far from extended families.⁴

For children, the stress of moving includes leaving friends, schools, and activities and readjusting at the new location. Especially for adolescents, such transitions intensify the normal pressures of youth such as physical changes, search for identity and independence, and evolving peer and parental relationships.

The multiple moves that children in many military families go through can bring about an adjustment disorder—a severe emotional reaction to a difficult event in one’s life. Frequent moves early in life may make children feel that they cannot control events in their lives. Kids may then have trouble coping when difficulties arise—effects may include feeling stressed, hopeless, or worried or acting recklessly.⁵

Moving also may lead to academic problems due to loss of continuity of education as well as family and social disruption. Children who attend schools that serve military families also may experience academic and social problems even when their families do not move. This occurs as the academic pace slows down to accommodate arriving students and as children lose the friendship and support of friends who move away.⁶

Moving to new communities also is likely to interrupt kids’ connection to their schools as ties to teachers, activities, and school culture are cut. Because the degree of school bonding makes youth more or less likely to engage in substance abuse, youth in military families who become less connected to school as a result of moving are at increased risk for substance abuse.⁷

A Culture of Alcohol Use

Norms, or group standards, that condone substance abuse and other problem behaviors make it more likely that people will engage in them. Young people who live on or near military bases may be at increased risk of underage drinking in view of a military culture that is favorable to alcohol use.⁸

Rates of both heavy drinking and binge drinking among young adults in the military are higher than among civilian young adults, including full-time college students aged 18 to 22, the group

⁴ Lemmon, K. M., and Stafford, E. M. (June 29, 2007). Recognizing and responding to child and adolescent stress: The critical role of the pediatrician. *Psychiatric Annals*, 37(6), 431–438. Retrieved March 25, 2008, from www.psychiatricannalsonline.com/showPdf.asp?rID=22206.

⁵ Mayo Foundation for Medical Education and Research. (March 23, 2007). *Adjustment disorders*. Retrieved January 15, 2008, from www.mayoclinic.com/health/adjustment-disorders/DS00584/DSECTION=1.

⁶ Stutzky, G., Barratt, M., and Haring, C. (January 2001). *Spotlight on applied research: Families on the move*. East Lansing, MI: Michigan Public Policy Initiative. Retrieved March 25, 2008, from www.mnaonline.org/pdf/mobil.pdf.

⁷ National Youth Violence Prevention Resource Center. (2001). *Substance abuse*. Retrieved March 25, 2008, from www.safeyouth.org/scripts/facts/docs/substance_abuse.pdf.

⁸ Institute of Medicine of the National Academies. (2004). *Reducing underage drinking: A collective responsibility*. Washington, DC: National Academies Press. Retrieved March 25, 2008, from <http://books.nap.edu/openbook.php?isbn=0309089352&page=211>.

with the highest rates in the general population. Military personnel often use alcohol to cope with stress, boredom, loneliness, and the lack of other recreational activities.⁹

Research by DoD shows that active duty military personnel who drink heavily believe that drinking is part of being in the military, that drinking is the only recreation available, and that leadership tolerates off-duty drunkenness.¹⁰

The alcohol culture in military life is supported by ease of access that includes low prices in base stores, frequent barracks parties, drink promotions in bars near bases, and multiple opportunities for underage drinking with friends both in and outside the armed services.¹¹

While youths in military families may not participate in the same social activities as service members or gain access to alcohol through the same channels, these young people are exposed to a climate of acceptability. Youth whose parents use alcohol and view drinking favorably tend to drink more. This connection should be interpreted carefully, however, since its influence has not been established independent of other factors.¹²

Despite a military drinking culture, the percentage of service members aged 26 to 55—those most likely to have adolescent children—who drink heavily is similar to the rate among civilians in the same age group. Above-average rates of heavy alcohol use are found in the Army and Marine Corps, however.¹³

Children in military families whose parents have alcohol problems are at increased risk of becoming alcoholics.¹⁴ While the rate of alcoholism among military members is not known, 2.9

⁹ Ames, G., and Cunradi, C. (2004/2005). Alcohol use and preventing alcohol-related problems among young adults in the military. *Alcohol Research and Health*, 28(4), 252-257. Retrieved March 25, 2008, from <http://pubs.niaaa.nih.gov/publications/arh284/252-257.pdf>.

