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TECHNICAL REPORT

Views from the Homefront

The Experiences of Youth and Spouses from Military Families

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Sponsored by the National Military Family Association, with
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Summary

Background: Focus on Military Families

The wars in Iraq and Afghanistan represent the largest stress on the all-volunteer force since its inception in the early 1970s. Since late 2001, the United States has deployed approximately 2 million service members to support these operations. The pace of these deployments has been frequent, with many service members deploying several times over the past nine years, often with little quality time at home in between deployments. These deployments have also engaged the National Guard and Reserve forces extensively. In theater, the nature of combat exposure has placed additional stress on service members. Given the use of improvised explosive devices and the various insurgencies, there is no real front line. As such, even those in support roles are exposed to combat-related stressors.

The stressors that service members face during deployment may also influence the experiences of family members, both during the deployment and after the return home. However, the impact of these unique deployments and the wartime environment on military families is still not well understood.

A small but growing body of research has examined the impact of deployment on military families and has yielded valuable insights. However, there has been relatively little work in several areas: First, there is little information on how youth (and specifically pre-teens and teenagers) are faring across multiple domains or on understanding the experiences of youth as informed by both their own and adult perspectives. Second, there are few data on the challenges specifically related to deployment and reintegration that military youth face and how these challenges may differ by factors, such as youth age or gender, family military service or component, or the family's military deployment history, including number of deployments and total months of deployment. Finally, there has been relatively little analysis of how the wartime environment and deployments affect the emotional and psychological well-being of the spouse or other caregiver who stays at home to care for the family.

Study Purpose and Approach

This study is intended to begin addressing these research gaps. It represents the first comprehensive (i.e., across multiple domains), longitudinal examination of the behavioral and emotional well-being of a select sample of military families as they cope with the stress of war and deployment. The aim of the study is not to summarize the experience of all military families

but rather to describe perspectives of a sample of military youth applying to *Operation Purple*[®], a summer camp program. The study addresses three research questions:

- How are military youth who applied to this summer camp program functioning emotionally, socially, and academically?
- What, if any, challenges do these study participants report during and after parental deployment?
- How are their nondeployed caregivers faring, particularly related to deployment?

To address these questions, a team of RAND researchers surveyed and interviewed a sample of military families from among the applicants to the 2008 *Operation Purple*[®] camp, a free camp for children from military families that is sponsored by the National Military Family Association. There are camps at 63 sites nationwide. Children between ages 7 and 17 can attend, and multiple children from one family are eligible for the camps. The mission of *Operation Purple*[®] is to help children meet other military youth and for those who have experienced a parental deployment to cope with the stress of war.

Initially, we recruited 1,507 youth aged 11–17 years from the *Operation Purple*[®] applicant pool to participate in our study. We attempted to minimize some issues of selection bias by randomly selecting from the *Operation Purple*[®] applicants to include families that mirrored the service and component composition of deploying personnel in November 2007 (the most current data at the time of the study). However, since applicants to *Operation Purple*[®] are a service-seeking or program-seeking population of military families, we place study findings in this context throughout the report.

The study had two components: quantitative and qualitative. The quantitative component consisted of phone surveys with one youth and his or her nondeployed or “home” caregiver from each of the participating families at three time points over the course of one year: baseline in the summer of 2008, six months later in the winter of 2009, and then one year later in the summer of 2009. The surveys included the same questions to allow for repeated measurement across time, with the exception of open-ended questions about deployment experience that changed wave to wave. The second, qualitative, component involved in-depth, semistructured phone interviews with nondeployed caregivers to provide additional detail on how parental deployment affected family life and the experiences of the nondeployed caregiver.

We applied a set of general linear mixed models (McCulloch and Searle, 2001) to estimate the relationship between the outcomes of interest and key predictors while accounting for relevant covariates. We primarily used the longitudinal data set to explore which factors were significantly associated with outcomes of interest throughout the study period, rather than at a single point in time. We also examined whether there were any notable trends in how functioning (well-being) and the experience of deployment-related challenges changed over the study period, particularly for those who had experienced a deployment at baseline or during the study period and/or the return of a deployed parent during the study period. Our qualitative analysis employed traditional inductive coding processes to identify salient themes related to how nondeployed caregivers cope with parental deployment.

