What We Know about Military Family Readiness: Evidence from 2007-2017

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13. ABSTRACT (maximum 200 words)

This report provides a qualitative analysis of 380 articles to identify indicators of family readiness in the contemporary research evidence related to military families (2007-2017). We identify 16 indicators of family readiness related to the health and well-being of Service members, spouses, and children. Later, we present a portrait of military family readiness by reviewing the literature from the last 10 years related to each indicator.

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LIST OF ABBREVIATIONS AND ACRONYMS

Abbreviation (Acronym)	Definition
ACR	Army Central Registry
ACS	Army Community Service
ADAPT	After Deployment Adaptive Parenting Tools
ADHD	Attention Deficit Hyperactivity Disorder
AFAP	Army Family Action Plan
AFTB	Army Family Team Building
ASD	Autism Spectrum Disorder
CDC	Centers for Disease Control and Prevention
CES-D	Center for Epidemiological Studies – Depression
CBOC	Community-Based Outpatient Clinic
CSEA	Clinically Significant Emotional Abuse
DADT	Don't Ask Don't Tell policy
DEERS	Defense Enrollment Eligibility Reporting System
DMDC	Defense Manpower Data Center
DoD	Department of Defense
DTIC	Defense Technical Information Center
EFM	Exceptional family member
FAP	Family Advocacy Program
FASOR	Family Advocacy System of Records
G-index	Guilford's index of agreement
IPV	Intimate Partner Violence
n	Sample size
N/A	Not Applicable
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
OPC	Operation Purple Camp

Abbreviation (Acronym)	Definition
PCS	Permanent Change of Station
PREP	Prevention and Relationship Enhancement Program
PTSD	Post-Traumatic Stress Disorder
REACH	Reaching out to Educate and Assist Caring Healthy Families
RFL	Research Facilitation Laboratory
R&R	Rest and Recuperation
SES	Socio-economic status
TBI	Traumatic Brain Injury
TLC-II MD	The Talk Listen Connect: Multiple Deployments
VA	Veteran's Affairs
VAMC	Veteran's Affairs Medical Centers
VIP	Veterans' In-Home Program

Executive Summary

Research and studies on military families can provide critical evidence to support policy and program decisions so that the Army can effectively ensure that families are ready to navigate the challenges they may face as part of their military service. Previous reports by Segal and Harris (1993) and Booth and colleagues (2007) reviewed the then-current evidence to provide up-to-date information regarding Army families. Their reviews provide the foundation for this project, which aims to identify indicators of family readiness in the contemporary research evidence related to military families, and present a portrait of military family readiness by reviewing the literature from the last 10 years related to each indicator.

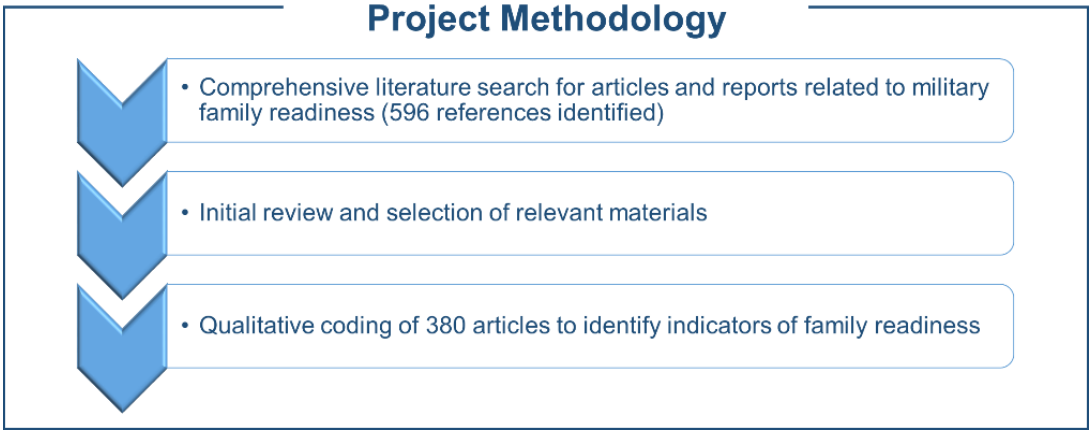
Project Objectives

The demographic, deployment, cultural, and scientific shifts that have occurred in the last decade create ideal conditions to re-examine family readiness across the scientific literature. This project provides new insight into our contemporary Service members and their families by:

1. Identifying indicators of family readiness in the contemporary research evidence related to military families, and
2. Presenting a portrait of military family readiness by reviewing the literature from the last 10 years related to each indicator.

It is timely to update these previous reports, given the dramatic shifts in: technologies that allow families to communicate and stay connected anywhere in the world, increases in the number and diversity of Army families, deployment durations and frequencies, culture and policy related to military service and families (e.g., inclusion of women in combat roles and the repeal of “Don’t Ask Don’t Tell”), and a considerable increase in the scientific study of military families in the last ten years.

This report documents the qualitative analyses conducted to identify indicators of family readiness, reviews the evidence related to each identified indicator, and draws out the implications of patterns of findings across the literature.



We conducted a rigorous literature search using a variety of search engines to gather articles and reports (referred to throughout as "articles") related to military families that were published after January 2006. Then, we conducted initial reviews of the articles, selecting only those articles that: 1) had empirical findings (i.e., qualitative or quantitative analyses had been conducted); 2) included military-connected family members from any service branch or component; and 3) had participants from the U.S., Canada, UK, Australia, or New Zealand.

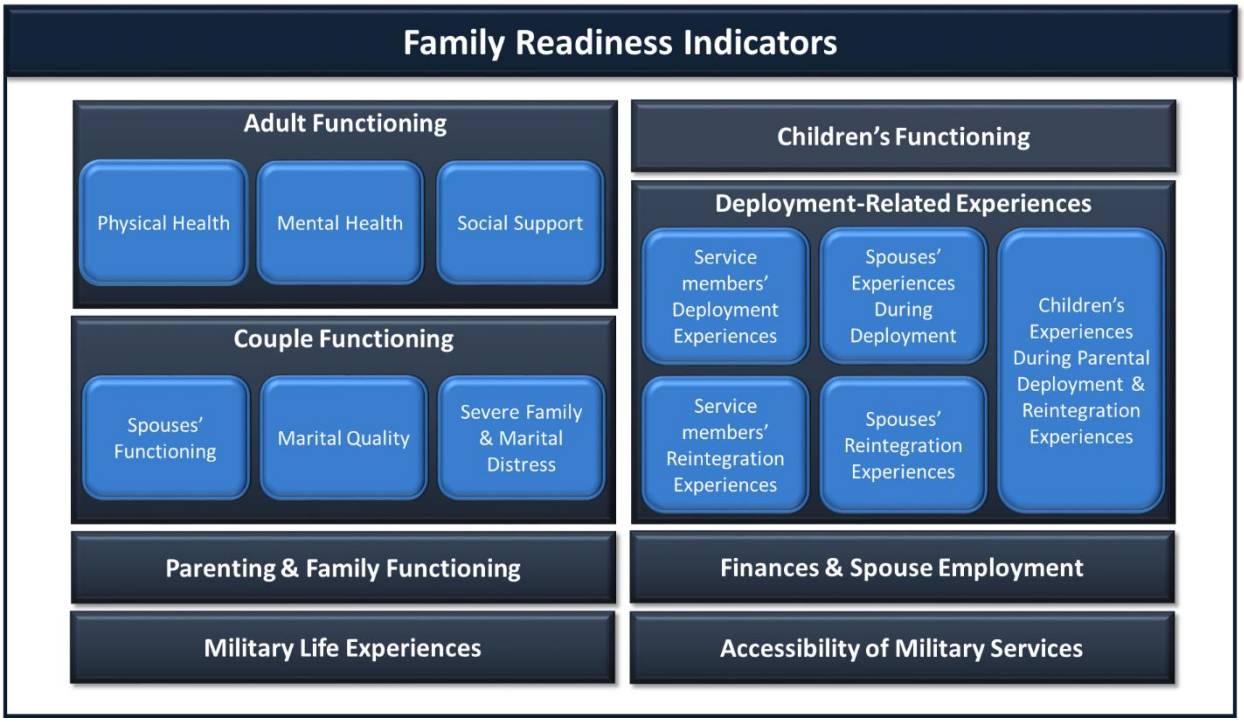
This project used a qualitative methodology, following a Grounded Theory approach (e.g., Corbin & Straus, 1990; Glaser & Straus, 1967), to analyze the content of 380 articles.[1] First, we reviewed all of the articles and developed 88 specific codes representing potential indicators of family readiness (e.g., anxiety about deployment, anger, intent to divorce, satisfaction with military life). Reviewer agreement on a subset of the articles (*n*=32) was over 90% for the coding decisions. We also calculated Guilford's index (G-index) of agreement to assess inter-rater agreement between the coders. The G-index values ranged from .72 to 1.00, with a mean of .95, suggesting very high agreement between reviewers. Second, we organized the specific codes into

[1] This study was qualitative in nature because it used a holistic content approach to identify patterns and themes across studies and did not assign values to articles or conduct statistical analyses to test numerical strength of associations.

16 overarching categories (i.e., axial codes), comprising between 4 and 25 specific codes. These categories were the indicators of family readiness.

Indicators of Family Readiness

Qualitative analyses identified 16 indicators of family readiness across the research evidence. Although there was some overlap in terms of the relevant articles, each indicator had a specific and unique focus. Below, we review the current evidence related to each of the indicators of family readiness.



1. Adult Physical Health

Military family members' physical health, outside of deployment and reintegration, is an understudied area. Current research has investigated Service members' and spouses' negative physical health symptoms, including somatic symptoms, physical injuries, and pain. Studies show that physical health problems can have negative effects on military families, including decreased mental health and relationship quality. Injuries are one of

the largest physical health-related stressors for military families and a stressor for family members who frequently take on the role of caregiver.

2. Adult Mental Health

Research on the mental health of Service members and spouses has focused on issues such as depression, anxiety, and Post-Traumatic Stress Disorder (PTSD). Research indicates that some Service members and spouses experience mental health problems, even outside of the context of deployment (which is discussed in deployment-specific indicators). There are several consistent risk factors for mental health problems. Service members who are enlisted, racial/ethnic minorities, and who have less family support generally have more mental health problems. Spouses who are younger and who receive less support from their work and families have greater mental health issues. In addition, there are clear connections between couples: Service members' mental health impacts spouses' mental health, and vice versa.

3. Adult Social Support

There are many opportunities for formal and informal social support for military family members, even outside the context of deployment and reintegration. Social support is vital to the readiness and well-being of military families; it is related to improved mental health and better parenting skills. Still, it can be difficult for Service members and spouses to establish and maintain a strong social support network, because they experience frequent relocations. Formal and informal social support resources, then, may prove helpful in promoting family readiness among Army families.

4. Children's Functioning

The research evidence related to children's functioning (excluding specific deployment and reintegration experiences, see indicator 12) spans a wide variety of outcomes, including physical health, mental health, behavior, and academic outcomes. Research shows that military children used many different coping strategies, and coping was vital to their health and well-being. Broadly speaking, military children have healthy and adaptive functioning. Mental health concerns and behavior problems are moderate

among military children, although suicide (and ideation) is higher among military youth than civilian youth, especially those with siblings in the military. Relocation is a major concern for military children, and moving was related to more problems in all outcomes.

5. Spouses' Functioning

The "spouses' functioning" indicator focused on spouses' personal development and identity. Many spouses report positive coping skills, such as drawing a sense of meaning, purpose, or identity from military experiences. Spouses also respond to military life challenges with flexibility and adaptability. Still, some spouses struggle in terms of their functioning, for example by losing their sense of purpose, or by feeling a strong sense of burden in their role as a military spouse.

6. Marital Quality

In general, research evidence demonstrates that high quality relationships can improve the outcomes of Service members and spouses across a number of domains, including mental health, parenting, and family functioning. Studies show that strong communication is a key factor in marital quality and can provide support for couples during deployment separations. Reintegration can also be a challenge for married couples, as they readjust to physical and emotional presence.

7. Severe Family and Marital Distress

There were several hallmarks of severe family and marital distress in the research literature, including divorce, infidelity, domestic violence, and child abuse or maltreatment. Largely, military families are similar to civilian families in all of these outcomes. Several factors are consistently related to greater risk of severe distress: being young and lower-ranking were the most common factors related to divorce and abuse perpetration.

8. Service Members' Deployment Experiences

Deployment is one of the most challenging experiences for Service members, because they are physically separated from their families, may have limited communication with loved ones, and may face serious combat exposure. During deployment, communication becomes a primary source of support. However, technical problems, logistical coordination,

and security concerns can all make communication difficult. Combat exposure during deployment has also been tied to worsened marital and family relationships. This association is also impacted by Service members' mental health issues; that is, combat exposure can lead to poorer mental health, which in turn, can strain marital relationships.

9. Service Members' Reintegration Experiences

Studies have investigated Service members' perceptions of their own adjustment, and their roles within their families during reintegration. As Service members return from deployment having experienced combat or with deployment-related injuries, there is a negative impact on reintegration within the family. For example, Service members may experience mental health issues which can be a challenge for themselves and their families to manage. Current research also suggests that mental health concerns may worsen over time, which could have continued consequences for families as a whole.

10. Spouses' Experiences during Deployment

Service member deployments can be a time of stress for spouses, and these periods can be accompanied by new household responsibilities and increased physical and mental health problems. During deployment, spouses use a wide array of coping strategies; most positive coping strategies include: drawing on social support, staying busy, and staying positive.

11. Spouses' Reintegration Experiences

Reintegration is an understudied area of spouses' experiences. Initial work suggests that while positive emotions are expected, there are complexities of reestablishing old routines and creating new ones. This process brings potential for mental health issues for the spouse, given that they may also be navigating their service members' mental and physical health consequences of deployment. The Army and defense communities would benefit greatly from additional research on the complexities of this period.

12. Children's Experiences during Parental Deployment and Reintegration

In general, research evidence indicates that military children experience compromised physical, mental, behavioral, and academic outcomes during a parent's deployment. However, this negative impact is not universal. Children's age, social support,

communication with the deployed parent, and perhaps most notably, the home front spouse's well-being, can all buffer the impact of deployment on children.

13. Parenting and Family Functioning

Studies on parenting behaviors and family functioning indicate that Service members may have more strict parenting styles than spouses; yet for some families, that parenting style supports healthy functioning. As a whole, military families are cohesive, stable, and flexible. Mental health problems for parents and limited communication before deployments may create tension within families and hinder family readiness. Along with this, reintegration can be difficult for families, particularly if Service members have a combat injury.

14. Finances and Spouse Employment

Most military families are financially stable, although those with lower incomes may experience financial strain. Service members and spouses may be especially worried about financial issues during deployment, and pre-deployment financial planning was helpful to ensure that families felt prepared. In addition, studies show that military demands can impede spouses from finding and maintaining high quality employment. Across studies, the number of relocations, spouse gender and education level, and Service member pay grade all played a role in spouse employment.

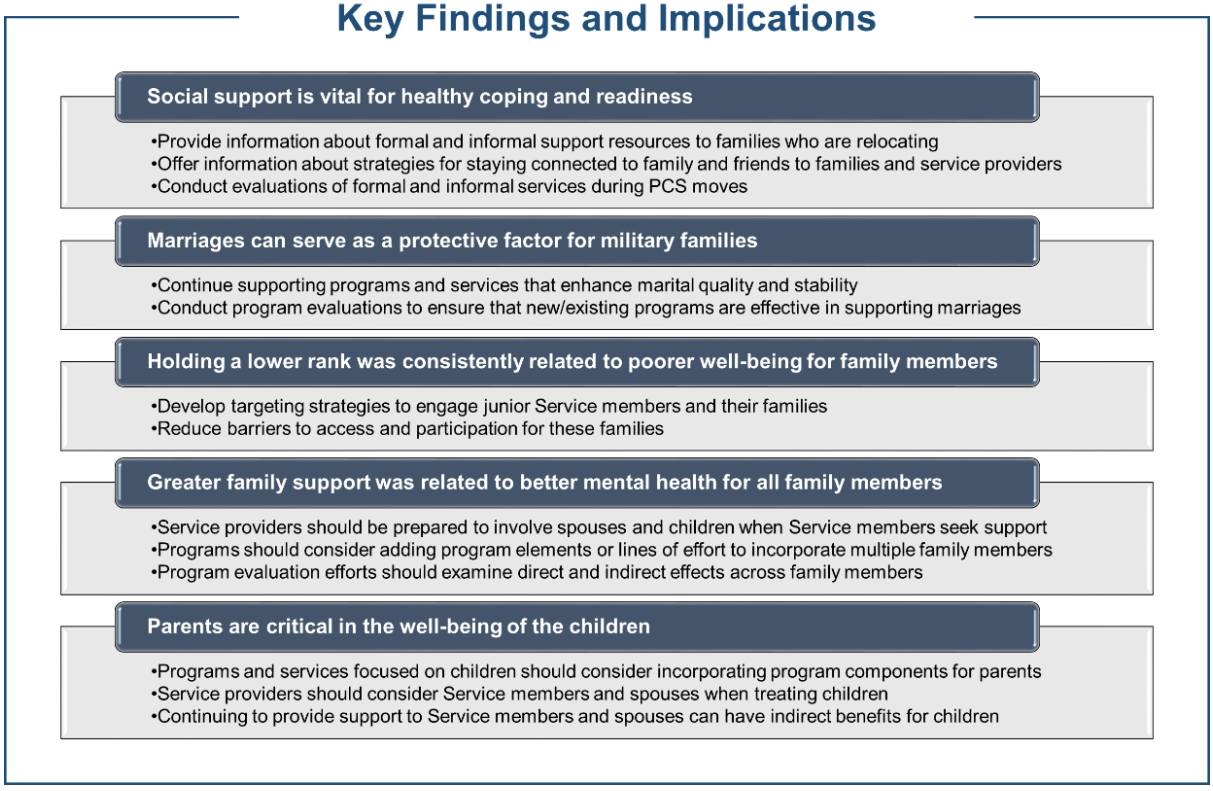
15. Military Life Experiences

Research evidence related to the military life experiences of family members examines issues such as building an identity as a military family member, and making meaning of commitment to the military. Studies also show that family members who perceive that the military supports them are more likely to be satisfied with their life in the military.

16. Accessibility of Military Services

There are many formal and informal services available to military Service members and their families. Across programs, research indicates that programs that are available, accessible, and effective can support military family readiness by improving health, relationships, social support, and overall functioning. Programs may be especially helpful during deployment and reintegration. For many Service members and families, there may

be a perceived stigma to seeking formal care, and research has examined the various barriers that individuals perceive to accessing needed care.



There are several patterns and findings across the contemporary research evidence. First, it was clear that social support is vital for healthy coping and adaptation of Service members, spouses, and children. Despite the value and importance of social support for military family members, it can be difficult for them to create and maintain social networks because they frequently relocate. ***As such, continuing to support families during relocation can help bolster social support networks, and have down-stream positive impacts on the readiness of military families.*** Specifically, the Army can ensure that families have sufficient information about their new location, including informal resources, such as local programs, events, and groups. Along with this, further

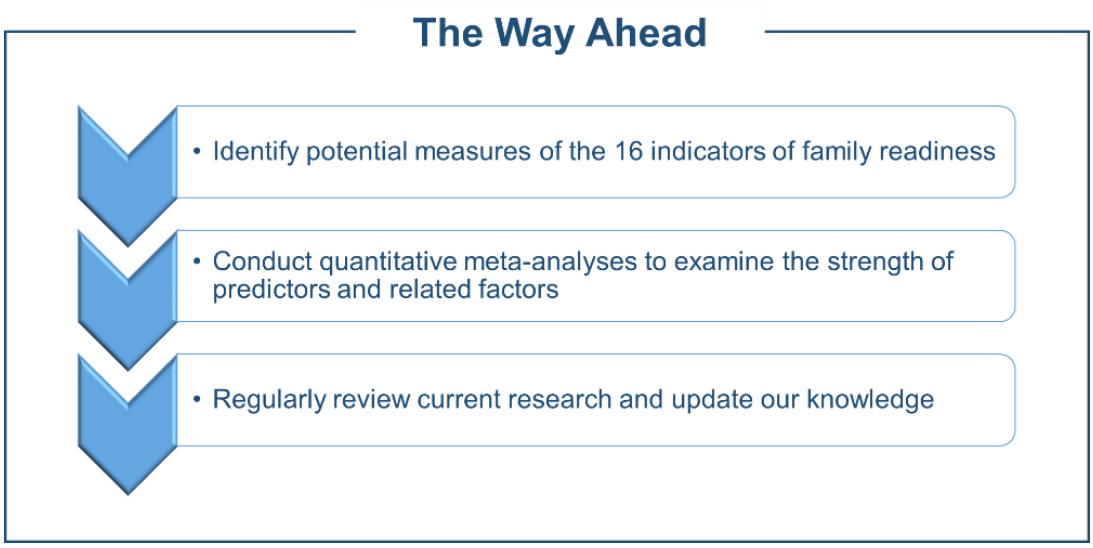
evaluation of support during relocations can help ensure that programs and services are meeting the needs of military families.

Second, it was clear that marriages can be a protective factor for Service members, spouses, and children. High quality couple relationships were associated with better functioning across a number of outcomes for military families. ***Thus, the Army should continue to provide programs and services that demonstrate a positive impact on marital quality, given that these programs can have broad benefits for family readiness.*** Programs that effectively support and improve marital outcomes are enhancing family readiness, not just for the couples, but also for children and families as a whole. Programs that do not have evidence of their effectiveness should be properly evaluated and carefully considered in order to make sure they are useful and effective.

Third, studies revealed that some subgroups of children were having mental health, behavior, and academic problems during deployments. It is important to note that deployment did not have a universally negative impact on children, but factors such as low social support, and compromised mental health of the home front parent can put children at risk for greater problems. ***Military decision-makers should continue to look to emerging research evidence to understand the risk and protective factors that can influence children's readiness during parental deployment and ensure programs are reaching those most at risk.*** Developing avenues for research to be shared with military leaders (e.g., supporting research or hosting research meetings) can enhance the availability of research evidence to military leaders and policy makers.

Fourth, there were several factors that moderated the potential negative impact of military life on family members. For example, lower-ranking Service members and their family members generally had poorer well-being across domains. ***This suggests that more junior Service members may benefit from additional support to promote readiness within their families.*** For instance, program recruitment and announcement strategies could target lower-ranking Service members and their families. Alternatively, reducing barriers to participation that are unique to enlisted or lower-ranking Service

members could help ensure that those who would benefit from services are able to access them. Similarly, family support and parental mental health were critical factors in the well-being of children. ***As such, services that include all family members and/or view the family as a whole may have positive benefits that extend to all family members.*** This can increase the reach of programs and allow services to increase family readiness, even among family members that do not (or cannot) participate in the specific service. For example, programs that are targeted for one family member (e.g., children) could consider their program logic model (or theory of change) and intentionally incorporate program elements to involve other family members (e.g., parents).



This review provides an overall picture of the experiences and readiness of military families and sets the foundation to help the Army better measure and track family readiness. For this project, the RFL will next identify potential measures of each of the 16 indicators. With reliable measures of these indicators, the Army can begin to document family readiness, which can help show areas of strength and aspects that could benefit from additional support.

The findings from this report also reveal several opportunities for additional research and program evaluation to support strong policy and program decisions. Future research can conduct a series of quantitative meta-analyses to examine the magnitude or strength of the associations found for each indicator of family readiness. Along with this, additional efforts can determine strategies for measuring identified indicators of family readiness. Properly measuring indicators with robust and reliable metrics can allow the Army to better track the readiness of families, and also more clearly indicate where there are areas of strength and opportunities for prevention or intervention.

Finally, the rapid increase in scientific study of military families over the last decade was clear based on the 596 articles from the last 10 years that were identified for this study, 380 of which presented new empirical findings (i.e., not previously published) related to military families. Research efforts will persist and the nature and experiences of military families will continue to change over time. As such, program and policy decision-makers should keep looking to research evidence to inform best practices and decisions so that the Army can continue to promote and support the readiness of all families.

Introduction

Understanding existing research evidence about military and Army families has critical implications for services, programs, and policies. Research evidence can be used to recommend reliable and sound strategies for creating and implementing policy decisions. Findings can also ensure that the military at large, and the Army specifically, is effective in meeting needs, promoting positive development, and preventing potential problems among Service members and their families. Finally, research can point to – and help us understand – new issues or concerns that may emerge.

Just like Service members must be physically, emotionally, spiritually, and socially ready to accomplish their missions, military family members must also be prepared to successfully manage the opportunities and challenges that are part of the military life. Moreover, military families must be physically, emotionally, spiritually, and socially ready for their experiences as well, so that their Service members can be mission ready and successful at all endeavors.

In 1993, Segal and Harris prepared the first “What We Know about Army Families” report, reviewing the evidence from over 70 research articles and reports to answer common questions raised regarding Army families. Their review covered topics such as family adaptation, community support, and individual readiness. They described how several key issues can be challenging for families, including relocations, separations, and financial stress. This review was groundbreaking in providing context and information to inform policy and program decisions.

In 2007, Booth and colleagues prepared an update to the 1993 report, providing an essential summary of the empirical findings of the more recent social science research pertaining to Army Soldiers and their families. There were considerable changes in the experiences of military families from 1993 to 2007, most notably the beginning of frequent combat deployments associated with military operations in Afghanistan and Iraq. In addition to this momentous change, there were cultural shifts that resulted in

changes in the demographic composition of families (e.g., growing numbers of blended families). Technological innovations also set the stage for major differences between families' experiences in the 1990s compared to the 2000s; for example, digital communication with family and friends represented a significant improvement to the ability of military families to stay connected to loved ones despite frequent relocations. Booth et al. (2007) also demonstrated the importance of and need for formal and informal programs to support military families in the Active and Reserve Components.

The Office of the Assistant Chief of Staff of Installation Management (OACSIM) recognized the critical changes that have occurred over the past 10 years and the need to ensure that our understanding of military families – and the indicators of their readiness – are grounded in current scientific evidence. As such, OACSIM received funding from the Army Studies Program Management Office (HQDA G-8) to identify indicators of family readiness within the current research literature and prepare an update to the two previous reports. The Research Facilitation Laboratory (RFL) executed this work on behalf of OACSIM. This report serves as an update to the 2007 report, addressing the ever-advancing research being conducted on military Service members and their families. We also use qualitative analyses to identify indicators of family readiness that are represented in the contemporary literature. This rigorous approach allows us to determine indicators that are evidence-based. We then review the patterns and findings of research related to each of the identified indicators of family readiness.

Changes since 2007: Why is there a Need to Update *What We Know about Army Families?*

Since the Booth et al. (2007) report was published, the United States and the U.S. military have undergone a number of demographic, logistic, and cultural changes that impact the nature and experiences of military families (see Figure 1). Many areas of military life that had been examined in 2007 remain pertinent today, while many new

issues have arisen in the past 10 years. Changes in military foreign involvement, along with cultural shifts among both the civilian and military populations, have resulted in new and emerging topics and issues that have received research attention more recently.

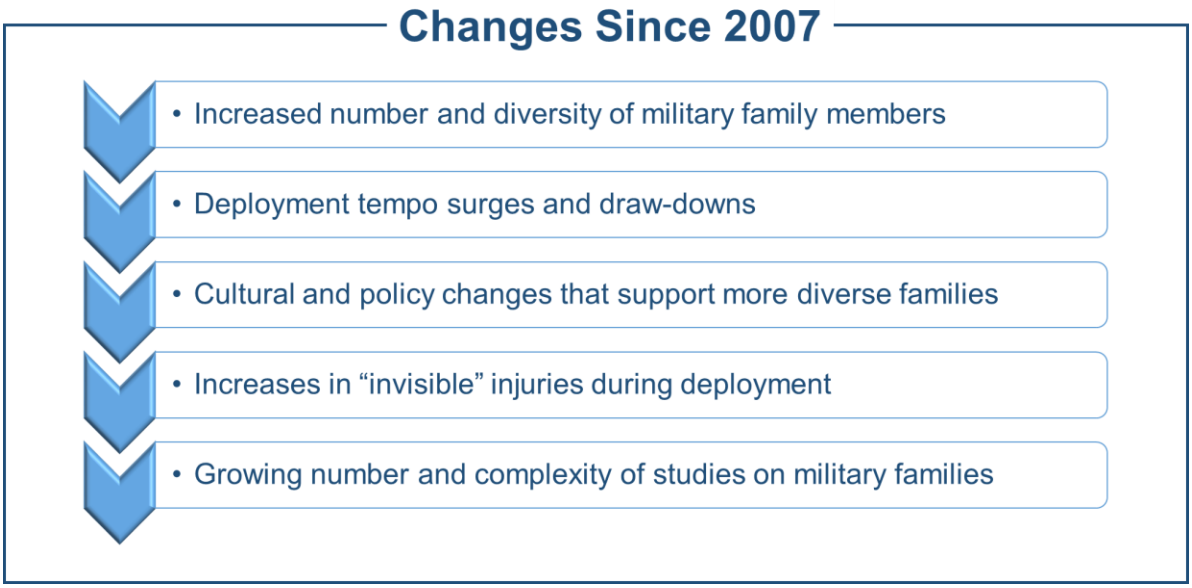


Figure 1. Changes Since 2007

Demographic Changes

The most recent demographic information currently available is provided by the Defense Manpower Data Center (DMDC, 2015). Since the year 2000, the United States military has seen reductions in the Navy (-12%) and the Air Force (-12.5%), and modest increases in both the Army (+1.7%) and the Marine Corps (+6%). As the services continue to expand and contract, they have also become more diverse. Female Service members now occupy a greater percentage of the force, with female Active Duty enlistment having increased slightly from 14.7% in 2000 to 15.1% in 2015, and female Active Duty Officers having increased from 14.4% in 2000 to 17% in 2015 (DMDC, 2015). Along with this, there has been an increase in racial and ethnic minority (i.e., African-American, Asian, American Indian or Alaska Native, Native Hawaiian or Other

Pacific Islander, Multi-racial, or Other/Unknown) representation since 2012. The percentage of minority Active Duty enlistees increased from 31.6% in 2012 to 33.2% in 2015, and minority Active Duty Officers increased from 21.9% in 2012 to 22.8% in 2015 (DMDC, 2015).

Enlisted Service members have also become more educated over time. Data shows that as of 2015, 7.6% of enlisted Service members held a Bachelor's degree or higher, compared to 3.3% in 2000. Among Officers, however, there was a decrease in the percentage of individuals with a Bachelor's degree or higher: 83.8% had obtained a Bachelor's degree or higher in 2015, compared to 89.9% in 2000 (DMDC, 2015).

The majority of Service members are married (54.3%), as was the case in 2000, as well (53.1%; DMDC, 2015). In addition, 6.4% of Active Duty Service members are in a dual-military marriage. Slightly more Service members have children now than they did in the past. In 2000, 39.9% of Service members had children, and in 2015 it was 41.2%, with 37.5% of these children being under the age of 5 (DMDC, 2015). One key demographic trend in 2007 was the increase in the number of military family members, such that there were more military family members than actual Service members in the United States (Booth et al., 2007). This disparity has maintained, and the number of family members has even continued to grow, with family members outnumbering Service members by even larger margins.

Deployment Tempo Adjustments

While much of what we have described thus far has not represented a significant change in direction of trends for military Service members and their families, the length and frequency (i.e., tempo) of military deployments is one area in which we have seen significant change since 2007. In 2007, the current Secretary of Defense announced that deployments to Iraq would be extended to 15 months, with shorter dwell time at home in between deployments (Tyson & White, 2007). Many Service members were serving back-to-back year-long deployments at this time; an inarguably burdensome challenge for families. With the military already receiving increased attention from social

science researchers following the military engagements and initial combat deployments in 2001-2002, the increased tempo of deployments in 2007 led to even greater scientific interest in the impact that a military career has on Service members and their families.

In 2008, then-President George W. Bush directed the average deployment length be reduced to 12 months, and stated that Service members would have one year between deployments to return home and see their loved ones before being deployed again. By 2012, the Army had reduced deployment length from 12 months to 9 months for those deploying to Afghanistan (Shaughnessy, 2011). This change, however, also included the elimination of Rest and Recuperation (R&R) leave, which is only available for those on deployments 12 months or longer (U.S. Army, 2012). These efforts were intended to improve the readiness of both Service members and their families, and offered researchers an opportunity to continue to investigate the reintegration experiences of military families.

Cultural and Policy Shifts

The military has also experienced some marked shifts in culture and policy over the last 10 years. There have been broad policy changes that impact the work and lives of Service members, such as the increase in available maternity and paternity leave for military parents, the opening of combat roles to women, and the repeal of “Don’t Ask Don’t Tell,” (DADT) that created a more open environment for gay and lesbian Service members and their families. Additionally, the Department of Defense (DoD) also released policy supporting gender reassignment surgery for Service members, though as of this writing, the long-term viability of this policy is under debate. There has also been an increase in discussion about Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and other “invisible” injuries that Soldiers experience in modern combat situations, and a growth and expansion of available resources, especially those that use innovative technological approaches like telemedicine, online support programs, and phone applications that support healthy behavior. The increased attention and available services for mental health issues has been accompanied by a reduction in,

though not a complete elimination of, the stigma around seeking and receiving mental and behavioral health care within the military community. Service members and their families have even more opportunities to find the help they might need.

Increasing Scientific Inquiry

As previously mentioned, there was a growing interest among social scientists and senior leaders in the experiences of military Service members and their families when combat deployments related to Operation Enduring Freedom and Operation Iraqi Freedom began in 2001 and 2003. The subsequent demographic, deployment, and cultural changes that have occurred over the last 10 years have perpetuated a demand for research that had just taken root at the time of Booth et al.'s (2007) report. Since that time, research pertaining to the physical health, mental health, well-being, and global functioning of military Service members, spouses, and children has expanded dramatically in terms of the types and complexity of factors investigated, size and composition of samples, methodological rigor and sophistication, and sheer number of studies conducted. Given the considerable growth of research evidence regarding military families, we can better understand them and the complex factors that influence their readiness.

The Current Report

The combination of demographic, deployment, cultural, and scientific movements that have been underway in the last 10 years create ideal conditions to re-examine family readiness across the scientific literature. The continued increase in the number of military families and children makes research more essential to understand the experiences of these valuable members of the military community, so that problems can be addressed, difficulties can be managed, and services can be provided when, where, how, and to whom they are most effective. Furthermore, the changes in deployment tempo brought family separation to the center of military family life and made it a key issue for researchers to address so that appropriate support could be provided. For

example, Booth et al. (2007) reported that Service members and their families were more negatively affected by longer deployments compared to shorter ones, with the worst experiences and greatest stress coming from those families that experienced an extension of their deployment to 15 months. These results were published at nearly the same time as average deployment lengths were increased across the military; as such a new analysis of the research evidence can provide insight into how newly lengthened deployments impacted military families – and what factors protected or threatened families. The policy and cultural shifts also opened doors for more military families to serve, and for Service members to take on new roles. These new opportunities also introduced family members to new challenges and opportunities in their lives. Finally, the surge in research evidence pertaining to military families provides a wealth of relevant, current, and important research to be examined and understood. This research can provide new insight into our contemporary Service members and their families.

This report aims to: 1) identify indicators of family readiness in the contemporary research evidence related to military families, and 2) present a portrait of military family readiness by reviewing the literature from the last 10 years related to each indicator. First, we conducted qualitative analyses of current research to determine what common indicators of family readiness exist in the scientific literature. This included confirming indicators identified in the Booth et al. (2007) report and/or establishing new indicators from contemporary research. Then, after identifying the indicators, we review the findings from relevant recent research for each of the identified indicators. Throughout the report, we utilized a ***bold and italicized*** font to emphasize key findings and statements.

Key Terms

Key Term	Definition
Family Readiness	The state of being prepared to effectively navigate the challenges of daily living experienced in the unique context of military service
Indicators	Constructs, factors, and/or variables with relevant research evidence that demonstrate family readiness
Service member	Any individual previously or currently serving in the military, across service branches
Spouse (or military spouse)	The committed relationship partner of a Service member (regardless of legal marital status or their own military status)
Home front spouse	The spouse of a deployed Service member
Civilian spouse	The committed relationship partner of civilian individuals
Military child	Any legal child of a Service member, regardless of their age
Civilian child	A child whose parents are not in the military
Military family	A Service member and spouse who may (or may not) have children or other dependents

Figure 2. Key Terms and Definitions

To identify the indicators of family readiness across articles, we utilized several definitions (see Figure 2 and Appendix A). First, family readiness was defined as the state of being prepared to effectively navigate the challenges of daily living experienced in the unique context of military service. Ready families are those who are: "[1] knowledgeable about the potential challenges they may face; [2] equipped with the skills to competently function in the face of such challenges; [3] aware of the supportive resources available to them; and [4] make use of the skills and supports in managing such challenges" (numbers added for clarity; p.31, DoD, 2017a).

Second, indicators were defined as the constructs, factors, and/or variables that demonstrate family readiness. For this project, each indicator of family readiness also

required research evidence related to it; that is, it must have been examined in a research study, either as an outcome, predictor, or related factor among military families. This ensures that we are drawing up evidence-based issues and aspects that are relevant within the existing literature (as indicated by frequency, severity, and/or research and findings about them).

Within this report, we use several key terms with specific or limited definitions. First, we use the term Service member to refer to any individuals previously or currently serving in the military, across service branches. When studies included specific service branches, we have used service-specific designations to refer to the samples (e.g., Soldiers, Sailors, etc.), when relevant. The committed relationship partner of a Service member is referred to as a "spouse," regardless of their legal marital status or their own military status. Similarly, "home front spouses" are spouses of a deployed Service member who remain at home (again, regardless of their own military status). Dual military couples will be noted, when studies or findings are unique to those couples. In contrast, civilian spouses, referred to in this report, will include the committed relationship partners of civilian individuals. Throughout this report, we use the term "military child" to refer to any child of a Service member, regardless of their age. Where studies have focused on specific age ranges, we specify or include age information. A civilian child, then, is a child with neither parent in the military. Finally, we refer to military families as comprising Service members, spouses, and possibly children. Other family members, such as parents or siblings of Service members, will be noted when relevant.

Methodology

This project used a 3-step process to identify indicators of family readiness across studies published from 2007 to 2017 (see Figure 3). Each step is detailed below.

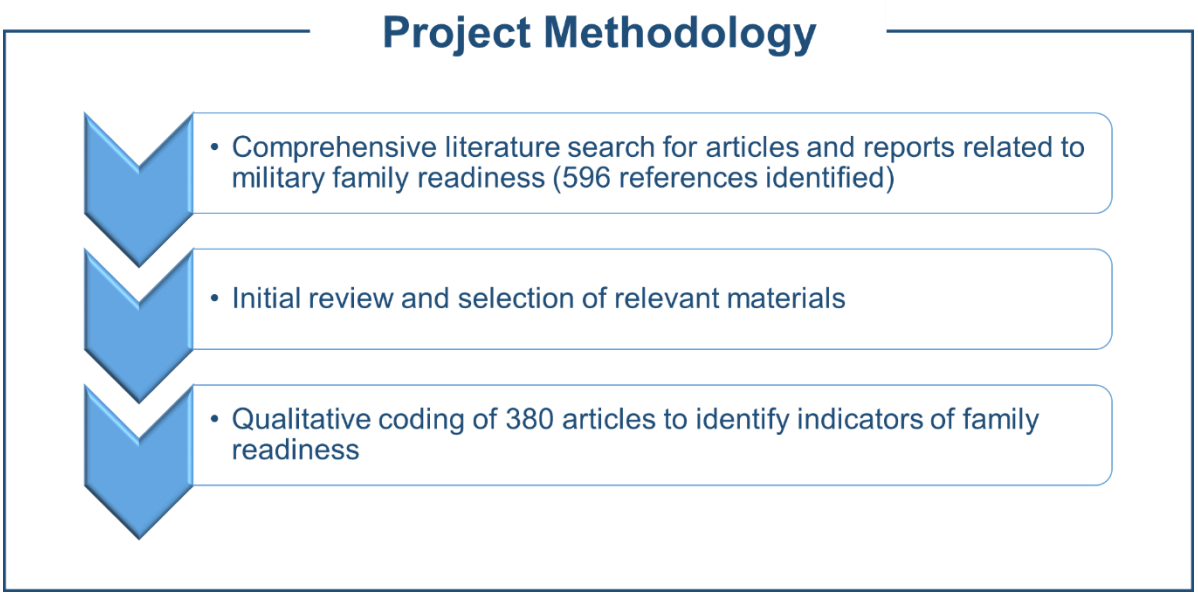


Figure 3. Methodology

Literature Search

A rigorous literature search was conducted to gather all extant literature (e.g., journal articles, technical reports; referred to throughout as “articles”) related to military families and create a comprehensive initial pool of published research studies. We utilized a variety of academic and government search engines, including Google Scholar, Defense Technical Information Center (DTIC), and other similar tools. Our search strings varied in granularity from very broad (e.g., “military family OR families”) to very specific (e.g., “military child OR children high school academic performance”). In order

to be exhaustive in our efforts, multiple researchers browsed extensively using the broad search strings of “military family,” “military spouse,” “military child OR children,” and “military lifestyle.” In addition to traditional searches, we also identified relevant articles through citations in identified materials. For example, relevant articles were identified from the reference lists of literature reviews and other articles.

We used two inclusion criteria during the literature search. First, our search criteria were limited to articles published after January 2006. Although this may result in a small amount of overlap in studies included in both this report and the Booth et al. (2007) report[2], we wanted to include any materials that had been published after the literature search for Booth et al.’s work; that is, we wanted to include in our project any research that may have been published too close to the publication of the 2007 report to have been included in that report. Second, we included only written reports and articles that were published and/or publically available (i.e., we did not include presentations, briefings, or unpublished manuscripts). With these criteria, we identified 596 articles.

Literature Selection

After the literature search, we conducted initial reviews of the articles found. We used several inclusion and exclusion criteria to select only those articles that would be relevant and useful to identify the evidence-based indicators of family readiness. To be selected, an article had to meet all three inclusion criteria:

1. Articles with conclusions derived from empirical analysis (i.e., qualitative or quantitative analyses had been conducted);
2. Articles included military-connected participants from any service branch or component; and
3. Articles had participants from the U.S., Canada, UK, Australia, or New Zealand. In addition to being western countries that share cultural and military similarities,

[2] Two references were included in both this review and Booth et al. (2007): Lyle (2006) and Westhuis, Fafara, & Ouellette (2006).

these countries comprise the "Five Eyes" alliance of countries that share intelligence and are part of the UKUSA Agreement. Originally focused on signals intelligence, this alliance and cooperation have extended into other realms of defense research and cooperation.