¹⁰ Bray, R. M., Hourani, L. L., Olmsted K. L., Witt, M., Brown, J. M., Pemberton, M. R., Marsden, M. E., et al. (December 2006). *2005 Department of Defense survey of health related behaviors among active duty military personnel*. Washington, DC: Assistant Secretary of Defense, Health Affairs. Retrieved March 25, 2008, from www.ha.osd.mil/special_reports/2005_Health_Behaviors_Survey_1-07.pdf.

¹¹ Moore, R. S., Ames, G. M., Cunradi, C. B. (June 30, 2007). Physical and social availability of alcohol for young enlisted naval personnel in and around home port. *Substance Abuse Treatment, Prevention, and Policy*, 30(2), 17. Retrieved on March 25, 2008, from www.substanceabusepolicy.com/content/pdf/1747-597X-2-17.pdf.

¹² National Institute on Alcohol Abuse and Alcoholism. (2004/2005). Alcohol and development in youth—A multidisciplinary overview. Environmental and contextual considerations. *Alcohol Research and Health*, 28(3), 155-162. Retrieved March 25, 2008, from <http://pubs.niaaa.nih.gov/publications/arh283/toc28-3.htm>.

¹³ Bray, R. M., Hourani, L. L., Olmsted K. L., Witt, M., Brown, J. M., Pemberton, M. R., Marsden, M. E., et al. (December 2006). *2005 Department of Defense survey of health related behaviors among active duty military personnel*. Washington, DC: Assistant Secretary of Defense, Health Affairs. Retrieved March 25, 2008, from www.ha.osd.mil/special_reports/2005_Health_Behaviors_Survey_1-07.pdf.

¹⁴ Dube, S. R., Anda, R. F., Felitti, V. J., Croft, J. B., Edwards, V. J., and Giles, W. H. (Summer 2003). ACE study findings: Growing up with alcoholism. *ACE Reporter*, 1(2), 1–3. Retrieved March 24, 2008, from www.acestudy.org/files/ARV1N2.pdf.

percent of military personnel surveyed by DoD reported symptoms of alcohol dependence that warranted further diagnostic evaluation for alcohol dependence.¹⁵

Deployment Issues

A parent's deployment often brings heightened stress for military families. This stress begins when a service member is notified of a pending deployment and extends through a lengthy period after he or she returns. In the predeployment phase, children experience stress in anticipation of the parent's absence, with young children prone to confusion about why the parent is leaving and what will happen as a result. Children's stress tends to increase as they sense the strain their parents go through in preparing for separation.¹⁶

In addition to new routines and responsibilities for both children and parents, deployment may involve relocation. A study of military members and service providers found that remaining parents often moved to be near extended family. While moving isolated military members' spouses from many forms of assistance, the spouses faced reduced resources during deployment if they stayed. Limited availability and accessibility of programs for children complicated their supervision during deployment.¹⁷

Preschool children may be confused and surprised about everything feeling so different and feel guilty that they caused the parent to go away. As a result, their behavior may include increased demands for attention, positive and negative attention-getting behavior, trouble separating from the absent parent, irritability, aggression, and angry outbursts. Preschool children also may return to younger behavior such as thumbsucking and bedwetting. They may experience sleep disturbances, become easily frustrated and harder to comfort, and may act out scary events. Elementary school children may have the same feelings as younger children as well as sadness, anger, worry about the deployed parent's return, and fear that the remaining parent will leave, too. Behavior changes may include regression, rapid mood swings, changes in eating and sleeping, and anger toward both parents.¹⁸

Older youths in military families are especially affected by parental deployment because the resulting pressures are added to the demands of normal adolescent development at a time when coping skills are not fully developed.¹⁹ Adolescents may become angry, sad, depressed, anxious,

¹⁵ Bray, R. M., Hourani, L. L., Olmsted K. L., Witt, M., Brown, J. M., Pemberton, M. R., Marsden, M. E., et al. (December 2006). *2005 Department of Defense survey of health related behaviors among active duty military personnel*. Washington, DC: Assistant Secretary of Defense, Health Affairs. Retrieved March 25, 2008, from www.ha.osd.mil/special_reports/2005_Health_Behaviors_Survey_1-07.pdf.