Key Findings

Below we summarize our findings for each of the research questions.

Youth Functioning and Well-Being

Using reports from both youth and their caregivers, we examined youth functioning and well-being in five areas: emotional difficulties, anxiety symptoms, peer and family functioning, academic engagement problems, and risk behaviors. For purposes of comparison, we used population-based data from studies of national samples of U.S. youth from the same age group, to the extent that those data were available.

Emotional or Behavioral Difficulties. We found that youth in our study were experiencing relatively high levels of emotional or behavioral difficulties. Overall, 30 percent of caregivers in the study at baseline reported moderate-to-high levels of emotional or behavioral difficulties among their children. At the 6-month and 12-month interviews, caregiver reports of youth difficulties decreased on average (compared with what these average scores were at baseline), but nearly 30 percent of caregivers in the study still reported difficulties in the moderate-to-high range. Among caregivers of youth 11–14 years, 34 percent in our study sample reported elevated emotional or behavioral problems compared with only 19 percent of youth this age in the general population.

Youth in the study also reported on their emotional or behavioral difficulties. Approximately 44 percent of youth in the study reported difficulties in the moderate-to-high range at baseline; this dropped to an average of 38 percent at 6 and 12 months.

Anxiety Symptoms. We found that youth in our study sample reported experiencing anxiety symptoms at levels that were higher than the average observed in other studies of youth. Thirty percent of the youth in our study reported elevated anxiety symptom levels, compared with 15 percent of youth in civilian studies. Over the study period (or survey wave to wave), anxiety symptoms reported by study participants decreased overall on average.

Peer and Family Functioning. Among our sample at baseline, caregiver reports of youth peer functioning problems were comparable to levels found in studies of other U.S. youth, but family functioning problems were slightly worse. Over the study year, peer functioning improved slightly; family functioning issues remained unchanged on average.

Academic Engagement Problems. We queried study participants about their ability to attend to tasks at school. Overall, report of academic issues was comparable to other studies of U.S. youth. Over the study period, youth academic engagement changed. On average, the score improved significantly between the 6-month and 12-month surveys.

Risk Behaviors. We asked youth in our study sample about their engagement in problem or risk behaviors, such as getting into fights with peers, getting into trouble at school, and using alcohol or other substances. Overall, study youth reported problem behaviors at rates comparable to those in other U.S. studies. For the purpose of this analysis, we compared only groups of youth on those items that all respondents answered, regardless of age. Over the study year, there was no change in the levels of youth-reported risk behaviors.

Groups Reporting More Problems in Functioning and Well-Being. The longitudinal data analyses identified particular subgroups and factors that were associated with greater levels of problems in functioning and well-being in our study sample.

- Older teens in our study reported more difficulties academically, while younger teens reported more anxiety symptoms.
- Girls in our study reported more anxiety symptoms.
- Caregivers in our study who were faring well emotionally were more likely to have children who were functioning well.
- Youth–caregiver communication problems were associated with youth functioning difficulties.

Deployment-Related Issues for Youth

The research team also examined issues for youth specifically related to parental deployment and reintegration using two scales for measuring deployment and reintegration challenges, one each for the caregiver and youth reports.

Deployment-Related Challenges. During a deployment, youth in our study sample reported that *dealing with life without the deployed parent* (68 percent) and *helping the caregiver deal with life without deployed parent* (68 percent) were the most difficult. Another frequently endorsed concern was *not having people in the community understand what deployment is like* (45 percent).

We also asked caregivers about youth difficulties during deployment. Caregivers in our study endorsed two items as the most difficult challenges for their child during deployment: *dealing with life without the deployed parent* (72 percent) and *feeling overwhelmed by new responsibilities at home* (57 percent).

Reintegration Challenges. We also asked youth and caregivers about reintegration challenges. Youth in our study cited two challenges most frequently: *fitting returning parent back into home routine* (54 percent) and *worrying about the next deployment* (47 percent). Caregivers in our study cited the same item as the most difficult challenge for their child during reintegration—*fitting the returning parent back into the home routine* (62 percent). Caregivers cited *getting to know the deployed parent again* (52 percent) as the second most difficult challenge.