We also excluded articles that had been completed as degree requirements (i.e., masters theses, dissertations), conference proceedings, and articles that did not have findings relevant to military families. 380 articles met the criteria and were selected for analysis.[3]

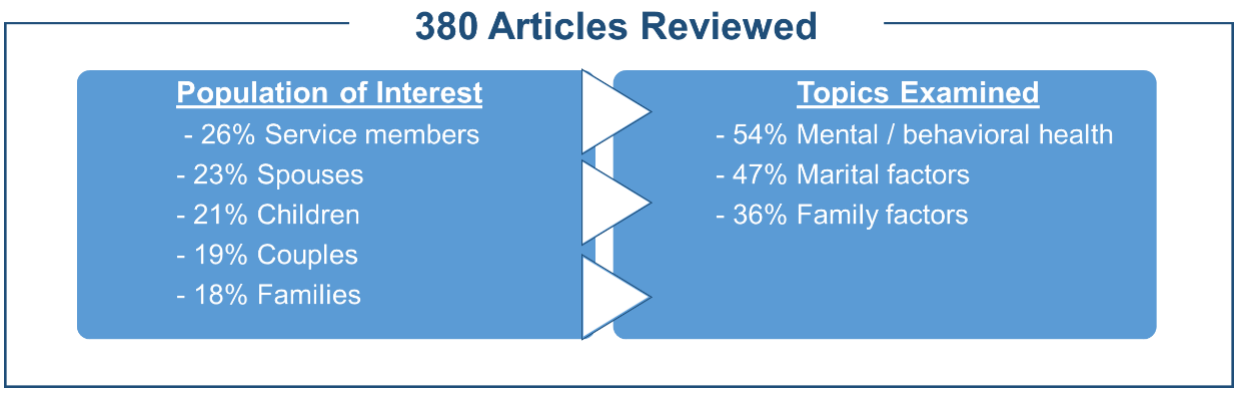


Figure 4. Populations and Topics of Articles Reviewed

Literature selection and initial reviews also provided high-level information about the articles, such as the population of interest and general topics addressed (see Figure 4). Selected articles focused on a variety of different military family members (e.g., spouses, children). Articles most commonly focused on Service members (26%), typically along with other family members. Spouses were the next most common population of interest (23%), followed by children (21%), couples (19%), and the family as a whole (18%). The general topics of the selected articles varied greatly. Mental and

[3] All articles reviewed are included in the reference section of this report.

behavioral health issues were the most common topics of articles (54%). Marital factors were the second most common topics, such as relationship quality, communication, and stability (47%). Family factors (e.g., family functioning, communication) were the third most common topic investigated (36%). The vast majority of studies utilized quantitative methods (75%), with others using qualitative or mixed method approaches.

Qualitative Analyses

We used a Grounded Theory approach to conduct the qualitative analyses, which involved two steps: open coding and axial coding (e.g., Corbin & Straus, 1990; Glaser & Straus, 1967; Straus & Corbin, 1998). First, we reviewed all of the articles and created specific codes representing potential indicators of family readiness. This is referred to as "open coding," and reviewers also documented relevant issues, concerns, and/or justifications when they coded each article. Each article could be assigned as many specific codes as appropriate, and articles were constantly compared to increase the precision and consistency of coding, within and across reviewers (Corbin & Straus, 1990). One distinction from Grounded Theory was that we reviewed all selected articles, rather than ending coding once saturation was reached. Across all selected articles, reviewers created 88 specific codes including constructs such as anger, anxiety about deployment, child security, emotion regulation, intent to divorce, optimism, parents' hopes for their children, and satisfaction with military life. The most common codes tended to be more broad and inclusive: marital quality (144 articles), spouse/caregiver mental health (123 articles), family functioning (123 articles), social support (114 articles), and depression (109 articles).

Two reviewers independently coded each of the 380 articles. In order to assess consistency and agreement between reviewers, we selected a random subsample of 32 articles for review by multiple reviewers. We calculated the rate of agreement between reviewers on these 32 articles and found that, on average, the reviewers agreed on 97% of the coding decisions. We also calculated Guilford's index of agreement (G-

index) to assess inter-rater agreement between the coders. The G-index values ranged from .72 to 1.00, with a mean of .95, suggesting very high agreement between reviewers.

Second, we organized the specific codes and combined similar codes into overarching categories, or axial codes. These axial codes were the identified indicators of family readiness (see next section for a list and description of identified axial codes). We identified 16 axial codes, comprising between 4 and 25 specific codes. For example, the axial code “child functioning” includes 25 codes such as child academic achievement and engagement, child behavior, and emotion regulation. In contrast, “severe family and marital distress” includes only four codes: child maltreatment, hypermasculinity (which is related to interpersonal violence), intent to divorce, and physical or verbal aggression toward spouse.

Indicators of Family Readiness

The qualitative analysis of current research literature on military families yielded 16 indicators of family readiness, presented in Figure 5. For presentation in the Figure, we have grouped indicators specific to Service members and spouses as “Adult Functioning,” those specific to couples as “Couple Functioning,” and those specific to deployment and reintegration as “Deployment-Related Experiences.”

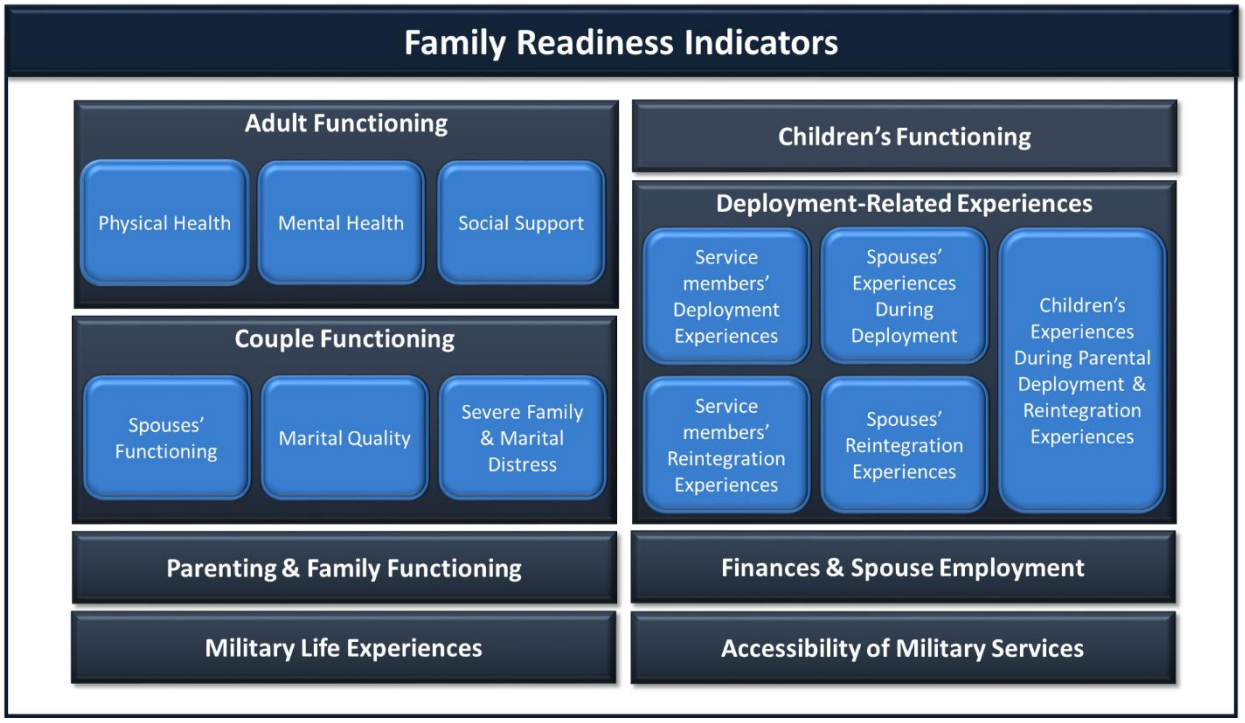


Figure 5. Indicators of Family Readiness

The indicators of family readiness were based on relevant research evidence, and include:

1. Adult physical health (15 relevant studies)

Adult physical health, as an indicator of family readiness, focuses on the physical health of military-connected adults. The physical health indicator includes outcomes such as

general physical health, vital statistics, illness, injury, and pain. This indicator excludes physical health issues directly related to, or as a consequence of, deployment or reintegration because deployment-related issues are addressed separately.

2. Adult mental health (32 relevant studies)

The *adult mental health* indicator pertains to the mental or emotional health of military-connected adults, including Service members, spouses, and other family members (e.g., parents, siblings). This indicator includes both clinical conditions (i.e., diagnosed or diagnose-able mental health issues) and symptomology (i.e., experienced symptoms that do not meet diagnostic criteria) of problems such as depression, anxiety, anger, and stress. This indicator excludes mental health issues stemming from, occurring during, or immediately following deployment experiences, which are included in deployment-specific indicators.

3. Adult social support (56 relevant studies)

Adult social support includes the availability and accessibility of social resources and support to military-connected adults. This can include formal and informal support across any support domain, such as instrumental, emotional, or informational support. This indicator excludes social support perceived or received during and immediately after deployment, which will be addressed in deployment-specific indicators.

4. Children's functioning (58 relevant studies)

Children's functioning is an indicator of family readiness that centers around all aspects of military children's lives, including their physical health, mental health, state of mind, adaptability to experiences, and responses to challenges. This indicator excludes children's functioning and experiences during a parent's deployment, which is a separate indicator.

5. Spouses' functioning (35 relevant studies)

Spouse functioning, as an indicator of family readiness, includes spouses' overall coping, individual characteristics (e.g., sense of identity), and day-to-day well-being. This excludes physical and mental health (which are included in indicators 1 and 2),

instead focusing on their personal development and adaptation to military experiences. This indicator also excludes spouses' functioning or well-being during deployment or reintegration (indicators 10 and 11).

6. Marital quality (109 relevant studies)

Marital quality focuses on the relationships, dynamics, and processes between Service members and spouses. It includes a variety of relationship characteristics, such as satisfaction, adjustment, commitment, and communication. Marital quality includes couples' experiences and functioning during and after deployment experiences.

7. Severe family and marital distress (62 relevant studies)

Severe family and marital distress includes markers of extreme risk or problems within marriages and families. These are issues such as intention to divorce, infidelity, and abuse or maltreatment. These risks are considered at any time, including during deployment and reintegration.

8. Service members' deployment-related experiences (39 relevant studies)

Service members' deployment-related experiences, as an indicator of family readiness, focuses on the experiences and functioning of Service members during their deployments, specifically as related to family readiness. Broad issues that Service members may face, are only considered when they impact families as a whole. For example, issues related to combat exposure include the impact on family reintegration. This indicator also considers couple and family relationships during deployment through the lens of the Service member, that is, what are the perspectives of the Service member during their deployment.

9. Service members' reintegration experiences (38 relevant studies)

Service members' reintegration experiences include the experiences and functioning of Service members following deployment. Although this indicator does not have a set time window during which reintegration must occur, it focuses specifically on the experiences and processes of returning from deployment. Similar to Service members' deployment

experiences, this indicator concentrates on Service members' perspectives, issues, and experiences.

10. Spouses' experiences during deployment (43 relevant studies)

As an indicator of family readiness, *spouses' deployment-related experiences* pertain to the experiences and functioning of spouses during their Service member's deployment. This includes their physical and mental health, social support, parenting, and daily tasks.

11. Spouses' reintegration experiences (18 relevant studies)

Spouses' reintegration experiences are an indicator of spouse well-being and functioning after their Service member returns from deployment. It is not limited to a set timeframe; rather it focuses on spouses' reunion experiences and the implications of reintegration experiences for health and well-being.

12. Children's experiences during parental deployment and reintegration (73 relevant studies)

Children's experiences during parental deployment and reintegration include the events and processes that children face during a parent's deployment, and after their return. This includes issues such as physical, mental, and behavioral health, coping, and academic issues.

13. Parenting and family functioning (42 relevant studies)

Parenting and family functioning, as an indicator of family readiness, centers around the interpersonal dynamics and processes between individuals in a family, including parent-child, sibling, or other within-family relationships. This indicator is focused on interpersonal relationships, but can also include individual factors related to parenting (e.g., parenting stress) and family-level outcomes (e.g., family cohesion). This indicator excludes marital or couple relationships, which are addressed in a previous indicator.

14. Finances and spouse employment (33 relevant studies)

Finances and spouse employment focuses on issues related to, and consequences of, family finances (e.g., income, financial strain) and spouse employment (e.g., spouse employment status, barriers to working).

15. **Military life experiences (50 relevant studies)**

Military life experiences, as an indicator of family readiness, centers around the unique situations military families face, such as frequent relocation, and the impact of those experiences on family members. This excludes family members' physical and mental health, or social support, as well as any issues related to deployment or reintegration, which are all addressed in other indicators.

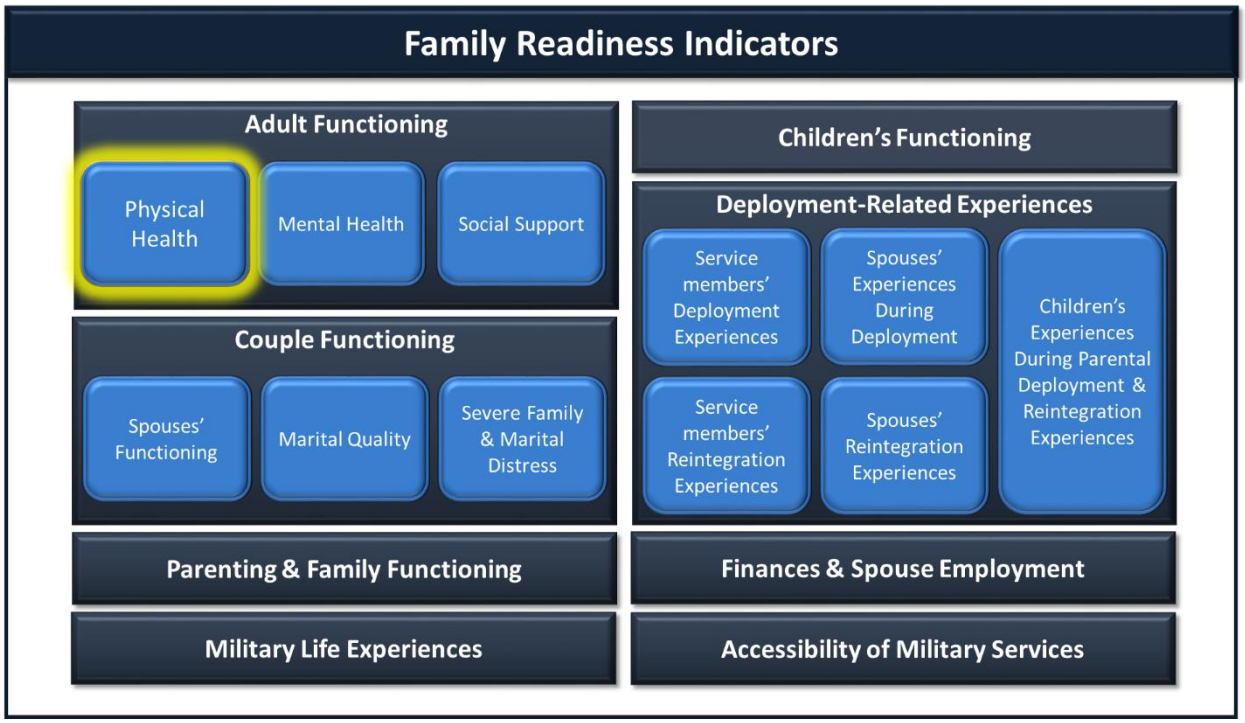
16. **Accessibility of military services (92 relevant studies)**

Accessibility of military services focuses on the availability, accessibility, and effectiveness of services and programs available to military-connected individuals (i.e., Service members, spouses, children, or other family members). This includes perceptions of the usefulness of programs and resources, as well as individuals' ability to access these services when needed. This includes resources and programs that are exclusively available (or intended for use) during or immediately after deployment.

In the subsequent sections of this report, we review the relevant literature[4] from the past 10 years related to each indicator. For each indicator, we begin with a short description of how the indicator is defined in this report. Then, we review of the literature prior to 2007 to provide context and background. Following this, we describe the patterns of results of current research to provide a high-level overview of what is known about each indicator. Finally, we end each section with a brief conclusion about the evidence related to that indicator. As previously noted, ***bold and italicized*** font is used to emphasize key findings and statements.

[4] The articles reviewed met all study inclusion and exclusion criteria.

Adult Physical Health



What is "Adult Physical Health"?

As an indicator of family readiness, *adult physical health* focuses on the health outcomes and behaviors of military-connected adults. This includes outcomes such as general physical health, health markers (e.g., Body Mass Index, heart rate), illness, injury, and pain. For this indicator of family readiness, we excluded physical health issues experienced during deployment; those are discussed in deployment-specific indicators.

Previous Evidence about Adult Physical Health

Previous research through 2006 on physical health among military families has demonstrated that Service members and their families typically reported good physical

health (Booth et al., 2007). However, there was little evidence about the physical health of Service members and spouses outside of deployment and reintegration. Studies did demonstrate that deployments had the potential to negatively impact military families, particularly when a Service member experiences a deployment-related injury (Booth et al., 2007).

What We Know Now about Adult Physical Health

Physical health is generally studied less often than mental health within military contexts. Of the relevant studies that have been conducted in the last 10 years, adult physical health research (excluding health during deployment or reintegration) focuses on the physical well-being of military-connected adults, in particular Service members and their spouses. ***Key aspects of adult physical health across studies were: general health, somatic symptoms, pain, injury (including TBI), and nutrition***.

Physical health behaviors, such as exercise, have been considered a coping mechanism, either in association with mental health symptoms or during family separations (e.g., deployment). In contrast, physical health problems or symptoms may negatively impact family readiness. Separately, research has investigated the impact of pain and injury on Service members and their families, considering the impact of physical health impairments on family coping and functioning. Severe injuries, such as TBI may cause significant strain on spousal and family relationships. Below, we review the contemporary research evidence regarding the physical health of Service members and spouses, noting key trends and patterns across studies.

Service Member Physical Health

In the past 10 years, only one study investigated physical health and functioning separately from mental health symptoms or deployment. Wang and colleagues (2015b) used data from the Millennium Cohort study at two time points (ranging from one to three years apart) in order to measure the effect of divorce on Service members. This study found that ***divorce was related to improved physical health outcomes among***

Service members. Service members who were married at Time 1 and had divorced one to three years later were more likely to be under or normal weight (i.e., not overweight) and have higher general physical functioning, compared to their counterparts who remained married. As the distance in time between the divorce and data collection at Time 2 varied, Wang et al. (2015b) were also able to consider the impact of divorce over time, comparing those that completed the second survey within a year of their divorce and those who completed the survey two to three years after divorce. Results revealed that more recently divorced Service members reported less weight gain. Although the study did not follow divorced Service members further into the future, these findings suggest that improvements in physical health outcomes after a divorce may be limited to a short window of time following a divorce.

Physical Health Related to Mental Health

In contrast to examining physical health as an outcome, other studies have considered physical health within the context of co-occurring mental health disorders. For example, exercise may be considered a form of coping. For instance, Kelly, Cheng, Berkel, and Nilsson (2016) explored the relationship between mental health symptoms and coping (including exercise behaviors). Female National Guard members who had been previously deployed reported more mental health problems and less healthy coping behaviors than similar National Guard Service members who had not deployed. While this study focused on a specific population, female National Guard members, it represents the only study to incorporate exercise within the context of coping with mental health disorders and their related symptoms. As such, it provides a starting point for continued research on the role that physical health can play in supporting resiliency and family readiness.

While Kelly et al. (2016) focused on physical health as a positive factor in promoting well-being, other studies measured physical health symptoms that underlie psychological problems (i.e., somatic symptoms). A number of studies explicitly connected physical health to mental health by examining participants' somatic

symptoms. ***Taken together, studies that measure somatization in Service members reported that experiencing somatic symptoms was associated with poorer quality spousal and family relationships*** (Riviere, Merrill, Thomas, Wilk, & Bliese, 2012; Sullivan, Barr, Kintzle, Gilreath, & Castro, 2016). Riviere et al. (2012) found that across six years, somatic symptoms were negatively related to male Soldiers' perceptions of marital quality. At the same time, the presence of somatic symptoms was associated with a greater likelihood of reported infidelity. In both cases, somatic symptoms were one of many predictors, including mental health symptoms, such as PTSD, alcohol misuse, and depression. This suggests that somatization is a critical and distinct aspect of Service member wellness, with effects that are distinguishable from those of other disorders in predicting relationship quality. In a cross-sectional study of Veterans, higher levels of physical or somatic symptoms were positively associated with concerns regarding relationship functioning and child functioning (Sullivan et al., 2016). Unlike the Riviere et al. (2012) study, Sullivan et al. (2016) did not include other mental health disorder symptoms in the same analysis. Still, these findings suggest that Service members' physical health symptoms may have broad implications for the family as a system, and an impact on family readiness.

Pain and Injury

Another area of study within the area of physical health focuses on pain and injury; for this report, we focused on the impact that injuries have on family readiness (e.g., family functioning and relationship quality). The injuries studied are most often deployment-related injuries, however, most research does not specifically focus on deployment or reintegration, instead investigating how families manage injuries, pain, and treatment in the long-term.

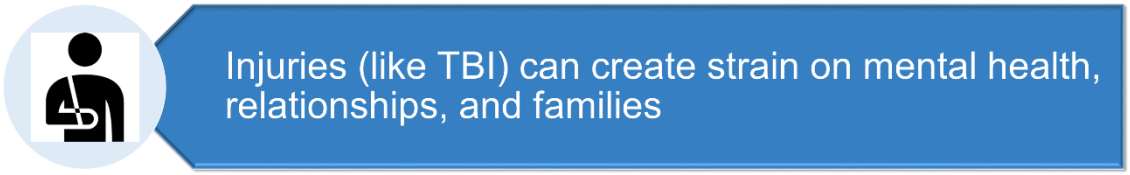
Living with pain and related pain interference can reduce a Service member's ability to participate actively and successfully in family relationships. ***Pain and pain interference are both prevalent in veteran populations.*** In a study of veterans seeking care through the Veteran's Affairs (VA) office between 2001 and 2012, 70%

reported experiencing pain for three months or longer (Driscoll et al., 2015). In this study, pain impacted family functioning; Veterans with more pain severity also reported greater family conflict. Pain may also have an indirect effect on family functioning, for example by compromising mental health. Injury experiences have been associated with PTSD symptoms, particularly among female Soldiers (Maguen, Luxton, Skopp, & Madden, 2012), which can impair parenting and family relationships (Sayers, Farrow, Ross, & Oslin, 2009; Tsai, Harpaz-Rotem, Pietrzak, & Southwick, 2012). Research on the relationship between PTSD and family functioning is presented elsewhere (see pages 154-155), but it is clear that injuries associated with PTSD symptoms are likely to have a negative impact on family readiness. In Driscoll et al.'s (2015) study, they also found that deployment factors can play a role in pain experienced later in life: ***combat exposure was related to higher pain severity*** among Veterans, such that greater combat exposure during deployment was related to higher levels of pain later.

Of particular interest within research on Service members' physical health is the topic of TBI. TBI is a physical injury caused by either penetrating trauma or blast injury from which the mechanical force of a head injury causes neural damage (Risdall & Menon, 2011). TBI may be the result of violent blows or jolts to the head or body, or due to the fracturing and penetration of the skull by an object such as a bullet or a piece of skull (Risdall & Menon, 2011). Where TBI results in bruising, tearing of tissue, or bleeding within the brain, long-term complications are possible, due to both primary injury and secondary injuries that occur after moment of impact and are caused by brain swelling in response to injury (Ghajar, 2000). TBIs can be particularly challenging because Service members with this injury may require a large degree of family support for basic functioning and daily activities. As such, a number of studies have begun to look at how families with Service members who have suffered from TBI cope with the related impairments.

Compromised mental health is a common issue among Service members with TBI. In one study 89% of Veterans with TBI reported significant depression symptoms

(Moriarty et al., 2015). In addition, among Veterans with TBI, depression symptoms had a larger impact on their ability to successfully reintegrate with their families and the community at large, than the impact of their physical impairment (Moriarty et al., 2015). TBI may have extending effects into the entire family, as well. Family members of Veterans with TBI reported higher depression symptoms compared to the general population (Moriarty et al., 2015).



Injuries, and TBI in particular, force Service members to rely heavily on those around them. In a study on the experiences of military caregivers (e,g., parents and spouses), Griffin et al. (2012) asked caregivers to provide information about the amount and type of assistance they provided to their Service members. Service members' conditions were categorized as low, medium, or high intensity needs, based on the degree to which the injured Veteran required assistance with daily activities. While caregivers in the low intensity group reported that they did not spend more than 40 hours per week providing care, half of the caregivers in the high intensity category reported spending 80+ hours per week providing care (Griffin et al., 2012). Further, one-third of the caregivers in the high-intensity category reported that they were solely responsible for providing care. In a related study, family members of individuals with TBI at the Polytrauma Rehabilitation Center at the McGuire Veterans Affairs Medical Center described having a variety of unmet needs (Wilder Schaaf, et al., 2013). While participants judged the TBI center to be providing good injury-related information, family members expressed that their needs for information regarding coping with day-to-day duties and providing emotional support were unmet (Wilder Schaaf, et al., 2013).

More recently, programs have been developed that attempt to intervene for Veterans with TBI and their families to support them in meeting the challenges of giving and receiving care. One program, the Veterans' In-Home Program (VIP), has demonstrated potential positive effects among participants (Winter et al., 2016). Initial evidence indicates that VIP participants had less difficulty with daily challenges after completing the program. In that VIP was designed for Veterans and family members to participate together, it represents a first step in meeting both the needs of the injured Service member and the primary caregivers on whom responsibility for care falls.

Spouse Physical Health

While the studies considered above all focused on the physical health of Service members, research has also been conducted on the physical health of military spouses, in particular related to their experiences with the military. A number of aspects of the military lifestyle may impact the physical health of spouses. For instance, Service member deployment and accompanying concern for partner safety, frequent Permanent Change of Station (PCS) moves, and living in a foreign country can all be stressful for military spouses. Cumulatively, these demands may lead to strain on spouses' well-being, and individually each may have its own impact on physical health. In one study, Burrell, Adams, Durand, and Castro (2006) found that ***military lifestyle demands were directly related to physical health symptoms among spouses.*** Foreign residence and separations were negatively associated with spouse physical health, such that spouses who had perceived living abroad and separations to be negative events in their lives also reported poorer physical health. In contrast to predictions, however, the impact of moving on spouse physical health was positive, with spouses who reported a higher impact of moving also reporting fewer physical health problems (Burrell et al., 2006). This unexpected outcome was likely due to how the impact of moving was measured. The questions mostly focused on the positive impacts of moving, such as "moving has provided me with many positive opportunities," and "moving has allowed me to make new friends."

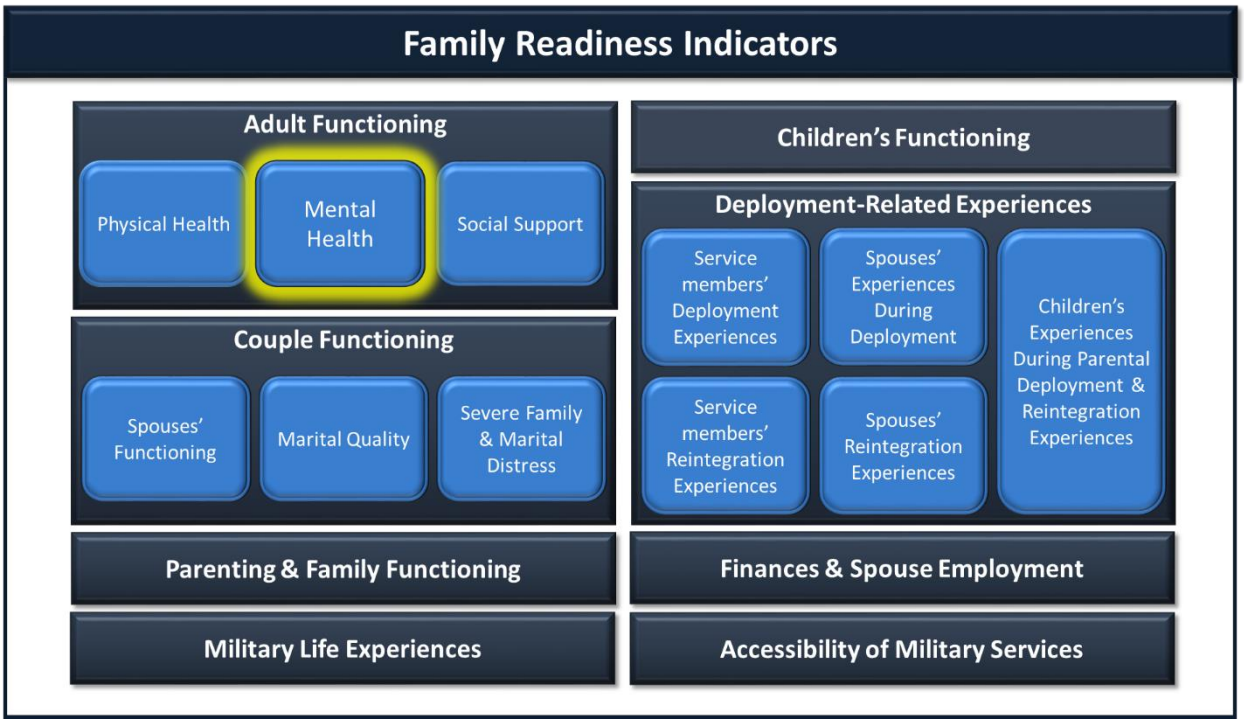
Spouses' physical health has also been tied to their mental health, as well. Fields, Nichols, Martindale-Adams, Zuber, and Graney (2012) found that female spouses with higher levels of anxiety also reported more general health problems. In the same sample, perceived social support had a strengthening effect, spouses with greater social support reported fewer physical symptoms. Given that this study used data from only one time-point, we cannot identify whether lower anxiety and higher social support lead to better physical health, or whether physical health problems lead to compromised mental health. Still, these findings suggest that for spouses, mental and physical health issues are intertwined.

Summary

The physical health of Service members and their family members represents an understudied area in family readiness. The review above demonstrates that the presence of negative physical health symptoms, whether somatization or from physical injuries such as TBI, can compromise the quality of life of a Service member, while also having a broad impact on their marital and family relationships. Injuries also represent a stressor for family members who frequently take on the role of caregiver. In contrast, positive physical health can support family wellness and provide Service members and their families a means of coping. Given that the preliminary research within this domain has illustrated the impact of physical health on family functioning, this review should be seen as a call to action for further research. Further research evidence is needed to clearly understand the ways in which physical health can promote or inhibit family readiness, and the ways in which family members can encourage physical health within families. For example, studies could investigate the benefits of physical activity during

family leisure time (e.g., family participation in sports, family hikes) or the impact of pain or pain interference on family functioning or parenting behaviors. These kinds of studies would help scientists, policy makers, and program stakeholders better understand the connections between physical health and family readiness.

Adult Mental Health



What is "Adult Mental Health"?

This section focuses on *adult mental health* and its implications for family readiness. We examine the general well-being, mental, and emotional health of military-connected adults (i.e., Service members and spouses). This includes both clinical conditions and symptomology of mental health problems such as depression, anxiety, and general stress. This section intentionally excludes mental health issues stemming from and occurring during, or immediately following, deployment experiences; this subset of research is addressed elsewhere in the review.

Previous Evidence about Adult Mental Health

In their 2007 review of literature about Army families, Booth and colleagues discussed the well-being of Service members and spouses. Their findings indicated that Army spouses had a low prevalence of mental health disorders. Further, spouses of enlisted Soldiers were more likely to indicate that they had a problem with their Service member being involved in combat compared to the spouses of Officers (Booth et al., 2007). In the 2007 report, we also learned that roughly 50% of Service members reported having significantly stressful personal lives, and those who were at greatest risk of military stress were younger spouses with young children (Booth et al., 2007). Finally, the 2007 report indicated that military-related separations (including, but not limited to deployments) negatively impacted mental health.

What We Know Now about Adult Mental Health

Current research on the mental health of military-connected adults is limited exclusively to the outcomes of Service members and spouses. ***Key aspects of adult mental health across studies were: depression, anxiety, PTSD, and substance use***. Here, we describe evidence related to the mental health of Service members, specifically discussing PTSD and depression. Later, we review literature related to spouse mental health, including general coping and the impact of Service member stress on spouses.

Service Member Mental Health

The vast majority of current literature on Service member mental health, outside of deployment and reintegration experiences, centers on those exhibiting Posttraumatic Stress Disorder (PTSD) and depression symptoms.

PTSD

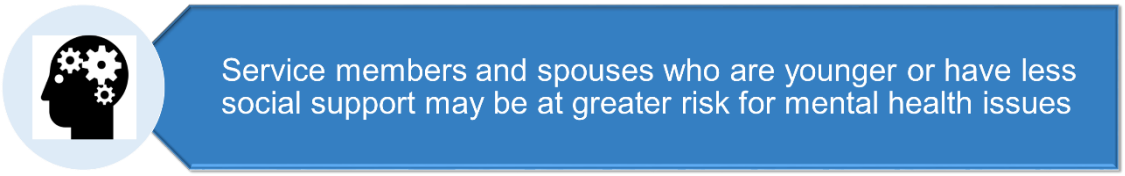
PTSD is a mental health disorder that is diagnosed when an individual has experienced some form of trauma, and is continuing to have negative side effects several months after the trauma. While PTSD does occur in the civilian population, it is

significantly more common in the military population. The US Department of Veterans Affairs (2016) claims that approximately 8% of the U.S. population experiences PTSD at some point in their lives, whereas somewhere between 11% and 20% of Iraq and Afghanistan Veterans have been diagnosed with PTSD. A similar range has been found by research with samples of currently serving Service members as well (Lester et al., 2016; Renshaw & Campbell, 2011). However, when using a lower threshold recommended by Bliese et al. (2008), Renshaw and Campbell (2011) found the clinical PTSD diagnosis rate to be as high as 30% of Service members. This high prevalence rate and the debilitating effects of PTSD symptoms have led to a preponderance of research investigating this mental health issue.

Enlisted and racial/ethnic minority Service members appear to be at greater risk for PTSD (DeVoe, Paris, Emmert-Aronson, Ross, & Acker, 2016; Lester et al., 2010). For instance, in a study by Lester et al. (2010), Active duty Officers indicated few PTSD symptoms, and did not meet clinical criteria for a PTSD diagnoses, whereas 23% of enlisted Active duty Service members met the clinical threshold for PTSD. In another study, Caucasian Service members exhibited lower scores across mental health issues compared to minority Service members (DeVoe et al., 2016).

In addition to demographic characteristics, combat exposure and family support may also play a role in PTSD symptoms of Service members. Creech, Swift, Zlotnick, Taft, and Street (2016) found that among female Service members, ***combat exposure was associated with greater PTSD symptoms***. Another study demonstrated that there was a consistent association between family functioning and PTSD (Gradus, Smith & Vogt, 2015). Results revealed that family *stress* was positively associated with PTSD, while family *support* was negatively associated with PTSD symptoms. Thus, ***family support is likely protective for Service members with PTSD***. In a qualitative study utilizing semi-structured interviews with Veterans receiving treatment for PTSD, Fischer et al. (2015) noted that Veterans and their family members were interested in learning the practical skills to help them handle the challenges of PTSD. Veterans also

expressed that they wanted assistance to help their families better understand their conditions (Fischer et al., 2015).



Depression

Clinical depression as well as depression symptoms significantly affect the lives of Service members in many ways. Greater levels of depression have been found amongst active duty parents compared to community norms (Lester et al., 2010). Several factors have been linked to Service members' depression symptoms. Similar to PTSD, ***better family functioning is related to lower levels of depression***. For example, lower family support and higher family stress were both related to greater depression symptoms (Gradus et al., 2015). Similarly, broad ***social support can be a positive resource for Service members*** experiencing depression. Research focusing on Active Duty female mothers has shown that social support was negatively associated with depression (Tucker & Kelley, 2009). The connections between social support and mental health are further discussed elsewhere (see page 48). Finally, stress and ***stressors can exacerbate depression symptoms***. Active duty female mothers that reported greater negative life event stressors (e.g. deaths, change in finances, relocation) also reported higher levels of depression (Tucker & Kelley, 2009). Additionally, Warner, Appenzeller, Warner, and Grieger (2009) found that Active Duty female mothers with higher levels of global stress were more likely to meet a clinical threshold for depression.

Postpartum Depression

While pregnant female Service Members represent a small subset of the Armed Services population, valuable research has been conducted on the prevalence of, and variables involved in, Service member postpartum depression. One study found that 19.5% of their sample met the clinical threshold for postpartum depression (Appolonio & Fingerhut, 2008), a higher prevalence than in civilian populations which is generally around 11% (Coates, Schafer, & Alexander, 2004; Segre, O'Hara, Arndt, & Stuart, 2007). Appolonio and Fingerhut (2008) also found that marital status was unrelated to a mother's postpartum depression symptoms, and military factors seemed to be unrelated to postpartum depression symptoms, despite the higher rate of postpartum depression in the military sample. Appolonio and Fingerhut suggest that the higher rate of delivery complications in the military sample, which is associated with higher rates of postpartum depression, may be partially driving the increased rate of military postpartum depression. In another longitudinal study, Rychnovsky and Beck (2006) measured postpartum depression amongst Active Duty mothers at three time points: 1-3 days postpartum (Time 1), 2 weeks after delivery (Time 2), and again at 6 weeks after delivery (Time 3). At Time 1, 39% of mothers in the sample had significant depression symptoms for depression, with 9% screening positive for clinical postpartum depression. At Time 2, 36% of mothers exhibited symptoms of depression, and 14% screened positive for postpartum depression. At Time 3, the occurrence of depression symptoms and clinical postpartum depression dropped slightly, to 29% and 11%, respectively. No significant differences across these three times were found. Rychnovsky and Beck (2006) found that the most commonly reported symptom clusters were sleeping and eating disturbances, and anxiety/insecurity.

Spouse Mental Health

Spouses may also be at risk for mental health disorder symptoms and diagnoses. A number of studies have compared the prevalence of mental health disorder symptoms in military spouses to community norms established within the research field. For

example in a 2008 survey of military families, spouses of Army and Marine Corps Service members demonstrated elevated levels of distress, anxiety, and depression compared to community norms (Lester et al., 2010).

Several studies have replicated the finding above that military spouse populations have higher levels of mental health problems than comparable civilian populations (Green, Nurius, & Lester, 2013; Kees, Nerenberg, Bachrach, & Sommer, 2015; Renshaw, Rodrigues, & Jones, 2008). For example, Green, Nurius, and Lester (2013) found that military spouses had higher psychological distress, depression symptoms, and anxiety symptoms relative to the civilian community. Symptoms of depression and PTSD have also been found to be higher among Reserve Component spouses than community norms (Renshaw Rodrigues, & Jones, 2008). Similarly, in a study assessing the Homefront Strong program, Kees and colleagues (2015) found that prior to the program, themes such as helplessness and being unsupported were positively correlated with symptoms of depression for the participating female spouses. While one study did not find differences between military and civilian samples (Asbury & Martin, 2012), methodological concerns, particularly related to sampling methodology and subpopulation focus, warrant hesitation before considering this to be a disruption of the consensus within the literature.

These heightened mental health concerns may have negative impacts on the well-being of spouses. Eaton et al. (2008) conducted a wide-ranging survey of the mental health symptoms of Army wives at a large military base. They found that 22% of the 940 spouses who participated reported that their current levels of stress or emotional difficulty had a negative impact on their quality of life. 12% met the threshold for a major

depression diagnosis and 17% met the threshold for generalized anxiety disorder diagnosis. Further, 4% of the sample reported drinking more alcohol than they intended and 3% reported feeling like they wanted or needed to cut down on their drinking (Eaton et al., 2008).

Several factors have been related to spouses' mental health symptoms. Orthner and Rose (2009) drew participants from the larger U.S. Army Research Institute's 5th Survey of Army Families, focusing on female spouses. While work-related separation (including, but not limited to deployment) was negatively associated with spouse well-being, including mental health, a number of factors were found to counteract this negative effect. ***Separation had a stronger effect on mental health among younger spouses, as well as those who received less support from work supervisors and families.*** Similarly, growing up in a military family might have a protective effect on spouses; one study found that ***wives who did not grow up in military families had more mental health symptoms*** than military wives who did (Padden, Connors, & Agazio, 2011b).

While the prior studies explored characteristics of spouses who have higher or lower mental health symptoms, spouses may also take more active control over their outcomes. Acceptance of military lifestyle, for example, was negatively associated with stress amongst spouses of Air Force commanders (Massello, 2007). Similarly, positivity (measured by the ratio of positive affect to negative affect), was related to lower levels of depression symptoms (Faulk, Gloria, Cance, & Steinhardt, 2012). In addition, positivity moderated the relationship between stress and depressive symptoms in Army spouses (Faulk et al., 2012).