¹⁶ Levin, D. E., and Daynard, C. I. (2005). *The "so far" guide for helping children and youth cope with the deployment of a parent in the military reserves*. Needham, MA: Strategic Outreach to Families of All Reservists (SOFAR). Retrieved April 17, 2008, from www.nmfa.org/site/DocServer/SOFAR_Children_Pamphlet.pdf?docID=6661.

¹⁷ MacDermid, S. M. (June 22, 2006). *Multiple transitions of deployment and reunion for military families*. Presented at Purdue University, Military Family Research Institute. Retrieved April 17, 2008, from www.cfs.purdue.edu/mfri/pages/research/DeployReunion.pdf.

¹⁸ Levin, D. E., and Daynard, C. I. (2005). *The "so far" guide for helping children and youth cope with the deployment of a parent in the military reserves*. Needham, MA: SOFAR. Retrieved April 17, 2008, from www.nmfa.org/site/DocServer/SOFAR_Children_Pamphlet.pdf?docID=6661.

¹⁹ Huebner, A. J., Mancini, J. A., Wilcox, R. M., Grass, S. R., Grass, G. A. (2007). Parental deployment and youth in military families: Exploring uncertainty and ambiguous loss. *Family Relations*, 56(2), 112–122.

and afraid.²⁰ Youths also may find themselves confused by their emotions. In a study of 12 to 18 year olds, some youths expressed mixed feelings about their parent's absence, worrying about his or her safety while relishing freedom from criticism or discipline. Some youths were conflicted in wanting others to be supportive, yet wanting to set their stress aside.²¹ According to an expert on separation issues, the risk of deployment-related mental health problems is heightened among teens because many do not share concerns with their parents.²² Youths may keep their emotions bottled up to protect a parent from negative emotions and stress. Youths also experience stress as they face added responsibilities such as doing more chores and helping to care for siblings.

Youths may cope with emotional distress by engaging in high-risk behaviors. Youths who become emotionally distressed as a result of a parent's military deployment are at increased risk for substance abuse.²³ Adolescents also may react to emotional distress with misdirected anger such as acting out and intentionally hurting or cutting themselves; school problems, especially sudden or unusual changes; signs of apathy such as loss of interest, noncommunication, and denial of feelings; significant weight loss; regressive behavior; and friends becoming more important.²⁴

The mental health of the parent remaining at home is important in how children adjust to a parent's deployment.²⁵ Characteristics that help spouses to function effectively during this time include active coping styles, making meaning of the situation, receiving community and social support, accepting the military lifestyle, showing optimism and self-reliance, and adopting flexible gender roles.²⁶

In addition, children fare better when a parent provides a consistent environment.²⁷ The importance of consistency was illustrated in research with adolescents who said the "worst thing

²⁰ Levin, D. E., and Daynard, C. I. (2005). *The "so far" guide for helping children and youth cope with the deployment of a parent in the military reserves*. Needham, MA: SOFAR. Retrieved April 17, 2008, from www.nmfa.org/site/DocServer/SOFAR_Children_Pamphlet.pdf?docID=6661.

²¹ Huebner, A. J., and Mancini, J. A. (June 30, 2005). *Adjustments among adolescents in military families when a parent is deployed*. Falls Church, VA: Department of Human Development, Virginia Polytechnic Institute and State University. Retrieved March 25, 2008, from

www.aap.org/sections/uniformedservices/deployment/DeploymentWebSiteResources/AdjustmentsAdol.pdf.