Groups Reporting More Deployment and Reintegration Challenges. The longitudinal analysis identified subgroups in our study sample who had more problems over the course of the study year that were specifically related to deployment or reintegration:

- Older teens, youth experiencing more cumulative months of parental deployment, and youth whose caregiver had poorer emotional well-being reported more difficulties during deployment.
- Girls in the study reported more difficulties related to reintegration.
- Caregivers in the study with spouses in the Reserve component (Guard or Reserve) were more likely to report that their children faced deployment and reintegration challenges.

Caregiver Well-Being

We also asked caregivers in the study about their own well-being. With respect to caregiver well-being, we asked about their emotional status, as well as issues related to household management, their relationship with the deployed parent, and parenting issues. These are all areas in which significant changes may occur during a deployment. We then asked caregivers about challenges specifically related to the period of deployment.

Caregiver Emotional Well-Being. We assessed the emotional well-being of caregivers. We found that, within our sample and on average, caregivers' emotional well-being improved over the study period, although there were important variations among subgroups, as we describe below. Decreases in difficulties between baseline and 6 months were not significant, but improvement in well-being between baseline and 12 months was marginally significant.

Household Hassles. A deployment may translate into loss of emotional or other kinds of support for caregivers, which may, in turn, lead to increased household burdens. We queried caregivers about the degree to which household-related challenges bothered them. Caregivers in the study were most bothered by the following household hassle at baseline: *not having time to do things they wanted to do* (53 percent) and *having too many responsibilities at home* (47 percent). The average report of household hassles declined over the course of the study.

Relationship Hassles. Prior research suggests that deployment can have a negative impact on the relationship between the caregiver and the deployed service member. The most frequently endorsed relationship hassles among our study sample at baseline were *changing roles in the marriage* (30 percent) and *problems growing apart from the partner* (25 percent). The average number of relationship hassles reported increased slightly from wave to wave over the study period.

Parenting Hassles. Caregivers were asked about a range of parenting challenges they had experienced in the six months prior to the interview, such as challenges related to parenting the focal child. Of these, concerns about *child's behavior in school* (42 percent) and *problems with child's behavior* (31 percent) most bothered caregivers in the study. The average report of parenting hassles decreased over the course of the study year.

Groups of Caregivers and Factors Associated with Well-Being Problems. We found that certain caregiver groups in the study reported more difficulties with well-being. We also found that certain factors were associated with more problems.

- Reserve component caregivers in the study reported poorer emotional well-being and higher numbers of household challenges.
- Household challenges decreased for families in the study as the quality of family communication increased on average wave to wave.
- Reserve component caregivers and all caregivers facing a current deployment in the study reported a higher number of relationship issues.
- Parenting issues were greater for caregivers of boys and those experiencing a deployment at the time of the study.
- Caregiver emotional well-being was the most salient variable across all challenges, with poorer emotional well-being associated with more challenges.

Caregiver Challenges Specifically Related to Deployment

The study team created scales to measure caregiver challenges specifically related to deployment and reintegration.

Key deployment challenges for caregivers in the study were the following: *taking on more responsibilities at home caring for children* (83 percent) and *helping child deal with life without the deployed parent* (80 percent). Difficulties reported did not change significantly during the study period.

During reintegration, the most widely cited caregiver challenges were *fitting deployed parent back into the home routine* (71 percent) and *rebalancing childcare responsibilities* (61 percent). Difficulties reported did not change significantly during the study period.

Conclusions

In interpreting our findings and drawing conclusions from them, it is important to bear in mind the unique characteristics of our study sample, which consisted of self-selected military families who were seeking a program. In particular, it should be noted that families in our study may have been experiencing more difficulties at the time of their application to *Operation Purple*[®] than other military families, thus overestimating need. In the clinical services literature, those who are service-seeking tend to have higher need than the general population. On the other hand, these study families may also have access to resources that other families lack. In the youth development field, those young people who are at higher risk are the most difficult to recruit into programs. Thus, the absolute level of problems may be an underestimate relative to families who are in more distress and unable to organize to gain access to programs like *Operation Purple*[®]. Regardless of which (if any) of these presumptive explanations is true, we were able to identify which subgroups of families experienced relatively more or fewer difficulties. Doing so will help improve efforts to align program content more accurately with the needs of those seeking services.