Partner Influences on Mental Health

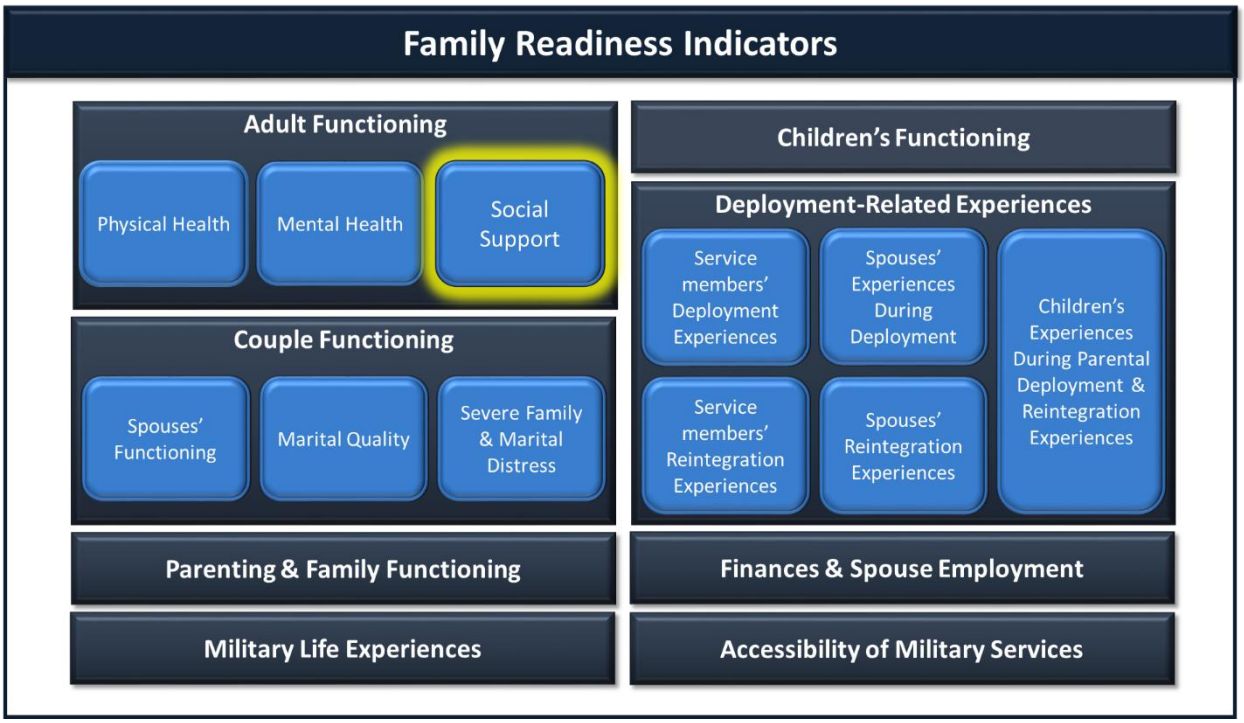
Mental health may be of particular concern amongst spouses whose Service members exhibit symptoms of PTSD. ***Service members and spouses with PTSD symptoms can impact their partners' own mental health outcomes.*** In particular, Reserve and National Guard members' numbing (e.g., feeling emotionally numb) and

withdrawal symptoms were related to greater depression, anxiety, and stress symptoms among spouses (Renshaw & Campbell, 2011; Renshaw et al., 2008). In a study of wives of Veterans seeking outpatient treatment for PTSD at Veteran's Affairs Medical Centers (VAMC), 15% of wives reported recent suicidal ideation (Manguno-Mire et al., 2007). In this study, 69% of the sample reported that Veterans demonstrated physical threats to their spouse's wellbeing (Manguno-Mire et al., 2007). The effect of reported threats was particularly high for those spouses who indicated they experienced barriers to treatment (Manguno-Mire, et al., 2007). In another study, Service member's PTSD symptoms predicted their spouse's PTSD symptoms one year later (Snyder et al., 2016).

Summary

Overall, current research literature related to adult mental health documents that some Service members and spouses experience mental health problems such as depression and PTSD, even outside of deployment and reintegration. Service members who are enlisted, racial/ethnic minorities, and who have less support from their families generally have more mental health problems. Recent research also suggests that military spouses may be at risk for mental health problems, compared to their civilian counterparts. Spouses who were younger and who received less support from their work and families had greater mental health issues. Finally, there is extensive evidence that Service members and spouses can impact each other's mental health and well-being.

Adult Social Support



What is "Adult Social Support"?

Social support – that is the instrumental, emotional, informational, and social resources available to individuals – is an important aspect of family readiness. *Adult social support* can include both formal (e.g., established programs) and informal (e.g., friends and family) sources of support. This indicator excludes social support perceived or received during and immediately after deployment which is included in deployment-specific indicators.

Previous Evidence about Adult Social Support

The previous review of literature showed that social support was a significant factor affecting well-being by helping Service members and spouses cope with stress (Booth

et al., 2007). Prior to 2017, research identified both formal and informal forms of social support as being significant sources of support for Service members and their families, often found through virtual communities over the internet and through email. Married couples were particularly vulnerable to problems in social support, given that they were more likely to rely on their partner as their primary provider of social support. To mediate this need, Service members and their families found social support from their neighbors and those on military installations (Booth et al., 2007). These informal means of social support were bolstered by the formal support programs that help Service members and their families make informal connections and relationships with others.

What We Know Now about Adult Social Support

In terms of social support, we review contemporary research evidence related to social support drawn from the military community and work environments. We also explore the connections between social support and key outcomes, including mental health, marital quality, and child rearing. ***Key aspects of adult social support across studies were: formal, informal, informational, instrumental, and social types of support***.

Formal and Informal Support

Social support can come in the form of both formal (e.g., official military-sponsored programs, such as Family Readiness Groups) and informal (e.g., neighbors, family members, and friends) sources. However, ***formal support programs may be missing spouses who do not feel they fit the typical characteristics of a military spouse.*** Programs are frequently tailored to female spouses, not male spouses, which may leave male spouses' social support needs unmet through formal channels (Southwell & Wadsworth, 2016). Individuals posting in an online support forum intended for Marine Corps relationship partners relayed concerns about feeling alienated for not fitting the typical mold for a Marine Corps girlfriend/fiancée/wife, which could lead to increased feelings of isolation from traditional military community social support (Jennings-Kelsall,

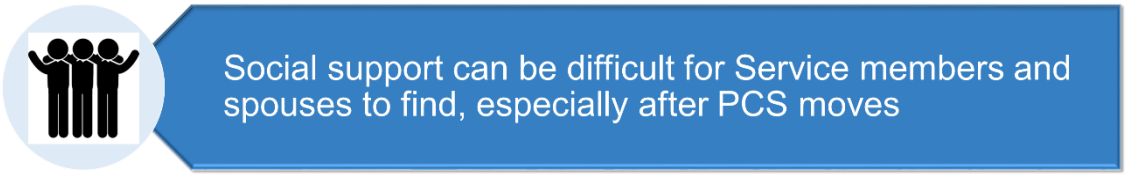
Aloia, Solomon, Marshall, & Leifker, 2010). This tendency to cater to the stereotypical, most common military spouse may inadvertently leave other non-stereotypical military spouses feeling unsupported (e.g, spouses without children, those with a demanding career of their own, spouses in a homosexual relationship, or those in a long-term but non-marital relationship). Of course, formal programs are restricted by available resource allocation, which may drive some decisions about program choices. Still, ensuring availability and accessibility of services to a variety of spouses is important for family readiness (see pages 174-186).

Informal social support is also valuable for military community members. In a qualitative study assessing British military spouses' experiences, Blakely, Hennessy, Chung, and Skirton (2014) found that informal support is critical, and was frequently found within the community of fellow British individuals. Informal support is important not only during a military career, but also at its end. Worthen, Moos, & Ahern (2012) found that parents could be a particularly valuable source of support when exiting the military and returning to civilian life. The Veterans interviewed in this study had transitioned out of the military and lived with their parents during this transition period. The Veterans reported that their parents not only provided instrumental support in the form of providing a place to live, but also provided emotional support, albeit emotional support that was hampered by the parents lack of understanding the veterans' military experiences.

Military Community Support

Social support in the military community is a vital tool used to strengthen the family, cope with stressors in the military life, and bolster mental health. The military community has a long and proud history of supporting members of its own community, much like many members of small tight knit groups within larger communities. ***Although military spouses reported having more social support than civilian spouses (Asbury & Martin, 2011), finding social support can be challenging for Service members and their spouses, especially for those in non-traditional or remote assignments,***

such as recruiters. For example, frequent Permanent Change of Station (PCS) relocations can negatively impact a spouse's social support network and require it to be rebuilt repeatedly (Jennings-Kelsall et al., 2010). This repeated cycle is associated with feelings of loneliness for spouses (Jennings-Kelsall et al., 2010). At times (such as during deployments), military loved ones can find it challenging to find formal and informal forms of support, especially support sources (e.g., friends, groups, programs) that do not discuss the politics of war (Demers, 2009). Moreover, individuals in a social support network may not understand the military lifestyle – for example, parents or siblings – thereby inhibiting the ability of well-intentioned and motivated individuals from providing the kind of truly helpful social support that military adults need.



Military Service members and their partners have reported that ***the greater their military-specific community connections, the more supportive relationships they also had*** (O'Neal, Mancini, & DeGraff, 2016). More broadly, spouses showed a similar parallel between their social support and their comprehensive community connections beyond the military-specific community connections. These findings may indicate that the ties military families have to the community at large, but especially the military-specific community, may bolster social support in general. However, not all members of the military community have a similar experience. Service members of higher ranks – and their spouses – reported greater supportive relationships, indicating a possible disparity in the amount of support that lower versus higher ranking Service members and their families' experience.

Military Work Environment Support

The Service member's work environment can be a source of social support for spouses. Research indicates that spouses who have more support from their Service members' work supervisor and greater comfort with their Service members' Human Resources and health systems also reported greater well-being (Orthner & Rose, 2009). Yet, in another study, both Service members and spouses reported generally negative perceptions of organizational support (Matsch, Sachau, Gertz, & Englert, 2009). Service members and spouses have different experiences and interactions with the military and, not surprisingly, have different perspectives on the support provided by the Service member's work environment. A study of law enforcement Air Force Service members indicated that the Service members believed they had more supervisor support than spouses did (Matsch et al., 2009).

Social Support and Mental Health

A number of research studies have documented the importance of social support in regards to mental health, such as PTSD (e.g., Fischer et al., 2015; Gradus et al., 2015; O'Neal et al., 2016). For example, Gradus et al. (2015) found that increased family support was associated with fewer PTSD and depression symptoms. Other work with Australian forces has further underscored the link between increased social support and mental health; military partners who reported more social support (from family or non-family) were less likely to screen positive for PTSD (McGuire, 2012). O'Neal et al. (2016) also documented the relationship between supportive friendships and well-being in that both Service members and spouses who reported more social support also reported fewer depressive symptoms, less anxiety and more self-efficacy. However, there is a further interplay of supportive friendships and mental health within couples: when Service members reported many supportive friendships, spouses reported lower self-efficacy (e.g., confidence that they can accomplish goals).

Veterans who were in colleges or universities have also reported that increased social support from family was related to fewer anxiety and depression symptoms

(Romero, Riggs, & Ruggero, 2015). In fact, high levels of family support could minimize the detrimental effect of avoidant coping on depression and anxiety symptoms. Social support has been indicated to be a potential influencer in the relationship between mental health and other variables as well; Tsai and colleagues (2012) found that social support mediated the relationship between PTSD and life satisfaction in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans seeking care at a VA treatment center.

Knowing how to obtain social support is a critical first step in capitalizing on its benefits. Research has demonstrated that 77% of family members have reported the need to be able to openly discuss feelings with friends or family, and 70% report that they are able to do so (Wilder Schaaf et al., 2013). By comparison, 100% of the same family members reported that they needed a professional to turn to for advice or for services; only 77% reported they were able to do so.

Some programs have been designed in part to help foster social support networks for members of the military community. One such program, Reaching out to Educate and Assist Caring Healthy Families (REACH), has been shown to improve the social support of family member's whose Service member has been diagnosed with PTSD (Fischer et al., 2013). However, other research on this same program indicated that only Veterans' perceptions of social support increased over time, and not family members (Sherman, Fischer, Owen, Lu & Han, 2015). This inconsistency in findings indicates that while there does seem to be potential in improving social support for veterans and their family members, more work needs to be done to ascertain who is benefiting most from the REACH program. In general, though, there is evidence that social support has a

positive effect on mental health treatment (see pages 174-186 for additional information about programs and services).

Social Support and Intimate Partner Violence

Social support has been strongly documented to be a protective factor against intimate partner violence (IPV; see also pages 91-96). ***Research indicates that high social support protects against psychological aggression*** (Klaw, Demers, & De Silva, 2016) and, in conjunction with other predictive variables (such as depressed mood and family problems) social support attenuates the general link between alcohol misuse and the increased risk of spousal abuse (Bell, Harford, Fuchs, McCarroll, & Schwartz, 2006). According to some research, low social support was a risk factor for IPV particularly for Caucasian Soldiers, but was not a risk factor for Hispanic Soldiers (Bell et al., 2006). Similarly, increased community support and support from leadership is negatively associated with experiencing clinically significant emotional abuse (CSEA) for some groups (Foran, Heyman, Smith Slep, & U.S. Air Force Family Advocacy Research Program, 2014). Specifically, increased support from leadership was associated with less likelihood of experiencing CSEA for married male Service members and female civilian spouses (Foran et al., 2014).

Other work has proposed that the frequent moves military families experience prevent spouses from having a strong social support system that can help them identify when they should be seeking help for abusive situations (Harrison, 2006). Also, spouses may be geographically isolated when living on post with their service member, where their housing relies upon their marital relationship to the Service member. This geographical isolation and reliance on their service member for housing may reduce motivation to disclose abuse to others (Harrison, 2006).

IPV may provide a unique and highly sensitive topic in which social support is not conducive for coping. For example, in a survey of female veterans who have been victims of IPV, there is some indication that suggests that individual counseling is preferred over group settings where social support might be fostered (Iverson et al.,

2016). Male active duty Air Force Service members who had increased neighbor support were less likely to report partner aggression (Smith Slep, Foran, Heyman, & Snarr, 2010).

Social Support and Parenting

Social support also plays an important role for military parents. Post-deployment military fathers express interest in connecting with other fathers with common experiences (Walsh et al., 2014). Also, in a series of focus groups, Airmen described that other family members were important sources of help in their role as new or expectant parents; these fathers, however, were often uncomfortable asking for help (Lee et al., 2013). Other work has found that parental status is related to higher stress for spouses, but that social support largely accounts for this relationship: parents report having more social support than non-parents, and research indicated that higher levels of reported social support were related to reduced stress (Van Winkle & Limpari, 2015).

Social support can also have an impact on the manner in which military families parent their children. Posada, Longoria, Cocker, and Lu (2011) found that greater social support was associated with greater maternal sensitivity and support of her child. Similarly, in a study of National Guard and Reserve fathers, research indicated that higher levels of social support report were related to lower levels of coercive harsh discipline, particularly among those with higher incomes (Davis, Hanson, Zamir, Gewirtz, & DeGarmo, 2015).

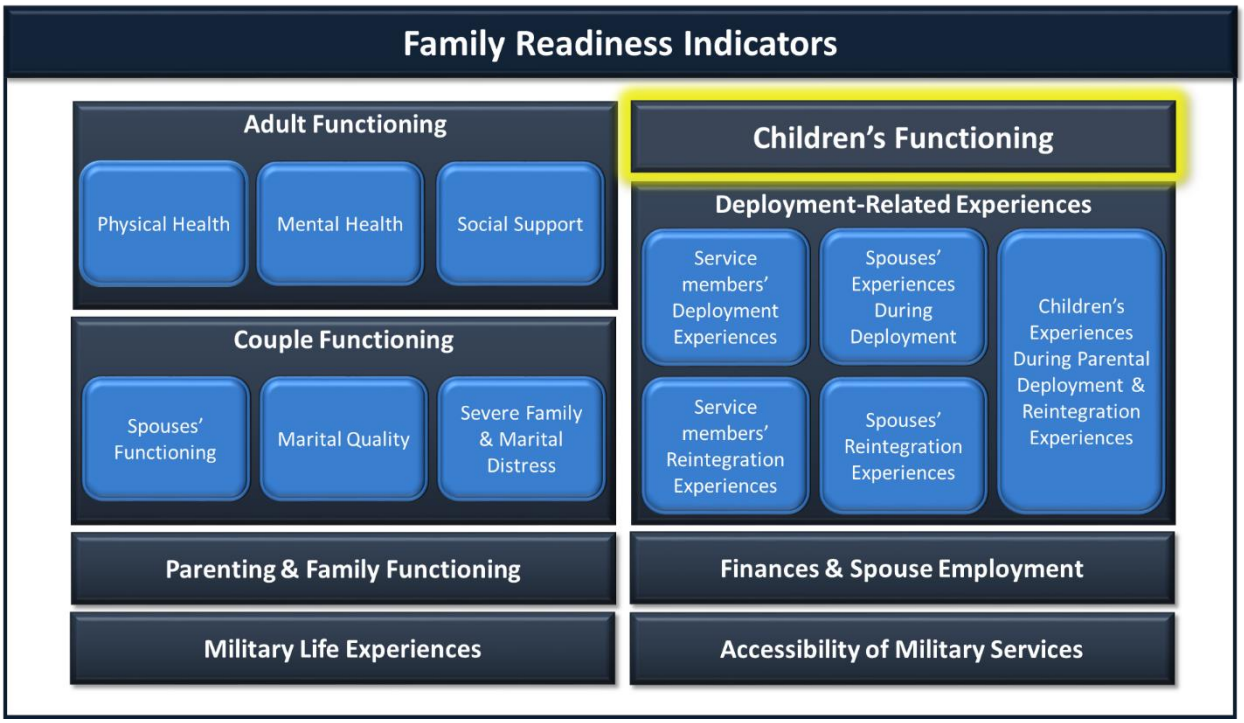
Single parents face a unique challenge in finding social support; they not only must parent without the primary social support of a co-parent, they also presumably have less time available to pursue additional avenues of social support. One study found that single parents had greater concerns related to family disruption and less family and friend support during deployment than partnered parents (Vaughn-Coaxum, Smith, Iverson, & Vogt, 2015). Further, post-deployment social support was negatively associated with PTSD symptoms for partnered, but not single, parents (Vaugh-Coaxum et al., 2015). This suggests that social support does not protect against PTSD

symptoms among single parents. In contrast, in other work among Active Duty single Navy mothers, social support was negatively associated with depression, and negative life event stressors were positively associated with depression (Tucker & Kelly 2009). ***Thus, while social support can provide benefits to single parents, it may be more difficult to foster supportive relationships.***

Summary

Social support is an important part of adult life, particularly for those in military families, given the accompanying stressors of the military lifestyle. The military community is known for its tight-knit relationships and readily available social support for its community members. However, the military lifestyle also makes it challenging to establish and maintain a social support network. Despite these challenges, it is important to pursue and access social support given its extensive links to better mental and physical health, better relationships, and more supporting parenting styles. Social support can come in the form of either formal or informal support, through peers, friends, family or coworkers, and the Army would greatly serve its community by fostering social support in a wide range of capacities and avenues in its Service members and their spouses and families.

Children's Functioning



What is "Children's Functioning"?

As an indicator of family readiness, *children's overall functioning* includes all aspects of their health and well-being, including physical health, state of mind, and general coping. In this section, we exclude children's experiences during deployment because these are included as a separate indicator (starting on page 134).

Previous Evidence about Children's Functioning

Regarding general child functioning, research prior to 2007 demonstrated that military children had similar rates of mental and behavioral health problems to civilian populations (Booth et al., 2007). In fact, military children typically had better academic

performance than their civilian peers (Booth et al., 2007). Moreover, adolescents tended to have fewer difficulties and better adjustment than younger children.

What We Know Now about Children's Functioning

Many studies in recent years have focused on military children. ***The most commonly studied aspects of children's functioning are: general experiences, physical health, social functioning, mental health, behavioral health, academic outcomes, and the specific experiences related to relocation***. Below, we review the contemporary literature related to children's functioning.

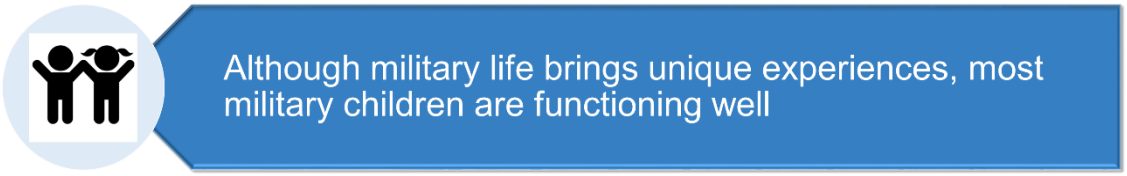
General Experiences

In general, military children have experiences that are unique from their civilian counterparts. For example, military children may face parental deployment, potential death or injury of a parent, relocations, and frequent school transitions (De Pedro, Esqueda, Cederbaum, & Astor, 2014b). School employees describe military children's lives a being in a constant state of flux because of the frequent changes they face with deployments and relocations (De Pedro et al., 2014b). In fact, in one study of children (ages 8 to 13) of Canadian Service members, many children agreed that they "felt different" from civilian children (Skomorovsky & Bullock, 2016). This was not necessarily a problem, however, given that participants reported several benefits of their parent's military service, such as meeting new people, traveling new places, feeling safe, and drawing self-worth from the pride and respect of their military parent (Skmorovsky & Bullock, 2016).

Service member parents also acknowledge that their military service impacts their children's experiences. In one survey of UK Service members, just over half of Service members believed that their service had a negative impact on their children, while only 20% believed their service had a positive impact on their children (Rowe, Keeling, Wessely, & Fear, 2014). Several factors were related to a Service member's belief that they had a negative impact on their children; for example, being a Non-Commissioned

Officer, having been deployed for long periods (i.e., more than 13 months in the previous three years), and having more children all predicted Service members' beliefs that service negatively impacted their children (Rowe et al., 2014).

Wadsworth et al. (2016) interviewed 680 military families with children under the age of 10 and assessed children's overall risk for negative outcomes, spanning a variety of domains (e.g., mental health, developmental issues). They found that a child's age and the spouse's mental health were critical factors contributing to children's risk. Specifically, older children were at greater risk than younger children. In addition, a parent's depression symptoms were the least common risk factor, but one of the most strongly associated with increased risk. Among young children, a parent's depression symptoms were related to at least three times greater likelihood of risk among children (Wadsworth et al., 2016).



Physical Health

A few research studies have examined the physical health of military children, even starting at birth. Among military infants born between 2002 and 2005, approximately 3.5% were diagnosed with birth defects (Ryan et al., 2011). There were several characteristics that increased the likelihood of birth defects, including: being male, being part of a multiple birth, and having a mother older than 25 (Ryan et al., 2011). Additional longitudinal research is needed to examine the impact of military support programs on children with birth defects and their families, in both the short- and long-term.

Additional work has examined children's medical health care utilization. The vast majority of military children (94%) in one study had up-to-date immunization records (Huillet, Erdie-Lalena, Norvell, & Davis, 2011). In addition, in another study, nearly

three-quarters of military children enrolled in TRICARE dental care (71%) had visited the dentist at least once (Chaffin, Moss, Martin, Leiendecker, & Mascarenhas, 2013). There were some differences among military children in terms of their use of dental care services. Children of Officers were 2.5 times more likely to attend dental appointments compared to children of enlisted Service members (Chaffin et al., 2013).

Pressley, Dawson, and Carpenter (2012) examined inpatient medical records from over 740,000 military and civilian children to identify differences in the health and health care utilization of military children. They found that military children were more likely to be admitted to hospitals as “urgent” cases, and less likely to be admitted as “emergent” cases, compared to civilian children. However, there was a trend for military children to be more likely to die during hospitalization than their civilian peers. The reasons for hospitalizations also varied by military status. Military children were hospitalized for poisoning more frequently than civilian children, particularly for medicinal/drug poisoning (Pressley et al., 2012). One study examined the impact of Attention Deficit Hyperactivity Disorder (ADHD) diagnosis and medication among military children ages four to eight (Hisle-Gorman, Eide, Coll, & Gorman, 2014). In this study, outpatient doctor visits were significantly higher among military children with ADHD diagnoses (11.5 per year), compared to both civilian children with ADHD (6 per year; Chan, Zhan, & Homer, 2002) and military children without ADHD (4.3 per year; Hisle-Gorman et al., 2014).

Injury was the most common reason for hospital visits for military children (Pressley et al., 2012). Certain types of injury were less common among military children than civilian children: multiple injuries (among those over the age of four), motor vehicle injury, pedestrian injury, and passenger injury (Pressley et al., 2012). Military children ages 10 to 14 were more likely to experience injuries at home than civilian children, and military children ages 15 to 17 years were more likely to experience environmental and falling injuries than civilian children (Pressley et al., 2012). In a separate study of military children ages three to eight, Hisle-Gorman et al. (2015) found several demographic differences related to injuries. Children who were

younger, had a younger parent, and had a father Service member also had more injury-related doctor or hospital visits (Hisle-Gorman et al., 2015).

Social Functioning

Friendships and Prosocial Behaviors

Social connections and peer relationships are a major concern for military youth (Bradshaw, Sudhinaraset, Mmari, & Blum, 2010). Military children may seek out friendships with other military youth, because they are the most likely to reach out to them and understand their experiences (Bradshaw et al., 2010). Along with this, children often have a greater connection and relationship with their peers than adults at their schools (Bradshaw et al., 2010). In interviews with military parents and children, Mmari, Bradshaw, Sudhinaraset, and Blum (2010) found that some participants reported that living on the military base encouraged social connections with other military families, and increased a sense of safety and security.

There were some differences in social ties and friendships based on characteristics of military youth and their families. Military adolescents with parents who were Officers had more friendships (i.e., affectional ties; Lucier-Greer, O'Neal, Arnold, Mancini, & Wickrama, 2014). In addition, those who participated in military-sponsored activities also formed more friendships (Lucier-Greer et al., 2014). Generally, among military children under the age of 10, girls engaged in more prosocial behavior than boys; a difference that was not reflected in a comparable national sample (Lester et al., 2016; Mustillo, Wadsworth, & Lester, 2016). In fact, military boys ages 6 to 10 had greater peer problems than a national sample of boys of similar ages (8 to 10; Mustillo et al., 2016). In contrast, military girls had fewer problems with their peers and greater prosocial behaviors compared to a national sample of girls of similar ages (8 to 10; Mustillo et al., 2016).

Attachment Behaviors

The attachment behaviors of very young children (i.e., under five years old) provide insight into their social skills and abilities. Ideally, children have a secure attachment in

which their parent (traditionally, mothers) serves as a source of security that is available when needed (Ainsworth, Blehar, & Waters, 1978; Bowlby, 1969). This secure attachment allows children to explore the world around them, and return to their parent when stress or problems arise. Posada and colleagues have examined healthy attachment behaviors among very young military children in two studies (Posada et al., 2011, 2015). They have demonstrated that ***among families with fathers serving in the military, mothers' responsiveness and support of exploration encouraged children's healthy attachment behaviors*** (Posada et al., 2011, 2015). According to mothers' reports, greater stability at home and greater social support can both lead to increased maternal sensitivity, which can result in more healthy attachment behaviors among children (Posada et al., 2011). Furthermore, greater father involvement can also indirectly increase children's healthy attachment behaviors; greater father involvement was associated with greater maternal sensitivity, which was related to children's increased secure attachment behaviors (Posada et al., 2015). Finally, fathers' combat exposure and mothers' mental health were related to children's attachment behaviors, such that less combat exposure and lower maternal depression were related to more healthy attachment behaviors (Posada et al., 2015).

Mental Health

General Coping

Healthy coping is critical for military children, just like it is for civilian children. Several studies have explored coping among military children, with varied results. One study examining the coping behaviors of military adolescents identified four profiles of coping across a variety of stressors (e.g., parental separations, relocation): 1) active coping; 2) humor-intensive coping; 3) troubled coping; and 4) disengaged coping (Okafor, Lucier-Greer, Mancini, 2016). ***The most common coping profile, active coping (39.5% of participants), involved engaging in healthy coping strategies such as developing self-reliance and using spiritual support, and was associated with the lowest levels of physical symptoms, depression, and interpersonal***

problems (Okafor et al., 2016). The second most common coping style was humor-intensive coping (32.2% of participants), which is characterized by high levels of humor and self-reliance, and lower levels of spiritual support and solving family problems (Okafor et al., 2016). Humor-intensive coping was problematic for physical health, given that it was related to high levels of physical symptoms, but was not related to other outcomes (Okafor et al., 2016). Troubled coping, demonstrated by moderate levels of healthy coping strategies, was exhibited by 23.9% of participants (Okafor et al., 2016). This coping style was related to high levels of physical symptoms, depression, and interpersonal problems (Okafor et al., 2016). Finally, disengaged coping (4.4% of participants) was characterized by very low engagement in healthy coping strategies, and was related to the lowest levels of positive affect (Okafor et al., 2016). Coping strategies were not related to any specific stressor (i.e., each coping strategy could be used for any stressors), and did not differ by adolescents' age or sex (Okafor et al., 2016). There may be some gender differences in specific coping strategies, however, given that Morris and Age (2009) found that military girls (ages 9 to 15) reported higher levels of support-seeking coping (e.g., actively seeking assistance or support) than military boys. In addition, Service member rank may play a role in children's coping; among adolescents, children of Officers demonstrated better coping than children of enlisted Service members (Lucier-Greer et al., 2014).

Mental Health Diagnoses and Medications

An evaluation of health records indicated that during inpatient treatment (i.e., hospitalization), military children are more likely to have an existing mental health diagnosis and to receive a new mental health diagnosis during their hospital stay, compared to civilian children (Pressley et al., 2012). Anxiety disorders were especially prevalent among these military children (71% higher compared to civilian children; Pressley et al., 2012). These findings were paralleled by rates of mental illness history: military adolescents had a 104% higher rate of history of mental illness than civilian adolescents (Pressley et al., 2012). These findings were supported by a smaller study

that demonstrated military adolescents had greater use of prescribed antidepressants, compared to nationwide statistics (Wickman, Greenberg, & Boren, 2010). One study has examined what factors are related to mental health care use among young children (ages three to eight). This study demonstrated that children had more appointments for mental or behavioral issues when they were male, and had older, unmarried, and junior enlisted parents (Hisle-Gorman et al., 2015). Additional research is needed on the health care use, diagnoses, and medications of military children of all ages to fully understand their health needs and conditions.

Well-Being and Mental Health Symptoms

A variety of studies have examined military children's well-being and/or mental health, including general emotional problems, depression, and anxiety. ***When considering emotional difficulties in general, research indicates that military children tend to experience greater emotional difficulties than civilian children*** (Mustillo et al., 2016). Specifically, boys ages 6 to 10 and girls ages 8 to 10 had greater emotional difficulties (and total difficulties), compared to a national sample of same-aged/same-gendered children (Mustillo et al., 2016).

In terms of depression, ***military adolescents generally reported moderate levels of depression*** (Lucier-Greer et al., 2014; Rodriguez & Margolin, 2015). For example, one commonly used dataset surveyed 1036 military adolescents (Arnold, Lucier-Greer, Mancini, Ford, & Wickrama, 2015; Lucier-Greer, 2014; Mancini, Bowen, O'Neal, & Arnold, 2015; Richardson, 2016) and asked participants to complete the Center for Epidemiological Studies – Depression (CES-D) scale for children, which has possible scores of 0 to 60, with scores above 16 generally indicating moderate depression symptoms and scores above 22 indicating potential clinically diagnosable depression (Faulstich, Carey, Ruggiero, Enyart, & Gresham, 1986; Roberts, Lewinsoh, & Seeley, 1991). Military adolescents in this study had average depression scores of approximately 15, suggesting that the youth do experience some depression symptoms (Lucier-Greer et al., 2014).

While depression scores appear to be within healthy ranges for military adolescents, few studies have compared military and civilian adolescents (outside of deployment experiences). In one study of children across California, findings demonstrated that having a military parent was not related to higher or lower depression symptoms (Cederbaum et al., 2014). However, ***adolescents with a sibling currently serving reported the highest rates of depression symptoms***, compared to adolescents with military parents and those with no military connections (Cederbaum et al., 2014). No other studies examined the experiences of siblings of Service members.

Several demographic factors have been associated with emotional problems, depression, and anxiety among military children. Differences have been identified in terms of children's' age, gender, parent's rank, and family structures. Research on children's mental health varies in terms of the ages of military children examined. Research on general emotional problems and anxiety has included children at all ages. Most research examining depression, however, has focused on adolescents. Across studies, ***older adolescents have reported greater levels of depressive symptoms than younger adolescents*** (Lucier-Greer et al., 2014). Along with this, military children in 11th grade indicated more depression symptoms and poorer well-being than those in 7th grade (Sullivan et al., 2014). Similarly, Crow and Sebold (2013) revealed that older adolescents had more frequent anger problems than younger adolescents.

In contrast, research indicates that ***younger children experience greater anxiety than adolescents***. Although studies have not directly compared these samples, anxiety among children under 10 was moderately high, and among children ages 3 to 5, anxiety (general, separation, and total) was higher among military children than community norms (Mustillo et al., 2016). However, military children had lower social anxiety scores than their civilian counterparts (Mustillo et al., 2016). Within samples of adolescents, however, anxiety scores were low or moderate (Rodriguez & Margolin, 2015; Richardson et al., 2016).

There was also clear evidence across studies that military girls had poorer well-being (Cederbaum et al., 2014; Sullivan et al., 2014), higher levels of general emotional problems (Morris & Age, 2009), depression (Lucier-Greer et al., 2014; Sullivan et al., 2014), and anxiety (Mancini et al., 2015) than boys. In addition, adolescents with an enlisted parent (compared with an Officer) showed greater symptoms of depression, particularly younger adolescents and girls (Lucier-Greer et al., 2014).

Military children's personal strengths may also play a role in their depression symptoms. For instance, ***lower initiative, lower persistence, and lower self-efficacy among military adolescents have all been related to greater depression symptoms*** (Arnold et al., 2015; Lucier-Greer et al., 2016; Mancini et al., 2015). Self-efficacy was also examined in relationship to anxiety, and the same pattern was identified: lower self-efficacy was associated with higher anxiety (Mancini et al., 2015). These findings suggest that adolescents with greater personal strengths, in general, may be less likely to experience depression and anxiety.

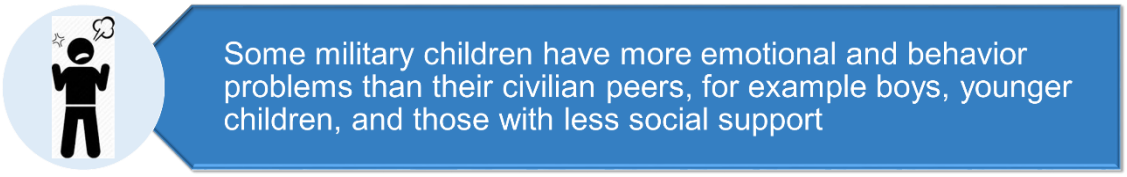
Social relationships with friends, family, and the broader community may also be important for military adolescents' mental health. Military adolescents who reported being socially isolated and those who had fewer supportive relationships indicated greater depressive symptoms (Lucier-Greer et al., 2016; Richardson et al., 2016) and anxiety (Mancini et al., 2015). In addition, among older adolescents, depression symptoms were higher for those who participated in fewer military-sponsored activities, and for those living outside the United States (Lucier-Greer et al., 2014).

Similarly, family support and parenting can impact adolescents' depression. Studies have found that poorer quality parenting, lower family support, and poorer parent-adolescent connection during stress are all related to greater depression symptoms (Arnold et al., 2015; Mancini et al., 2015). Similarly, parental PTSD symptoms, and to a lesser extent parental physical health problems, were related to greater concerns about children's well-being (Sullivan et al., 2016). Among younger children, gender may play a

moderating role in the importance of family support. In one study of military children ages 9 to 15, more maternal social support was associated with fewer emotional symptoms for girls, but not boys (Morris & Age, 2009). While additional research is needed to fully understand the connections between family support, gender, age, and emotional problems, it is clear that having a healthy support system within a family can serve as a protective factor for military youth.

Suicide and Suicidal Ideation

Research suggests that military children may be at increased risk for suicide and suicidal ideation. In one study of medical records, military children were admitted to hospitals more frequently for attempted suicide than civilian children (Pressley et al., 2012). In addition, studies have shown that suicidal ideation was higher among military adolescents compared to civilian adolescents (Harrison, Robson, Albanese, Sanders, & Newburn-Cook, 2011) and in comparison to state-wide rates (Cederbaum et al., 2014) and national annual surveys (Wickman et al., 2010). Across studies, approximately 23% of military adolescents reported suicidal ideation, compared to 19% of civilian adolescents (Cederbaum et al., 2014; Wickman et al., 2010). In addition, Cederbaum et al. (2014) also found that suicidal ideation was as high as 26% among siblings of Service members; which was significantly higher than a comparison group from a state-wide annual survey (Cederbaum et al., 2014).



Behavioral Health

General Behavior Problems

Behavior problems or "acting out" is expected from children, to some degree; however behavior problems (also called externalizing behavior problems to indicate that they are outward behaviors directed toward objects or other people) can be dangerous and/or create other challenges if they become too frequent or too dangerous. Research indicates that externalizing behaviors differed based on children's demographic characteristics. Among young children (ages 10 and below), Mustillo et al. (2016) found that being younger was related to greater conduct and hyperactivity behavior problems. Across two studies, boys had greater levels of externalizing behaviors, including hyperactivity problems and ADHD, than girls (Hisle-Gorman et al., 2014; Mustillo et al., 2016; Sumner, Boisvert, & Andersen, 2016). Along with this, another study revealed that military boys reported higher levels of impulse control efforts than military girls (i.e., they are trying harder to control impulse behaviors; Morris & Age, 2009). In addition, having less social support was related to greater behavior problems, especially during times of stress (Sumner et al., 2016). Support specifically from mothers (regardless of whether they were Service members) was negatively correlated with behavior problems, such that children reporting lower maternal support also reported greater conduct problems (Morris & Age, 2009).

Violence and Weapons

Studies using very large samples of public high school students in California revealed that military adolescents had significantly more engagement in violence, harassment, and were more likely to carry weapons (Gilreath et al., 2013; Reinhardt Clements-Nolle, & Yang, 2016; Sullivan et al., 2015). Across several types of physical violence and harassment, military adolescents were approximately 1.5 times more likely to report having engaged in physical violence or harassment (Sullivan et al., 2015). These results were replicated in a similar study with students in Nevada. Military adolescents were over 1.5 times more likely to engage in physical fighting, in general,

and almost twice as likely to report fighting on school property, compared to civilian adolescents (Reinhardt et al., 2016). Among these adolescents, having a greater number of risk factors (e.g., rural location, alcohol use, being bullied) – including military connection – increased likelihood of engaging in physical fights (Reinhardt et al., 2016). In a study of 13,484 students from 23 military-connected schools in Southern California, Estrada, Gilreath, Sanchez, and Astor (2016) found being in a physical fight and bringing a weapon to school were both related to an increased likelihood of gang membership; adolescents engaging in these behaviors were twice as likely to be in a gang (Estrada et al., 2016). Although this sample was not exclusively military adolescents, it indicates that increased violence and carrying weapons are severely problematic for military youth.

Substance Use

Findings related to alcohol and drug use vary across studies, depending on the samples and especially the groups to which military children are compared. Comparisons of study samples to national normed data suggest that military adolescents consume less alcohol and use fewer drugs than civilian youth. In a sample of 908 Air Force adolescents collected at medical health clinics, alcohol, cigarette, and marijuana consumption was significantly lower than state-wide and national statistics from the Youth Risk Behavior Survey (YRBS) that same year (Hutchinson, 2006). Similarly, Wickman et al. (2010) compared reports from 125 adolescents recruited at a military medical facility to the YRBS results from that same year and found that their military participants reported lower substance use.

In contrast, other studies indicate that military children are drinking alcohol and using drugs more frequently than their civilian peers. In a sample of high school students completing the Washington state-wide Healthy Youth Survey, military adolescents engaged in more binge drinking and drug use than civilian peers (Reed, Bell, & Edwards, 2011). Similarly, among 7th, 9th, and 11th grade students in six military-connected districts in Southern California (*N* = 14,512), youth with siblings in the military

had higher lifetime substance use rates (Gilreath et al., 2013). A study using similar data from two years later also found that military adolescents reported greater levels of substance use (lifetime and recent) than civilian students (Sullivan et al., 2013). When examining medical records, Pressley et al. (2012) found that military children had a higher rate of substance and alcohol related diagnoses compared to civilian children.

Academic Outcomes

Academics are a key issue for military children. In three separate studies, academic issues were discussed as one of the most prominent challenges military children experience (Aronson & Perkins, 2013; Bradshaw et al., 2010; Crow & Seybold, 2013). Bradshaw et al. (2010), for instance, found that children, parents, and school personnel noted that academic problems, student/teacher relationships, and extracurricular activities were among the most common challenges for military students. Crow and Seybold (2013) surveyed parents and adolescents (ages 11 to 14) and found that academic performance and test anxiety were in the top five concerns for both parents and adolescents.

Research on academic performance among military children has primarily focused on adolescents (e.g., middle and high school-aged youth). Military youth in one study reported achieving good grades; 70% reported that they received A's and B's (Lucier-Greer et al., 2016). In a study focused on a small sample of 4th and 5th grade students in the south, participants had standardized test scores that ranged from 44th to 76th percentile for 4th graders and 34th to 79th percentile for 5th graders (Phelps, Dunham, & Lyons, 2010).

Only one study has directly compared the academic achievement of military and civilian adolescents. Reed et al. (2011) examined self-reported grades (e.g., mostly As and Bs, mostly Cs, Ds, and Fs) among 8th, 10th, and 12th grade students in Washington state. Among those participants, military adolescents had lower academic achievement than civilian adolescents (Reed, Bell, & Edwards, 2014). More research is needed to

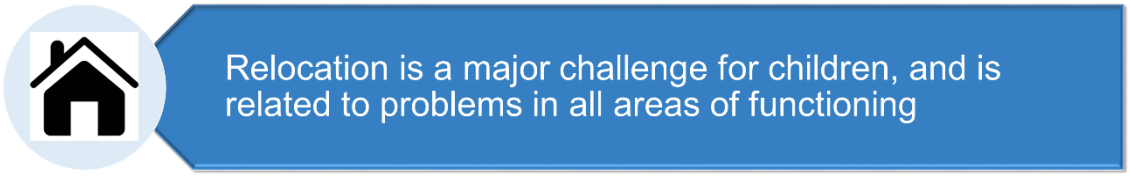
provide evidence regarding any differences in academic achievement between military and civilian children, outside of deployment.

Studies focusing on military children's academic achievement have identified several key factors that are related to better academic performance: demographic characteristics (gender and ethnicity/race), individual factors, and social support factors. First, among adolescents, girls have reported higher grades than boys (DeGraff et al., 2016; Lucier-Greer et al., 2016). Military girls also had higher math test scores, compared to military boys, in a study on approximately 13,000 military students in Texas (Lyle, 2006). In a smaller sample of younger students (4th and 5th graders), however, there were no differences in standardized test scores between girls and boys (Phelps et al., 2010). Second, Caucasian children had higher standardized test scores than children of color (Lyle, 2006; Phelps et al., 2010); this is a well-documented trend that is pervasive among civilian children (Grodsky, Warren, & Felts, 2008). This pattern was evident in math test scores of military children in Texas (Lyle, 2006), as well as in general standardized test scores in a smaller sample of younger military children (Phelps et al., 2010). Third, several individual factors were also related to academic achievement. Higher persistence, initiative, and self-efficacy were all related to higher academic performance (i.e., grades) (Arnold et al., 2015; Lucier-Greer et al., 2016; Mancini et al., 2015). Finally, social support and relationships also play a role in military children's academic performance. Military adolescents who reported having more supportive relationships (e.g., friends, family) also reported better grades (Mancini et al., 2015). In addition, greater family support and higher quality parent-adolescent relationship during stress were both related to better academic performance (Arnold et al., 2015).