²² Rutz, P. X. (April 28, 2006). Kids of deployed military parents need consistency. *American Forces Press Service*. Retrieved March 25, 2008, from www.defenselink.mil/news/newsarticle.aspx?id=15328.

²³ Rutz, P. X. (April 28, 2006). Kids of deployed military parents need consistency. *American Forces Press Service*. Retrieved March 25, 2008, from www.defenselink.mil/news/newsarticle.aspx?id=15328.

²⁴ Levin, D. E., and Daynard, C. I. (2005). *The "so far" guide for helping children and youth cope with the deployment of a parent in the military reserves*. Needham, MA: SOFAR. Retrieved April 17, 2008, from www.nmfa.org/site/DocServer/SOFAR_Children_Pamphlet.pdf?docID=6661.

²⁵ Huebner, A. J., and Mancini, J. A. (June 30, 2005). *Adjustments among adolescents in military families when a parent is deployed*. Falls Church, VA: Department of Human Development, Virginia Polytechnic Institute and State University. Retrieved March 25, 2008, from

www.aap.org/sections/uniformedservices/deployment/DeploymentWebSiteResources/AdjustmentsAdol.pdf.

²⁶ American Psychological Association's Presidential Task Force on Military Deployment Services for Youth, Families and Service Members. (February 2007). *The psychological needs of U.S. military service members and their families: A preliminary report*. Retrieved March 25, 2008, from www.apa.org/releases/MilitaryDeploymentTaskForceReport.pdf.

²⁷ Rutz, P. X. (April 28, 2006). Kids of deployed military parents need consistency. *American Forces Press Service*. Retrieved March 25, 2008, from www.defenselink.mil/news/newsarticle.aspx?id=15328.

about deployment” was the disruption in routine, everyday life.²⁸ Such disruption may lead to family management problems that are risk factors for substance abuse and other adolescent problem behaviors.²⁹

After Deployment

The reunification phase can be stressful for children, as returning parents may be ready to pick up family life where they left off. However, these expectations may not be realistic in view of the changes that children have undergone in the parents’ absence. Adolescents may be defiant and disappointed if the returning parent does not acknowledge their contributions during the deployment.³⁰ Old conflicts with the returning parent may resurface. Family management issues also may present new problems as parents and children renegotiate their roles.

Reunion is likely to be harder for children when a parent returns with physical or psychological problems.³¹ A report to the Presidential Task Force on Military Deployment Services for Youth, Families and Service Members indicates that 23,000 service members have returned from a combat zone with physical wounds and permanent disabilities such as traumatic brain injury. As many as one-fourth of all returning service members are struggling with less visible psychological injuries including post-traumatic stress disorder (PTSD). Stress-related mental health problems and the challenges they bring to family life often emerge during the months after a service member returns home.³²

Children whose parents have mental health problems may have an increased risk of social, emotional, or behavior problems.³³ Children who have a parent with a mental illness also may be at risk for substance abuse.³⁴ Still, many of these children are resilient and do not have significant problems, so more research, including studies that focus on military families, is needed to find out why some children who are exposed to a parent’s mental illness do well while others struggle.

²⁸ Huebner, A. J., and Mancini, J. A. (June 30, 2005). *Adjustments among adolescents in military families when a parent is deployed*. Falls Church, VA: Department of Human Development, Virginia Polytechnic Institute and State University. Retrieved March 25, 2008, from

www.aap.org/sections/uniformedservices/deployment/DeploymentWebSiteResources/AdjustmentsAdol.pdf.

²⁹ National Institutes of Health, National Institute on Drug Abuse. (September 2007). *Community monitoring systems: Tracking and improving the well-being of America’s children and adolescents*. NIH Publication No. 07-5852. Retrieved March 25, 2008, from www.drugabuse.gov/pdf/cms.pdf.