Keeping this in mind, we conclude the following: Children and nondeployed caregivers who had applied to *Operation Purple*[®] confronted significant challenges to their emotional well-being and functioning. Four factors in particular—(1) caregiver emotional well-being, (2) more cumulative months of deployment, (3) National Guard or Reserve status, and (4) quality of caregiver-youth communication—were strongly associated with greater youth or caregiver difficulties. We discuss each of these factors in more detail below.

- *Caregiver emotional well-being.* Among the study sample, we found that caregiver emotional well-being is related to both the caregiver and the youth across a number of dimensions. Caregivers in the study who reported poorer emotional well-being also reported that their children had greater emotional, social, and academic difficulties. Further, if caregiver emotional health difficulties persisted or increased on average over the study period, youth difficulties remained higher when compared with youth whose caregivers reported fewer emotional difficulties. Lower levels of caregiver emotional well-being were also associated with greater stressors for the caregiver, including more challenges maintaining the household, parenting, and relating to the deployed parent.
- *More cumulative months of deployment.* Families in the study that experienced more total months of parental deployment also reported more youth emotional difficulties, and these difficulties did not diminish over the study period. Families in the study with more months of deployment reported more problems both during deployment and reintegration.
- *National Guard and Reserve status.* Caregivers in the study with partners in the Reserve component (Guard or Reserves) reported more challenges than their counterparts in the Active component. In particular, Guard and Reserve caregivers in the study reported more difficulties with emotional well-being, as well as more challenges during and after deployment.

- *Quality of caregiver-youth communication.* The quality of communication between caregivers and their children was highly associated with family functioning. In addition, the quality of family communication indicated how well families were functioning. Families in the study reporting poorer youth–caregiver communication also reported more problems with youth well-being.

In addition, the study identified challenges specifically related to the deployment and reintegration of a parent/spouse.

- A major challenge during deployment was difficulties maintaining the household. Across the study period, we noted that both caregivers and youth in the study cited difficulties with taking on more household responsibilities. For caregivers, this included more parenting responsibilities, and for youth this included taking care of siblings. In addition, both caregivers and youth in the study reported difficulties confronting life without the deployed parent. Youth and caregivers also reported difficulties during deployment due to what they perceived as a lack of community understanding of what life was like for them during this period. This was particularly an issue for caregivers from the Reserve component.
- Caregivers and youth in the study noted that reintegration of the deployed parent, while a joyous experience, also brought readjustment challenges. Caregivers described difficulties in rebalancing childcare responsibilities while still ensuring that the deployed parent had the necessary time to adjust to home life. Youth in the study, on the other hand, did not experience this type of improvement if their parent returned, although it is possible that such improvement may occur but take longer to observe. Youth also reported that understanding their deployed parent again, particularly if that parent experienced mood changes, was difficult.

Recommendations

Based on these findings, we offer the following recommendations for policy and programmatic action, as well as further research.

- **Review availability of support programs or services, including mental health services, for caregivers.**

Given the importance of caregiver emotional well-being as a factor related to youth well-being, ensuring the availability of and access to mental health services for spouses and children is important. In addition, more social and instrumental support services may be warranted. Caregivers have more responsibilities to juggle and thus may require help to balance these new burdens. Programs to help caregivers anticipate and plan for these changes may also be helpful. In addition, programs to help caregivers develop and maintain healthy social support networks, including those with other military spouses, may mitigate some of these stressors.

- **Target support for those families reporting children with elevated emotional difficulties and experiencing more months of deployment.**

We noted that some youth in the study reported greater emotional difficulties or elevated anxiety symptoms during the study period, signifying that certain youth may be struggling

with problems that do not diminish with time. As of this writing, military organizations do not have a systematic plan for screening and serving youth whose caregivers are experiencing significant months of deployment. Our findings also suggest that older teens (ages 15–17) and girls in particular may benefit from targeted initiatives.