Relocation

Given that PCS moves happen frequently for Service members, relocation is a major issue for military children that can create high levels of stress (Bradshaw et al., 2010; Davis & Finke, 2015). Even Reserve families can face the challenge of school

transitions related to relocation (Military Child Education Coalition [MCEC], 2012). Military families may feel a lack of control because of the many details and uncertainties of moving to a new location, home, community, and school (Davis & Finke, 2015).



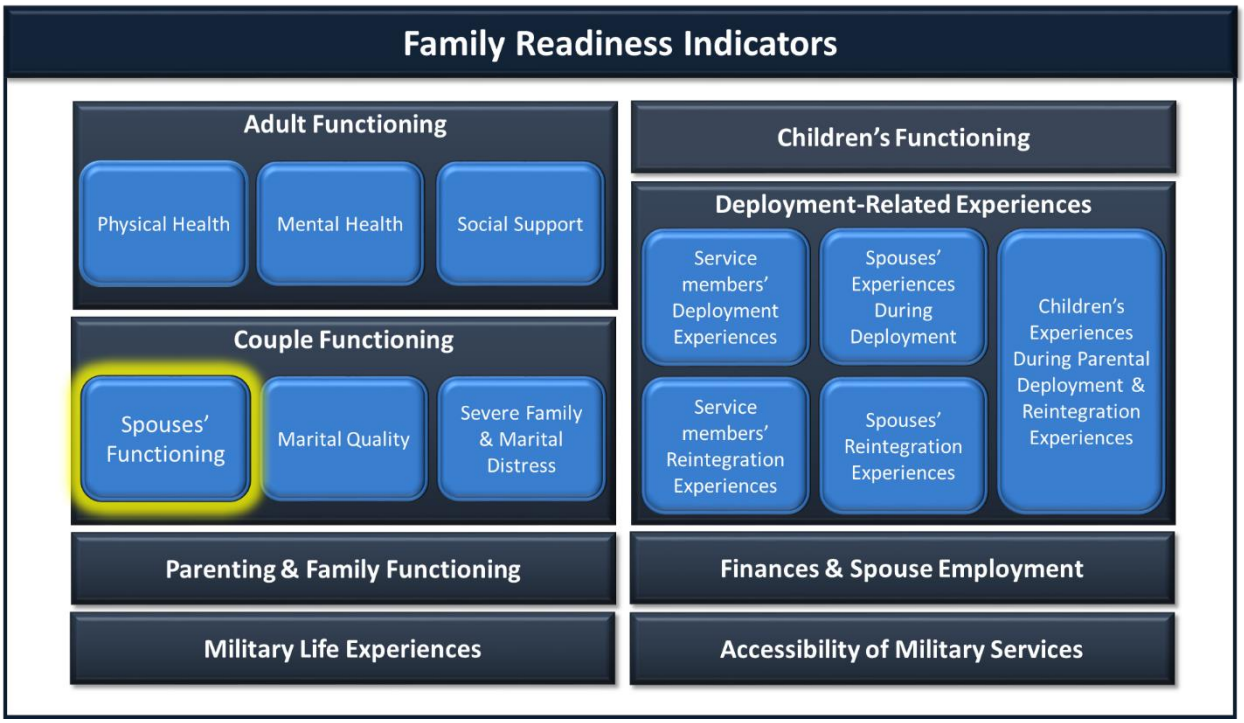
Relocation can impact children's health and well-being, including their social relationships, mental health, behavioral health, and academics. In terms of social relationships, ***children, parents, and teachers all agreed that one of the greatest stressors for military children is handling frequent relocations and losing their sense of connection with others*** (Mmari et al., 2010). Military children who relocate tend to miss opportunities for extracurricular activities (Bradshaw et al. 2010), which can make it more difficult to make new friends. Along with this, older children who changed schools often formed fewer friendships (Lucier-Greer et al., 2014). ***Studies have also identified a negative impact on children's mental health***, particularly among adolescents. Greater relocation and mobility has been related to increased depression (Mancini et al., 2015) and anxiety symptoms (Richardson et al., 2016) among military adolescents. ***Relocation was related to greater behavior problems***, including skipping class (Robson, Albanese, Harrison, & Sanders, 2014), violence and weapon carrying (Gilreath, Astor, Cederbaum, Atuel, & Benbenishty, 2014), sexual activity (Hernandez et al., 2015), and gang membership (Estrada et al., 2016). One of the most striking findings is related to sexual activity; military adolescents who had relocated in the past five years were over 4.5 times more likely to be sexually active than those who had not relocated (Hernandez et al., 2015). Problems at school may be the most directly impacted factor of relocation, and is commonly raised as a critical concern among military families and school staff (Bradshaw et al., 2010; Mmari et al., 2010; MCEC,

2012). In a very large study of military children in Texas, Lyle (2006) found that relocation was negatively related to math test scores, particularly among children who had experienced five or more moves. ***Relocation may be particularly challenging for children with special needs*** (MCEC, 2012). Parents of children with ASD, for example, reported that relocation can cause delays in services, changes in service quality, and a general feeling of having to start from the beginning of identifying and receiving services (Davis & Finke, 2015).

Summary

Military children have many unique experiences, both positive and negative. Research has examined several aspects of children's functioning. Military children are using dental and health care services, they are more likely to be hospitalized for medicinal/drug poisoning than civilian children, and are most commonly hospitalized for injuries. Social behaviors and relationships are critical for military children, and girls may have better social skills than boys. In terms of general coping, military children use different strategies, and coping is vital to their health and well-being. Military children have positive well-being, in general, and those who are younger and have healthy parents may experience the best overall well-being. Emotional problems, depression, and anxiety, were moderate among (mostly adolescent) samples, although suicide (and ideation) were higher among military youth, especially those with siblings in the military. Externalizing behavior problems were concerning for military children, especially boys. Academics were a major challenge, although military youth were successful in academic performance. Finally, relocation was a major issue for military children that could impact all of these areas.

Spouses' Functioning



What is "Spouses' Functioning"?

Spouses' functioning focuses solely on spouses, examining their general coping, personal well-being, and daily functioning, while excluding physical and mental health, and any issues exclusively related to deployment and reintegration; each of these are addressed in other indicators. Instead, we investigate spouses' personal development and adaptation to military experiences, in general.

Previous Evidence about Spouses' Functioning

Booth and colleagues (2007) reviewed previous evidence about spouse functioning, and showed that most spouses were satisfied with their lives and with the military lifestyle. They also acknowledged that junior enlisted spouses were the least satisfied in

their roles, possibly indicating compromised functioning and adaptation. The greatest areas of satisfaction included job security and the opportunity for their family to serve the country.

What We Know Now about Spouses' Functioning

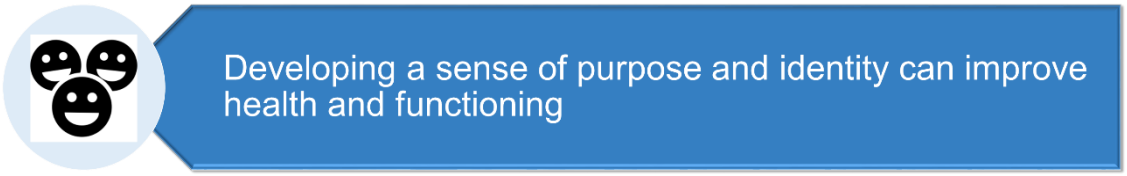
As we review current studies that have explored spouses' functioning, we describe both positive development and problematic functioning. ***Positive development included personal meaning making and flexibility, whereas problematic functioning involved loss of identity and feelings of stress and burden***. We also discuss key gender differences in spouses' functioning.

Positive Development and Functioning

Coping with the expectations and requirements of military life can take on many forms. For many spouses, day-to-day struggles or obstacles give them a chance to grow and develop a healthy identity. Positive approaches to coping can include personal meaning making, developing a sense of self-importance, and creating a purpose. Personal development can also include being flexible, and taking on a role of support for a Service member partner.

Personal Meaning Making

One aspect of spouse functioning is their ability to create a sense of meaning from their role as a military spouse. This theme centered on a spouse's own perception of their role, in relation to their Service member's job in the military. ***For spouses, personal meaning making was represented across several studies as a way to manage the challenges and experiences of military life*** (Aducci, Baptist, George, Barros, & Nelson, 2011; Cafferky & Shi 2015; Lara-Cinisomo et al., 2011). In interview responses, spouses reflected on the role of personality and positive outlook that was required to cope with challenges such as relocation and foreign postings. Spouses mentioned needing to have a sense of adventure (Blakely et al., 2014), and an ability to draw strength from oneself (Cafferky & Shi 2015; Lara-Cinisomo et al., 2011).



Some spouses made meaning by feeling proud of their own role. This involved embracing a sense of independence and strength in managing matters at home that could not be taken care of by their spouse (Aducci et al., 2011). Spouses reflected on feeling strength and self-confidence when they were inclined to use new skills and step outside of their comfort zones while their partners were absent or unavailable (Aducci et al., 2011). They also reflected on their patriotism due to the freedom that they had because of their partner's service (Aducci et al., 2011; Werber et al., 2008).

Some military spouses are able to draw a sense of purpose from their role as support for their partner. For example, there are times at which Service members may be emotionally vulnerable when sharing information with spouses; spouses' supportive responses to their Service members during those times are a source of purpose and self-worth (Aducci et al., 2011). Similarly, providing support to Service members with deployment- or work-related injuries could provide an important source of meaning and purpose for spouses (Buchanan, Kemppainen, & Smith, 2011).

While military spouses are most often women, male spouses are an important subset of the spouse population. Southwell and Wadsworth (2016) found that for many husbands, their wives' service was a positive experience. Similar to findings from research with female spouses, Southwell and Wadsworth found that many male spouses described being proud of their wives' service. For some male spouses, their wives' service also offered a chance to strengthen father-child relationships. Although male spouses reported that military work schedules were challenging and led to less time with their Service member wives, several husbands still viewed themselves to be critical to the success of their wives, which represented a positive coping strategy (Southwell & Wadsworth, 2016). The male spouses in the study showed that they were

able to cope with their partners' service in a positive way, and adapt their own identity and purpose. Additional work is needed on male spouses to determine how their experiences and functioning may differ from female spouses. Along with this, greater research evidence is needed regarding same-sex military couples; even since the repeal of DADT, there has been no published research on the experiences of gay and lesbian spouses.

Flexibility

Another form of positive spouse functioning was flexibility. Flexibility is an important part of successfully dealing with common parts of military life such as relocation, and unexpected or prolonged absences of a partner. For instance, spouses discussed "re-learning the dance" when Soldier husbands returned home from deployment, given that both Soldier and spouse had been changed by the deployment (Aducci et al., 2011). Flexibility also involved accepting new roles that had less to do with gender stereotypes, and involved a military spouse taking on more tasks at home in order to compensate for a spouse absence (Baptist et al., 2011). This flexibility in gender roles was not always easily accepted by spouses. One study revealed that husbands specifically had a harder time assuming nontraditional roles (Southwell & Wadsworth, 2016). At the same time, these husbands recognized that their switching of roles was crucial to their spouses' success, and were therefore more willing to be flexible (Southwell & Wadsworth, 2016). ***Overall, military spouses who thrive may need to reflect on their own responsibilities and roles in the household, and intentionally make an effort to adapt to the constantly shifting nature of military life.*** Flexibility makes these transitions more positive for military spouses.

Problematic Functioning

Just like many spouses cope with their experiences in positive ways, some military spouses utilize negative coping mechanisms to manage their life challenges. Negative coping mechanisms can include losing a sense of identity and sense of purpose, pushing away or avoidance of one's partner, and taking on stress or burden.

Loss of Identity and Sense of Purpose

The constant changing of military life can take a toll on military spouses, and this can spur reactions that are maladaptive or problematic. One potential problem spouses may experience is a loss of individual identity or sense of purpose. A study by Jennings-Kelsall et al. (2012) examined 123 threads from an online discussion board for Marine Corps wives, girlfriends, and fiancées. One theme that emerged from the online discussions was a sense of loneliness, particularly in terms of needing to re-establish social support networks after relocations. Women posted about feeling alienated because those in their social networks did not understand military life, and/or because they were geographically separated from Marine Corps resources (Jennings-Kelsall et al., 2012). Some women reported feeling alienated because they did not "fit the mold" of a traditional Marine Corps family or spouse. Across stressors, women often expressed concerns balancing their individual goals and their relationship maintenance (Jennings-Kelsall et al., 2012).

The uncertainty and loneliness described by these women reflected the hardships that come with being a military spouse or partner. Additionally, the way the women processed their experiences showed that they were struggling with their identities as military spouses (Jennings-Kelsall et al., 2012). Their posts told a narrative of loneliness, separation from their identity, and being unsure about their relationship due to the emotional distance they felt from their partners (Jennings-Kelsall et al., 2012).

Many studies pointed to mechanisms for dealing with these changes and uncertainty in identity that were more negative, such avoidance and taking out negative feelings on the Service member (Cafferky & Shi, 2015; Villagran, Canzona, & Ledford, 2013; Wheeler & Torres Stone, 2009). For example, in one study, spouses pushed away their partners in order to maintain their own emotional balance (Cafferky & Shi, 2015). Although avoiding negative feelings towards Service members can temporarily relieve spouses of their problems, it is not a healthy coping strategy in the long-term.

Feelings of Stress and Burden

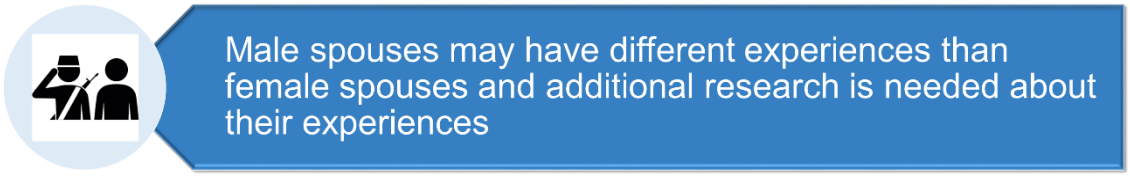
Military spouses may also experience high levels of stress and burden in their roles. Stress and burden can occur when spouses have to compensate for the absence of their partners because of deployment, training, or even extended work schedules. Spouses also may feel heightened stress associated with being a source of support and care for their Service members. Spouses described that some of the most stressful aspects of military life are deployments, caring for Service members after deployments, taking care of children, and taking on roles at home on top of already being employed (Dimiceli, Steinhardt, & Smith, 2010). Spouses' stress was evident in many different forms, and was often coupled with other negative coping strategies, such as neuroticism and avoidance (Caska & Renshaw, 2010). Caring for Service member partners that had injuries made it more likely that the spouse would work less hours or be unemployed, which could be a burden on the financial situation of the family (Nichols, Martindale-Adams, Graney, Zuber, & Burns, 2013). In one study, spouses' sense of burden was related to lower levels of self-efficacy (Manguno-Mire et al., 2007), suggesting that stress and burden may impact spouses' ability to make meaning from their experiences.

Stress often goes hand in hand with mental health, and military spouses are no different than other men and women in this way. Stress was positively correlated with depression symptoms and negatively correlated with positivity among military spouses (Faulk et al., 2012). In addition, positivity significantly moderated the relationship between stress and depression symptoms, such that high levels of stress had a weaker relationship with depression for spouses who had high levels of positivity (Faulk et al., 2012). This tendency for spouses to exhibit mental health symptoms validates how feelings of stress and burden may exacerbate mental health issues, and make a spouse more vulnerable to compromised functioning.

Gender Differences

Finally, it is also important to mention that some of the studies reviewed only included female spouses. Other studies, however, included both military wives and

husbands, and one study was specifically about military husbands. ***Although military spouses are most often women, the experiences of both men and women spouses are important in understanding family readiness.*** Several studies addressed differences between military husband and wife experiences. Some of the work conducted by Hisnanick and Little addressed the differences that military husbands and wives feel in their pay gap, compared to their civilian peers (Hisnanick & Little, 2015; Little & Hisnanick, 2007). The pay gap between military wives and civilian wives was greater than that of the gap between military husbands and civilian husbands, and reasons for the pay gap differed between men and women. Specifically, military husbands had lower earnings compared to civilian husbands because of both their own personal characteristics (e.g., lower education, shorter employment history) and labor market factors (e.g., fewer employment opportunities). For military wives, however, the wage gap compared to civilian spouses was primarily related to their personal characteristics. These findings indicate that the challenges of educational and career development may be more detrimental to female spouses than male spouses.



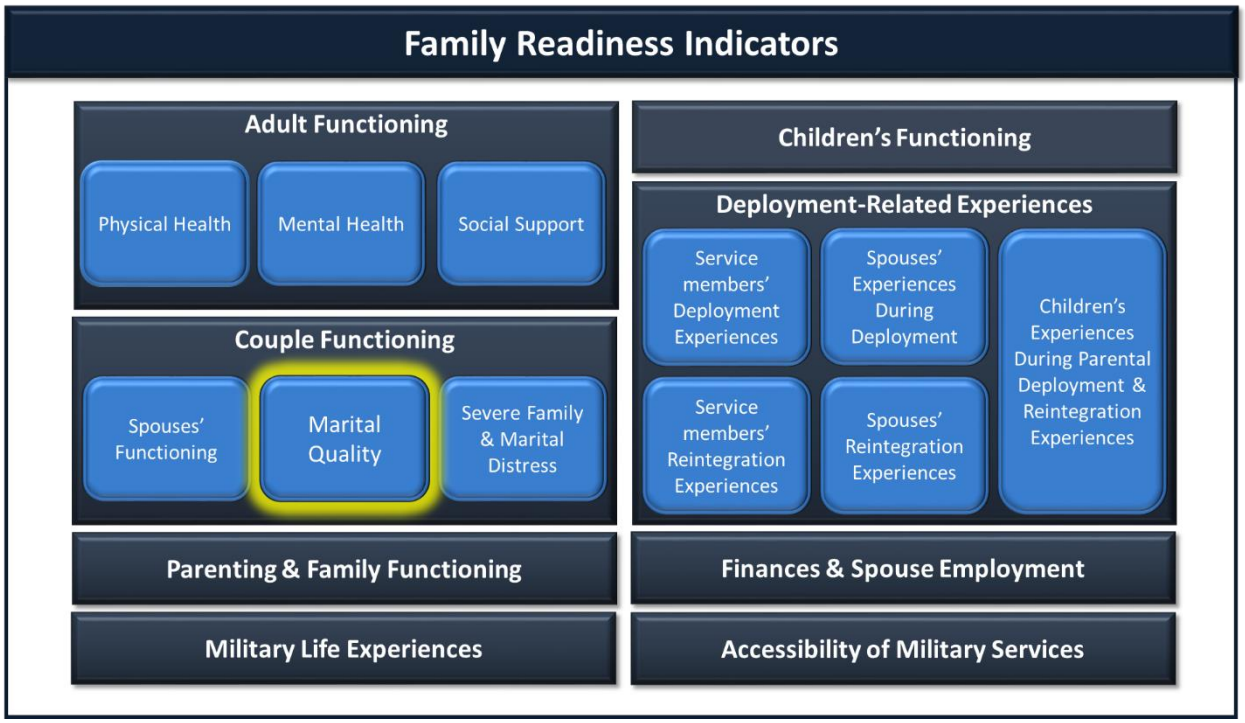
In addition to employment and pay, other studies showed that female spouses had more time demands in the household than male spouses (Massello, 2007). Male spouses reported experiencing fewer PCS moves and deployments than female spouses (Southwell & Wadsworth, 2016). Male spouses reported working more hours per week and needing time to find a new job after relocating than female spouses (Southwell & Wadsworth, 2016). When it came to stress and mental health, male spouses also reported less depression symptoms than female spouses (Southwell & Wadsworth, 2016). Male spouses reported lower marital satisfaction and less social

support than female spouses (Southwell & Wadsworth, 2016). Male spouses were less satisfied with the military and “less likely to indicate that their spouse should remain in military service” (Massello, 2007, Southwell & Wadsworth, 2016). Many husbands discussed the challenges of receiving support within the military. Most activities and support service programs are intended for female spouses, leading to stigma, exclusion, and/or a lack of available support for civilian husbands (Southwell & Wadsworth, 2016).

Summary

Spouse functioning in everyday military life often mirrors the functioning of civilian men and women. The specific demands of military lifestyle, however, offer spouses an opportunity to either draw on their positive coping skills, for example by drawing meaning and purpose out of experiences and intentionally develop flexibility, or to utilize maladaptive coping strategies. Spouses that can successfully foster and develop strengths may have better functioning overall. There is also a need for additional research to provide evidence about the experiences of male spouses.

Marital Quality



What is "Marital Quality"?

As an indicator of family readiness, *marital quality* involves the relationships, dynamics, and processes between Service members and spouses. This incorporates a wide array of relationship factors, such as satisfaction, adjustment, commitment, and communication. Unlike previous indicators of family readiness, marital quality during deployment and reintegration is included in this indicator.

Previous Evidence about Marital Quality

Even in 2007, most Service members were married, and marital quality was a critical aspect of the well-being of military families. Earlier literature has demonstrated that the majority of Service Members and their spouses had strong marital or couple

relationships, although there were few studies comparing relationship quality across civilian and military personnel (Booth et al., 2007).

What We Know about Marital Quality

Regardless of age, military members are more likely to be married than their civilian counterparts (Adler-Baeder, Pittman, & Taylor, 2006; Hogan & Furst Seifert, 2009; Karney, Loughran, & Pollard, 2012), particularly among African-American and Hispanic men (Karney & Crown, 2011). Adler-Baeder and colleagues (2006) found, in a dataset from 1991 to 1999, that at younger ages, military members were more likely to be divorced and remarried than civilian individuals. Given the prevalence of marriage amongst Service members, it is worthwhile to examine the ways being married (or cohabitating) and being in the military interact.

Research on military marriages has grown extensively in the last 10 years. Most studies examined marital relationships in the context of deployment and, to a much lesser extent, non-deployment separation. ***Key aspects of marital quality across studies were: communication, quality, and satisfaction***. In this section we discuss the ways marital quality impacts the lives of Service members and their spouses, then we present research evidence related to marital communication, which comprises a high percentage of studies on marital quality. Next, we describe other studies on marital quality, namely marital quality during pre-deployment, deployment (and other separations), and reintegration.

The Importance of High Marital Quality for Service Members and Spouses

Having high marital quality, indicated by relationship satisfaction, positive relationship functioning, and/or healthy communication, is associated with improved outcomes for Service members and spouses across a wide variety of outcomes. Research suggests that it prepares them for, and is protective against, the challenges of deployment (e.g., Allen, Rhoades, Stanley, & Markman, 2011; Carter et al., 2015; Cigrang et al., 2013; Orthner & Rose, 2009; Troxel, Trail, Jaycox, & Chandra,

2016; Welsh, Olson, Perkins, Travis, & Ormsby, 2015). In the pre-deployment period, high marital satisfaction was associated with greater engagement in making financial preparations for deployment (Troxel et al., 2016), increased rate of finding social support for children to help them cope with deployment (Troxel et al., 2016) and increased mission readiness in male Service members (Welsh et al., 2015). During deployment, negative communication with one's spouse, and undesirable spillover of marriage issues into work, is associated with high reported levels of stress (Allen et al., 2011), while marital satisfaction is positively correlated with job performance (Carter et al., 2015; Cigrang et al., 2013). For spouses specifically, greater marital satisfaction increases well-being (Orthner & Rose, 2009).

After deployment, Soldier comfort in discussing Army life with their spouse decreases their stress (Allen et al., 2011). In addition, having greater support from a spouse is related to fewer depressive symptoms, and spouse support attenuates the negative impact of deployment experiences on depression for those who experienced particularly negative deployment experiences (Welsh et al., 2015). Furthermore, individuals with severe PTSD who are in supportive relationships are more likely to seek individual counseling services than those without supportive spouses (Meis, Barry, Kehle, Erbes, & Polusny, 2010). Across these studies, it is clear that marital quality is important to the well-being and readiness of Service members and spouses.

Communication

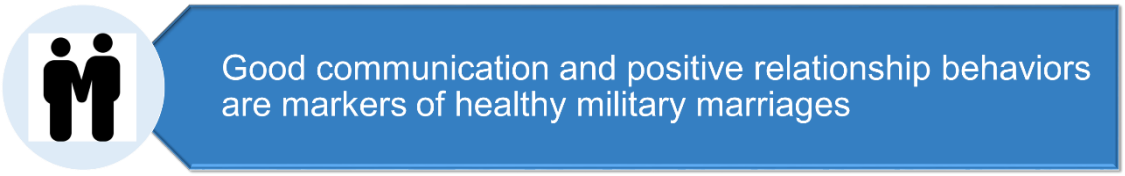
Many studies on marital quality focus on communication, which is especially crucial for military couples who must occasionally experience periods of separation. ***Positive, productive communication habits are a key component and indicator of healthy***

relationship functioning before, during and after deployment (Anderson, Amanor-Boadu, Stith, & Foster, 2013; Baptist et al., 2011; Balderrama-Durbin et al., 2015; Campbell & Renshaw, 2013; Cafferky, 2014; Frisby, Byrnes, Mansson, Booth-Butterfield, & Birmingham, 2011; Heyman et al., 2015; Joseph & Afifi, 2010; Maguire, Heinemann-LaFave, & Sahlstein, 2013; Melvin, Wenzel, & Jennings, 2014; Merolla, 2010; Sahlstein, Maguire, & Timmerman, 2009; Theiss & Knobloch, 2014; Troxel et al., 2016). Though civilian spouses and military spouses did not report differing levels of ordinary, everyday talk (e.g., making plans, complaining, discussing work), military spouses rated everyday talk to be more important to their marriage than civilian spouses did. For military spouses, increased engagement in everyday talk was associated with lower stress, while avoidance of talk was associated with higher stress (Frisby et al., 2011). One qualitative study revealed that for some spouses, their uncertainties about deployment are eased by talking to their Service member partners (Sahlstein et al., 2009).

In the pre-deployment period, 91% of couples discussed deployment with each other, although younger spouses were less likely to discuss deployment than older spouses (Troxel et al., 2016). Nevertheless, there is sometimes less communication between partners during this time period because of the demands of training, which can lead to spouse unhappiness (Sahlstein et al., 2009). In interviews conducted by Sahlstein and colleagues (2009), spouses indicated that they used two denial-based tactics to communicate during this time: they either pretended to be as excited as their deploying Service members or they distanced themselves by communicating less.

Service members surveyed and interviewed by Heyman and colleagues (2015) indicated that their relationships in the pre-deployment period would have been improved if they had been provided ways to improve their conflict management and relationship maintenance skills. In some cases, the stress of impending separation was mitigated by relationship planning for the upcoming deployment: leaving hidden notes for each other and planning ways to keep the other close, such as planning books to

read together or objects to keep around that remind them of the other person (Merolla, 2010).



Communication during deployment helps couples to stay connected (Anderson et al., 2013; Baptist et al., 2011; Maguire et al., 2013). In a study of 105 spouses, Joseph and Afifi (2010) found that couples talked to each other an average of 23 times per month, with each conversation lasting about half an hour. Couples can work very hard to create and maintain routines that provide a sense of continuous presence in each other's life (Maguire et al., 2013; Sahlstein et al., 2009). However, some couples report that open and smooth communication is difficult because of operational security concerns, technical issues and the difficulty of sharing deployment experiences with someone who has never been deployed (Hinojosa, Hinojosa, & Högnäs, 2012). In fact, communication with family and spouses at home is one of Soldiers' primary concerns during deployment (U.S. Army Medical Command, U.S. Army Central Command, & U.S. Forces Afghanistan, 2013b). That being said, frequency of communication during deployment may also be an effect of relationship distress during the pre-deployment period: Cigrang and colleagues (2013) found that couples who were already distressed prior to deployment communicate less during deployment and also experience a decrease in relationship functioning.

However, the sheer amount of communication does not necessarily lead to better relationship outcomes (Maguire & Parcell, 2015) or psychological outcomes such as lower stress (Joseph & Afifi, 2010) and improved post-deployment PTSD symptoms (Carter et al., 2011). The topics covered during deployment can be influential in couple outcomes. ***While some researchers found that open and honest communication by***

spouses to deployed Service members about the spouses' stressors was associated with higher marital satisfaction (Joseph & Afifi, 2010), others found that well-functioning and satisfied couples tended to avoid conflict and discussion of negative topics (Maguire et al., 2013; Merolla, 2010; Sahlstein et al., 2009; Theiss & Knobloch, 2014). Instead, these couples intentionally focused on talking about the future, imagining interactions, reminiscing, and providing reassurance to each other and staying positive. Conversations in which home front spouses "vented" to deployed spouses were not considered helpful (Maguire & Parcell, 2015). Some spouses, however, often tried to shield their deployed partners from their stress by carefully choosing what information to share (Cafferky, 2014; Joseph & Afifi, 2010; Melvin et al., 2014).

Positive, open and honest communication also helps ease the challenges facing couples during the reintegration period (Anderson et al., 2013). Positive communication habits that are associated with increased relationship satisfaction and functioning are generally characterized by expressing love and reassurance (Melvin et al., 2014; Theiss & Knobloch, 2014), as well as conducting respectful arguments (Melvin et al., 2014). In a sample of 50 home front wives, Sahlstein and colleagues (2009) found that some wives struggled to communicate during the reintegration period because they wanted to know about their husbands' deployment experiences but were not sure how much they wanted to know. Similarly, they struggled with how much they should discuss their experiences at home. Additionally, some studies show that disclosure of combat experiences is related to higher marital satisfaction (Balderrama-Durbin et al., 2015; Campbell & Renshaw, 2013).

Though some couples endeavor to prolong the reunion "honeymoon" by avoiding topics that can lead to arguments (Sahlstein et al., 2009), couples who were open with each other tended to experience less conflict (Sahlstein et al., 2009) and greater relationship satisfaction (Theiss & Knobloch, 2014) than those who were not. Studies based on in-depth interviews suggest that the positive communication used by couples

during reintegration are an extension of habits that were established before and during deployment, such as communicating openly about the state and maintenance of the relationship, expressing love and caring, and conducting arguments in a respectful manner (Melvin et al., 2014; Sahlstein et al., 2009). These skills are sometimes learned with a chaplain or therapist and often take extensive and conscientious practice but the work paid off during reintegration.

Marital Quality Across the Deployment Cycle

Pre-Deployment Marital Quality

There is some evidence that previous experiences with deployment can influence marital quality in the pre-deployment period. Spouses who had never gone through a deployment were more likely to worry about what their relationship will look like during and after deployment than those who had experienced a previous deployment (Sahlstein et al., 2009). This sense of knowing what to expect contributes to the sense of family readiness (Werber et al., 2008). Even amongst couples who have never experienced deployment, appropriate expectations can help ease adjustment. Couples with home front spouses who understood their responsibilities during deployment were more likely to experience greater relationship satisfaction (Balderrama-Durbin et al., 2015). This may be due to both the spouse's higher level of certainty and the Service member's confidence that their home front spouse can cope with deployment. In addition to increasing relationship satisfaction specifically during pre-deployment, there is also evidence that greater preparation and satisfaction in pre-deployment is associated with fewer issues during reintegration (Balderrama-Durbin et al., 2015).

Marital Quality during Separations

Besides studies that focus on communication, many studies on the effect of deployment on marital satisfaction and functioning are not strictly about the experiences of couples during deployment but rather about the impact of having been deployed on marital quality. ***A large study of military Service members and their spouses showed that deployment within the previous year was associated with a decrease***

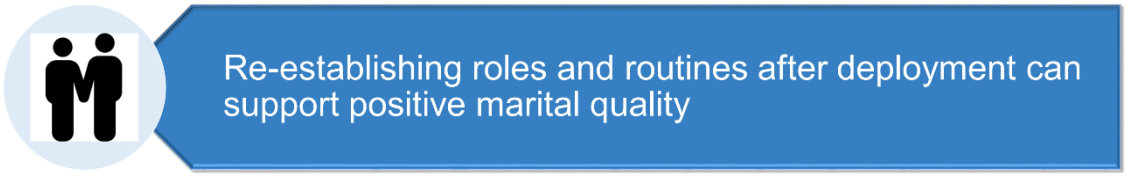
in marital satisfaction (Hoge, Castro, & Eaton, 2006). Some spouses may feel that they are not equipped to deal with the uncertainties about their relationships, fears of infidelity or how to be a help to their home front spouse while deployed (Heyman et al., 2015). In addition, experiencing more cumulative, and longer, deployments may impact marital quality; among Army spouses, experiencing a higher number of deployments and a greater number of months separated during the most recent deployment were associated with decreased relationship functioning (Hurley, Field, & Bendell-Estoff, 2012). Longer deployment times have also been associated with increased relationship hassles for home front spouses (Lara-Cinisomo et al., 2012), though deployment extensions have not been shown to affect marital satisfaction (Ponder, Aguirre, Smith-Osborne, & Granvold, 2012). Combat exposure during deployment has been shown to increase family or relationship strain (Cesur & Sabia, 2016; see also pages 156-159).

On the other hand, a large study of Army couples who were attending a marriage education workshop showed that there was not a difference in marital satisfaction between couples who had had a recent deployment and couples who had not (Borelli et al., 2014), though this may be because the sample consisted of couples who were attending a voluntary marriage education workshop, and thus may be more conscientious or attentive to their relationships. A very small study of dual-military Air Force couples also found that there was no relationship between number of deployments and relationship satisfaction or functioning (Lacks, Lamson, Lewis, White, & Russoniello, 2015). Along with this, some smaller studies indicate that deployment is sometimes a period of relationship growth (Anderson et al., 2013; Davis, Ward, & Storm, 2011).

Marital Quality during Reintegration

Studies on marital quality during the reintegration period focus less on how satisfied people are with their relationships and more on the description of couples' experiences and coping techniques. ***Spouses and Service members often find that they have changed as individuals and that the disparate and separate lives they led during***

deployment contribute to a new relationship dynamic when the deployed spouse comes home (Knobloch & Theiss, 2012; Aducci et al., 2011; Melvin et al., 2014). For instance, Knobloch and Theiss (2012) found that the longer a deployment was, the more the relationship seemed to change after deployment; an adjustment that is important for both partners to acknowledge, given that deployment can change people (Aducci et al., 2011; Melvin et al., 2014). For example, Service members and spouses both continue to grow and mature over the time of the deployment. In addition, each may develop new insights or characteristics (e.g., inner strength) that can shift their perspective on life and relationships.



Couples who successfully navigate the reintegration period undergo a renegotiation of household roles, a task which is sometimes very consciously and conscientiously undertaken (Aducci et al., 2011; Anderson et al., 2013; Baptist et al., 2011; Gambardella, 2008; Karakurt, Christiansen, Wadsworth, & Weiss, 2012; Marnocha, 2012; Melvin et al., 2014; Williamson, 2012). Other features of successful couple reintegration included focusing on establishing new routines (Faber, Willerton, Clymer, MacDermid, & Weiss, 2008; Melvin et al., 2014), giving time and space to each other as individuals and as a couple to rediscover themselves in this new context (Melvin et al., 2014), acknowledging and allowing negative emotions (Melvin et al., 2014), exercising patience (Lapp et al., 2010), and making coping a collaborative, shared effort (Lambert, Hasbun, Engh, & Holzer, 2015). Couples who were more successful were better at managing conflict (Theiss & Knobloch, 2014). Additionally, Knobloch, Ebata, McGlaughlin, and Ogolsky (2013) found that Service members who did not participate in

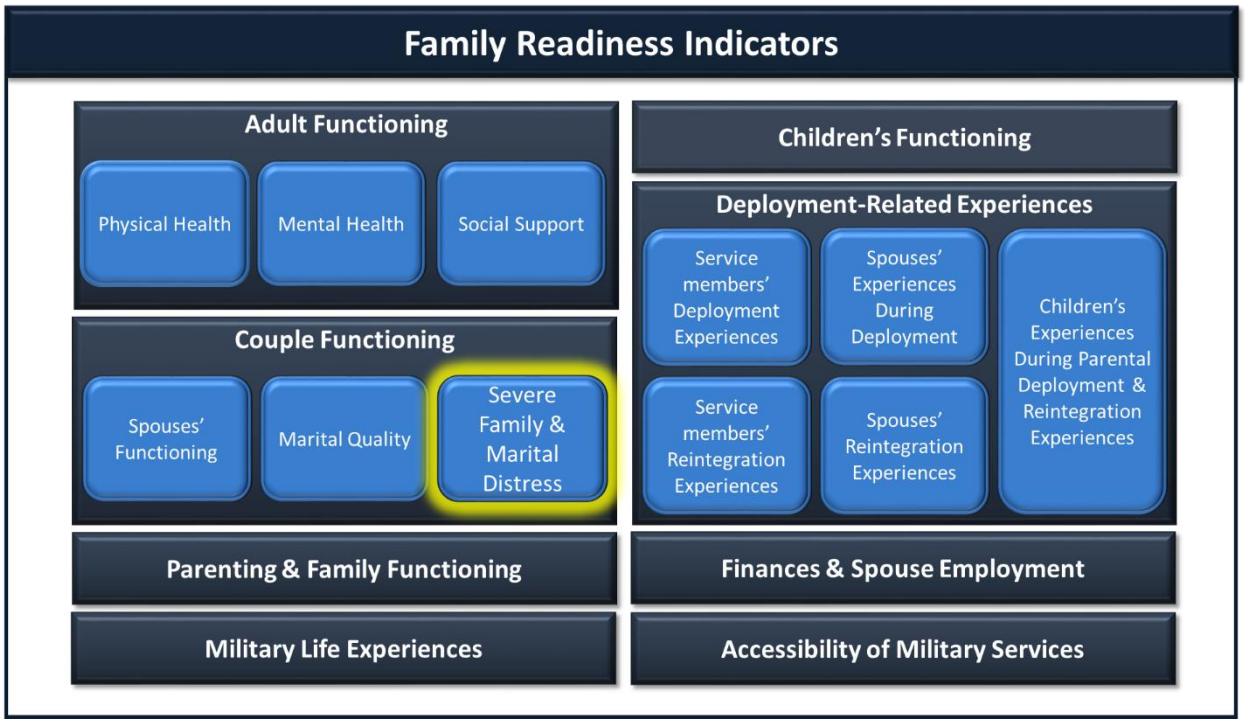
reintegration programs tended to experience greater relational uncertainty and also negatively interfered with their spouse's household routines.

Research evidence also revealed that reintegration is not necessarily linear. Couples can idealize their relationship at reunion (Karakurt et al., 2012) and even attempt to prolong the honeymoon by avoiding topics that can lead to arguments (Sahlstein et al., 2009). However, this positivity can quickly fade, leading to emotional disengagement from the relationship (Karakurt et al., 2012). Knobloch and Theiss (2012) found that, in a sample where the Service member had been deployed within the last six months, the longer a Service member was home, the more likely couples were to report disruption due to partner differences and heightened conflict. Ultimately, reintegration is a lengthy process that involves repeated cycles of positivity and challenges.

Summary

While researchers may disagree on the extent of influence of specific factors that contribute to successful relationships, the literature on the whole supports the idea that healthy relationship functioning enhances the readiness of military Service members and their spouses. Healthy relationship functioning, in turn, is reliant on good communication skills and thoughtful consideration of the specific challenges of each phase of the deployment cycle. Couples do not usually develop these skills naturally. Rather, they are often consciously and conscientiously adopted and practiced throughout the deployment cycle, and fueled by the desire of both partners to construct a mutually-supportive, loving relationship.

Severe Family and Marital Distress



What is "Severe Family and Marital Distress"?

While many military families successfully navigate their challenges, some families do experience severe distress, including divorce (and intention to divorce), infidelity, and abuse or maltreatment of either a spouse or child. For this indicator, we examine these risks broadly, including both deployment related research and more general studies.

Previous Evidence about Severe Family and Marital Distress

At the time of the previous report, there were few studies that investigated divorce between military couples, or compared divorce rates across civilian and military marriages. There was, however, a larger pool of research evidence regarding family violence. Booth et al. (2007) found that spousal abuse was declining, but child abuse

was on the rise. This was a pattern also reflected within civilian populations, although rates of child abuse were far lower in military populations than civilian populations. Previous research also indicated that younger military parents were more likely to commit physical abuse and to neglect their children. Finally, and most significantly, there was growing evidence demonstrating a link between PTSD and spousal abuse.

What We Know about Severe Family and Marital Distress

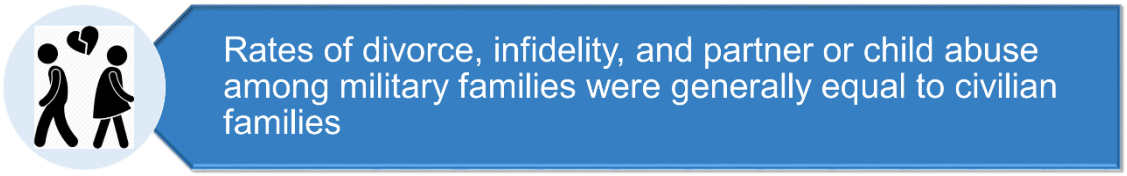
Severe marital and family distress extends beyond simply having low marital quality; markers of extreme problems within marriages and families generally indicate risk or danger for a marriage (i.e., divorce) or individual family members (e.g., abuse, maltreatment). These indicators threaten the stability or welfare of the Service member and/or their family. ***This indicator includes divorce (or intention to separate or divorce), infidelity, IPV, and child abuse and neglect***.

Divorce and Intention to Divorce

Several studies have examined divorce rates among military couples. Karney et al. (2012) found that ***between 1998 and 2005, the rate of divorce for Active Duty Service members was no different, or was lower, than the civilian population, depending on the subpopulation examined.*** It is worth noting, however, that older studies found that military Service members were more likely to be divorced than civilians. London, Allen, and Wilmoth (2012) found that 39% of veterans and 30% of non-veterans in their 1992 sample of 2,300 were divorced, while older data of a smaller sample tested by Lundquist (2007) also showed that military Service members were more likely than civilians to get divorced.