³⁰ American Psychological Association’s Presidential Task Force on Military Deployment Services for Youth, Families and Service Members. (February 2007). *The psychological needs of U.S. military service members and their families: A preliminary report*. Retrieved March 25, 2008, from www.apa.org/releases/MilitaryDeploymentTaskForceReport.pdf.

³¹ Levin, D. E., and Daynard, C. I. (2005). *The “so far” guide for helping children and youth cope with the deployment of a parent in the military reserves*. Needham, MA: SOFAR. Retrieved April 17, 2008, from www.nmfa.org/site/DocServer/SOFAR_Children_Pamphlet.pdf?docID=6661.

³² National Association of Social Workers. *Military service-related PTSD*. Retrieved January 18, 2008, from www.socialworkers.org/research/naswResearch/0907Military/default.asp.

³³ Nicholson, J., Biebel, K., Hinden, B., Henry, A., Stier, L. July 30, 2001. Chapter IV. Having a parent with mental illness: Child outcomes. In *Critical issues for parents with mental illness and their families*. Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA). Retrieved March 25, 2008, from <http://mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0109/ch4.asp>.

³⁴ Mowbray, C. T., and Oyserman, D. (2003). Substance abuse in children of parents with mental illness: Risks, resiliency, and best prevention practices. *The Journal of Primary Prevention*, 23(4), 451–482.

In addition, the postdeployment phase may not be final, since units are being deployed repeatedly into combat situations. As a result, many families face the stress of preparing for repeated deployment soon after reunion. By 2007, one-third of the approximately 1.5 million American troops deployed since September 11, 2001, had served at least two tours in a combat zone and 20,000 had been deployed at least five times. Children also may face the disruption of moving if a deployed parent is killed or returns with injuries that require treatment at a distant facility.³⁵

Youths may have severe reactions if deployment results in a parent's death or trauma. For example, adolescents and teens may become depressed, withdrawn, anxious, irritable, angry, or fearful. They may have academic problems and may engage in substance abuse or other risky, antisocial, or illegal behavior.³⁶

The postdeployment phase raises the possibility of an increased risk of child abuse. Research indicates that families with service members who experience combat-related stress after their return may be at risk for increased violence against children. In addition to deployment-related issues, common features of military life—such as occupational stress, frequent separations, geographic isolation, and young families living apart from social supports—are risk factors for child abuse. However, research has not documented a greater occurrence of child maltreatment in military families than in the civilian population.³⁷ To the extent that child abuse occurs in military families, these children are at increased risk for substance abuse and other risky behaviors, health problems, and negative social consequences.³⁸

Possible Long-Term Effects on Health

Research suggests that high levels of stress could cause youths in military families to experience both disease and depression later in life. Traumatic life experiences such as parental unavailability, abuse, and domestic violence can cause depression while conditions such as heart disease and diabetes can result from unhealthy behavior used to cope with depression, or as a direct result of chronic stress.³⁹

³⁵ American Psychological Association's Presidential Task Force on Military Deployment Services for Youth, Families and Service Members. (February 2007). *The psychological needs of U.S. military service members and their families: A preliminary report*. Retrieved March 25, 2008, from www.apa.org/releases/MilitaryDeploymentTaskForceReport.pdf.

³⁶ Gurian, A., Kamboukos, D., Levine, E., Pearlman, M., and Wasser, R. (September 2006). *Caring for kids after trauma, disaster and death: A guide for parents and professionals. Second edition*. New York University School of Medicine, New York University Child Study Center. Retrieved March 25, 2008, from www.hr.vt.edu/downloads/resources/crisisguide.pdf.

³⁷ American Psychological Association's Presidential Task Force on Military Deployment Services for Youth, Families and Service Members. (February 2007). *The psychological needs of U.S. military service members and their families: A preliminary report*. Retrieved March 25, 2008, from www.apa.org/releases/MilitaryDeploymentTaskForceReport.pdf.

³⁸ Child Welfare Information Gateway, Administration for Children, Youth and Families, Children's Bureau. (April 2006). *Long-term consequences of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services (HHS). Retrieved March 25, 2008, from www.childwelfare.gov/pubs/factsheets/long_term_consequences.pdf.