- **Provide sufficient resources for caregiver support, particularly for Guard and Reserve caregivers.**

Our study findings show that Guard and Reserve caregivers in our study sample reported higher levels of difficulties. This finding should be interpreted in the context of the study's *Operation Purple*[®] applicant sample. Given that it can be challenging for Guard and Reserve families to link to services (e.g., due to lack of proximity to military installation or connection to military resources), our sample of Guard and Reserve families may represent a unique group who may have a greater ability to access resources. The fact that this group reports difficulties represents an opportunity to better serve this subgroup. For instance, we should examine the availability of formal and informal mental health services, particularly when families are geographically far from military mental health providers.

- **Focus programs on the quality of family communication.**

The quality of communication between caregivers and their children was associated with how families in the study fared during and after deployment. Thus, it is important to consider integrating evidence-based strategies in programs to improve the quality of caregiver–youth and caregiver–deployed parent communication. This may entail pre- and postdeployment interventions that address whole-family communication, focused on improving perceived empathy for each family member's experience.

- **Implement support programs across the deployment cycle, including during the reintegration period.**

We noted that families in the study faced challenges during deployment and reintegration, suggesting that support programs must be in place across the entire deployment cycle. Given the strong association between cumulative months of deployment and youth and caregiver difficulties, targeted initiatives for families experiencing many months of deployment may be needed.

In addition to these recommendations that specifically correspond to key subgroups reporting more challenges, the next two suggestions relate to the study findings as a whole.

- **Consider screening for family emotional well-being.**

Our examination of the well-being of youth and nondeployed caregivers suggests that some type of ongoing assessment of family member health and well-being before and after a deployment may be warranted.

- **Require evaluation of programs in light of existing research.**

Over the past seven years, there has been a rapid proliferation of programs to support military families. A rigorous and systematic evaluation of these programs is needed, including an assessment of how well program content aligns with the needs of the subgroups that would benefit most.

In addition, research needs to continue addressing gaps in understanding of the effects of deployment in youth and caregivers. In particular, there are four types of studies that are needed most urgently.

1. **Compare military families to civilian cohorts.** It is critical to understand how a contemporary cohort of youth is faring in order to isolate the unique stress that deployment may contribute. Future studies of this nature should consider including appropriately matched samples of nondeploying civilian youth. As with most studies to date of military youth, our sample had the limitations of convenience, in this case a population applying to a specialized summer camp program. Future efforts should use a population-based, representative sample.
2. **Examine caregiver well-being, with more measures of mental health.** Given the salience of caregiver emotional well-being, further examination of the mental health and well-being of caregivers is warranted, using validated mental health screening tools. To date, we have had limited information on the mental health of the caregivers.
3. **Tie longitudinal study periods to deployment periods.** A study that anchors all families to a deployment period to allow assessment before a deployment would improve measurement of the effects associated specifically with deployment, because there would be a common exposure point and all families could be examined on the same timeline.
4. **Follow youth over a longer period, into adulthood.** Following youth over a longer time period will help to determine if the emotional difficulties we noted in this study worsen across time points as deployments continue or level off. Tracking these youth into adulthood will also provide an opportunity to assess whether deployment-related challenges have an impact after adolescence.

Despite this need for additional research, the present study is able to provide important information about the status and experiences of a group of military families that are applying to *Operation Purple*[®], a summer program designed specifically for military youth experiencing parental deployment. This gives insight into the large group of families interested in such types of services and answers questions about the extent of their difficulties.

Final Observation

The unique features of the current conflicts in Afghanistan and Iraq—including multiple, extended deployments—are creating psychological and emotional challenges for both service members and their families. This research represents an important first step in understanding the nature of those challenges for military youth and their nondeployed caregivers within a self-selected sample of military families that sought support services. The findings identified key factors that were related to the experience of greater challenge for behavioral and emotional difficulties and explores the potential consequences of these difficulties. Continuing to broaden and deepen understanding of the challenges facing military families by studying other samples of military youth, the challenges they face, and the resiliency resources they draw on in response will be critical for helping military organizations to understand their needs and to respond appropriately.