There are some demographic characteristics and military experiences that increase the divorce risk in military couples. Being young (Karney & Crown, 2007; Karney & Crown, 2011; Negrusa & Negrusa, 2014) a woman (Karney & Crown, 2007; Karney & Crown, 2011), and having less education (Negrusa & Negrusa, 2014; Teachman &

Tedrow, 2008) were related to increased likelihood of divorce among military couples. In addition, when the Service member was early in their military career (Negrusa & Negrusa, 2014) or junior enlisted (versus being an NCO) (Riviere, et al., 2012) there was a higher likelihood of divorce. Family structure also made a difference in terms of divorce; not having children (Karney & Crown, 2007; Karney & Crown, 2011; Lundquist, 2007; Negrusa & Negrusa, 2015; Teachman & Tedrow, 2008) and being a dual-military couple (Negrusa & Negrusa, 2014) were risk factors for divorce. Finally, experiencing financial strain was related to a higher incidence of divorce among military couples (Teachman & Tedrow, 2008).



The evidence regarding the role of race in divorce is somewhat mixed. Using Defense Enrollment Eligibility Reporting System (DEERS) data from 2001 to 2005, Karney and Crown (2007; 2011) found that Caucasian Service members were less likely to divorce than African-American Service members. Teachman and Tedrow (2008), who focus on Service members surveyed from 1979 to 2004, concurred; they also noted that African-Americans with any military experience in their lifetimes were less likely to divorce than African-Americans who had none. In contrast, Negrusa and colleagues (2014) – also using DEERS data from a longer and more recent timeframe (1999-2008) than Karney and Crown – found that African-American and Hispanic Service members were less likely to get divorced than Caucasian Service members. The overall trend seems to be that Caucasians were more likely than African-Americans to stay married, but this trend may be reversing in recent years.

Deployment and Divorce

Military couples very rarely divorce while one partner is deployed: in couples where at least one person has been deployed, 97% of divorces happen after returning home from deployment (Negrusa & Negrusa, 2014). ***However, the evidence for whether or not deployment is the "cause" of divorce is mixed.*** Asbury and Martin (2011) found that while military spouses think about divorce more often than civilian spouses, neither the number nor the cumulative lengths of deployments were related to spouses' intent to divorce. Another study examined changes in divorce rates over time and identified that Soldiers were more likely to report intent to divorce/separate in the late-2000s than in the early-to-mid-2000s, a trend that coincides with increased Army operational tempo deployments (Riviere et al., 2012). Riviere and colleagues (2012) noted, however, that while intentions to divorce increased during this time, the actual divorce rate in the Army population did not change, indicating that deployment may be a bigger problem for marital quality than for actual marital stability.

There are several ways that deployment is hypothesized to influence divorce. For studies prior to 2007, Karney and Crown (2007) noted that the most direct effect of deployment -- prolonged physical separation and consequent disruption to the marital relationship -- had not been consistently related to increased divorce rates. More recent studies that examine the overall incidence of divorce in the Army found the overall number of deployments in the Army was uncorrelated to the overall number of divorces in the Army (Negrusa, Negrusa & Hosek, 2014; Riviere et al., 2012). However across studies where divorce and deployment data were related, the picture is complicated by differing analytical methods and differing study time periods. For instance, Karney and Crown (2011) found that, between 2002 and 2005, longer cumulative deployment time away was associated with a decreased likelihood of divorce. In contrast, Negrusa and colleagues, looking at data from 1999-2008 (Negrusa et al., 2014) and 2003-2009 (Negrusa & Negrusa, 2014), found that whereas being in the military longer was

associated with a lowered likelihood of divorce, the longer a Soldier deployed, the higher the odds that they would get divorced.

Deployment can raise other potential problems for military couples, including injury, trauma and other ill effects that Service members experience after returning home. Some researchers have found that deployment to combat zones increases likelihood of divorce (Cesur & Sabia, 2016; Negrusa et al., 2014). Other common psychological effects of combat exposure have also been associated with increased likelihood of divorce or intent to divorce, such as PTSD (Foran, Wright, & Wood, 2013; Negrusa & Negrusa, 2014; Riviere et al., 2012), alcohol abuse (Riviere et al., 2012), and depression (Foran et al., 2013).

Infidelity

Infidelity, a risk factor for marital dissolution in civilian populations (e.g., Amato & Previti, 2003; Previti & Amato, 2004), has not been studied in military populations as extensively as other indicators of severe marital distress. Allen, Stanley, Rhoades, Markman, and Loew (2012) demonstrated that nearly one-quarter (23%) of military couples participating in a marriage intervention program had experienced infidelity by at least one partner (Allen et al., 2012). In addition, there does not appear to be a gender difference in infidelity among military couples (Allen et al., 2012; Kachadourian, Smith, Taft, & Vogt, 2015). Allen and colleagues, for example, found that 15% of husbands and 13% of wives reported being unfaithful to their partners. Using an older dataset from 1994 which featured a civilian comparison group, London et al. (2012) found that military Service members were twice as likely to report infidelity as their civilian peers (32.2% vs 16.8%).

There is little evidence regarding the correlates and causes of infidelity among military couples. One study provided initial evidence that deployments were related to infidelity; infidelity increased in the 2000s, as deployments increased across the Army (Riviere et al., 2012). Individual mental and physical health were also related to

infidelity. Engaging in infidelity was more likely among Service members who were experiencing somatic symptoms of distress (Riviere, et al., 2012), depression symptoms (Kachadourian et al., 2015; Riviere et al., 2012), and misusing alcohol (Riviere et al., 2012).

Intimate Partner Violence

It is difficult to estimate the prevalence of IPV or child abuse in any population, because it is likely to be under-reported by both perpetrators and victims (Bidarra, Lessard, & Dumont, 2016; U.S. Department of Health and Human Services, 2014); abuse incidents are also often difficult to substantiate (Bidarra et al., 2016; Fallon, Trocme, & MacLaurin, 2011; Kohl, Jonson-Reid, & Drake, 2009). In addition, within the military, reported abuse incidents are not always pursued appropriately by leadership (Harrison, 2006). ***Indeed, rates of IPV within military marriages have varied across studies.*** In two large-scale surveys of previously-deployed male Active Duty military members, between 2% and 6% admitted to threatening their partners or committing physically violent acts against their partners (Cesur & Sabia, 2016). A second study examining all married and Air Force Service members who had been deployed between 2001 and 2008, found that 2% had substantiated claims of abuse against a partner as a perpetrator (Rabenhorst et al., 2013). Other studies yield higher estimates of IPV. A study with nearly 3,000 Soldiers at one specific installation revealed that 16% of Soldiers had admitted to threatening, throwing things at, or physically assaulting their partners in the previous year (Fonseca, Schmaling, Stoever, & Guiterez, 2006). For reference, the Centers for Disease Control and Prevention (CDC) estimates that 3.9% of women experience physical aggression incidents each year (CDC, 2012). Additionally, 2.1% of women will be victims of sexual aggression and 14.1% will experience psychological aggression (CDC, 2012). Examining substantiated claims of IPV from the Army Central Registry (ACR) from 2000 to 2004, researchers showed that 61% of perpetrators only engaged in spousal abuse, and 12% engaged in both spousal

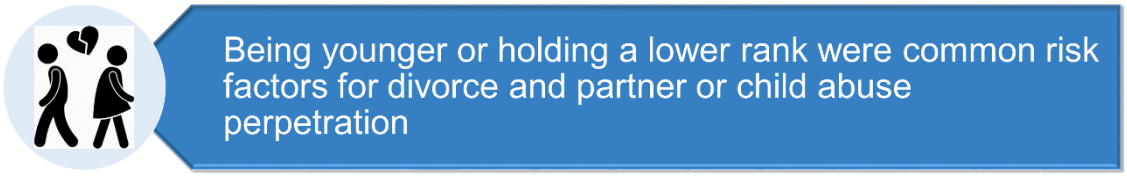
and child abuse (discussed in more detail below). Most reported abuse is either physical or psychological; less than 10% of cases were sexual abuse cases (Martin et al., 2007).

Recidivism, or repeated perpetration, is a concern for any couple experiencing IPV, given that partners who engage in physically or psychologically aggressive behaviors may continue to do repeatedly over time. Fortunately, recidivism was low among one study of Airmen who had been referred to the Air Force Family Advocacy Program (FAP) between 1997 and 2013: 82% had only one reported record of IPV. The recidivism rate by these Airmen was slightly higher than the civilian recidivism rate in the Family Advocacy System of Records (FASOR) database (18% versus 17%, respectively) (Coley, McCarthy, Milner, Ormsby, & Travis, 2016). Nevertheless, recidivism is an area that warrants considerably more research, particularly given that Service members with repeated violent incidents may be discharged from service. For instance, additional studies can more closely examine the attrition and discharge of Service members with repeated IPV incidents.

In relationships, military Service members can be the perpetrators or victims of IPV. A study of Soldiers between 1991 and 2000 showed that 17% had been victims of IPV (Bell, 2009). These men and women were 1.4 times more likely to be hospitalized than non-victims, even when controlling for military and demographic factors. Victimized Soldiers were more likely to be hospitalized for mental health and substance abuse problems, and were discharged from the Army, on average, three to five months sooner than those who had not experienced IPV (Bell, 2009). A more focused study on female Veterans showed that 19% of those who used VA facilities in 2011 experienced physical and/or psychological abuse by their spouses in the previous year (Kimerling et al., 2016).

IPV can also be bidirectional (i.e., perpetrated by both partners), although the violence may be asymmetric in intensity and/or defensive in nature. Bidirectionality is associated with a greater variety of abuse types (Tharp, Sherman, Bowling, & Townsend, 2016) and a greater frequency of abusive episodes (Rabenhorst, Thomsen,

Milner, Foster, Linkh, & Copeland, 2012). The estimates for the percentage of abusive episodes that are bidirectional vary somewhat: Forgey and Badger (2006) showed that 46% of the violent episodes reported by 240 enlisted women – all of whom filled out surveys for themselves and their spouses and not all of whom had violence in their relationship – were bidirectional. In this study, women reported that their partner's violence was usually more severe than the violence they inflicted on their partner (Forgey & Badger, 2006). McCarroll, Fan, and Bell (2009) found that less than half of IPV incidents were bidirectional. Using the ACR, they estimated that 37% of instances of abuse were bidirectional. In addition, across several studies, IPV incidents that were *not* bidirectional were more commonly acts of violence against women (37% in McCarroll et al., 2009). Women were also more likely to experience more severe abuse than men (Forgey & Badger, 2006; McCarroll et al., 2009).



There are multiple risk factors for IPV perpetration amongst military couples. Gender is a primary factor explored in relation to IPV. Men were more likely to be perpetrators (Forgey & Badger, 2006; McCarroll et al., 2009; Rabenhorst et al., 2012; Rabenhorst et al., 2013; Travis, Collins, McCarthy, Rabenhorst, & Milner, 2014), and were associated with greater abuse severity (McCarroll et al., 2009). Research also reveals that men are more likely to reoffend (Coley et al., 2016). Tharp, Sherman, Bowling, and Townsend (2016), using a somewhat small sample of couples who had been referred to couples therapy, found that verbal abuse was virtually universal and equally likely to be perpetrated by men and women. Other studies found that women were more likely than men to perpetrate physical abuse (Fonseca et al., 2006; Tharp et al., 2016) while men

were far more likely to perpetrate sexual (Tharp et al., 2016; Travis et al., 2014) and psychological abuse (Travis et al., 2014).

Demographic risk factors for perpetrating violence include being younger (Bradley, 2007; Coley et al., 2016; Fonseca et al., 2006), having less education (Bell, 2009; Bradley, 2007; Fonseca et al., 2006), and having children (Bradley, 2007; Rabenhorst et al., 2012). Military characteristics have also been tied to higher risk of IPV perpetration. Being enlisted (Fonseca et al., 2006; Rabenhorst et al., 2012; Rabenhorst et al., 2013; Travis et al., 2014) or being at a lower pay grade (DoD, 2017b; Martin et al., 2007) were related to increased risk of committing IPV. In addition, being in a dual-military couple had a weak negative association with IPV, suggesting that dual military couples may experience less IPV (Travis et al., 2014).

Deployment experience has also been found to increase the risk of perpetrating IPV: Service members who have been deployed were more likely to commit abuse than those who have not deployed (Hoge et al., 2006; Rabenhorst et al., 2012). However, there is some disagreement about the mechanism by which deployment leads to increased abuse perpetration. Some researchers have found that longer deployments increased risk of abuse (Cesur & Sabia, 2016; McCarroll et al., 2010), however, multiple deployments did not (Rabenhorst et al., 2013). In contrast, Rabenhorst and colleagues (2012, 2013) found that, for Airmen, the number of abuse incidents was not related to the duration or number of deployments.

Combat exposure in itself was not strongly related to IPV perpetration (Taft et al., 2009). However, Cesur and Sabia (2016) found that the impact of combat exposure was only mitigated when controlling for mental health factors, such as PTSD, suicidal ideation, anxiety disorders or substance abuse. That is, combat exposure alone does not lead to IPV, but certain mental health problems that sometimes stem from combat exposure can increase the likelihood of IPV.

Other studies have shed light on mental health issues that are associated with IPV perpetration. Alcohol use is associated with increased likelihood of abuse perpetration

(Fonseca et al., 2006; Klaw et al., 2016; McCarroll et al., 2009) and increased abuse severity (McCarroll et al., 2009; Rabenhorst et al., 2013). Bell and colleagues (2006) found that the effect of alcohol use varied by race, predicting the incidence of abuse by Caucasian and, to a lesser extent, Hispanic Soldiers, but not African-American Soldiers. Alcohol use was also related to a higher recidivism rate (Coley et al., 2016). However, Foran and colleagues (2012) found that some factors moderated alcohol's effect on intimate partner violence, such as relationship satisfaction, parent-child satisfaction, community safety, years in military, marriage length and family income. While there is much less research on other types of substance abuse: one study found that drug use increases likelihood of IPV (Bradley, 2007).

There is mixed evidence about whether having PTSD symptoms is related to higher levels of IPV. Some studies found that PTSD symptom severity positively correlated with higher levels of abuse (Frey, Blackburn, Werner-Wilson, Parker, & Wood, 2011; Gerlock, Szarka, Cox, & Harel, 2016; McGuire, 2012) while others did not (Sayers et al., 2009; Tharp et al., 2016). Taft and colleagues (2009), for example, found that no PTSD symptom cluster was significantly predictive of physical aggression, but that the arousal/lack of control symptom cluster predicted psychological aggression. A small study suggested that PTSD lowered emotional intimacy in a relationship, which, in turn, predicted physical aggression (Kar & O'Leary, 2013). This study suggests that mediating factors – like emotional intimacy – might be masking the associations between PTSD and IPV, causing findings across studies to be mixed.

Studies have examined relationship factors that are associated with increased risk of perpetrating intimate partner violence in military couples, yet the research investigating any one factor is sparse. There is some indication that relationship strain, such as low satisfaction (Cabrera, Bliese, Hoge, Castro, & Messer, 2010; Fonseca et al., 2006; Foran et al., 2014), low shared emotion and activities (Gerlock et al., 2016) and low problem-solving (McNulty, 2010), are associated with IPV. Cabrera and colleagues (2010), in a large Army sample, showed that highly aggressive Soldiers who

perceived a high degree of unit support (e.g., their unit was supportive of Service members' family responsibilities) felt more positively about their marriages. Other risk factors for partner aggression in military populations included anger (Klaw et al., 2016), physical health problems (Foran et al., 2014), hypermasculine attitudes (Harrison, 2006; Klaw et al., 2016), low social support (Klaw et al., 2016), high stress (Fonseca et al., 2006) and experiential avoidance (Reddy, Meis, Erbes, Polusny, & Compton, 2011).

There is far less research on the risk factors for being a victim of intimate partner violence in a military couple (for victims who are either Service members or spouses). The studies reveal that a variety of characteristics may be related to experiencing IPV. Heightened stress may be one risk factor, given that research has linked both longer work hours (for female Service members; Foran et al., 2014; Forgey & Badger, 2006) and financial strain (Kimerling et al., 2016; Smith Slep et al., 2010) with greater likelihood of IPV victimization. In addition, having less social support and support from leadership have been associated with increased victimization (Foran et al., 2014).

Child Abuse

Child abuse includes physical (including being shaken), psychological, and sexual harm to a minor, as well as parents and guardians neglecting to care for their child. Child abuse accounts for 27% of all abuse incidents reported in the ACR (Martin et al., 2007). 1.3% of all Service members sampled in a 2007-2008 survey reported committing some act of child abuse (Cesur & Sabia, 2016). ***The incidence of child maltreatment is about the same for civilian and military children*** (Rentz et al., 2007), however, the total number of children experiencing abuse or neglect is much lower: approximately 5 in 1000 among military children compared to 9 in 1000 among civilian children (DoD, 2017b).

The prevalence of different types of child abuse depends on the data source: in the ACR between 2000 and 2004, neglect was the most common type of abuse incident, whereas sexual abuse was the least common (Martin et al., 2007). In the Air Force's

FASOR, most incidents involved multiple types of abuse in tandem (e.g., physical abuse and neglect; Travis et al., 2014). Emotional and physical abuse incidents were the least commonly reported types of abuse incidents (Travis et al., 2014). McCarroll and colleagues (2008) found that between 1990 and 2004, the vast majority (over 90%) of Soldiers and spouses in the ACR database only had one reported incidence of child abuse.

Researchers have identified some risk factors for child abuse in military families. Victims of child abuse were more likely to be younger (Gumbs et al., 2013; Rentz et al., 2007), male (except in the case of sexual abuse; Gumbs et al., 2013; McCarroll et al., 2008), and Caucasian (Rentz et al., 2007). Parents of children who were abused were more often Caucasian (Martin et al., 2007), unmarried or separated/divorced (Rabenhorst et al., 2015; Travis, et al., 2015), abusing substances (Travis et al., 2014) and were abusive to their spouses, as well (Martin et al., 2007). Fathers were more likely to be perpetrators of abuse (McCarroll et al., 2008; Rabenhorst et al., 2015; Travis et al., 2014), and also committed more severe abuse (McCarroll et al., 2008).

In terms of military-specific factors, several studies found that those who were enlisted (or of lower rank) were more likely to commit child abuse than officers (DoD, 2017b; Gumbs et al., 2013; Rabenhorst et al., 2015; Travis et al., 2014; Travis et al., 2015). One study found that National Guard and Reserve parents were less likely than Active Duty Service members to cause head trauma in infants (Gumbs et al., 2013).

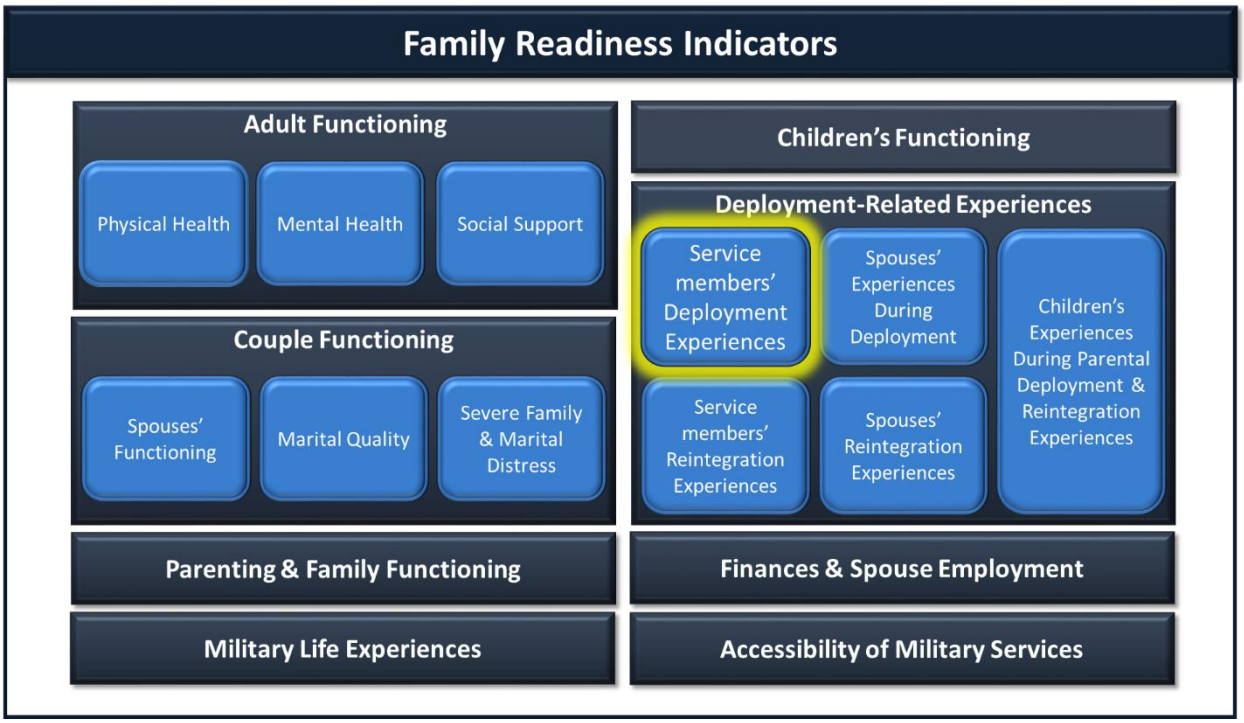
There have been a few studies looking at the effect of deployment on child abuse by Service members and spouses. One study using self-report survey data, found that combat exposure increased the incidence of child abuse (Cesur & Sabia, 2016), whereas a larger study drawing on the Air Force's FASOR, found that the overall incidence of abuse did not differ before and after deployment (Rabenhorst et al., 2015). Rather, mild child maltreatment declined and moderate and severe maltreatment increased after deployment (Rabenhorst et al., 2015). In a study that specifically examined abuse perpetrated by the home front spouse, McCarthy and colleagues

(2015) found an increase of moderate and severe child neglect, as well as a slight decrease of psychological abuse, during and after deployment (compared to the before deployment); there were no changes for sexual or physical abuse. Taken together, these studies suggest that deployment does pose some risk for child maltreatment and neglect.

Summary

Military families may experience severe distress through divorce, infidelity, IPV, or child abuse. In general rates for these extreme issues were equivalent to those among civilian families. There were a few trends that run through the indicators for severe marital and family distress for military families. Being young and enlisted are the most commonly-cited risk factors for divorce and abuse perpetration (though not infidelity), while being a woman increases risk of divorce and abuse victimization. Deployment, combat exposure and ill effects from combat exposure seem to carry some risk for divorce, infidelity, and domestic violence perpetration.

Service Members' Deployment Experiences



What is "Service Members' Deployment Experiences"?

Another indicator of family readiness is *Service members' deployment experiences*. Although Service members are likely to have many experiences during deployment, we focus specifically on those related to family functioning, well-being, and readiness. Service members' deployment experiences include couple and family relationships during deployment, from the perspectives of the Service member. Service members' deployment experiences, as related to family readiness, involve separation from their families, less frequent (and more logistically complicated) communication with family members, and a loss of involvement in family decision-making and day-to-day life.

Previous Evidence about Service Members' Deployment Experiences

In the 2007 report, Booth et al. took a more inclusive approach when reviewing the literature related to Service members' deployment experiences. They found that Service members indicated that they had greater difficulty coping with longer deployments compared to shorter ones. Additionally, having adequate time between deployments was shown to help families prepare for their Service member's time away. While Service members were deployed, their ability to communicate with their families was a significant influence on their overall well-being.

What We Know about Service Members' Deployment Experiences

Within contemporary research, Soldiers frequently reported that home front issues are a large stressor experienced during their deployments (Warner, Breitbach, & Appenzeller, 2007). ***Research in this domain focuses on how this separation – and combat exposure – impacts Service members and their perceptions of communication with family and spouses, and parenting***. Changes in communicative technologies have provided new means by which Service members may interact with their families. While modern communication technologies help reduce the degree of emotional separation between Service members and their spouses and families, it is also critical to evaluate how these communication channels may have a negative impact on Service members. Separations during deployment may also be particularly difficult for Service members who are parents. Single parents, in particular, are an important group to examine. Finally, deployment represents a significant risk to a Soldier's well-being. The degree to which this risk is actualized is captured by measures of combat exposure. A Service member may experience differing degrees of combat exposure while deployed, and this combat exposure has serious downstream implications for Soldiers' ability to participate in and support family and relationship functioning. Research suggests that combat exposure may have different consequences for female Service members.

Communication with Family

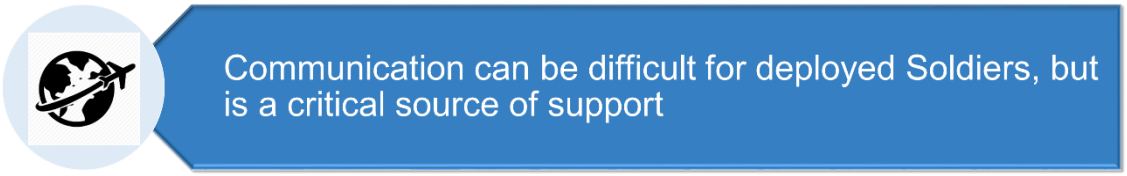
Modern technology has greatly changed the ways in which the Army operates. This is also true for Soldiers' experiences during deployment, in particular in how they communicate with their partners and families. ***In general, the ability to contact spouses and family while deployed has increased, although ease of communication still varies by rank and component*** (MacDermid et al., 2005; Hinjosa, Hinjosa, & Högnäs, 2012). Instant messaging, email, and webcam use are all commonly used for daily communication while deployed (Cigrang et al., 2013; Ponder & Aguirre, 2012). For example, in a sample of previously deployed fathers, every Soldier reported some form of communication with their children during deployment, with video chat such as Skype being the most commonly reported channel (Louie & Cromer, 2014). This compares with letters and packages, which the majority of deployed Soldiers received 1 to 2 times a month (Carter et al., 2011). Less frequent forms of online communication included online shopping together and playing online games (Rossetto, 2012). While phone calls and video offer rich connections, they are also disadvantaged in a number of ways, including a lack of privacy for deployed Soldiers, and the requirement of synchronous connection (MacDermid et al., 2005).

These new forms of communication provide an opportunity for increased connections with spouses and families, which may benefit Soldiers' sense of well-being while separated during deployment. In a study of communication between deployed Airmen and their spouses, Cigrang et al. (2013) found that increased frequency of communication was associated with lower levels of relationship distress. In fact, in another study, communication was a tool for couples to connect, which may be more important for relationship maintenance than information sharing during deployment (Baptist et al., 2011). This type of communication may have protective benefits for Service members. In a study of the connections between relationship quality and post-deployment PTSD symptoms, it was found that disclosing combat experiences to spouses mediated the negative relationship between relationship quality and the

number of symptoms reported (Balderrama-Durbin et al., 2013). That is, Soldiers who disclosed combat experiences to their spouses also reported higher relationship quality, and those that disclosed combat experiences were less likely to report PTSD symptoms (Balderrama-Durbin et al., 2015; Carter et al., 2011). Disclosing combat experiences during deployment may also make post-deployment reintegration easier for Soldiers returning to their spouses and families (Balderrama-Durbin et al., 2015).

As these findings demonstrate, the relationship between communication and Soldier functioning during deployment is likely complicated. For instance, Cigrang et al. (2013) surveyed Service members in the Air Force before, during, and after deployment. They found that relationship functioning before deployment predicted the amount of communication during deployment, with relationship distress associated with less frequent communication. This suggests that the positive benefits of communication are likely restricted to those couples who have better relationship functioning in the first place.

Although there were benefits to family communication across studies, there were also negative consequences identified in some research. Durham (2010), for example, found that Service members reported feeling distracted and unfocused after talking with their children. Soldiers may be restricted in their ability to communicate openly with their families because of operational security. One study evaluated Soldiers' perceptions of their ability to successfully focus on their missions, as related to their communication with spouses. Findings revealed that increased communication was associated with greater perception of negative spillover, and in particular with conflict-laden communication and conversations focused on problems at home (Carter et al., 2015). Essentially, the more that couples communicated, the more Soldiers felt that their problems at home interfered with their work performance. In contrast, research has also shown that necessary withholding during conversations with family may lead to relationship stress, because Soldiers fail to meet the expectations of their spouses to share information (Hinojosa et al., 2012).



Successful communication appears to be a critical aspect of the benefits of increased connection with a home front spouse. Communication difficulties can be caused by technical problems that may make establishing a line of communication difficult, problems describing military experiences, and finding things to talk about during extended separations (Hinojosa et al., 2012). When communication breaks down, due to security concerns or other issues, the effects may negatively impact Soldiers. In a study of British Soldiers deployed to Iraq and Afghanistan, difficulties related to communication were related to experiencing more PTSD symptoms (Mulligan et al., 2012). That is, Soldiers with more problems communicating during deployment also reported greater PTSD symptoms after returning home.

Frequently, studies of communication during deployment are retrospective and/or qualitative, involving interviews with Soldiers at various time points following their return from deployment. These studies may therefore be biased in a number of ways that make it difficult to capture the true relationship between frequency and type of communication with spouse and family during deployment and Soldier experience and performance. One methodology that could ameliorate these issues is the communication diary, in which deployed Service members keep notes on communications daily. This type of study may more accurately capture the positive or negative impact that communicating with the family may have for Service members.

Deployed Parents

Service members with children may find deployment particularly difficult. In a study that drew data from the Millennium Cohort, collected between 2001 and 2008, Ngyuen and colleagues (2013) examined the impact of deployment and combat exposure on maternal depression. Within this sample, mothers who experienced combat during

deployment following the birth of their children were at higher risk for developing depression than those who did not deploy or did not experience combat exposure (Ngyugen et al., 2013). However, this study did not report the time between child birth and subsequent deployment. In a focus group study of fathers who had been deployed, many shared themes such as difficulty forming emotional connections with their children during and surrounding deployment, being concerned about their children while separated, and difficulties in maintaining involvement in their children's lives (Willerton, Schwartz, MacDermid Wadsworth, & Oglesby, 2011).

Deployment may be especially difficult for single parents. Vaughn-Coaxum et al. (2015) sampled parents across the Army, Navy, Air Force, and Marine Corps. In their study they found that single parents were more likely to report concerns about family disruption. Single parents also reported having less support from family and friends during deployment, compared to partnered parents. Given these additional stressors, single parents represent a particularly at-risk population. This same study found that concerns about family disruption were positively associated with reporting PTSD symptoms for single, but not partnered, parents, and that social support after deployment ameliorated PTSD symptomology, but only for partnered, not single parents (Vaughn-Coaxum et al., 2015). Given that single parent Soldiers may be particularly impacted by deployment, more research is needed regarding the challenges they face.

Combat Exposure

Deployment represents a period of increased risk to Soldier well-being, a factor typically captured by measures of combat exposure. Negative combat experiences can include being shot at, seeing dead or severely injured Americans or civilians, and similar such experiences that may impact the Soldier. Combat exposure represents a critical aspect of the deployment experience related to family readiness. Across studies, researchers have recently explored these relationships, connecting Soldiers' reported combat exposure while deployed with downstream measures of well-being. While these studies therefore extend beyond the experience of deployment itself, it is critical to

consider how Soldiers' experiences during deployment have far-reaching influences related to family readiness.

The majority of military family studies that considered combat exposure focus on the impact that it has on marital relationships. Combat exposure may impact relationship functioning. Making use of data collected within the National Study of Adolescent Health, which started in 1994 and continued to 2008, Cesur and Sabia (2016) found a relationship between combat exposure and domestic violence within military couples. In their study, the probability of domestic violence increased when Soldiers were assigned to a combat zone compared to a non-combat zone, regardless of their direct combat exposure. While combat exposure was not related to the probability of domestic violence, it was associated with increased relationship stress and increased arguing, in general (Cesur & Sabia, 2016). Similarly, another study found that Service members who reported higher levels of combat exposure during deployment were more likely to report high levels of relationship deterioration (Cigrang et al., 2014). Foran et al. (2013) also found that high levels of combat exposure increased the likelihood of desire to separate, but only among couples with low marital satisfaction. When Soldiers were satisfied with their marriages, increased combat exposure was not associated with increased desire to separate.

Other studies support the argument that the relationship between combat exposure and relationship quality may be complex and indirect. Riviere et al. (2012) took a broad approach to the study of the impact of combat exposure, surveying Soldiers from 2003 to 2009. General trends in the level of combat exposure experiences varied across years, as did reported relationship quality and intent to divorce. These

researchers found that across the Soldiers included in the study, combat exposure did not predict relationship quality. However, other factors measured, including alcohol misuse, depression symptoms, and PTSD, all of which may also be related to negative combat experiences, did predict relationship quality (Riviere et al., 2012).

Conversely, relationship quality may also protect against the negative impact of combat exposure on Soldier well-being. In a study of Active Duty Air Force personnel, it was found that relationship quality moderated the relationship between combat exposure and depression symptoms (Welsh, Olson, Perkins, Travis, & Ormsby, 2015). At higher levels of negative combat experiences, positive relationship quality ameliorated the impact on depression, such that those Soldiers with lower relationship quality were more affected by negative combat experiences.

Combat exposure may also impact families more broadly, and compromise Service members' ability to parent after returning from deployment. For instance, experiencing a deployment-related injury was positively associated with later PTSD symptoms (Gewirtz, Polusny, DeGarmo, Khaylis, & Erbes, 2010; Mageun et al., 2012), which were negatively related to parenting (Creech et al., 2016; Gewirtz et al., 2010). In this way, PTSD serves as a mediator that worsens the negative impact of deployment injury on parenting behaviors. Similarly, injury status is associated with hazardous alcohol use, with injured Soldiers generally drinking more than those who are not injured (Gorman et al., 2014). The current review found very few studies on the relationship between combat exposure and parenting. More research in the future is warranted to understand how deployment experiences impact a Service member's parenting skills and behaviors upon return from deployment.

Female Veterans and Combat Exposure

The impact of negative combat experiences may be moderated by Soldiers' gender. A number of studies on Soldier deployment experiences either focus entirely on female Soldiers or compare the relationship between combat exposure and family well-being for men and women. For example, Skopp et al. (2011) found that the relationship

between combat exposure, PTSD screening, and relationship quality was different for female and male Soldiers. For female Soldiers, but not male Soldiers, decreases in relationship quality were associated with increases in the likelihood of screening positive for PTSD at high levels of combat exposure (Skopp et al., 2011). That is, among women, greater combat exposure was related to an increased likelihood of PTSD and poorer relationship quality. Creech et al. (2016) also identified a link between combat exposure and family and marital relationships among women. Specifically, they found that combat exposure increased PTSD symptoms and alcohol misuse, which led to poorer family functioning and decreased relationship satisfaction.

Gewirtz, Pinna, et al. (2014) compared female Soldiers who had been deployed with civilian Army wives whose partners had been deployed, all of whom were participating in the After Deployment Adaptive Parenting Tools (ADAPT) program. Deployed mothers reported an average of 2.9 combat experiences, the most common of which were receiving hostile fire, going on combat patrols, and being attacked by terrorists. The Soldiers had higher depression and PTSD symptoms than the civilian mothers. However, no significant differences were found across groups on parental adjustment (Gewirtz, Pinna, et al., 2014). This finding complicates the interpretation of either a direct or indirect relationship between combat exposure and family functioning for female Soldiers. However, it should be considered that this study utilized a sample of mothers who were participants in an intervention program that specifically targeted parenting techniques, and so all of these mothers may have been especially motivated and interested in positive parenting.

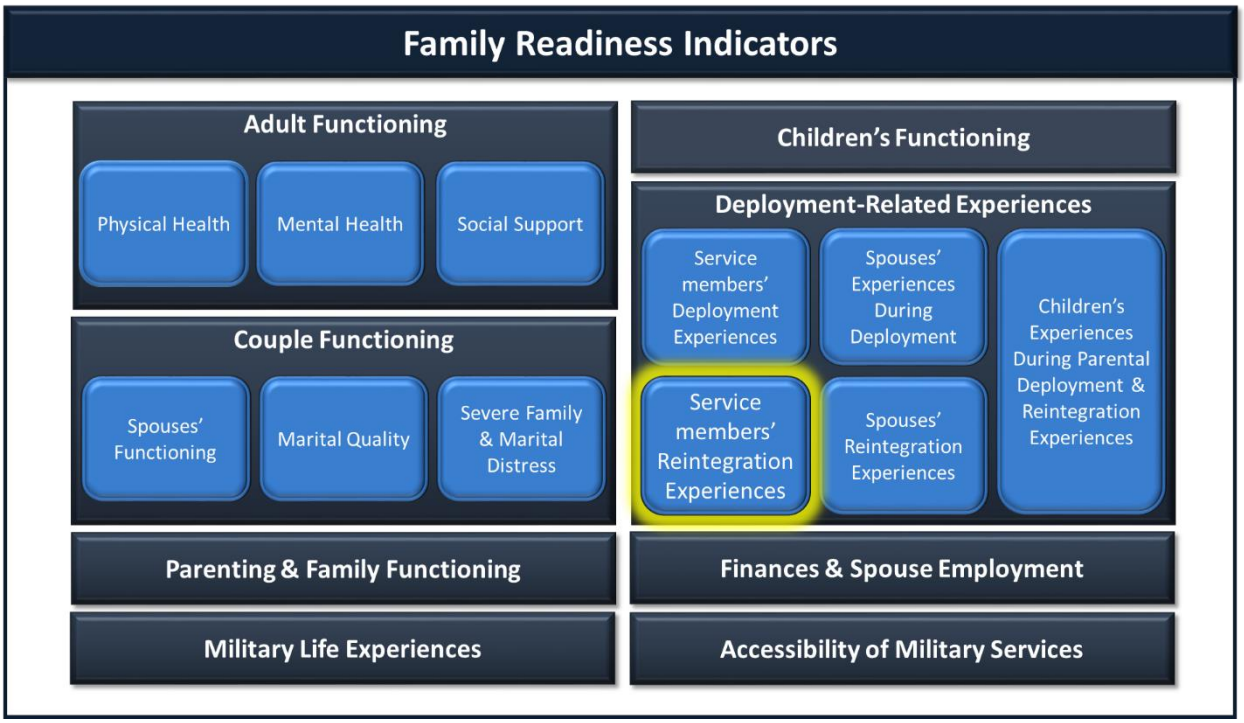
Summary

Deployment represents a period of increased stress on the relationships between Soldiers and their partners and families. These stressors include the separation itself, the increased concern with infidelity that accompanies deployment separations, restrictions and complications related to communication, and the experience of negative

deployment events. Service members' deployment experiences are also difficult to measure as they occur, given that Service members have critical tasks to complete during deployments (i.e., they do not necessarily have time to participate in studies), and researchers do not usually have access to deployed Service members. This leads most studies to make use of paradigms that either compare pre- and post- deployment levels to infer the effect of deployment experiences, or to ask Soldiers who have returned from deployment to retrospectively consider and report their experiences.

Despite these challenges, clear patterns have been found in the literature on the relationship between Service member deployment experiences and relationship and family functioning, particularly as related to communication and combat exposure. Communication with spouses and children represents a source of relationship support and maintenance for Soldiers, providing them a means by which they may maintain family bonds. This communication, however, also poses challenges in terms of communication difficulties, miscommunications with family members, and potentially compromised performance resulting from home front issues or conflicts. Combat exposure during deployment is another critical aspect of this time; it can negatively affect marital relationships and family functioning, both directly and indirectly by increasing mental health symptoms such as depression and PTSD. The degree to which this relationship is present in studies varies considerably, likely due to the nature of the study design, the specific sample being measured, and differences in the way in which combat exposure is operationalized.

Service Members' Reintegration Experiences



What is "Service Members' Reintegration Experiences"?

Service members' reintegration experiences focus on the experiences and functioning of Service members following deployment. Reintegration processes were considered, irrelevant of how recently a Service member had returned from deployment. As with Service members' deployment experiences, this indicator concentrates on Service members' perspectives, issues, and experiences.

Previous Evidence about Service Members' Reintegration Experiences

The reintegration of Service Members was addressed in several ways in the previous report. Research showed that the reintegration process was not a purely joyous occasion, with stresses being high amongst Service members and their spouses.

Reintegrating Service members were at significant risk for PTSD, mood and personality changes, other mental health issues, and poor marital communication. The 2007 report acknowledged a lack of research pertaining to how Service member mental health impacted their families upon reintegration.

What We Know about Service Members' Reintegration Experiences

In the last 10 years, additional research has examined Service members' reintegration experiences. ***Key aspects of Service members' reintegration experiences were: reintegration functioning, mental health, and disclosure***. We review this literature, beginning with general functioning and reintegration processes for Service members. Later, we discuss couple and family functioning, from the perspective of the Service member, and the impact of Service members' deployment-related mental health problems during reintegration.

Service Members' Individual Reintegration

While reintegration following deployment is met with anticipation by Soldiers, it is not without risks and challenges. Reintegration presents a host of unique stressors that can impact Service members and their families. For example, behavioral patterns developed during deployment must be changed, relationship and family roles renegotiated, and intimacy reestablished. Soldiers report that reintegration challenges can be critical, and include managing emotions and renegotiating their roles after changes in responsibilities occurred at home during deployment (Baptist et al., 2011; U.S. Army Medical Command, U.S. Army Central Command, & U.S. Forces Afghanistan, 2013a). In the 2012 Survey of Active Duty Spouses, nearly 75% of spouses reported that their Service members had no or little difficulty adjusting after returning home from deployment (DMDC, 2013).

A number of factors may influence Service members' reintegration experiences. In a large survey of recently deployed Soldiers, male Soldiers had poorer readjustment than female Soldiers (Beder, Coe, & Sommer, 2011). In addition, Asian and Hispanic

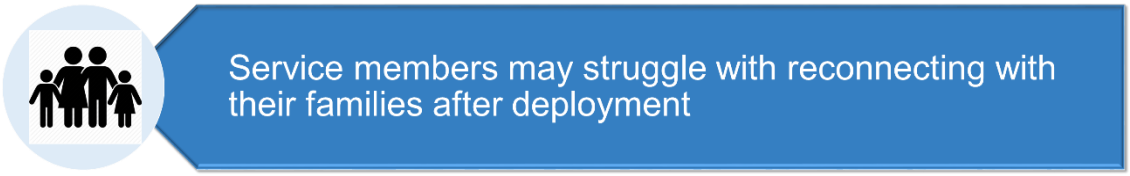
Soldiers reported more positive reintegration experiences (Beder et al., 2011). In addition, deployment-specific factors such as combat exposure, length of deployment, and number of deployments can impact reintegration; as expected, experiencing ***more combat, longer deployments, and a higher number of deployments can all make reintegration more difficult for Soldiers*** (Beder et al., 2011).