³⁹ Anda, R. F., and Felitti, V. J. (Winter 2006). The ACE study: Depression and suicide. *ACE Reporter*, 1(3), 1–2. Retrieved March 25, 2008, from www.acestudy.org/files/ARV1N3.pdf.

Widespread Resilience

While children in military families and communities face numerous stressful conditions and increase their risk of emotional problems, mistreatment, and risky behavior, most of these young people fare well. Research shows that physical and mental health, as well as the activities and behaviors of adolescents living in military families, are comparable to those of youths in the civilian population.^{40,41}

While many youths have difficulty coping with a parent's deployment, many also become more independent and develop personal strengths in the process.⁴²

In summary, children in military families often are subject to stressful conditions stemming from difficult transitions. The frequent moving characteristic of military life disrupts children's school and social lives while a parent's deployment disrupts family life. In addition to the direct effects of these events, children are affected by their parents' circumstances and ability to cope. The various stressors that arise from these transitions increase children's risk for emotional distress, substance abuse, and other risky behavior. In addition, a culture favorable to alcohol use and abuse puts children in military families and communities at increased risk for underage drinking. While children of service members are resilient, the stressors they face call for a variety of supports for them, their parents, and their communities.

Facts

- More than half (56.6 percent) of the active duty force have family responsibilities. In 2005, 74,086 (or 5.4 percent) of active duty service members were single parents.⁴³
- The largest percentage of minor dependents of active duty members (39.8 percent) are between birth and 5 years old, followed by 6 to 11 year olds (31.9 percent) and almost one-fourth (24.4 percent) who are 12 to 18 years of age. The minor dependents of children of selected reserve members tend to be older—one in three (33.1 percent) are in the 12 to 18 age group.⁴⁴

⁴⁰ Jeffrey, D., Leitzel, J. D., Cabral, G., Gumpert, J., and Hartley, E. (November 1997). *Military adolescents: Their strengths and vulnerabilities*. Scranton, PA: Military Family Institute, Marywood University. Retrieved March 25, 2008, from <http://stinet.dtic.mil/cgi-bin/GetTRDoc?AD=ADA332277&Location=U2&doc=GetTRDoc.pdf>.

⁴¹ Jensen, P. S., Watanabe, H. K., Richters, J. E., Cortes, R., Roper, M., and Liu, S. (November 1995). Prevalence of mental disorder in military children and adolescents: Findings from a two-stage community survey. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34(11), 1514–1524.

⁴² Huebner, A. J., and Mancini, J. A. (June 30, 2005). *Adjustments among adolescents in military families when a parent is deployed*. Falls Church, VA: Department of Human Development, Virginia Polytechnic Institute and State University. Retrieved March 25, 2008, from www.aap.org/sections/uniformedservices/deployment/DeploymentWebSiteResources/AdjustmentsAdol.pdf.

⁴³ Military Family Research Institute at Purdue University. (2005). *2005 demographics report*. Arlington, VA: Office of the Deputy Under Secretary of Defense, Military Community and Family Policy. Retrieved March 25, 2008, from www.cfs.purdue.edu/mfri/pages/military/2005_Demographics_Report.pdf.

⁴⁴ Military Family Research Institute at Purdue University. (2005). *2005 demographics report*. Arlington, VA: Office of the Deputy Under Secretary of Defense, Military Community and Family Policy. Retrieved March 25, 2008, from www.cfs.purdue.edu/mfri/pages/military/2005_Demographics_Report.pdf.