Alcohol use may also play a role in disrupting reintegration, although findings in this area are mixed. In a study of Air Force Service members, alcohol use both before and after a deployment was associated with greater difficulty with reintegration (Balderrama-Durbin et al., 2015). However, in an earlier study of National Guard Soldiers who had returned from a 16-month deployment, no such relationship was found (Meis, Barry, et al., 2010). Thus, while the two studies used different measures of relationship quality, it appears that the impact of alcohol consumption during reintegration requires further study.

Service Members' Reintegration with Family

The challenges of reintegration impact both individual and couple functioning: in a study of recently returned Army National Guard Soldiers, 64% reported using any individual mental health service and 29% reported using couples counseling to aid in their reintegration (Meis, Erbes, et al., 2010). ***In particular, Soldiers in relationships that may have been strained prior to deployment face difficulties in reintegration*** (Balderrama-Durbin et al., 2015). While the majority of studies on Soldier experiences related to reintegration with spouses focus on relationship quality and satisfaction (see page 77), the reintegration period may also include more severe symptoms of maladjustment. In a retrospective study of over 26,000 Active Duty Soldiers surveyed between 1990 and 1994, researchers found that deployment length was positively associated with self-reported severe spousal aggression during the reintegration period (McCarroll et al., 2010). Deployments may greatly weaken relationship stability, even to the point of couples ending or intending to end their relationships during the reintegration period. In a study of Airmen who were partnered prior to a one-year

deployment, almost one-third had ended their primary relationship within 9 months of returning from deployment (Cigrang et al., 2014). Taking a more fine-grained approach, Foran et al. (2013) measured marital distress at two separate time points during the reintegration period, and used measures of marital distress and relationship aggression at Time 1 to predict intent to divorce at Time 2. Following previous studies, combat exposure was related to an increased likelihood of intent to divorce. However, this was only true for Soldiers who reported low levels of marital satisfaction earlier in the reintegration period, suggesting that deployment experiences may not be the sole cause of marital instability.



Among recently returned Service members, roughly one-fifth reported moderate to severe challenges with family reintegration (Balderrama-Durbin et al., 2015). Conversely, in a small sample of Service members interviewed by Louie and Cromer (2014), only 13% reported that their transition back home was smooth, with most Service members expressing a need to readjust to their role as a father. Parenting stress is associated with both length of deployment and the particular deployment events experienced, leading to difficulties in establishing emotional connections (Willerton et al., 2011; Yablonsky & Bullock, 2016). In an interview study of previously deployed fathers, participants reported difficulty reconnecting with their children after deployment, in particular when the child was younger (Walsh et al., 2014). ***These fathers reported challenges in reconnecting with their children after deployment, and also felt a sense of loss related to the time separated and in particular to missing significant developmental periods.*** While the majority of the focus was on the relationship between the father and the child, these Soldiers also reported being

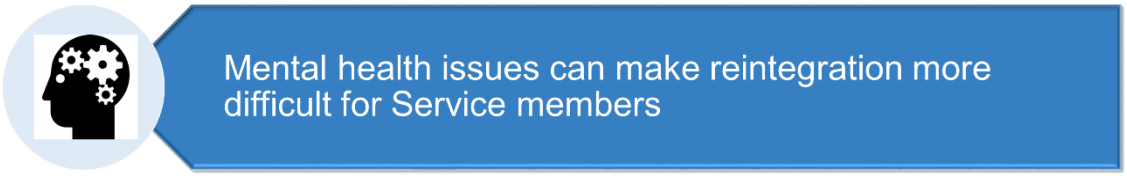
challenged by the process of reestablishing co-parenting, in particular when adapting their expectations from highly disciplined military life to family life (Walsh et al., 2014). Indeed, conflict with a spouse related to parenting or how to parent is a commonly reported experience during reintegration (Louie & Cromer, 2014).

Family reintegration may be particularly challenging for military mothers. In interviews with recently returned female Soldiers, Kelly, Berkel, and Nilsson (2014) found that these military mothers reported a number of similar experiences. These mothers found that reintegration was made more difficult by the changes that deployment may have caused in them, in particular the persistence of negative emotional reactions. At the same time, many of the mothers reported feeling a sense of loss related to the military role they had taken during deployment, particularly when they were returning to a 'stay-at-home mom' role. Many reported that transition back to focusing on parenting was difficult during this period (Kelly et al., 2014), illustrating how cultural expectations of motherhood may cause additional stress during reintegration. One study compared mother psychological adjustment before and after deployment, comparing single and married female Navy service members. Single mother's psychological health had a larger impact on their children's behavioral issues across time than did married mother's (Kelley, Doane, & Pearson, 2011).

The Impact of Deployment-Related Mental Health Symptoms during Reintegration

The extant literature clearly demonstrates that reintegration is a process for families and couples that may be challenging to navigate. Frequently, however, reintegration is made even more difficult due to the negative impact that deployment experiences have on Soldier mental health. Experiencing traumatic events while deployed may leave Soldiers less able to successfully reinstate family and partner roles and routines that were disrupted by the deployment due to behavioral, cognitive, and affective symptoms. ***Coping with the symptoms of mental health and PTSD add additional challenges to the already difficult processes involved in reestablishing family life.*** Research in

the area of post-deployment reintegration has begun to illuminate the ways in which deployment-related mental health issues impact Soldiers and their families.



Post-traumatic stress reduces the ability for Soldiers to successfully re-establish intimate relationships (Erbes, Meis, Polusny, & Compton, 2011; Gibbs, Clinton-Sherrod, & Johnson, 2012). For example, in a study of National Guard Soldiers, clinical PTSD symptoms were associated with lower relationship adjustment both two to three months after deployment and a year into the reintegration period (Erbes et al., 2011). In a larger sample of over 20,000 post-deployment medical records, almost one-fifth of returning married Soldiers reported concerns about interpersonal conflict. Likelihood of reporting concerns about conflict were elevated for those Soldiers who reported reduced health following deployment and who reported PTSD symptoms (Gibbs et al., 2012). While the majority of studies on mental health concerns during reintegration focus on the impact that symptoms may have on marital functioning, Skopp et al. (2011) found that being in an intimate relationship was associated with a stronger connection between combat exposure and post-deployment PTSD symptoms, suggesting that the relationship between mental health and marital functioning during reintegration may be bidirectional. Similarly, lower relationship adjustment scores during reintegration were positively correlated with Soldiers' use of mental health services (Meis, Erbes, et al., 2010).

As with family adjustment, deployment-related PTSD symptoms play a clear role in marital instability during reintegration. In a study that followed married Soldiers over a number of time points after deployment, PTSD symptoms were found to put Soldiers at a higher risk of divorce across the study window (Negrusa & Negrusa, 2014).

Research indicates that there are ways in which marital couples may successfully reintegrate even in the presence of Soldier PTSD. Melvin et al. (2014) interviewed Soldiers with self-reported clinical PTSD symptoms, but whose couple adjustment were notably high (75th percentile), asking them about how they successfully reintegrated while facing the challenges of PTSD symptoms. Soldiers described several strategies for success, including accepting a changed reality, and giving time and space to 'rediscover the self'. These couples also focused on effective communication and recognizing the needs of their partners and adapting accordingly (Melvin et al., 2014). While qualitative in nature and relying on a specific sub-sample of Soldiers returning from deployment with mental health issues, this study illustrates the means by which marital couples may successfully rise to the challenge of reintegration.

Post-traumatic stress symptoms and disorder represent a clear strain on family adjustment during reintegration. In a study that measured PTSD symptoms both immediately upon return from deployment (i.e., before family reintegration) and 18 to 24 months later, Taft and colleagues (2008) found that while combat exposure did not have a direct effect on family adjustment, there was an indirect pathway through specific PTSD symptom clusters (i.e., withdrawal/numbing and arousal/lack of control). Specifically, combat exposure increased PTSD symptoms, which in turn, compromised family adjustment (Taft, Schumm, Panuzio, & Proctor, 2008). The presence of these symptoms in particular reduces Soldiers' ability to successfully participate in cohesive family life.

The relationship between post-traumatic stress and family reintegration is complex, particularly because the symptoms of PTSD may develop or change over time (Gewirtz et al., 2010). Some Soldiers, in particular those who experienced deployment injuries, reported higher levels of symptoms a year after deployment, compared to within the immediate weeks following return from deployment (Gewirtz et al., 2010). These Soldiers were more likely to report lower levels of couple adjustment and parenting abilities (Gewirtz et al., 2010).

While Gewirtz et al. (2010) found that the relationship between PTSD symptoms and effective parenting was potentially mediated by spousal adjustment, the negative impact of deployment-related mental health symptoms also impacts single parents. In a DoD wide study of military parents who had deployed, single parents reported greater concern about family disruption and had lower post-deployment functioning (Vaughn-Coaxum, et al., 2015). Single parents were also likely to report less post-deployment social support from family and friends (Vaughn-Coaxum, et al., 2015). While Gewirtz et al. (2010) found that social support has an ameliorative effect on PTSD symptoms, Vaughn-Coaxum, et al. (2015) found that this relationship holds true only for partnered parents. PTSD represents a particular challenge for single parents who do not have a partner to assist in raising children.

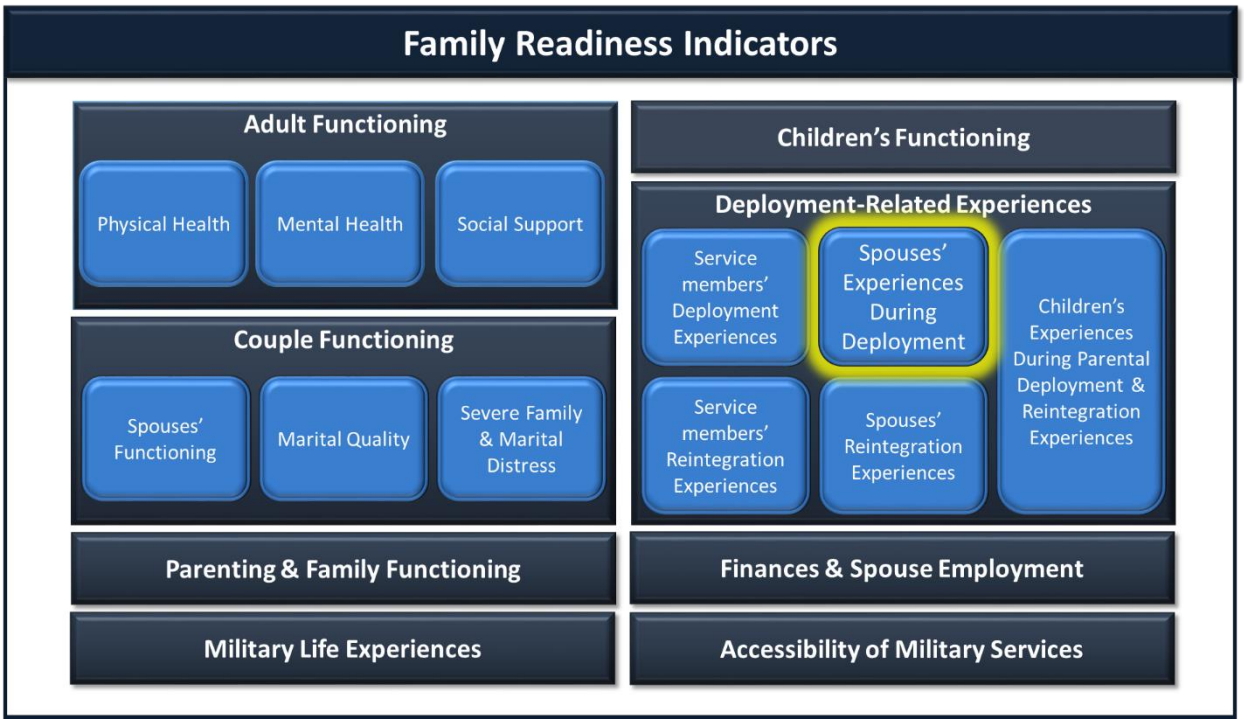
While social support can be seen to be beneficial to marital functioning in the face of PTSD, the locus of this support is also important. In an interview study with Soldiers during reintegration, maintaining friendships with fellow Soldiers with whom they had deployed allowed these Soldiers to avoid the challenges of dealing with civilians and their families (Hinojosa & Hinojosa, 2011), which may represent a challenge to successful reintegration.

Summary

Studies of Service member experiences during reintegration focus on measuring the Service member's perceptions of their own adjustment, and that of their families. Many of these studies measured these factors at multiple time points, either comparing levels from before deployment to those after, or collecting data earlier and later within the reintegration period. These paradigms allow for a consideration of how these relationships change following a deployment separation. It is critical to consider those aspects of Service member reintegration that are specific to this period, related to reestablishing family life and intimate partnerships in the face of both prolonged separation and negative deployment experiences that may make reintegration difficult

for Service members. Many Service members return from deployment having experienced combat, and even injuries, which negatively impact reintegration. Mental health in particular may be difficult for Service members and their partners and families to manage. Returning with problematic mental health issues (e.g., depression, PTSD, anxiety) can increase the strain of reintegration for Service members, especially because these mental health symptoms may worsen over time. As studies continue to investigate Service members' reintegration experiences, we will continue to better understand how to support Service members and their families during this time of transition.

Spouses' Experiences During Deployment



What is "Spouses' Experiences During Deployment"?

Spouses' experiences during their partners' deployment involves their experiences and functioning during deployment, for example physical and mental health, social support, parenting, and daily tasks. This indicator includes the nature of spouses' various experiences while their service member is deployed.

Previous Evidence about Spouses' Experiences During Deployment

Research evidence reviewed in Booth et al. (2007) showed that in addition to the more frequent and less predictable deployments of Service members, spouses were dissatisfied by the lack of clear information about their Service members' deployment. Junior enlisted couples were typically the least prepared for deployment, and spouses

who were more informed regarding the nature of the deployment mission typically maintained more positive attitudes about the deployment. Unsurprisingly, loneliness was extremely pervasive, with one-third of spouses reporting that they managed these emotions well. First-time deployment spouses struggled the most. In a more positive light, some spouses reported feelings of self-reliance as they engaged in new roles.

What We Know about Spouses' Experiences During Deployment

Service members' deployments are still a major stressor and negative event for Army spouses (e.g., Demers, 2009); at least half of spouses have reported feeling stressed and overwhelmed during a partner's deployment (Lara-Cinisomo et al., 2012). ***Deployments have a wide range of impacts on spouses across a variety of domains, including physical health, mental health, marital relationships, household roles and responsibilities, and parenting concerns***.

Deployment Experiences

Deployment can bring a preponderance of negative emotions, such as loneliness, and powerlessness (Davis et al., 2011; DMDC, 2009, 2012), and a perceived lack of control (Demers, 2009; Lapp et al., 2010). However, there is also potential for positive emotions, and personal and relationship growth. ***Research has documented that deployments are an incredibly stressful experience for spouses and family members*** (Demers, 2009; Dimiceli et al., 2010; Everson, Darling & Herzog, 2013; Lara-Cinisomo et al., 2012; Sahlstein et al., 2009). Deployments bring uncertainty, physical separation, concern for the Service member's safety, and inconsistent and/or difficult communication (DMDC, 2009). For the spouse left behind, there is the added salience of the Service member's absence in environments and routines in which they normally exist and participate, as well as very limited ability to control or influence the nature of the separation. In contrast, while Service members face many serious challenges, they are in a novel environment with the distractions of duties to perform, and without the

salient reminders of a familiar environment and routine to draw attention to the separation.

The perceived lack of control can also be exacerbated by deployments that are extended beyond what was initially expected. SteelFisher, Zaslavsky, and Blendon (2008) demonstrated that extending a deployment can lead to increased feelings of loneliness, anxiety, depression, reducing work hours (or stopping work altogether) and increased negative assessment of Army support among spouses. Although deployments have become more consistent in recent years, there are still times when return dates are unexpectedly moved or delayed.

Health

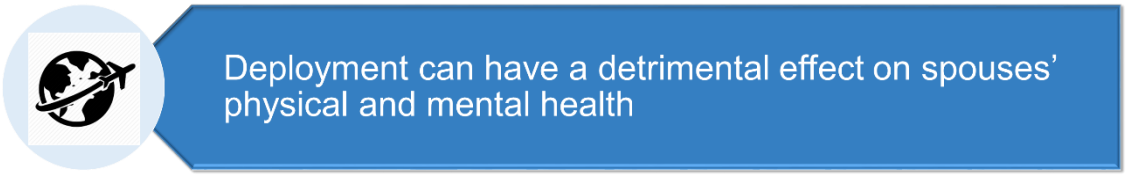
Physical Health

One particularly important way that deployments can impact spouses is their health, both physical and mental. ***Spouses who reported high stress during a Service member's deployment also reported worse physical well-being*** (Burton, Farley, & Rhea, 2009; Padden, Connors, & Agazio, 2011a; Padden et al., 2011b), including exercise, household safety, and environment. Spouses who anticipated a longer deployment were less likely to report healthy dietary choices (Padden et al., 2011a). Fearing for one's Service member during a deployment was also related to generally worse physical health (Burrell et al., 2006). There is also tentative evidence of the link between a spouse's physical health and their communication with their deployed Service member. Joseph and Afifi (2010) found marginal evidence that spouses who did not openly discuss issues with their deployed Service members were more likely to report negative health symptoms, reflecting the interplay between the marriage communication during a deployment and health ramifications for the spouse.

Mental Health

Spouses' mental health can also be affected by their Service members' deployments. ***Compared to the community at large, spouses of deployed Service members have reported higher rates of psychological distress, symptoms of***

depression, and symptoms of anxiety (Green et al., 2013), particularly among spouses who reported lower levels of socioeconomic resources. These rates are similarly reflected in clinical diagnoses from medical records. For example, Mansfield et al. (2010) utilized outpatient data records from TRICARE enrolled spouses and found that women with deployed husbands were more likely to have a mental health diagnosis than women with a non-deployed husband (37% and 31%, respectively). Depression, anxiety, sleep disorder, acute stress reaction, and adjustment disorder were the most common mental health diagnoses among Mansfield's sample. Further, prolonged deployments were related to more mental health diagnoses among Army wives (Mansfield et al., 2010). Another study that assessed the mental health of military spouses with combat-deployed Service members found that nearly 20% of spouses met screening criteria for either major depression or generalized anxiety diagnoses (Eaton et al., 2008). However, of those spouses that did not screen positive for major depression or generalized anxiety, 22% still sought mental health care, reflecting the inner turmoil that spouses are feeling, and their desire to seek help (Eaton et al., 2008).



In addition to specific mental health problems, Spouses' general well-being may also be impacted in a broader sense. As mentioned above, fearing for the safety of one's deployed spouse is linked to worse physical health, but it is also linked to worse psychological well-being (as well as lowered marital quality and decreased satisfaction with the Army; Burrell et al., 2006; Lara-Cinisomo et al., 2012). Partner deployments have also been linked to alcohol and substance use among spouses. Research indicates that a small percentage of spouses (4.3%) of combat-deployed Service members report drinking alcohol more than they intended in the previous four weeks

(Eaton et al., 2008). Additionally, 3% of participants reported that they wanted or needed to cut down on drinking in the past four weeks.

Although many spouses do seek mental health care during deployment, as evidenced in Mansfield et al. (2010), there are several obstacles to seeking mental health care. Reported barriers to care included difficulty obtaining child care, cost, difficulty getting an appointment, embarrassment, and being seen as weak (Eaton et al., 2008; see also page 171). If these constraints are alleviated for spouses, we might see an even higher number of spouses seeking help during a Service member's deployment.

Changing Roles and Responsibilities

Beyond the impact that deployments can have on physical and mental health, spouses with deployed Service members frequently find themselves adapting to new roles and responsibilities, filling the shoes of their absent Service members, and adjusting to running a household, with or without children, alone. For example, research indicates that the more months a Service member is deployed (over a three year period), the more household hassles spouses reported. Spouses also reported an increase in household chores during a deployment (Lara-Cinisomo et al., 2012) and find themselves providing social support to their deployed Service members (Cafferky, 2014). These shifting responsibilities have been described to be filling more androgynous roles by military wives, as they take on responsibilities traditionally done by their other-gender partner (Aducci et al., 2011). Interviews with Canadian military wives have also revealed that spouses faced new roles and responsibilities and reported that they had less time for personal leisure, focusing instead on family leisure time (Werner & Shannon, 2013).

Parenting

Some of these shifting roles and responsibilities include a broadened and more intense approach to parenting. With co-parents away, military spouses must fill the role of both parents, while leaving the emotional space for the absent parent and helping to

maintain that child-service member connection. During deployments, some spouses struggled to gain respect and acceptance from children for this temporary family configuration (Sahlstein et al., 2009). Some wives in this study sought to balance between their sole parenting role and involving their Service members by having their husbands tell their children to “mind your mother.” Wives interviewed in this study further reported that the two week R&R was particularly challenging and disruptive, with the quick juxtaposition of new roles, old roles, and back to new roles again. No other studies have examined the benefits and challenges of R&R, and additional evidence would be valuable in understanding how to best support family readiness during that time.

Longer deployments are associated with greater parental stress (Everson et al., 2013). In the absence of their service member partner, spouses report increased concern about their children’s well-being (Werner & Shannon, 2013) and greater parental stress compared to the normative population (Flake, Davis, Johnson, & Middleton, 2009). This greater parental stress in turn predicted higher levels of child psychosocial problems (Flake et al., 2009). However, 82% of parents have reported that they felt support in their parenting roles from their church, nonmilitary organizations, and military organizations; these individual sources of support and overall feelings of support in turn predicted healthier child psychosocial functioning (Flake et al., 2009).

Spouses who experience pregnancy and childbirth during a service member’s deployment have also received research attention. Tarney et al. (2015) found that women whose service members were deployed during pregnancy were 3.24 times more likely to have an early delivery (less than 37 weeks), compared to those whose service members were not deployed. In contrast, though, another study with a considerably smaller sample reported no significant differences between gestational age at delivery; if anything, a slight marginally significant (not meeting the conventional statistical significant cutoff) tendency was found for women with deployed husbands to deliver infants at a slightly older gestational age (Haas & Pazdernik, 2006), and a statistically

significant difference in the birthweight of their newborns with larger infants born to mothers whose spouses were deployed during their pregnancy. The inconsistency in these findings point to a need for more research on the effect of deployments on pregnant mothers' and newborns' health outcomes.

Other research has focused on the emotional acceptance of the pregnancy by the expectant mother. Women with deployed husbands during the first trimester reported lower acceptance of pregnancy at all three trimesters compared to women whose husbands were not deployed during their first trimester (Weis, Lederman, Lilly, & Schaffer, 2008). However, wives who reported greater on base social support reported greater acceptance of pregnancy during just the third trimester. Additionally, pregnant women with deployed husbands scored higher on a postpartum depression scale, and were more likely to be ultimately diagnosed with postpartum depression than pregnant women without deployed husbands (16.4% compared with 6.1%, respectively; Tarney et al., 2015). In a moderately sized study of about 400 women, Robrecht, Millegan, Leventis, Crescitelli, and McLay (2008) found that spousal deployment during pregnancy (but not during post-partum) was associated with increased likelihood of screening positive for postpartum depression at the 6 week postpartum visit.

Other studies have more closely examined the specific stages of deployments' effects on likelihood of developing depression (both antepartum and postpartum) at various points in pregnancy. Smith, Munroe, Foglia, Nielsen, and Deering (2010) conducted a large study of nearly 4,000 pregnant Army wives with spousal deployments in various stages: no deployment planned, preparing for deployment, currently deployed, and returning from deployment. These researchers found that at an initial pregnancy intake screening, women whose service member husbands were returning from deployments and those with partners preparing to deploy had a higher prevalence of high depression scores than baseline scores, but women with currently deployed husbands did not have higher prevalence. Later in pregnancy (at 28-32 gestational weeks), participants with currently deployed and returning from deployment partners

had higher prevalence of depression scores above threshold. At 6 weeks postpartum, only those participants with currently deployed partners had a higher prevalence of depression scores above threshold than comparison.

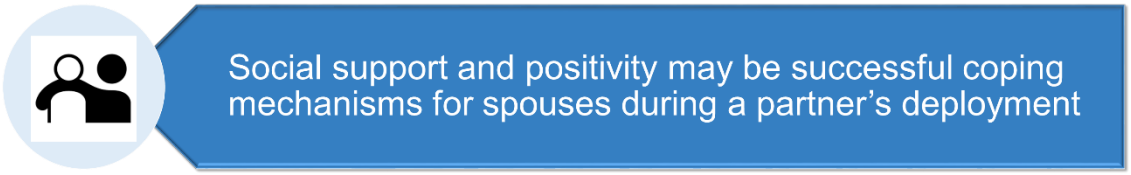
Spooner, Rastle, and Elmore (2012) conducted a similar study on nearly 4,000 pregnant Navy and Marine wives with husbands' various deployment statuses. They found that at initial pregnancy intake, just those with currently deployed husbands had a depression screening prevalence higher than baseline. At six weeks postpartum, wives with husbands currently deployed and planning to deploy had a prevalence of depression higher than baseline. No differences were found between groups compared to baseline at 28-32 weeks gestation.

In a very large study examining over 161,000 births at a naval hospital in San Diego, Levine, Bukowinski, Sevick, Mehlhaff, and Conlin (2015) found that mothers with spousal deployment between the date of conception and 6 months postpartum indicated greater likelihood of antepartum depression, anxiety, and tobacco use during pregnancy compared to mothers with non-deployed husbands. This subset of deployed husbands were much more likely to be enlisted and in the Army. Mothers who experienced spousal deployment around the time of delivery showed the highest rates of postpartum depression, followed by spousal deployment after delivery, followed by spousal deployment before delivery. For wives whose service members were deployed during delivery, those who were not diagnosed with depression or anxiety during pregnancy were more likely to experience postpartum depression than wives *with* an antepartum depression/anxiety diagnosis. Levine et al (2015) did *not* find a length between length of deployment and likelihood of postpartum depression.

Coping

In general, married couples provide emotional support to each other, particularly during times of stress. Deployment brings both a greater need for emotional support and barriers to giving and receiving that support. In fact, spouses may be one of the few sources of emotional support to Service members. Research shows that spouses

acknowledge that they must attune to their partners' needs and serve as emotional caregivers to their Service members during deployments (Aducci et al., 2011). However, spouses also must find a way to manage their own emotions. Broadly speaking, some military wives have referred to their experiences during deployment as "managing groundlessness alone;" spouses feel adrift and isolated and that they must manage these emotions by themselves (Aducci et al., 2011).



Coping Mechanisms and Styles

Spouses reported using a wide variety of coping styles during deployment. In a small set of interviews with military wives, Cafferky and Shi (2015) report that spouses' varied coping styles include pursuing unrealistic closeness (e.g., seeking deployment-related news, waiting by the phone for Service member), seeking emotional distance from their spouse (e.g., pursuing independence, guarding emotions), and drawing on the strength of the emotional connection in the marriage (e.g., finding ways to connect, journaling, looking at pictures, becoming involved in formal support groups). In another qualitative study, Lara-Cinisomo et al. (2012) report that some interviewed spouses describe seeking social and instrumental support, emphasizing self-sufficiency, distracting themselves, and letting some things go. In a third study, spouses describe keeping busy, managing personal needs, seeking support, and maintaining communication with the Service member (Lapp et al., 2010). Other qualitative work has reported spouse coping strategies that include emphasizing one's own responsibility (distraction/escape, emotion coaching, and flexibility), social coping (network support), protective buffering (developing routines and engaging in information sharing), communal coping (sharing responsibilities, sharing parental responsibilities with other

mothers), and enabling father-child involvement (Rossetto, 2015a). Other researchers have identified spouse resiliency processes during deployment, including: maintaining and using social networks, crafting normalcy (e.g., engaging in ritual and routines to mark time and keep the Service member emotionally present), affirming identity anchors (e.g., drawing on key components of their identity such as independence and resourcefulness for strength), using alternative logics (e.g., embracing the humor, absurdity, and complexity of managing life in the absence of their Service member), and legitimizing negative feelings while focusing on staying positive (Villagran et al., 2013). In a study of National Guard and Reserve spouses, Wheeler and Torres Stone (2009) found that spouses describing coping strategies that included expressive activities, social support, spirituality, technology mediated communication with deployed spouse, and avoidance. Taken together, there are consistent themes of: seeking social support, distracting themselves (or staying busy), embracing independence, trying to maintain connection with their Service members, and trying not to dwell on negative emotions.

Social support from others is a commonly cited source of coping for spouses during deployment; this includes support from family, friends, community, and formal military programs (Anderson et al., 2013; Merolla, 2010). In fact, spouses that do not have sufficient support tend to have more negative deployment experiences (McGuire, 2012) and feelings of helplessness (Kees, Nerenberg, Bachrach, & Sommer, 2015). Support can come in a variety of forms including emotional support (encouraging words, recognition and appreciation), instrumental support (e.g., sharing responsibilities), and informational support (e.g., giving advice; Rossetto, 2015b).

Coping Styles and Mental Health Outcomes

Dolphin, Steinhardt and Cance (2015) found that adaptive (versus maladaptive) coping and resilience were associated with less depression among spouses. Together, adaptive coping, maladaptive coping, and resilience mediated the relationship between positive emotions and depression symptoms; that is, positive emotions led to better coping strategies, which reduced depression symptoms. Padden et al. (2011b)

found that wives married to company grade officers (versus field grade officers) used more emotive coping, possibly reflecting the preference for problem-based coping for more experienced (higher ranked) wives with more deployment experiences. Additionally, wives who had experienced three or more previously deployments used more confrontive coping style which involves facing the problem and using constructive solutions. Perceived stress was positively correlated with evasive and emotive coping use. However, of the eight coping styles assessed in this study, optimistic coping, and evasive coping styles were significantly linked to mental well-being, positively and negatively, respectively (Padden et al., 2011b). Similarly, in a comparison of the use of problem focused versus emotion focused coping in Army wives, Dimiceli et al. (2010) found that problem focused coping style was associated with lower depression symptoms.

Although seeking support is frequently reported to be a method of coping with deployment, it is not always easy to find adequate support (Demers, 2009). Some spouses can feel forgotten by the civilian community at large (Davis et al., 2011). Spouses and Service members report a dearth of appropriate resources for spouses during deployments (Heyman et al., 2015). Of the resources that are available, spouses have reported that some of the military services were ineffective or unprofessional (Williamson, 2011). There was also concern about the stigma of accessing counseling services, as well as what it could mean for their partner's career advancement (Williamson, 2011). Furthermore, not all support is helpful; Rossetto (2015b) reported that spouses have frequently encountered inappropriate comments, obvious questions, lack of awareness, unsolicited advice, and gossip when seeking social support during a spousal deployment. Likewise, Spouses may negatively affect each other while seeking social support and the seeking of support can produce novel stress (Maguire & Parcell, 2015).

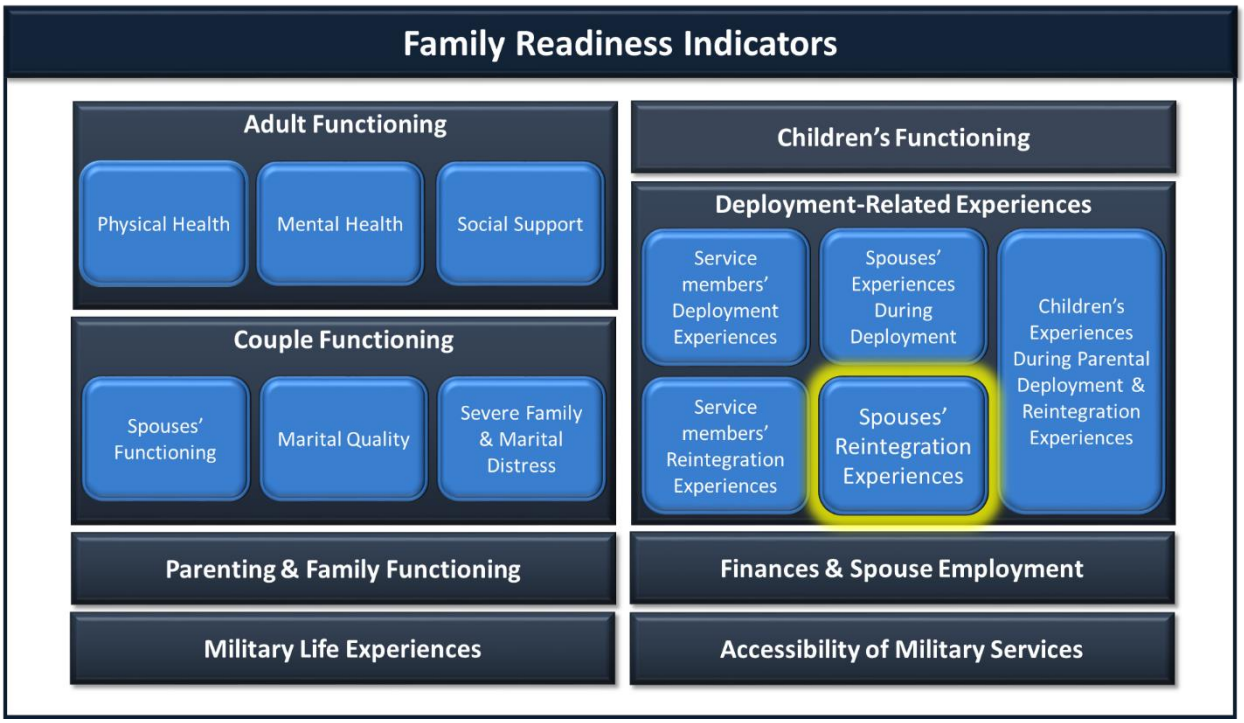
Strength in Strife

As indicated above, Service member deployments are a stressful and negative event in a military spouse's life with impact on their physical and mental health, parenting and day-to-day life responsibilities. Coping mechanisms vary greatly, with some linked to better outcomes than others. ***However, there is some evidence that military spouses also perceive deployments to be an opportunity for personal growth and strength development*** (Aducci et al., 2011). Some spouses may be able to engage in positive thinking, and they may find increased self-confidence, determination, and an opportunity for self-discovery (Davis et al., 2011). Spouses with positive coping mechanisms can embrace their strength, take ownership of their new roles, and reach out to others for support (Marnocha, 2012). Future research should further explore the potential for personal growth in military spouses during and in the aftermath of a spousal deployment.

Summary

The deployment of one's partner is a stressful time for military spouses. This period comes with challenges of balancing new responsibilities around the house and with children. Deployments can have a detrimental impact on spouse's well-being, both physical and mental, particularly when spouses have difficulty engaging in adaptive coping strategies. Spouses draw on a variety of coping mechanisms during Service members' deployments, particularly social support, staying busy, and trying to stay positive. However, while deployments are stressful and generally viewed to be a negative event, some military spouses report these periods to be times of self-growth and finding inner strength.

Spouses' Reintegration Experiences



What is "Spouses' Reintegration Experiences"?

As an indicator of family readiness, *spouses' reintegration experiences* includes spouse well-being and functioning after their Service member returns from deployment. These experiences focus on spouses' reunion and reintegration and the implications of reintegration experiences for health and well-being, regardless of how recently their Service member has returned.

Post-deployment reunion is a time for immense joy as Service members are reunited with their families. However, it is also a time fraught with complex emotions. During deployments, families adapt to the Service members' absence, and upon reunion the families must make room again for the Service member in their lives, both literally and

figuratively, in the day-to-do happenings of their lives and in their emotional and psychological space.

Previous Evidence about Spouses' Reintegration Experiences

Earlier research revealed that spouses' reintegration experiences were similar to Service members' experiences during that time (Booth et al., 2007). Spouses experienced high stress upon reintegration, despite having positive expectations. Spouses and their partners often underwent significant and unanticipated changes, requiring a period of readjustment and redefining of familial roles. Most importantly, the 2007 report identified a need for research pertaining to the impact of returning Service members' mental health issues on their spouses.

What We Know Now about Spouses' Reintegration Experiences

Current research has documented that managing post-deployment emotions is a relevant concern for couples after Service members return from deployment. ***The primary aspects of spouses' reintegration experiences includes: mental health, roles, coping, and disclosure with their Service members.*** Research on this complex time has covered critical topics, including the challenges of reintegration, how spouses utilize social support as a coping mechanism, and managing emotions and mental health issues.

Reintegration Challenges

Both Service members and spouses report changing roles both during and after deployment (Baptist et al., 2011). This can include relinquishing the temporarily adopted responsibilities and reclaiming old ones, but this process may not be straightforward. In a series of interviews with Reserve families (Faber et al., 2008), ***Service members and spouses reported ambiguity about roles and decision-making upon reintegration; settling back into old patterns is not necessarily practical, possible, or easy.*** In another study, Reserve spouses reported that while there was a feeling of "absence

makes the heart grow fonder", there was also a focus on reestablishing roles, all amidst re-experiencing the emotions of deployment (Marnocha, 2012). Other military spouses have echoed the complexity of the reintegration period, describing it as "relearning the dance" (Aducci et al., 2011) and as a stressful experience of creating a new normal for the relationship (Lapp et al., 2010). The stressful experience of reintegration and the changing of roles can foster conflict and resentment (Williamson, 2012); spouses report having more independence, particularly in decision-making, when their Service member was deployed but that it was difficult to adjust when their partners returned.

Communication can also be challenging during reintegration (Sahlstein et al., 2009). In order to protect their spouses, Service members may feel reluctant to disclose details about their deployment; spouses, on the other hand may want to know about the deployment experience but may not want to hear about unsettling or unpleasant situations (Sahlstein et al., 2009). Likewise, spouses may struggle with how much they should discuss their own at-home experiences (Sahlstein et al., 2009). Some spouses feel that fewer details regarding at-home struggles and stressors may alleviate any guilt their Service members may be experiencing.

Coping via Social Support

Even though couples may desire to spend time with each other during reintegration (e.g., Maguire et al., 2013), reintegration can be the source of considerable upheaval, which may complicate those desires and intentions. During this upheaval, many coping mechanisms may be used, such as having patience, and using military services (Lapp et al., 2010). However, many spouses turn to their social networks for critical support (Melvin, Wenzel, & Jennings, 2014). ***Social support may come from a wide range of sources, such as family, friends, and other military spouses; social support can also come from formal military services (e.g., family support groups).*** Faber et al. (2008) reported that Reservists' family members (broadly defined) found the formal family support groups to be very important sources of support for families, as were other Reserve families also experiencing reintegration.

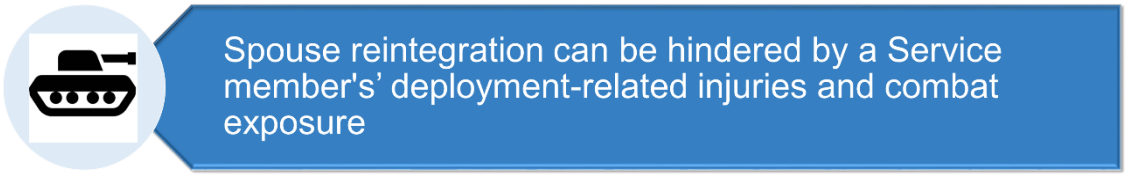
During deployment, Service members and spouses generally drew on support from others, whereas during reintegration, Service members and spouses shift from the extra-marital social support back to intra-marital social support (Karakurt et al., 2012). This transition back to mutual support can be challenging for spouses who wish to maintain any newly-formed friendships outside the marriage, and the desire to refocus on the marriage can cause disruption to spouses' social patterns and social support networks (Knobloch & Theiss, 2012). Such a disruption to a potentially valuable coping mechanism during reintegration adds another layer of potential difficulty to an already challenging period. This is particularly true given that social support during reintegration plays a role in spouses' mental health. For example, one study investigating mental health in military spouses after a deployment found that spouses who scored above the threshold for Generalized Anxiety Disorder tended to have lower social support (Fields et al., 2012).

Managing Emotions and Mental Health

In addition to the positive emotions that accompany reunion and reintegration, there is also a darker side, including stress, uncertainty, depression, and anxiety (e.g., Fields et al., 2012; Renshaw et al., 2008). One study of spouses after deployment found that 44% met the clinical threshold for Generalized Anxiety Disorder (Fields et al., 2012), and nearly two-thirds of spouses in a second study reported poor family functioning (McNulty, 2010). Another study demonstrated that spouses reported higher depression and PTSD than community norms (Renshaw et al., 2008).

Several factors may also play a role in mental health during reintegration. For instance, longer duration deployments were related to higher levels of psychological distress among spouses (Vincenzes, Haddock, & Hickman, 2014). Spouses with higher attachment avoidance (e.g., downplaying the importance of the separation, minimizing the risk involved, and avoiding thinking about the reintegration) were particularly likely to experience anxiety after deployment, compared to spouses who were lower in attachment avoidance (Borelli et al., 2014). Pregnant spouses with partners returning

from deployment were more likely to be depressed (compared to a separate comparison sample) at initial pregnancy intake and at 28-32 weeks gestation. This difficulty could also extend into substance abuse. For example, in a study of military couples during a reintegration workshop, approximately 10% of spouses reported hazardous drinking (Blow et al., 2013).



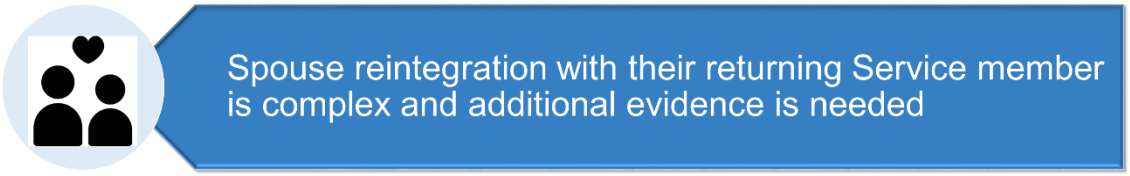
In addition to their own mental health functioning, spouses must also navigate and care for the mental health of their newly returned Service member. This process also brings with it a complex interplay of Service member and spouse mental health. This interplay is currently not well-documented, but initial work points to the perceptions of self and others being highly related and also related to other measurable outcomes. For example, when spouses report drinking more, their Service members perceived more family chaos (Blow et al., 2013). Greater depression among these spouses was also associated with greater parenting stress, lower relationship satisfaction, and greater family chaos. Likewise, spouses' with greater levels of PTSD symptoms also reported greater parenting stress and lower levels of relationship satisfaction. Other research has also pointed to the importance of the connections between spouses and their Service members. In a study of recently returned Service members and their spouses, spouses who reported more PTSD and depression symptoms themselves were more likely to perceive PTSD and depression in their Service members (Renshaw et al., 2008).

Other work has shown that the severity of depression and anxiety symptoms amongst Service members was significantly associated with greater levels of spouses' psychological distress and burden in caring for their PTSD Service member (Caska & Renshaw, 2011). Spouses reported difficulties in managing their

Service members' PTSD due to delays in obtaining an official diagnosis, lack of information about the disorder, and stigma associated with seeking mental health care in the military (McNulty, 2010). Caregiving for injured Service members also takes a toll on spouses' mental health; spouses who reported Service member injury and difficulty of care tended to have significantly poorer quality of marriage, higher levels of depression and anxiety, and poorer social support (Nichols et al., 2013). Service members with injuries that cause difficulties in care is not uncommon and spouses of these Service members are more likely to report both themselves and their Service member husbands being unemployed (Nichols et al., 2013).

Future Work

Most of the scientific research on the reintegration experiences of spouses focuses on the short-term aftermath of reunification. However, there is little research that investigates how the reintegration process plays out over time. It is possible that over time, the struggles of reunification are resolved and the spouse emerges more resilient, and the family learns how to manage the reintegration more successfully in future iterations. Perhaps there is a critical period of time that must pass after a deployment at which point spouses return to a state similar to pre-deployment. Or, perhaps, reintegration is a process that never fully ends but instead changes shape and form as more time passes.



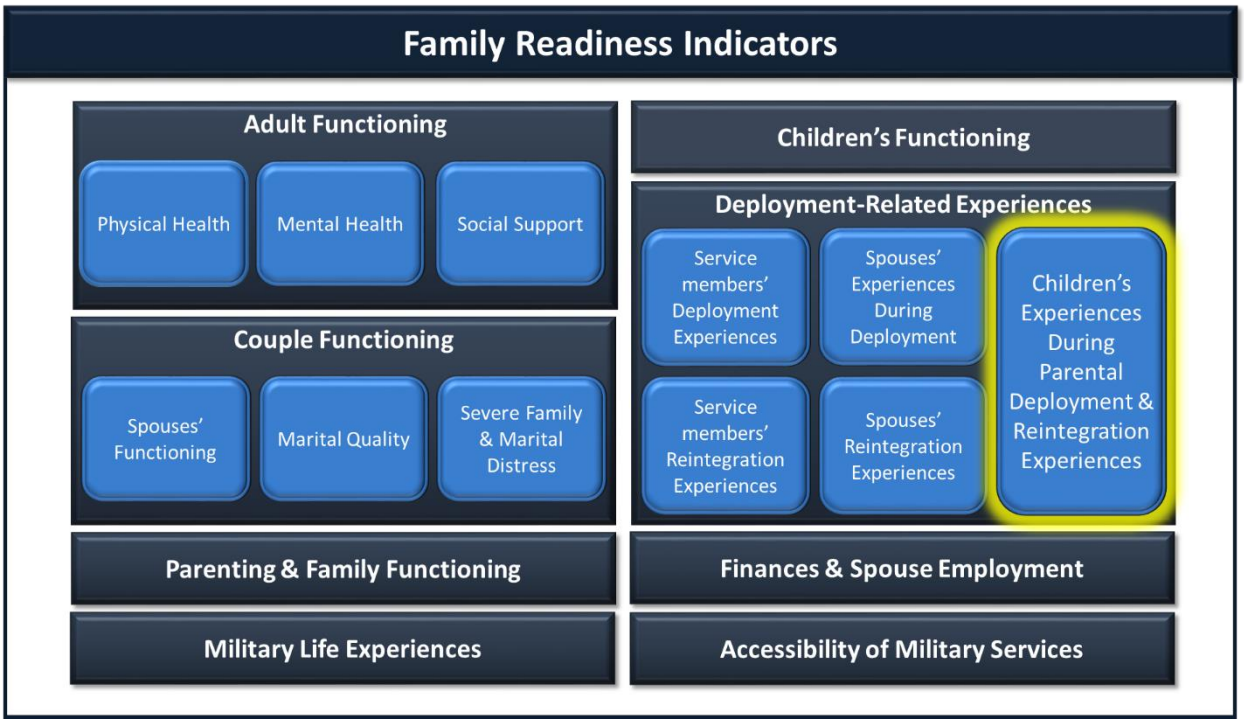
Unfortunately, there is a general lack of research focus on the reintegration process for spouses. This may be partly because of difficulties collecting data from spouses after deployment when they are focused on reconnecting with their Service member rather than on research participation. However, it may also reflect an oversight in the literature

or perhaps a misconception that reintegration is a period of relative ease and high functioning for spouses and families. Unfortunately, the initial work that is available indicates that this is not wholly true; reintegration is fraught with complex emotions and stressors, and the U.S. military would be well-served to focus more attention on this important period.

Summary

Reintegration is an understudied area of the military couple's deployment experiences. Initial work suggests that while positive emotions are expected, it is also fraught with complexities of reestablishing old routines and creating new ones. This process brings with it potential for mental health consequences for the spouse, as they are also perhaps navigating their Service members' mental and physical health consequences of deployments. The Army and defense communities would benefit greatly from additional research on the complexities of this period.

Children's Experiences During Parental Deployment and Reintegration



What is "Children's Experiences During Parental Deployment and Reintegration"?

Children's experiences during parental deployment and reintegration centers around children's functioning, processes, and outcomes during the deployment and reintegration periods. This includes outcomes such as physical, mental, and behavioral health, coping, and academic achievement.

Previous Evidence about Children's Experiences During Parental Deployment and Reintegration

The previous report found that upon deployment, children's most common experiences were concern about the well-being of their deployed parent and general sadness (Booth et al., 2007). This report also identified that children often suffer behavioral, emotional, and health related problems due to the separation of their father, with this effect being more prevalent amongst boys than girls. However, approximately half of children were determined to successfully manage their parent's deployment, with younger children having the greatest difficulty in coping (i.e., children under 6 years old). Previous research also revealed that children's ability to adjust to parental deployment was often predicted by the home front parent's functioning during deployment, and the level of involvement their family had in support programs.

What We Know Now about Children's Experiences During Parental Deployment and Reintegration

It is not surprising that parental deployment and reintegration continue to stand as major issues for military children (Aronson & Perkins, 2013; De Pedro, Esqueda, et al., 2014; Everson et al., 2013; Mmari et al., 2010; MCEC, 2012; Skmorovsky & Bulock, 2016). In their examination of risk factors for military children's negative outcomes, Wadsworth et al. (2016) found that parental deployment was one of the most common risk factors experienced by military children. This may be especially true when children had experience multiple deployments and/or short notice of their parent's deployment (Werber et al., 2008). In this section, we review the recent evidence regarding ***children's experiences during parental deployment and reintegration, focusing on children's physical health, social functioning, coping, mental health, behavioral health, school and academics, and family relationships***.

Pre-deployment Planning

The time immediately preceding deployment can be challenging for military families and children (Waliski, Bokony, & Kirchner, 2012). In one study specifically focused on families' deployment preparations, the vast majority of participating parents (90%) reported that they had explained the demands and expectations of deployment to their children (Troxel et al., 2016). Many parents (86%) also reported seeking social support systems for their children to help with the pending deployment, and approximately one-third reached out to a professional for additional support for their children (Troxel et al., 2016). In general, families with older children, and Navy and Marine families (compared to Army families) were more likely to speak with their children about the upcoming deployment (Troxel et al., 2016). In addition, families with a child reporting greater emotional problems were more likely to seek professional support to prepare for the upcoming deployment, compared to families with a child reporting fewer emotional problems (Troxel et al., 2016). ***Military adolescents experiencing parental deployment also reported that being informed in advance of the deployment (at least a few weeks) and having open discussions were helpful and allowed them to better adjust*** (Huebner et al., 2010). In addition, those adolescents who were informed about deployment with an open discussion were best able to cope with the deployment (Huebner et al., 2010). Although this qualitative study was retrospective (i.e., adolescents were reflecting on how pre-deployment conversations several months prior), it suggests that open and early communication about deployment may be helpful for military children.

Benefits of Deployment

Parental deployment can be challenging for military children, but it also offers the opportunity for personal growth and development. Several studies have identified positive changes amongst children experiencing deployment (Baptist, Barros, Cafferky, & Johannes, 2015; Houston et al., 2009; Jensen-Hart, Christensen, Dutka, & Leishman, 2012). For example, Baptist et al. (2015) revealed that adolescents became more self-

reliant and mature during their parent's deployment. Similarly, a small sample of National Guard children reported that their parent's service "fighting for their rights, serving the country, or helping the world" was a significant positive aspect of deployment (Houston et al., 2009; p808). In another sample, children reported that their personal adjustment to deployment improved over time (Pfefferbaum, Houston, Sherman, & Melson, 2011).

Physical Health

Research on physical health symptoms has been limited in number. In one study of Canadian military children, the majority of children reported that their physical health was compromised because of a parent's deployment (Skomorovsky & Bullock, 2016). Barnes, Davis, and Treiber (2007) explored physical health issues, such as blood pressure and heart rate among adolescents, and found that military youth with a deployed parent had significantly higher heart rates than civilian youth. No other physical health metrics differed across groups.

Health care use among military children could also be affected by deployment experience. Among very young children (under 2 years old), outpatient and well-child visits increased during parental deployment, in general, although parental deployment did not impact whether an individual child had a well-child visit or not (Eide, Gorman, & Hisle-Gorman, 2010). Larson et al. (2012) revealed a slightly different pattern: during deployment children's generalist visits and prescriptions decreased, but their specialist visits, and psychotropic, antidepressant, and anxiety prescriptions increased. Rates of health care use varied based on key demographic characteristics. Military children had fewer appointments during parental deployment if they had a deployed mother, or if they were in a single-parent family (i.e., their single parent was deployed; Eide et al., 2010). These differences based on family structure were especially marked within families with young parents (i.e., under 24 years old; Eide et al., 2010).

There is also evidence of increased health care utilization during the reintegration period, as well. Children ages three to eight with a parent recently

returned from deployment had more health care appointments for mental health issues, injuries, and child maltreatment than children whose parents had not deployed (Hisle-Gorman et al., 2015). These effects were amplified for children of Service members with a combat injury. Children of an injured Service member had an almost twice as high increase in appointments after deployment, compared to children of non-injured deployed Service members (Hisle-Gorman et al., 2015).

Social Functioning

Social support is highly important for children during parental deployment. ***Seeking social support is one of the key coping strategies children use during deployment (Houston et al., 2009; Skomorovsky & Bullock, 2016), and children may have more difficulty when they feel isolated*** (Chandra, Martin, et al., 2010). Extracurricular activities may be a common source of support during parental deployment (MCEC, 2012; Wong & Gerras, 2010). Unfortunately, some children have to decrease their participation in extracurricular activities during deployment because of financial and logistical constraints (Skomorovsky & Bullock, 2016). School teachers and staff also report that students of deployed Service members often stay longer hours after school to obtain social and emotional support from their teachers and peers (Chandra, Martin, et al., 2010).

Children may have mixed feelings about the support of their friends during deployments. Although children report that other military children were their greatest sources of support during parental deployment (Huebner et al., 2010; Mmari, Roche, Sudhinaraset, & Blum, 2009), not all youth feel supported by friends. In one study, some adolescent participants felt their friends who have not experienced deployment were not able to relate to them (Huebner et al., 2010).

Military children may also experience a decline in social support during deployment (Barnes, Davis, & Treiber, 2007; Nicosia, Wong, Shier, Massachi, & Datar, 2017). In fact, one study demonstrated that military children ages 8 to 13 reported that one of the primary ways they coped with deployment was distancing themselves from others

(Skomorovsky & Bullock, 2016). For example, Nicosia et al. (2017) found that boys who experienced parental deployment reported less closeness to friends, compared to boys who had not experienced deployment (there was no effect for girls). The study also identified a difference based on race/ethnicity: African-American adolescents had greater decline in closeness to friends than Caucasian adolescents.

This decline in social relationships may be related to children's mental health. School personnel reported greater levels of sadness and anger amongst students of deployed Service members, which worsened peer relationships (Chandra, Martin, et al, 2010). However, another study found that parental deployment was only related to children's social behaviors after four or more deployments; that is, there were no differences in the social behaviors of children experiencing their first, second, or third deployment (McGuire, 2012). ***It may also be that deployment has a long-term effect on children's social behaviors*** (Mustillo et al., 2016; Wilson, Chernichky, Wilkum, & Owlett, 2014). For instance, Wilson et al. (2014) found that children's prosocial behaviors declined from one month after deployment ended until three months after their parent had returned. In addition, recently returning National Guard Service members reported that their children engaged in fewer prosocial behaviors, compared to a national sample (Wilson et al., 2014).

Coping and Mental Health

Children's Coping

Military children use a variety of coping strategies to deal with parental deployment and reintegration (Huebner et al., 2010; MCEC, 2012; Skomorovsky & Bullock, 2016). Some of the coping strategies that children described using during parental deployment included seeking social support, rationalizing their experience, creating distractions, and distancing themselves from others (Skomorovsky & Bullock, 2016). Families that coped well with their deployments demonstrated greater community connections, extra-curricular activities, routines, and confidence (MCEC, 2012).

Several factors were related to children's successful coping with deployment. Deployment length may have an effect on children's ability to cope with parental deployment. Some school personnel report that students learn resiliency as deployment becomes a new norm, but this diminishes when deployments continue on for long periods of time (Chandra, Martin, et al., 2010). Military adolescents who experienced a deployment longer than six months tended to use self-reliance and optimism as coping mechanisms less than adolescents with shorter deployment experiences (Lucier-Greer et al., 2014).

One of the most important factors was the well-being of the home front parent (Huebner et al., 2010; Mmari et al., 2009; Pfefferbaum et al., 2011; Wong & Gerras, 2010). Wong and Gerras (2010), for example, found that the stability of the home front parent was a significant predictor of an adolescent's successful coping. In addition, school staff indicated that a major factor in how a child handles parental deployment is how well their home front parent is coping with the deployment (Mmari et al., 2010). Ultimately, children whose home front parent was able to successfully provide support were better able to handle the experience of deployment (Huebner et al., 2010).

Well-Being and Mental Health Symptoms

In several studies, children mentioned that well-being and/or mental health symptoms (including emotional difficulties, internalizing behavior problems, anger, anxiety, and depression) were one of the primary challenges and/or consequences of parental deployment (Chandra, Burns, Tanielian, Jaycox, & Scott, 2008; Dandeker, French, Birtles, & Wessely, 2006; Huebner, Mancini, Wilcox, Grass, & Grass, 2007; Huebner et al., 2010; Knobloch, Pusateri, Ebata, & McGlaughlin, 2012; Skovomorsky &

Bullock, 2016). Parent and school staff reports echo these concerns; military parents expressed concerns about their children's emotional problems (Jensen-Hart et al., 2012; Mmari et al., 2009) and emotional withdrawal (Davis & Finke, 2015), and school staff discussed concerns about children's increased anger and depression symptoms (Chandra, Martin, et al., 2010) during deployment.

Military children may experience heightened mental health problems during deployment. ***Studies show that children with a deployed parent have greater mental health problems compared to civilian children (Cederbaum et al., 2014; Kaczmarek & Sibbel, 2008; Reed et al., 2011), normed samples (Flake et al., 2009; Lester et al., 2010), and military children who were not experiencing parental deployment (Aranda, Middleton, Flake, & Davis, 2011; Barnes, Davis, & Treiber, 2007; Mueller & Callina, 2014; Mustillo et al., 2016).*** Parental deployment was related to an increase in specialist visits, and psychotropic, antidepressant, and antianxiety medications (Larson et al., 2012), as well as a greater likelihood of receiving a mental health diagnosis during an outpatient visit (Mansfield, Kaufman, Engel, & Gaynes, 2011). Particularly common were stress, behavioral, and adjustment-related diagnoses (e.g., acute stress reaction, adjustment disorders), as well as depressive disorders (Mansfield et al., 2011).

Mental health challenges during deployment include a wide variety of issues, such as emotional withdrawal, anger, and depression. For example, military children have reported feeling sad or hopeless during parental deployments (Cederbaum et al., 2014; Mmari et al., 2009). Along with this, anxiety during deployment can include worrying about the deployed parent (Nicosia et al., 2017; Pfefferbaum et al., 2011) as well as the at-home parent (Chandra et al., 2008; Pfefferbaum et al., 2011). In one study, Flake et al. (2009) found that nearly 2.5 times more children in their sample met the clinical threshold for mental health problems than civilian children typically do (32% versus 13%, respectively).

There is initial evidence that longer and more frequent deployments have a greater negative impact on children's mental health (Mustillo et al., 2016; Rodriguez & Margolin, 2015; Wong & Gerras, 2010). Mental health diagnoses were more likely for children with lengthy parental deployment or multiple deployments (Mansfield et al., 2011). It appears that experiencing two or more deployments may be a particular risk factor for children's emotional problems and depression symptoms (McGuire, 2012; Sullivan et al., 2015). Longer parental deployment was also directly related to a greater likelihood of child psychiatric hospitalization (Millegan et al., 2013).

It is important to note, however, that several studies, including one quantitative meta-analysis, have found no significant associations between parental deployment and children's mental health outcomes (Card et al., 2011; Chartrand, Frank, White, & Shope, 2008; Kaczmarek & Sibbel, 2008; Mancini et al., 2015; Morris & Age, 2009; Richardson et al., 2016). In a quantitative meta-analysis examining the impact of deployment on children's internalizing behavior problems across 12 studies, Card et al. (2011) found that there was no overall pattern of positive or negative impact of deployment on children's mental health. The authors argue that the effect of deployment may not be broadly negative for all children; rather, it may be that deployment impacts the mental health of specific subgroups of children. For example, Chartrand et al. (2008) found no overall impact of deployment among military children ages 1.5 to 5; they did, however, identify a difference in the depression symptoms of children ages 3 to 5, based on parental deployment status. This suggests that other factors, such as children's age, might play a role in the impact of parental deployment. These mediating factors could also explain why broad studies and meta-analyses find no overall impact of deployment on children.

Studies do show that demographic, parental, and family variables can affect how deployment impacts children. For instance, older children (up to age 13) had greater emotional problems during deployment (Lester et al., 2010; Mustillo et al., 2016; Snyder et al., 2016). Wong and Gerras (2010), however, revealed that being older had the

opposite effect for adolescents; older adolescents (ages 14 to 16) with a deployed parent had lower stress than their peers with no deployment experience. Card et al. (2011) found similar patterns across studies in their meta-analysis. There was a moderate effect of deployment on children's internalizing behavior problems for children ages 6 to 12, and no effect for younger children or adolescents. In addition, there is mixed evidence about differences between boys and girls experiencing deployment. Research evidence indicates that boys have greater problems with emotional regulation and anger during parental deployment, compared to girls (Chandra et al., 2010b; Lester et al., 2016), whereas girls exhibit more internalizing behavior problems and anxiety than boys during deployment (Chandra, Martin, et al., 2010; DeGraff et al., 2016; Lester et al., 2016; Nicosia et al., 2017; Snyder et al., 2016).

Parental mental health – of both the Service member and civilian parent – is also critical in children's internalizing behavior problems during and after deployment. During deployment, the home front parent's distress or mental health symptoms were positively correlated with children's mental health problems (DeGraff et al., 2016; Flake et al., 2009; Lester et al., 2010; McGuire, 2012; Rodriguez & Margolin, 2015; Wong & Gerras, 2010). In one study, children ages 5 to 12 were 6 times more likely to be at "high risk" levels for mental health problems if their parents had high stress, compared to those children whose parents had typical stress scores (Flake et al., 2009).

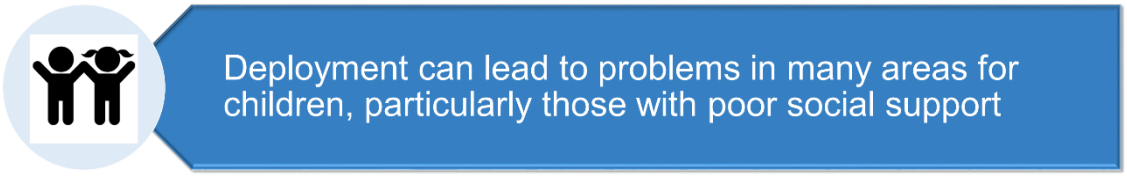
During deployment, communication with the deployed parent is also an important consideration. In one study, more frequent contact with a deployed parent weakened the negative impact of deployment on children's anxiety (Rodriguez & Margolin, 2015). More in-depth investigations, however, suggest that there may be a limit to the protective effects of communications (Houston, Pfefferbaum, Sherman, Melson, & Brand, 2013; Wong & Gerras, 2010). For example, Wong and Gerras (2010) assessed the level of engagement in communication with their deployed parents, from "shallow" to "deep". Findings revealed that adolescents who reported being very little or

very much engaged during communication had the highest levels of stress, compared to those who had moderate levels of engagement. This suggests that military youth are best served with a balance of engagement (i.e., neither too shallow nor too deep) in communication with their deployed parents.

Mental Health Issues during Reintegration

Longitudinal research indicates that mental health challenges ease after the parent returns from deployment; children's emotional problems returning to pre-deployment levels (Pfefferbaum et al., 2011). In one sample, however, there were no differences in internalizing behavior problems between children with deployed and recently returned parents (Lester et al., 2010).

After deployment, the depression, anxiety, trauma exposure and PTSD symptoms experienced by recently returned Service members were positively related to children's mental health; greater parental mental health problems were related to greater internalizing problems among children (Lester et al., 2010; Snyder et al., 2016). In addition, Service members' mental health impacted children's functioning over time; fathers' PTSD symptoms predicted children's internalizing behavior problems one year later (Snyder et al., 2016). It is important to note that this relationship was bidirectional: children's internalizing behavior problems also predicted fathers' PTSD symptoms one year later, as well (Snyder et al., 2016).



Behavioral Health

Across two studies, school personnel (e.g., teachers, administrators, School Liaison Officers) reported that children exhibited more behavior problems during deployment and reintegration (Aronson & Perkins, 2013; Chandra, Martin, et al., 2010). Likewise,

parent reports suggest increased behavior problems among children during deployment (Dandeker et al., 2006; Pfefferbaum et al., 2011), and compared to children not experiencing deployment (Aranda et al., 2011), and national norms (Chandra et al., 2008; Lester et al., 2010; Wilson et al., 2014). Initial longitudinal evidence also indicates that behavior problems increased during deployment (Barker & Berry, 2009; Pfefferbaum et al., 2011). In one study, 61% of parents reported that their children exhibited more behavior problems during deployment (Dandeker et al., 2006). Among adolescents, having a deployed parent has been associated with a host of serious behavior problems, including drug and alcohol use (Acion, Ramirez, Jorge, & Arndt, 2013; Gilreath et al., 2013; Reed & Edwards, 2011), carrying a weapon (Gilreath et al., 2014; Reed & Edwards, 2011) and being in a gang (Estrada et al., 2016).

As with mental health, there is also evidence that deployment was not related to children's behavior problems (Card et al., 2011; Reed et al., 2011; Morris & Age, 2009; Sullivan et al., 2016). Card et al. (2011) found that across seven studies, there was no significant impact of deployment on children's behavior problems, and again they argued that this may be due to the variety of samples and methodologies utilized across studies. For instance, they found that deployment had a moderate effect on the behavior problems of children ages 6 to 12, but not children who were younger or older.

Indeed, age is an important variable to consider in terms of the connection between deployment and behavior problems. Additional studies support Card et al.'s (2011) meta-analytic conclusions that ***middle childhood is a time of greater risk for deployment-related behavior problems***. When samples included very young children (under five), older children had more behavior problems during deployment (Barker & Berry, 2009; Chartrand et al., 2008). However, when samples included older children (e.g., ages 4 to 13), then being younger was related to greater behavior problems (Snyder et al., 2016). There is some evidence that boys exhibited more behavior problems during deployment than girls (Chandra, Martin, et al., 2010; Snyder et al., 2016), although additional evidence is needed to demonstrate robust effects.

Very few studies have examined whether behavior problems increase or decrease during the reintegration period. In one study of very young children (under the age of 2), Barker and Berry (2009) found that children's behavior problems increased after the return of their parent, especially when the deployment had been longer. Studies, however, have found that ***Service members' mental health can impact children's behavior after deployment*** (Lester et al., 2010; Snyder et al., 2016). For instance, Snyder et al. (2016) found that Service member fathers' PTSD symptoms at return from deployment was related to their children's behavior problems one year later. Along with this, a study examining the reintegration of families with Navy mothers found that for single mothers, Service member mothers' mental health after deployment was positively correlated with children's behavior problems (Kelley et al., 2011). It may be that for mothers, having a partner to assist with the transitions of reintegration can be helpful in easing challenges and minimizing the impact on children.

School and Academics

One key consideration during deployment is communicating with schools that a parent will be deployed. Many school staff feel that their teachers and counselors are not well prepared to handle children of a deployed parent (Mmari et al., 2009). Schools often learn about parental deployment through the families themselves (MCEC, 2012). In one study that conducted focus groups, students were uncertain about whether it was helpful for school staff to be told about a parent deployment (Mmari et al., 2009).

Although parents express concern about their children's academic performance (e.g., grades, standardized test scores) during deployment (Jensen-Hart et al., 2012), in one study, most parents reported that deployment had no impact on their children's education (MCEC, 2012). Children, however, tell a slightly different story. Across studies, children reported a decline in their academic performance during a parent's deployment (Chandra et al., 2008; Huebner et al., 2010; Pfefferbaum et al., 2011; Skomorovsky & Bullock, 2016). Teachers also described that deployment hindered children's performance at school (Chandra, Martin, et al., 2010; MCEC, 2012).

Studies indicated that there is a negative impact of parental deployment on academic performance; ***children with deployed parents had lower grades or test scores compared to their peers without a deployed parent*** (Engel, Gallagher, & Lyle, 2010; Lyle, 2006; Phelps et al., 2010). In addition, a meta-analysis of five studies found a small overall effect of deployment on children's academic performance, particularly for younger children (Card et al., 2011). Longer deployments were also related to impaired academic performance for military children, particularly for those in elementary and middle school (Engel et al., 2010; Lyle et al., 2006; Nicosia et al., 2017; Richardson et al., 2011). Studies also suggest that parental deployment can have long-term effects on children's academic performance (Engel et al., 2010; Phelps et al., 2010). In one study, children's academic achievement was negatively affected by parental deployment going back as far as five years (Engel et al., 2010).

Family Relationships

Not having a parent around to participate in family events or spend time with is one of the challenges of parental deployment (Houston et al., 2009; Knobloch et al., 2012; Mmari et al., 2009; Skomorovsky & Bullock, 2016). A parent's absence leaves the family incomplete, in terms of relationships, as well as roles.Military children describe having concerns about their family life and specifically taking on additional responsibilities in their household while their parent is deployed (Baptist, Barros, Cafferky, & Johannes, 2015; Houston et al., 2009; Knobloch et al., 2012; Mmari et al., 2009; Skomorovsky & Bullock, 2016). Indeed, quantitative evidence supports the idea that military children take on a greater role in their families during parental deployment (Chandra et al., 2008). As noted above, parental mental health can ease or exacerbate children's functioning during deployment. ***For some children, increased responsibilities at home were a direct result of worry about the home front parent or their inability to successfully cope with the deployment*** (Chandra, Martin, et al., 2010; Huebener et al., 2010; Skomorovsky & Bullock, 2016). Thompson, Baptist, Miller, and Henry, (2015), for instance, found that military adolescents tended either to maintain engagement with

their home front parent (e.g., by “stepping up”) or withdraw from them. The engaging or withdrawing behavior was related directly to adolescents’ perceptions of what their home front parent needed most. For example, an adolescent might withdraw to minimize additional stress on the home front parent (Thompson et al., 2015).

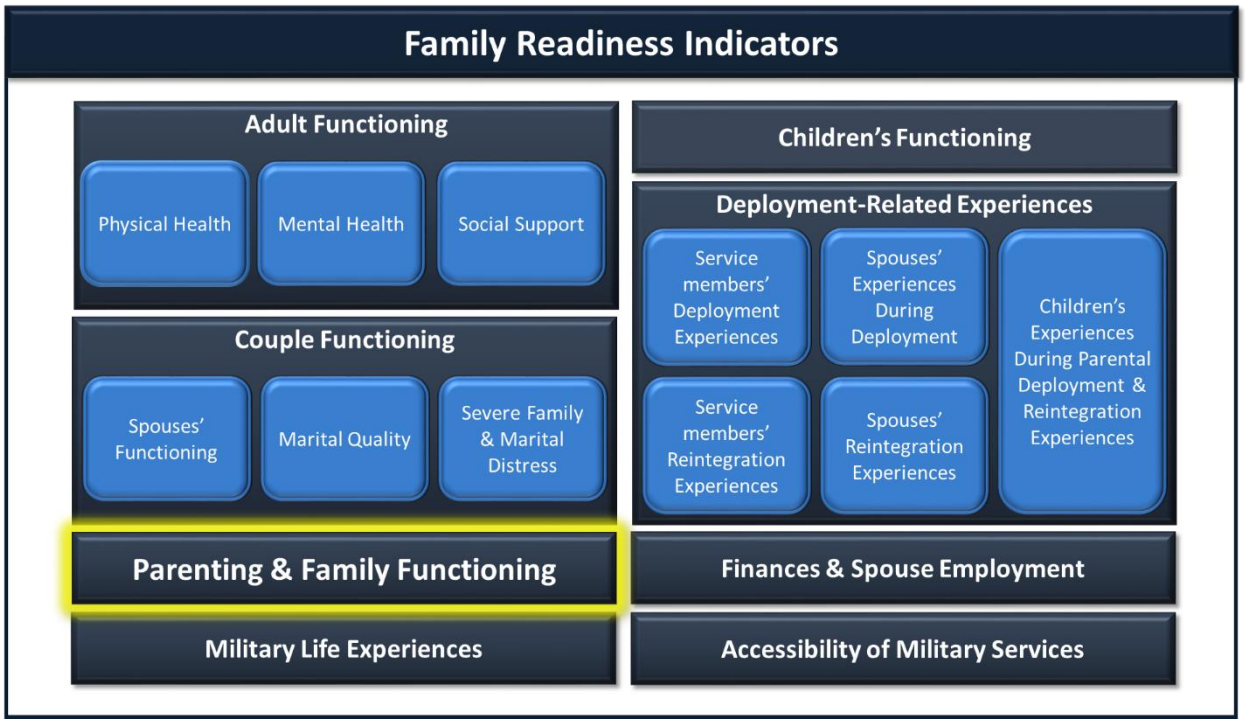
Some families grew closer during deployment, while also experiencing increased conflict (Huebner et al., 2010; Knobloch et al., 2012). In one qualitative study of Canadian military families, children reported less conflict with their siblings (Skomorovsky & Bullock, 2016). Military children also discussed receiving additional support from family members and feeling a sense of family pride during parental deployments (Baptist et al., 2015).

After deployment, families are able to spend more time together, and they begin to return to pre-deployment roles and patterns. This can be challenging, though, because children must renegotiate their roles in the household (Huebner et al., 2007; Huebner et al., 2010; Knobloch, Pusateri, Ebata, & McGlaughlin, 2014). Children may also feel stress during reintegration as they renew and reestablish their relationships with their Service member parent (Mmari et al., 2009).

Summary

Several studies have taken a broad definition of children’s well-being during deployment, to include physical, emotional, and behavioral health. In one sample, approximately one in four military children experienced mental or behavioral health problems related to deployment. Overall, studies showed that military youth with a deployed parent experience some low levels of maladjustment. This negative impact is not universal, however, there are several key factors that can attenuate or exacerbate the impact of deployment on children. Factors such as children’s age, the home front spouse’s well-being, communication, and social support were all vital to children’s success during deployment and reintegration.

Parenting and Family Functioning



What is "Parenting and Family Functioning"?

Parenting and family functioning focuses on family experiences, dynamics, and processes, including interpersonal connections between parents and children, siblings, and within the family as a whole. This involves both parenting issues and perceptions (e.g., parenting stress) and family-level factors (e.g., family cohesion), and excludes marital or couple relationships which are addressed in a separate indicator (see pages 77-86).

Previous Evidence about Parenting and Family Functioning

Prior to 2007, there was a significant increase in research and policy related to military family well-being, particularly in the years leading up to the publication of the

2007 report. These studies largely focused on the health and readiness of individual family members, rather than family-level functioning, however, there are several relevant findings that provide context for the research that has followed. As of 2007, military families reported greater levels of well-being when they were able to maintain their personal and family goals, with the greatest levels of well-being among families who were not experiencing deployment or separation (Booth et al., 2007). Work-family conflict was not only related to deployment, but also to marital satisfaction and the Service Member's intention to leave the military.

What We Know about Parenting and Family Functioning

Below, we describe more recent findings from studies that have examined parenting and family functioning among military families. ***The key aspects of parenting and family functioning were: parenting style, family adjustment, and relationship quality within the family***. We begin by discussing the interdependence of families, then move to discuss parenting behavior and social support or resources needed by parents. Next, we review research related to general family adjustment, the role of mental health in family functioning, and evidence about family functioning across the deployment cycle. Finally, we end with a discussion of the few studies that have examined other family relationships, specifically military siblings and grandparents.

The Interconnectedness of Families

Many approaches to family functioning take a systems or holistic perspective, where all relationships across the family are critically influential. Taking this into account is important to developing a complete understanding of military family resiliency. For example, research has found that distress is highly correlated across all family members (Lester et al., 2013; Saltzman, Lester, Milburn, Woodward, & Stein, 2016). Similarly, parents and children's perceptions of family functioning tend to be similar (Crow & Seybold, 2013). Service members and their spouses also tend to share similar social and psychological functioning.

While the associations between Soldier and spouse stress and functioning can result in a negative spiral for some families, there is evidence that positive behaviors can also be amplified within couples. Studies of participants in family intervention programs, such as Families Overcoming Under Stress (FOCUS) found that Soldiers' improvement in family adjustment was associated with spouses' improvement in family adjustment, as well as lower levels of spouses' emotional distress (Saltzman et al., 2016). Similarly, in a study of Army wives, father involvement with children was positively correlated with the mother's quality of care and negatively correlated with the mother's own depression symptoms (Posada et al., 2015). Given that a mother's quality of care was also positively related to children's attachment behaviors, this suggests a web of influences across the family. And indeed this research found that mothers' quality of care mediated the relationship between military father involvement and child attachment behaviors (Posada et al., 2015). These interconnections suggest that while the family systems processes can compound family dysfunction, it can also be leveraged to support readiness and well-being among military families.

Parenting Behavior and Styles

Frequently, conflict arises from differences in parenting styles, often related to the Service member's experience with the military. Service members have reported that they implement more discipline and find their spouses too lenient, while at the same time acknowledging that their spouses are the primary source of affection for the children (Walsh et al., 2014). Tension within couples related to parenting may be especially likely during reintegration, as family members return to previous roles and adjust to new family dynamics. In one study, military couples mentioned parenting to be one of the most common areas in which their partners interfered during reintegration (Knobloch & Theiss, 2012).

Family demographic factors appear to influence military family functioning. There is mixed evidence regarding the role of race or ethnicity in parenting style. One study of National Guard families sampled during reintegration period found that African-

American parents reported the highest levels of effective parenting behaviors (Gewirtz et al., 2010). In contrast, a different study of Army spouses with a deployed Service member found that Caucasian parents reported less parenting stress (Everson et al., 2013). These divergent findings may indicate that there are opposing patterns for different aspects of parenting (i.e., effectiveness versus stress). It may also be that race/ethnicity has a different impact at different stages of the deployment cycle (i.e., reintegration versus deployment), or for different types of families (i.e., Reserve Component versus Active Duty). The number of children within families was negatively associated with reporting effective parenting behaviors (Gewirtz et al., 2010). That is, parents with fewer children saw themselves as more effective. Finally, spouses from families with higher household incomes also reported more father involvement with children (Posada et al., 2015).

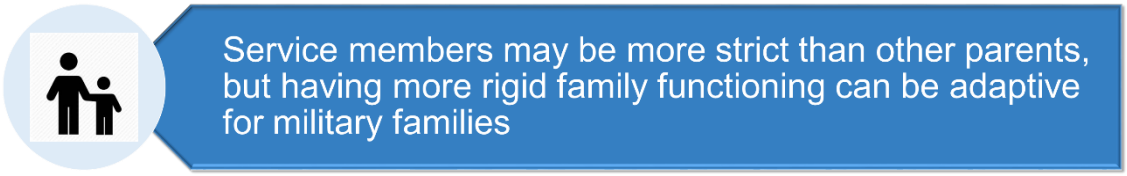
Social Support for Military Parents

Across studies, military parents expressed a need for additional support and information related to parenting. For example, military fathers recruited at a VA location expressed a strong motivation to acquire parenting skills, in particular as related to expressing emotions and providing support (Walsh et al., 2014). Unfortunately, seeking help from others may make some fathers uncomfortable (Lee et al., 2013). For these and for other military parents, support and information may be more easily available from family members (Lee et al., 2013), other Service members with similar experiences (Walsh et al., 2014), and even from the military or VA (Lee et al., 2013; Sherman, Larsen, et al., 2015). For example, 90% of a sample of Veteran parents with PTSD expressed interest in a VA-offered parenting course (Sherman, Larsen, et al., 2015).

General Family Adjustment

Broadly, military families are characterized by high levels of family support (Arnold et al., 2015; Huebner et al., 2007; Oshri et al., 2015). Still, military families can have difficulties. Research shows that at least half of Service members and at least 40% of spouses report some degree of family functioning problems (Lester et al., 2016; Sayers

et al., 2009). In one sample of Veterans, 75% of married Veterans reported family readjustment issues, and two-thirds reported that family concerns occurred weekly (Sayers et al., 2009). Spouses also experience (and report) family problems; one study of military couples found that high family stress was one of six key types of spouse vulnerabilities (along with combinations of low risk, child adversity, and high risk factors; Trail, Meadows, Miles, & Karney, 2015). This study reported that although high family stress is one type of vulnerability for spouses, having high family stress was not related to high stress in other domains (e.g., mental health, childhood experiences, financial strain; Trail et al., 2015).



Oshri and colleagues (2015) examined patterns of family functioning within 273 military families. They identified four types of families: Balanced (40% of families), Mid-Range (44%), Unbalanced (13%), and Rigidly Balanced (3%). Balanced families reported high levels of positive family functioning (e.g., cohesion, flexibility) and low levels of negative family functioning (e.g., chaos, disengagement). Mid-Range families had moderate levels of both positive and negative functioning, with higher positive functioning scores. Unbalanced families had moderate – and nearly equal – levels of positive and negative family functioning. Finally, Rigidly Balanced families had high levels of both positive and negative functioning.

After identifying these types of families, Oshri and colleagues (2015) went on to assess whether family type predicted mental health and parenting outcomes for Service members and spouses. ***Parents in Balanced families had higher well-being, lower depression symptoms, and more supportive parenting behaviors than those in other types of families.*** In terms of child-reported parenting behaviors, however, being

in a Rigidly Balanced family was not different from a Balanced Family. These findings suggest that among military families, having rigid balance, that is maintaining high levels of family cohesion and flexibility while also having high levels of disengagement and rigidity, may be supportive of better parenting.

Mental Health in Family Functioning

Given that families are highly interconnected, parents' mental health can influence family functioning. Family functioning, parenting quality, and physical and mental health are all interrelated within the context of military families (Oshri et al., 2015). As such, ***mental health issues, symptoms of depression, PTSD, and hazardous drinking in either Service members or spouses may have negative ramifications across the family.*** For instance, emotional distress and depression symptoms among Service members and spouses are related to poorer family functioning (Blow et al., 2013; McGuire, 2012; Possemato, Pratt, Barrie, & Ouimatte, 2015; Saltzman et al., 2016). Further, clinical depression diagnoses were positively associated with likelihood of reporting family adjustment problems in a sample of Veterans referred for psychiatric evaluation at a VAMC (Sayers et al., 2009). However, the relationship between PTSD symptomology and family functioning is likely complicated, and a number of contrasting findings have been presented in the literature. Studies show that Service members with PTSD report poorer family functioning (Sayers et al., 2009; Tsai et al, 2012). In a study of veterans with co-morbid hazardous drinking, however, the PTSD symptom cluster of avoidance/numbing was found to be associated with only romantic relationship functioning, not other aspects of family functioning (Possemato et al., 2015). Finally, in modeling the effect of PTSD on family functioning, the degree of social support experienced and the coping strategies of Service members influenced the strength of the relationship (Tsai et al., 2012).

Parent functioning and mental health can also impact parenting behaviors and outcomes. For example, depression symptoms have a negative impact on mothers' quality of care (Posada et al., 2015). Service members' depression symptoms were

associated with greater parenting stress (Blow et al., 2013). Spouses' PTSD symptoms (but not depression) are also more likely to indicate greater levels of parenting stress (Blow et al., 2013) and less effective parenting, specifically within families where the parents were experiencing relationship problems as well (Gewirtz et al., 2010). Hazardous alcohol consumption also negatively impacts families and reduces the ability of the drinker to participate in parenting. Within a sample of OIF/OEF Veterans selected for participation due to their hazardous drinking, the degree to which they consumed alcohol was associated with lower levels of pro-social family involvement (Possemato et al., 2015). In another study on the effects of hazardous drinking, greater levels of alcohol use was associated with higher levels of parenting stress (Blow et al., 2013). The relationship between Soldier and spouse drinking also impacted the family, with pairs in which both partners indicated hazardous drinking having significantly higher parenting stress than either non-dringing couples or couples in which only one partner engaged in hazardous drinking (Blow et al., 2013).

Family Factors across Deployment Phases

Within military families, activation and deployment provide a sense of pride and patriotism, while also being an opportunity for financial gain (Werber et al., 2008). However, deployment separation can also place stress on families and parents – both the Service member and the home front spouse.