- At any one time, more than half a million children have one or more parents deployed in support of efforts to address threats to national security.⁴⁵
- As of January 26, 2007, an estimated 2,733 children had lost a parent in the war in Iraq and other military operations since September 11, 2001.
- Youths who experience depression related to a parent's military service are at increased risk of substance abuse. Data from the general population show that teens who experience major depressive episodes are almost twice as likely (34.6 percent versus 18.2 percent) to use illicit drugs or engage in heavy use of alcohol.⁴⁶
- Deployment-related child outcomes including depression, acting out or negative behavioral adjustment, poor academic performance, and increased irritability and impulsiveness have been found to be more common in boys than girls.⁴⁷
- Youths in military families and communities are exposed to a different substance use environment than that found in civilian life. Members of the military have higher rates of heavy alcohol use and lower rates of cigarette and illicit drug use than the civilian population, even after taking into account social and demographic differences.⁴⁸
- Military families may face a service member's behavioral health problems beyond the period of active duty. Data from 2004 to 2006 indicate that an annual average of 7.0 percent of veterans aged 18 or older experienced past year serious psychological distress, 7.1 percent met the criteria for a past year substance use disorder, and 1.5 percent had both of these disorders.⁴⁹

⁴⁵ American Psychological Association's Presidential Task Force on Military Deployment Services for Youth, Families and Service Members. (February 2007). *The psychological needs of U.S. military service members and their families: A preliminary report*. Retrieved March 25, 2008, from www.apa.org/releases/MilitaryDeploymentTaskForceReport.pdf.

⁴⁶ SAMHSA, Office of Applied Studies. (2007). Prevalence and treatment of mental health problems. In *Results from the 2006 national survey on drug use and health: National findings*. NSDUH Series H-32, HHS Publication No. SMA 07-4293. Rockville, MD: SAMHSA. Retrieved March 25, 2008, from www.oas.samhsa.gov/NSDUH/2K6NSDUH/2K6results.cfm#Ch8.

⁴⁷ Huebner, A. J., and Mancini, J. A. (June 30, 2005). *Adjustments among adolescents in military families when a parent is deployed*. Falls Church, VA: Department of Human Development, Virginia Polytechnic Institute and State University. Retrieved March 25, 2008, from www.aap.org/sections/uniformedservices/deployment/DeploymentWebSiteResources/AdjustmentsAdol.pdf.

⁴⁸ Bray, R. M., Hourani, L. L., Olmsted K. L., Witt, M., Brown, J. M., Pemberton, M. R., Marsden, M. E., et al. (December 2006). *2005 Department of Defense survey of health related behaviors among active duty military personnel*. Washington, DC: Assistant Secretary of Defense, Health Affairs. Retrieved March 25, 2008, from www.ha.osd.mil/special_reports/2005_Health_Behaviors_Survey_1-07.pdf.

⁴⁹ SAMHSA, Office of Applied Studies. (November 1, 2007). *The NSDUH report: Serious psychological distress and substance use disorder among veterans*. Rockville, MD: SAMHSA. Retrieved March 25, 2008, from www.oas.samhsa.gov/2k7/veteransDual/veteransDual.pdf.

- Most children in military families attend civilian schools. DoD reports 662,000 active duty service member dependents aged 6 to 18 and about 90,000 children attending DoD education activity schools worldwide.^{50, 51}

Federal Resources

MilitaryStudent.Org

www.militarystudent.dod.mil

MilitaryStudent.Org is DoD's official source of education information. This initiative provides information to facilitate sound decisions on the education of youths in military families. Highlights include toolkits to help parents, installation commanders, and school leaders smooth education transitions for military children. The site also contains promising practices regarding school transitions and Sesame Street Talk, Listen, Connect bilingual kits to help military families and their young children cope with deployment concerns. The Web site contains pages for children, teens, parents, special needs families, military leaders, and educators.

Operation: Military Kids (OMK)

www.operationmilitarykids.org/public/omk.aspx

OMK, launched in April 2005, is the U.S. Army's collaborative effort with communities to support the children and youth impacted by deployment. Through a network of community partners, OMK provides youth program opportunities for school age, middle school, and teenaged youths and connects them to support resources where they live. Families and youths can access information about OMK programs and link to partner programs on the OMK Web site or by contacting their State 4-H military liaison. A part of the 4-H/Army Youth Development Project, OMK is an element of the Army Integrated Family Support Network (AIFSN) delivery system.

Private Organizations

Courage to Care

www.usuhs.mil/psy/courage.html

Courage to Care is an electronic health campaign for military and civilian professionals serving the military community, as well as for military men, women, and families. Courage to Care consists of electronic fact sheets on timely health topics relevant to military families, including health-related aspects of moving and deployment. Courage to Care is designed to fit into health outreach efforts. The campaign's fact sheets can be customized with local contact information, sent to provider or support group networks or to friends and family, and can be put on Web sites. Courage to Care content is developed by leading military health experts from Uniformed Services University of the Health Sciences.

⁵⁰ Military Family Research Institute at Purdue University. (2005). *2005 demographics report*. Arlington, VA: Office of the Deputy Under Secretary of Defense, Military Community and Family Policy. Retrieved March 25, 2008, from www.cfs.purdue.edu/mfri/pages/military/2005_Demographics_Report.pdf.

⁵¹ Department of Defense Education Activity, DODEA Data Center. (2006). *Enrollment report for DoDEA as of December 15, 2006*. Retrieved March 25, 2008, from www.dodea.edu/datacenter/enrollment_display.cfm.

Military Child Education Coalition (MCEC)

www.militarychild.org/

MCEC is a nonprofit organization that identifies the challenges facing highly mobile military children. Through a wide variety of training programs, events, initiatives, and materials, MCEC helps families, schools, and communities to prepare to meet the needs of transitioning parents and students.

Military Child Initiative (MCI)

www.jhsph.edu/mci/

MCI assists public schools in improving the quality of education for highly mobile and vulnerable young people with a special focus on military children and their families. MCI provides information, tools, and services that enhance school success to national, State, and local education agencies; schools and parents; and health, child welfare, juvenile justice, and education professionals. Components of MCI, which is located at the Johns Hopkins Bloomberg School of Public Health, include best practices, technical assistance, needs assessment/evaluation, and advocacy.

Military Family Research Institute (MFRI)

www.cfs.purdue.edu/mfri/index.html

MFRI conducts original research on quality of life issues among military members and their families. Areas of interest include satisfaction, retention, readiness, and performance. The MFRI Web site contains research-based reports and educational materials on military demographics and military life issues including moving, marriage and divorce, family separation, and childcare. MFRI is housed at Purdue University and funded by DoD, Office of Military Community and Family Policy, and the Lilly Endowment.

Military Teens on the Move (MTOM)

www.defenselink.mil/mtom/index_t.htm

The MTOM Web site provides tips for kids on moving, making new friends, learning about a new community, and coping with having deployed parents. The site contains separate pages for teens and younger children.

National Military Family Association (NMFA)

www.nmfa.org/

NMFA seeks to educate military families on their rights, benefits, and services available to them and issues that affect their lives. NMFA also works to promote and protect the interests of military families by influencing legislation and policies affecting them. NMFA sponsors a military spouse scholarship program, awards programs to recognize outstanding military families and volunteers, and *Operation Purple Camps* for children of deployed service members. NMFA's Web site provides information for military families and those who service them. NMFA publishes a monthly newsletter as well as a weekly legislative e-mail newsletter.

Operation Healthy Reunions

www.nmha.org/reunions/index.cfm

Operation Healthy Reunions provides education and helps to break the stigma of mental health issues among soldiers, their families, and medical staff members to ensure that a greater number of military families receive the prompt and high-quality care they deserve. In partnership with military organizations, Mental Health America's (formerly known as the National Mental Health Association) Operation Healthy Reunions project distributes educational materials on such topics as reuniting with spouses and children, adjusting after war, depression, and PTSD.

Uniformed Services Deployment

www.aap.org/sections/unifserv/deployment/index.htm

The Uniformed Services Deployment Web site was developed by the American Academy of Pediatrics to help children and adolescents cope with the difficulties of deployment in the family. The site includes resources for youth-serving professionals and parents as well as for kids.