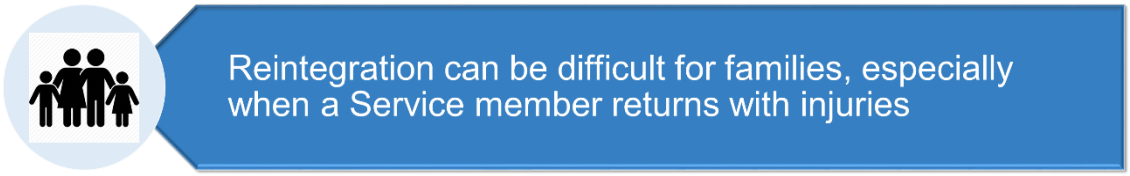
Given the disruption to family integration that deployment represents, pre-deployment represents a critical time for preparation and, particularly for families with young children, emotional assurances. Studies have varied widely in terms of whether and how families discussed upcoming deployments. For example, Troxel and

colleagues (2016) found that among 1,524 military couples, 90% had talked about the upcoming deployment with their children, discussing the demands and expectations of deployment (see also page 135). In a study of Reserve Component Service members across service branches, far fewer families were prepared for deployment: 35% of Service members and 40% of spouses reported that their families were not ready for an upcoming deployment (Werber et al., 2008). In addition, in a smaller sample of recently deployed fathers with young children (ages 6 or younger), 37% reported that they had not engaged in any pre-deployment preparation for their children (Louie & Cromer, 2014). In addition, 79% reported that they did not discuss the length of deployment with their children (Louie & Cromer, 2014). When families did discuss impending deployment, most reported making use of an 'information focused' strategy rather than an 'attachment focused' one, de-emphasizing the emotional aspects of the separation and focusing on the logistics and practical considerations (Louie & Cromer, 2014). This lack of deployment preparation with children also has a negative impact on the parents themselves, with those who engaged in no preparation reporting higher levels of parenting stress (Louie & Cromer, 2014).

During deployments, families face a number of new transitions, changes, and challenges. In focus group discussions, military families raised four common themes regarding their deployment experiences: deployment stressors, negative impacts on well-being, changes to routines and activities, and changes in family dynamics (Skomorovsky & Bullock, 2016). In one study, over half of families had extremely poor family adaptation during deployment, and approximately 40% had poor family attachment (McNulty, 2010). Another study of 235 Army spouses showed that longer deployments were especially challenging; they were related to lower levels of family coping and higher levels of parenting stress (Everson et al., 2013). Families that successfully navigated deployment separations adjusted by engaging in both emotional and instrumental coping, taking care of household responsibilities and each other (Werber et al., 2008).

Family functioning and parenting on the home front was also critical for Service members' deployment experiences. For example, Marini, MacDermid Wadsworth, Kwon, and Pagnan (2016) interviewed recently returned Army Reservists about their deployment experiences. These Service members described family "gate-opening" and "gate-closing" behaviors that supported (or impeded) Soldier engagement with their families and children. Gate-opening behaviors included soliciting Soldiers' opinions for decision-making and facilitating contact and communication with children. Gate-closing behaviors mentioned include isolating children from them, limiting involvement, and withholding information (Marini et al., 2016).

Several studies illustrated that deployment had positive impacts on families, as well. Families reported increased closeness and a sense of pride in their Service member's deployment (Werber et al., 2008). In addition, although families had less personal leisure time, family leisure time served as a coping and bonding experience for families during deployment (Werner & Shannon, 2013).



The reintegration period represents a challenging period for military families. When asked to describe their reintegration experiences, Service members reported that connecting with their children following deployment separation was particularly difficult, especially when the child was younger (Knobloch & Theiss, 2012; Walsh et al., 2014). During reintegration, family adaptation problems remained high, and families exhibited additional declines in family attachment and changeability; these effects were marked for Reserve Component families (McNulty, 2010). In contrast, McNulty (2010) also found that "yelling and screaming" within families increased during reintegration, among Active Duty families, but decreased for Reserve Component families.

Combat-related injuries may also impact family functioning during reintegration. Approximately 10% of school liaisons (i.e., designed school staff members supporting military families) reported “fairly often” dealing with family problems related to a parent’s combat injury (Aronson & Perkins, 2013). These injuries can disrupt family functioning. In a sample of military wives whose husbands had been injured in combat, half reported high levels of family disruption following the combat injury (Cozza et al., 2010). However, this study also found that within these high distress families, many also had high levels of distress prior to the deployment, and in fact when pre-injury family distress was taken into account, there was no longer an association between injury severity and child distress (Cozza et al., 2010). However, in a second study that sampled both Service members and spouses, injured Service members reported higher levels of parenting stress than their civilian spouses (Gorman et al., 2014), suggesting that a broader sampling across families may provide a more accurate depiction of the impact of combat-related injuries.

Melvin et al. (2014) focused attention on families whose Service member had high levels of PTSD symptoms, but for whom Service member and spouse both reported high levels of marital quality and functioning. Interview responses of this small, well-adjusted group, indicated that these families emphasized establishing and maintaining family routines during reintegration, and also prioritized ‘family time’ to create a space for reconnection with the returned Solder (Melvin et al., 2014).

Other Family Relationships

Very little research has examined other types of family relationships, including family of origin (i.e., parents, siblings) and grandparents caring for military children. Rodriguez and Margolin (2011) conducted a small study on the experiences of siblings of military Service members. Participants in the study described feeling proud and thinking of their Service member as a role model. These military siblings reported initial conflict within the family when their siblings first joined the military, followed by period of reconciliation and the family becoming a support system. In addition, participants

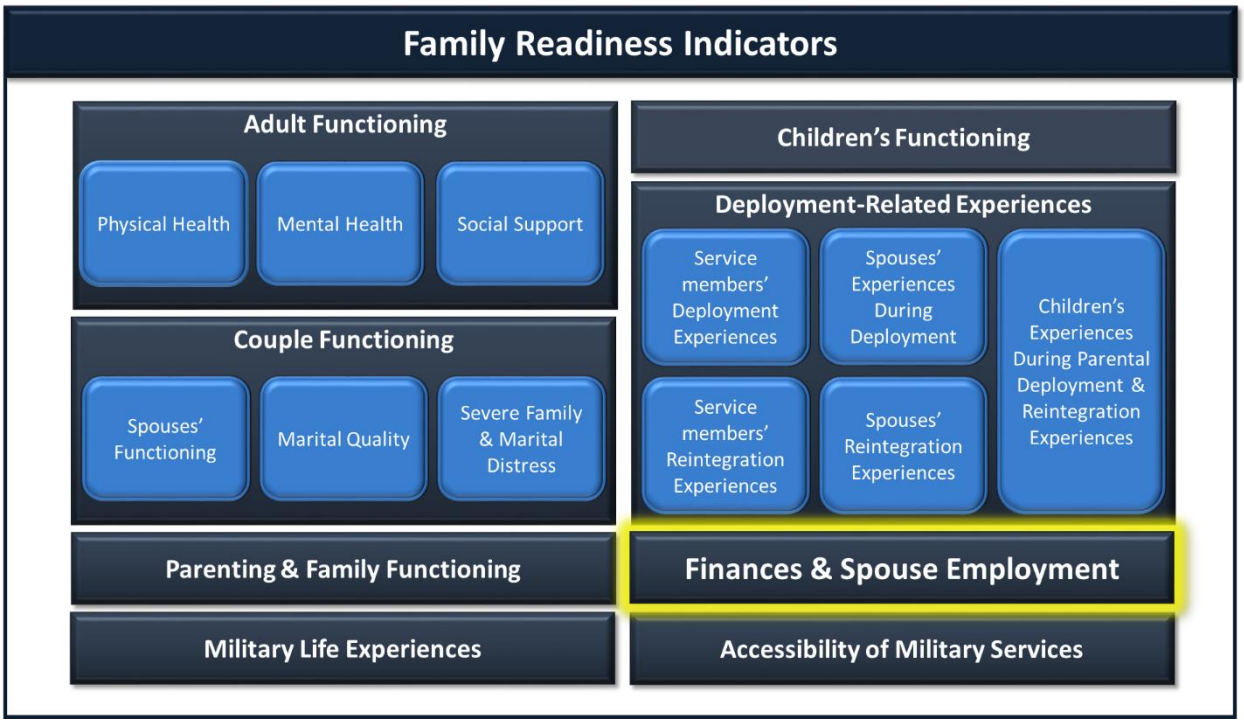
reported that their family roles changed after their Service member joined the military; the siblings became more protective of their parents and reported visiting them more frequently.

One study also focused on a small sample of military grandmothers (i.e., mothers of Service members) who served as caregivers for their grandchildren during their Service member's deployment (Bunch et al., 2007). Grandmothers in this study reported that caregiving for their grandchildren had consequences for their marriages; they had less privacy and less time to spend with their spouses. Although they did not describe declines in relationship quality, grandparent couples did have disagreements about parenting, and these grandmothers reported lower parental satisfaction compared to other community samples. Overall, these participants also had higher stress than previously reported norms, suggesting caregiving during a Service member's deployment can be stressful for grandparents (Bunch et al., 2007).

Summary

Studies on military parenting and family functioning vary in terms of methodologies and topics. Overall, research indicates that Service members may be stricter than their spouses, and compared to civilian parents, as well. For some families, however, that rigidity is adaptive and supportive. As a whole, families are functioning well, although parents' mental health problems and limited communication before deployments may compromise family cohesion and individual family member readiness. During reintegration, it can be difficult for families to adjust to the return of their Service member, particularly if they have experienced a combat-related injury.

Finances and Spouse Employment



What is "Finances and Spouse Employment"?

As an indicator of family readiness, *finances and spouse employment* include a variety of aspects of family finances, such as income, financial strain, and financial planning. This indicator also includes issues related to spouse employment, such as spouses' employment status, income, and reasons for or barriers against working.

Previous Evidence about Finances and Spouse Employment

As of the 2007 report publication, financial stability varied amongst military families, with most Service members and spouses reporting that they felt comfortable and secure in their ability to make ends meet (Booth et al., 2007). Financial strain was most common among lower-ranking and enlisted Service members, as well as single parent

families. Previous research also indicated that military spouses were not very likely to be employed, often because of their frequent relocations and a general lack of employment opportunities.

What We Know Now about Finances and Spouse Employment

A family's financial situation can play a large role in their overall readiness. In fact, in a study of Reserve Component families, Werber and colleagues (2008) found that financial readiness was one of participants' most commonly mentioned issues to address before deployment. Financial stress and spouse employment have been studied from many different angles because finances are impacted by many different aspects of military life. ***The key aspects of finances and spouse employment were: financial stress, and spouse employment status, opportunities, and barriers***. This section discusses family finances, and specifically income and financial stress, as well as the consequences of the military lifestyle on military spouse employment.

Financial Stress

Families experience financial stress when they feel they are not in control of their financial situation, whether they are not able to make ends meet, or they are unable to adjust their careers and financial situations to the unexpected mobility of military life. Families of lower-ranking Service members, who may not earn as much as Service members of higher ranks, tend to feel the burden of financial stress more than higher ranking Service members (Castaneda & Harell, 2008; DMDC, 2007).

Although Service members are well compensated by the military, some military families may still struggle to make ends meet. Approximately 70% of Reserve Component Service members and spouses in one study reported that their family's financial situation was comfortable (Werber et al., 2008). In addition, less than 15% of participants reported having financial or legal troubles (Werber et al., 2008). ***Financial stress that comes from living paycheck to paycheck, inability to manage debt, or the burden of not feeling able to effectively manage finances, can impact areas of***

military family life such as well-being, relationships, and parenting. For example, in one study, there was a strong negative correlation between income and stress among Army couples, with a similar negative association between Service member rank and stress (Allen et al., 2011). Another study demonstrated that Army wives with lower socioeconomic resources, including lower education and lower income, reported greater psychological distress (Green et al., 2013). Another study found a negative association between Service member pay grade and marital quality (Meek, Totenhagen, Hawkins, & Borden, 2016). Income and debt have also been related to IPV within military couples (Bradley, 2007; Foran, Heyman, Smith Slep, & Snarr, 2012; Martin et al., 2007). In a study that surveyed over 40,000 Air Force members, family income moderated the relationship between alcohol abuse and IPV; that is, high alcohol use had a weaker association with IPV when participants had higher incomes (Foran et al. 2012). Income has also been related to parenting quality and effectiveness. Davis and colleagues (2015) showed that fathers with higher incomes also reported more effective parenting. In another study, higher household incomes were related to greater father involvement with children (Posada et al 2015).

In addition to income and debt, perceptions of financial stress can be an important factor in the readiness of military families. In fact, in one study, financial strain was a stronger predictor of stress than pay grade or income (Allen et al., 2011). Evidence also demonstrated that increased financial stress was related to higher levels of partner aggression (Kimerling et al., 2016; Smith Slep et al., 2010) and divorce (Teachman & Tedrow, 2008) among military couples.

One strategy to avoid or alleviate financial stress for military families involves having a family financial plan that accounts for the rapid changes of military life and any emergencies that might occur. A financial plan may be especially important prior to Service member deployment, so that home front spouses and families can avoid the stress related to worrying about being able to afford unexpected expenses (Werber et al., 2008). Across two studies, nearly all participating families reported that their family

would have money for living expenses during their upcoming deployment (DMDC, 2009; Troxel et al., 2016).

In addition, at least three-quarters indicated having a financial plan to handle emergencies during the deployment (DMDC, 2009; Troxel et al., 2016). Among these participants, couples without children engaged in more financial preparation than those with children (Troxel et al., 2016). Financial preparation was also related to relationship quality; participants with greater relationship satisfaction were more likely to engage in financial preparation (Troxel et al., 2016). Ultimately, financial stability, indicated by high income, low debts, and low financial strain, is part of the complex web of factors that can affect family readiness.

Spouse Employment Opportunities

Spouse employment is a primary component of financial stability among military families, and it also has implications for spouse functioning and well-being (see also pages 70-76). In one study of Canadian Forces, military spouses were less likely to be employed than spouses of other government workers (Dunn, Urban, & Wang, 2011). In addition, spouses who were married to non-commissioned Service members were more likely to be employed than spouses of Officers (Dunn et al., 2011). This may be by choice, however, given that other evidence indicates that spouses of Officers were more likely to choose to be out of the labor and less likely to be unemployed and seeking work, compared to spouses of enlisted Service members (DMDC, 2007). Across studies, evidence regarding spouse unemployment rates varies; one study found that between 6% and 8% of wives were unemployed (Lim & Schulker, 2010), yet another study reported that 21% of spouses were unemployed (Blue Star Families, 2016). Some

of this variation is likely due to the samples of each study. Still, military wives were less likely to be adequately employed full-time compared to civilian wives (Lim & Schulker 2010).

Spouses may have a variety of reasons for working full- or part-time. In one study of Reserve Component spouses, there were many varied reasons for working, including boredom, personal fulfillment, extra spending money, and using skills or education (Castaneda & Harell 2008). Most participants reported financial reasons for working, and covering basic expenses was the most commonly reported reason for working (Castaneda & Harell 2008). In another study, the majority of military spouses who were working part-time were doing so voluntarily, rather than out of need (Lim & Schulker, 2010). There were some demographic differences in reasons for working. College educated spouses were less likely to report working to earn extra spending money; they were also more likely to report working for personal reasons (e.g., fulfillment, independence; Castaneda & Harell 2008); they also were more likely to be looking for work than those with lower education levels (Lim & Schulker, 2010). Spouses of lower enlisted ranks were more likely to report working to avoid boredom than were spouses of midgrade enlisted spouses and senior enlisted spouses (Castaneda & Harrell, 2008). Senior enlisted spouses were more likely to report working for extra spending money and for basic bills as their primary reason for working (Castaneda & Harrell, 2008). Along with this, Lim and Schulker (2010) found that military wives looking for full-time employment were more likely married to lower-ranking Service members.

Unfortunately, the military lifestyle is not always conducive to spouse employment or career development. ***Approximately two-thirds of Reserve spouses indicated that being a military spouse hampered their employment opportunities*** (Castaneda & Harrell, 2008). Spouses reported that frequent and disruptive relocations, Service member absences and resulting child care difficulties, and employer bias against hiring military spouses were all factors in their employment difficulties (Castaneda & Harell, 2008; DMDC, 2009, 2012).

Relocations, spouse gender, education, and Service member pay grade all play a role in spouse employment challenges

Two main issues arise for military spouses regarding their employment. First, PCS moves and constant changes in a Service member's work hours can make it very challenging for a military spouse to hold a job or develop a career. Frequent relocations make it hard to build one's career, and some employers are less willing to hire a military spouse if they know that the family might have to relocate after a year or two (Castaneda & Harell 2008; Cooney, DeAngelis & Segal 2011; Harrison et al., 2006; SteelFisher et al., 2008). This can result in spouses settling for lower-paying, shorter-term, or less desirable jobs than they would otherwise be able to obtain.

Second, the negative impact of relocation on spouse employment can be compounded when spouses cannot maintain a consistent work history or career trajectory. Compounding negative consequences can include loss of seniority, loss of vested retirement, and the detrimental impact on pay increases. Qualitative reports from Canadian military spouses and service providers documented that frequent moves prevented many spouses from getting full-time jobs or contributing to their own pension plans, which made them financially dependent on their husbands (Harrison, 2006).

In addition to retirement problems, general earnings can be affected by the long-term challenges of military spouse employment. Little and Hisnanick (2007) have investigated earnings gaps between military spouses and their civilian peers. They found that military spouses consistently earned less than civilian spouses, and the earnings gaps was larger for women than for men. Among men, the authors found that military husbands earned, on average, 40% less than civilian husbands. Among women, military wives earned 57% less than civilian wives (Little and Hisnanick, 2007). When examining income within couples, Little and Hisnanick (2007) showed that civilian couples typically had a 51%/49% split in terms of husbands' and wives' contributions.

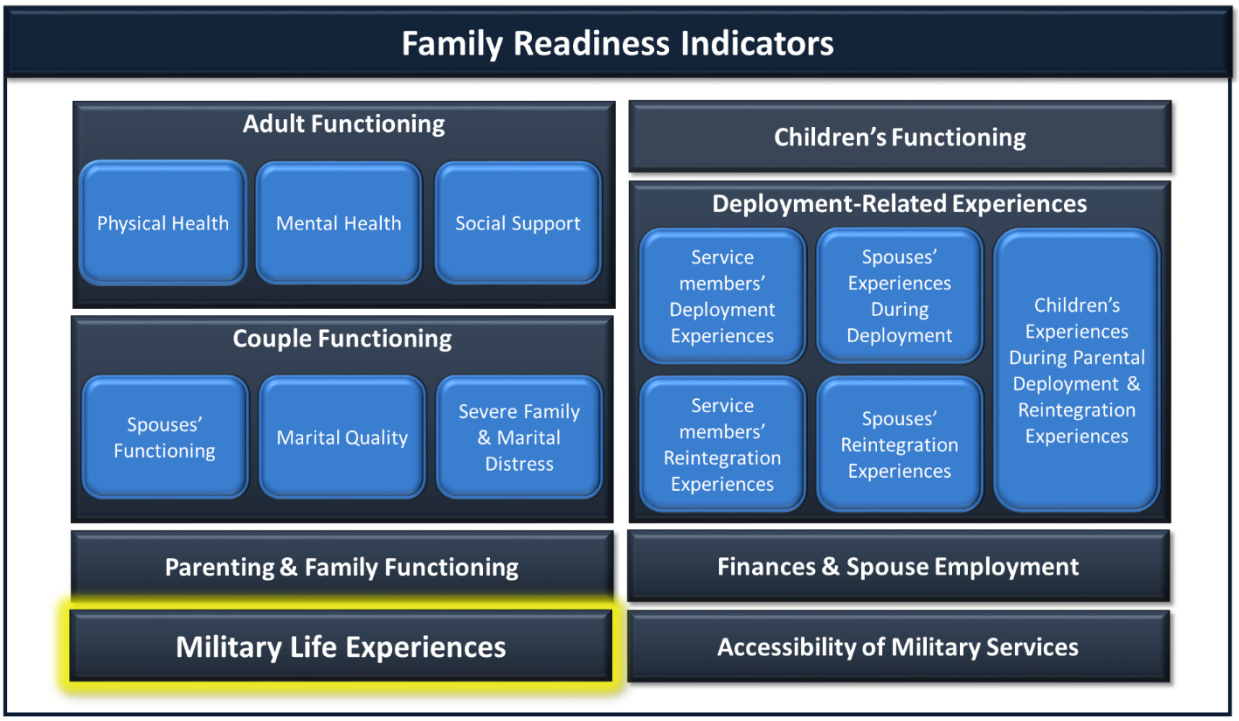
Military couples, however, had much more dramatic distribution of incomes. For couples with Service member husbands, the split was 74/26%; and for couples with Service member wives, the split was nearly 50%/50%. Based on the study, it appeared that both male and female military spouses earned less than their civilian counterparts, and that the earnings gap was more prevalent for female spouses. The earnings difference demonstrated by Little and Hisnanick may be evidence of the compounding challenges of military spouse employment. The limitations of military lifestyle (e.g., frequent relocations) can impact immediate job opportunities, as well as long-term issues such as compensation increases and promotions.

Several demographic factors were related to employment challenges among military spouses. Spouses who married to more senior-ranking Service members and those with higher education (e.g., college and graduate degrees) had greater employment challenges (Castaneda and Harell 2008).

Summary

Clearly, financial stress and military spouse employment can be complicated by the challenges of military life. Although most families are financially stable, some military families do experience financial stress, especially those that have lower incomes (or, in parallel, are lower-ranking). Some families were particularly concerned about finances during and after deployment, and planning ahead was one strategy to alleviate this concern and be prepared. In terms of spouse employment the requirements of military life can make it difficult for spouses to find high quality employment and to maintain a career that includes growth and development. While specific study details and findings vary, together they demonstrate that factors such as number of relocations, spouse gender, spouse education level, and spouse pay grade all have an impact on income, financial strain, and military spouse employment.

Military Life Experiences



What is "Military Life Experiences"?

Military life experiences focus on the unique circumstances related to the requirements of military service, and the impact of those circumstances on family members. This indicator excludes specific physical and mental health and social support, as well as any issues related to deployment or reintegration; each of these are included in other indicators. Instead, we incorporate personal development and the issues unique to military life.

Previous Evidence about Military Life Experiences

Previous research reviewed by Booth et al. (2007) did not focus specifically on military life experiences. They did however, discuss quality of life among Service

members and their spouses. In general, military family members were satisfied with their personal lives. As previously noted, military family members who were able to maintain personal goals and adjustment reported greater levels of well-being and readiness. Families that were not experiencing deployment generally had the highest levels of well-being. Additionally, satisfaction with military life was lowest for lower-ranking Service members (Booth et al., 2007).

What We Know Now about Military Life Experiences

Family readiness goes hand in hand with the identity, sense of meaning, and purpose that military families derive from their service and sacrifice. The ephemeral nature of high mobility, frequent relocation, and discontinuity of most military lifestyles can have a large impact on the experience of military life. ***Key aspects of military life experiences were: satisfaction with the military, perceived support from the military, and occupational rewards from service.*** Deriving a sense of meaning, despite the challenges, and feeling supported by the military can promote readiness among military spouses and children.

Mobility, Relocation, and Continuity

An assumed part of military life is the many number of PCS moves that Service members and their families make throughout their time in the military. In the 2008 Survey of Active Duty Spouses, 76% of Army spouses had experienced a PCS move at some point, with most experiencing one move (DMDC, 2009). Relocations often involve multiple transitions, including changing job roles for Service members, and new social relationships for all family members. Frequent moves often take a toll, not only on the Service member, but also on the families of the Service members.

Studies clearly indicate that high mobility is challenging for military children (see pages 68-69), and spouses can find frequent relocations challenging, as well. The inability to predict or control the future resulted in increased stress for some families (Davis & Finke 2015). In one interview study, spouses discussed how relocations lead

to a constant need to readjust and readapt to new places, and being in a perpetual state of change (Jennings-Kelsall et al., 2012).

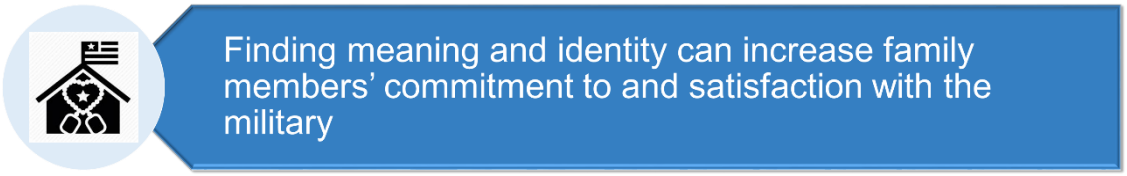
Frequent relocations also have an impact on family earnings and spouse employment (Castaneda & Harrell, 2008; Cooney et al., 2011). The employment and financial consequences of moving include loss of seniority, vested retirement, and routine pay increases (Castaneda & Harell 2008). For example, Cooney et al. (2011) demonstrated that a family's total number of moves was related to lower spouses' earnings, while time between moves was associated with higher earnings. This suggests that frequent relocations make it more difficult for spouses to maintain a job, especially when relocations occur after short periods of time. These associations were stronger for women than for men, indicating that relocation may have been particularly problematic for the employment of wives (Cooney et al., 2011). In addition, evidence indicates that spouses who are more highly educated have a more difficult time finding employment after relocation (Castaneda & Harrell, 2008).

For some families, relocation also resulted in a discontinuation of health services, especially among families with special needs children (Davis et al., 2011; Davis & Finke 2015). Having to identify and begin treatment with new doctors, therapists, and other support services represented a challenge for families (Davis & Finke, 2015).

Personal Meaning Making and Shared Commitment

Military family members can find meaning and purpose in their connection and commitment to the military. For example, spouses who successfully navigate the challenges of military life often have a personal commitment and make meaning from their roles (Baptist et al., 2011; Blakely et al., 2014; Southwell & Wadsworth, 2016; see also pages 70-76). Many wives emphasized the role of personality and meaning-making in their reactions to military life challenges, suggesting that spouses need a positive outlook and a sense of adventure (Blakely et al., 2014). Some spouses described feeling proud of their partners' service, and saw their partners' demanding role away

from the household as an opportunity to strengthen their own parent-child relationships (Southwell & Wadsworth 2016).



Children can also benefit from drawing meaning from their role as a military child. Several studies demonstrate that personal meaning-making and shared commitment can improve children's experiences in the military (Huebner et al., 2010; Skomorovsky & Bullock 2016; Wong & Gerras 2010; Rodriguez & Margolin; Werber et al., 2008). Military children who created a meaningful narrative with regards to their parent's deployment were able to successfully adjust to the experience (Huebner et al., 2010). Children described being proud of their military service member parent, and feeling a greater sense of self-worth when they thought of their parent's role in the military (Huebner et al., 2010). In addition, some children discussed the benefits of being a military child, such as being exposed to new people and places (Skomorovsky & Bullock 2016).

Along with this, children's perceptions of their Service member can support their commitment to the military. For instance, children's ability to cope with Service member absence due to the demands of their job is directly related to their own beliefs that their parent makes a difference in the world (Wong & Gerras 2010). In addition, Rodriguez and Margolin (2014) studied siblings of Service members and revealed that most participants viewed their military sibling to be a role model for finding meaning and greater purpose in life.

Perceived Military Support

Military family members' perceptions of the military – and how much the military supports them – is an important part of their satisfaction with military life. There is mixed evidence among military families in terms of levels of perceived support from the

military. One study found that in general, Service members and spouses viewed military leaders and their unit members as “sometimes” supportive of their family (DeGraff et al., 2016). Another study showed that Service members and spouses had modest perceptions of supervisor support and poor perceptions of organizational support (Matsch et al., 2009). In this study, Service members reported more positive perceptions of supervisor support and more negative perceptions of family/work conflict than spouses did (Matsch et al., 2009), suggesting that family members have differing opinions on various aspects of military support. For spouses, one key aspect of perceived military support is the amount of notice the military provides prior to relocation or deployment extensions (Matsch et al., 2009; SteelFisher et al., 2008). For example, SteelFisher et al. (2008) found that among Army spouses, having a deployment extended was related to lower perceptions of Army support.

Although the overall levels of perceived military support vary, the link between perceived support and satisfaction with the military lifestyle is clear across studies. ***Family members who believe that the military cares about their Service member and the well-being of their families are more likely to be satisfied with their military life*** (DeGraff et al., 2016; Matsch et al., 2009). In one study, this association was particularly strong among families who had experienced a Service member deployment in the past year (DeGraff et al., 2016). Based on these studies, satisfaction with military life is often directly related to how a family, spouse or Service member feels about the support they are receiving from the military. Decisions made within the larger organization can directly impact the lives of individual members and their families, and these decisions are received by families with varying degrees of acceptance.

Military Support and IPV Reporting

Although domestic abuse and IPV within military families is discussed in another section, there is an important intersection between perceptions of military support and domestic abuse or IPV. Harrison (2006) interviewed Canadian military spouses, service providers, and military leaders, and found that when spouses were discussing their ability to reach out to military leadership when their families faced hardships, they often mentioned problems raising IPV concerns to military leadership. Participants of all types (i.e., spouses, providers, and leaders) described that leaders kept IPV quiet or did not report it appropriately, in order to keep unit morale high (Harrison 2006). For example, one senior non-commissioned Officer claimed that many people who were identified to be abusers were transferred to a new location in order to keep those individuals from reflecting badly on their units. Along with this, spouses also discussed that their IPV concerns would be ignored by leadership because some commanding officers do not necessarily see it as their responsibility to intervene unless it impacts the Service member's job performance; rather they passively allow the police to intervene (Harrison 2006). Although support from military leadership in IPV situations is just one small facet of military support, the example demonstrates how the needs of the military as a large organization can sometimes be placed over the needs of individuals and families, which can negatively impact family members' perceptions of military support and their overall satisfaction with military life.

Organizational Support

Company-level family supportive work climate becomes a pivotal aspect in military life quality in the way that it has shown to benefit the relationship between aggressiveness and marital quality. Research indicates that positive work climate is related to improved marital relationships quality and fewer aggressive behaviors (Cabrera, Bliese, Hoge, Castro, & Messer, 2010). Furthermore, Cabrera et al. (2010) data suggested that the negative association between individuals' aggressiveness and their perceptions of the quality of the marital bond may be influenced by how efficient

their company promotes a work climate that is supportive of soldiers' family responsibilities.

Occupational Rewards of Military Service

A Service member's compensation and occupational rewards (e.g., earning, financial allowances, health benefits, available programs and resources) for their service contribute to military families' satisfaction with military life. Families can justify the sacrifices they make for living a military lifestyle with the financial or occupational incentives that accompany the job. Just as these incentives can be positive for some families, financial stress and hours worked can have negative consequences for family members' satisfaction with military life.

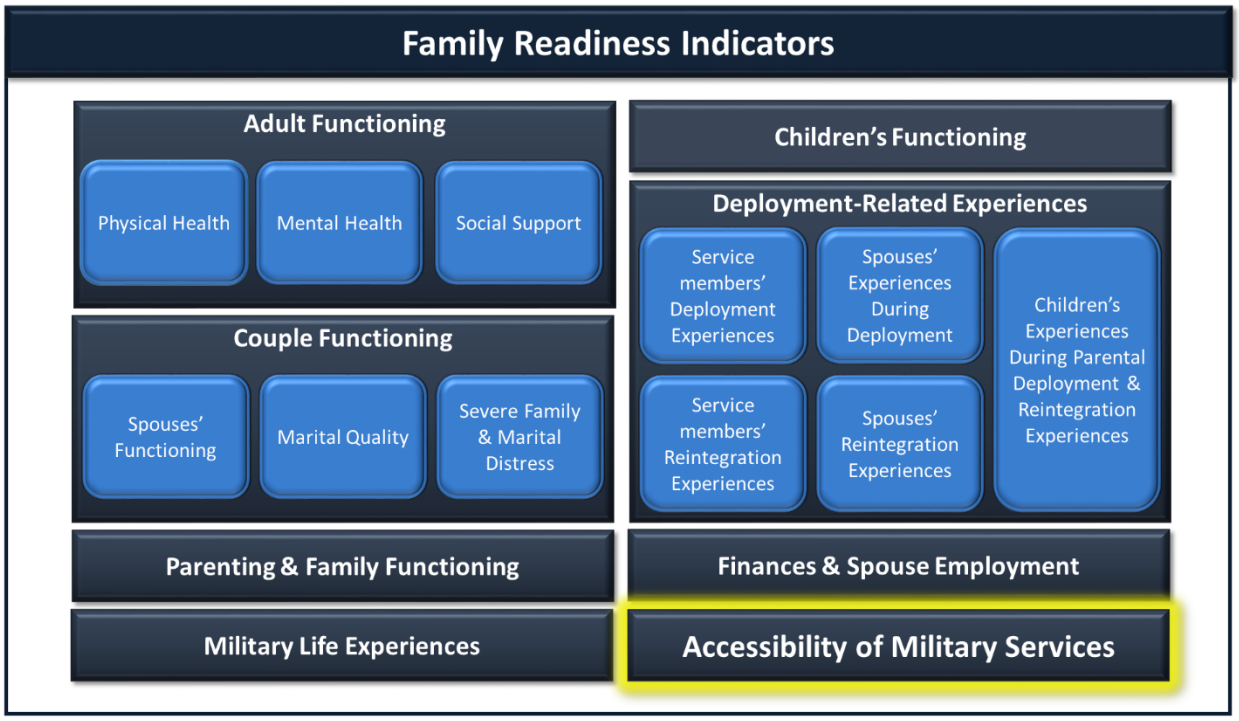
Several studies summarized the reasons that Service members either initially enlisted or chose to stay in the military. These reasons were different based on the combat status of a Service member. For example, in one study, combat troops chose more ideological and identity-focused reasons for enlisting and staying in the service, whereas support troops chose more occupational reasons, such as job security and benefits (Burland & Lundquist 2013). In another study, socio-economic status (SES) played a major role in a Service members' likelihood to enlist (Spence, Henderson, & Elder, 2012). Individuals with lower SES, lower family income and parents' education, and higher social acceptance and residential mobility all predicted increased likelihood of enlisting in the military (Spence et al., 2012).

Other studies found that Service member stress and workload also had negative impacts on military satisfaction. Intentions to leave the military and work overload were associated with lower levels of family satisfaction with the military lifestyle (Heilman, Bell, & McDonald, 2009). Similar correlations were found between higher stress and lower-ranking Service members (Allen et al., 2011). Greater satisfaction with the military may stem in part from a positive perception of compensation, which explains why families that have greater income and rank in the military were less likely to be stressed (Allen et al., 2011).

Summary

Research evidence related to the military life experiences of family members varies widely in terms of topics addressed and findings identified. Broadly speaking, making meaning and incorporating military life into one's identity can be beneficial for military family members. This kind of positive development can also lead to increased commitment to the military and satisfaction with military life. Moreover, family members who perceive that the military cares about and supports them are more likely to be satisfied with their life in the military. Finally, while the occupational rewards of military service are related to more positivity among military family members, reasons for staying in the military vary across families.

Accessibility of Military Services



What is "Accessibility of Military Services"?

The military offers a variety of services for Service members, spouses, children, and other family members. Many services are focused on assisting military families through various challenges of military life, such as deployment, frequent relocation, and navigating military culture. As an indicator of family readiness, *accessibility of military services* focuses on the availability, accessibility, and effectiveness of services (including programs and resources) available to military-connected individuals. This involves family members' perceptions of the usefulness of programs and resources, as well as their ability to access these services when needed. When considering services, we include those that are available all the time (referred to as general services), as well

as those that are exclusively available (or intended for use) during or immediately after deployment.

Previous Evidence about Military Services

Booth et al. (2007) provided a comprehensive picture of the landscape of family programs in their thorough review of the programs and services available to military families. They revealed that programs such as Army Community Service (ACS), Army Family Action Plan (AFAP), Army Family Team Building (AFTB), amongst many other programs in place to support families, can have a substantial positive impact on the well-being of military families. They also identified that despite substantial improvements in child care support, military families were still struggling with the expense and availability of child care. In addition, Booth et al. (2007) pointed out that many Reserve Component Service members faced heightened stress and hardship because they were less prepared for mobilization and did not have access to the same extent of services as Active Duty Service members.

What We Know Now about Military Services

The services offered to military families have expanded in the past 10 years. In this report, we do not describe all existing services available to military families, instead ***we focus on research evidence about the availability, accessibility, and effectiveness of services and programs*** with consistent findings. Below, we present the current research evidence for both general services, and those programs designed specifically for deployment and reintegration experiences. Within each of these kinds of programs, we discuss programs for spouses, couples, children, and health care services, as well.

General Services

Support services are an important component in military families' lives (Lewy, Oliver, & McFarland, 2014). Thus, when families indicate low awareness or availability of programs, especially among lower ranks, it limits the opportunities for those families to

benefit from the advantageous programs (Lewy et al., 2014; Sumner et al., 2016). Lewy et al. (2014) found that many military wives indicated financial, logistical, and stigma related concerns when attempting to access mental health services. Specifically, spouses indicated the negative effect on employment and community bias when seeking mental health services. Furthermore, spouses identified lack of available and affordable services, such as childcare in order to have time to tend to their mental health concerns (Lewy et al., 2014).

Spouse Employment

Finding and maintaining high quality employment is a significant challenge for military spouses (Castaneda & Harrell, 2008; Dunn et al., 2011; Lim & Schulker, 2010; see also pages 163-166). Although military spouse employment programs exist, increasing awareness of these programs among spouses may help provide much-needed support (Castaneda & Harrell, 2008). Spouses have also recommended improving civil service employment policies and processes, easing or providing support to manage licensing and certification constraints, and improving the availability and affordability of child care (Castaneda and Harrell, 2008). Other evidence also suggests that child care issues are a primary concern for military spouses. In one study, 51% of military mothers reported being late to work in the last month because of child care issues (Zellman, Gates, Moini, & Suttorp, 2008). In addition, many dual families and families with younger children reported that it was likely they would leave the military because of child care issues (Zellman et al., 2008). Although the military continues to prioritize and improve the availability of child care resources, additional research evidence may be needed to provide insight into best practices and ideal strategies to meet spouses' needs in this area.

Couples Counseling

In the civilian sector, couples counseling has been an effective therapeutic intervention to help increase relationship quality and satisfaction for couples (e.g., Hahlweg, & Markman, 1988). Research evidence suggests that couples counseling is

also helpful for military couples. Gambardella (2008) observed military couples who sought counselling and found that more than half of the participants reported improvement in their relationship following the intervention. Furthermore, Doss, Mitchell, Georgia, Biesen, and Rowe (2015) observed couples' therapy conducted in VA clinics and found that both men and women reported increased relationship satisfaction after counseling. Couples had the most improvements in their conversation quality, emotional closeness, and psychological distress (Doss et al., 2015).

School-Based Services

Research indicates that there is greater opportunity to support military children in their schools (De Pedro, Esqueda, et al., 2014). According to school staff, school-based support was not sufficiently available or accessible to military students (De Pedro, Esqueda, et al., 2014). Principals, teachers, and other school staff indicated they did not have the resources or ability to provide adequate social, emotional, and academic support for military-connected children in their schools (De Pedro, Esqueda, et al, 2014). Many characterized public schools to be lacking cultural sensitivity and programs specifically aimed at military students (De Pedro, Atuel, et al., 2014).

In addition, the limited communication between schools and military families is a disadvantage for military students, as the children may not be able to receive the support they need (Bradshaw, 2010). Improving school policies and implementation of programs to better support military students could help improve their well-being and readiness (DeGraff et al., 2016).

Geographic Constraints

The geographic distribution of military families can be problematic, particularly with regards to receiving appropriate services. For example, families caring for injured Service members and those dealing with PTSD and other mental health symptoms may experience increased burden when they are geographically isolated (Manguno-Mire et al., 2017). Military families described the constraints of living too far from VAMC and Community-Based Outpatient Clinic (CBOC), including less

awareness of available resources, and more logistical challenges to access resources (Manguno-Mire et al., 2017). In another study, families also expressed the added financial stress and time delays of having to travel to receive care (Sherman & Fischer, 2012).

Geographic isolation can also impact military children's access to programs and services. In one study, Richardson et al. (2016) found that children who were geographically isolated reported lower self-efficacy compared to children who lived closer to a military installation. Furthermore, findings also suggested that participation in military programs could moderate the negative effects of living away from others. Students who participated in social support interventions and activities had a greater sense of stability (Richardson et al., 2016). Specifically, programs that included extracurricular activities, provided a fun and social component that gave youth the opportunity to maintain relationships (Richardson et al., 2016).

Special Needs Services

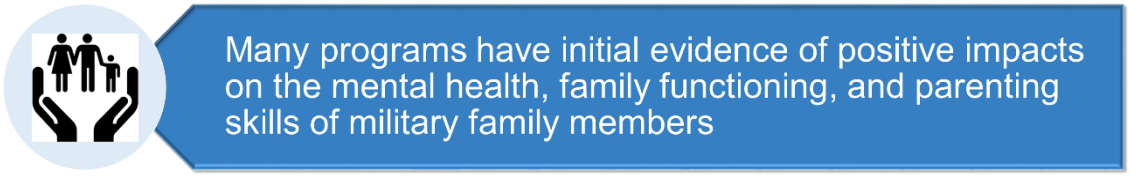
Families who are affected by special health needs require distinct services and need swift and efficient execution of those services, with nearly seamless transitions when new services are needed (Davis Finke, 2015; Sherman, Larsen, et al., 2015; Tsai, David, Edens, & Crutchfield, 2013). ***In fact, among families with special needs, there are many challenges to receiving appropriate services.*** Davis et al. (2016) found that more than half of spouses with an exceptional family member (EFM) reported that their children's schools did not have appropriate assistive technology; many spouses were also dissatisfied with their child's Individual Educational Plan. These spouses also reported a general shortage of qualified medical professionals who would take TRICARE (Davis et al., 2016). In a study that sampled 15 parents of children with a diagnosis of ASD, a majority of participants separated from their Service member because of the challenges and stress of obtaining therapeutic services for their children (Davis & Finke, 2015). Families of individuals diagnosed with PTSD have similar barriers to accessing programs and services. Individuals experiencing PTSD have

reported challenges related to knowing how to access services, as well as having logistical support such as child care, in order to attend appointments (Sherman, Larsen, et al., 2015; Tsai et al., 2013).

Families with EFMs or members dealing with mental health problems may have a harder time adjusting to relocation, especially with regards to acquiring adequate healthcare (Davis & Finke, 2015; Sherman, Larsen, et al., 2015; Tsai et al., 2013). Relocation brought a high level of stress for these families, as they had major concerns about delayed or unavailable therapeutic services, continuity of care, and quality of care available in their new communities (Davis & Finke, 2015; Sherman, Larsen, et al, 2015; Tsai et al., 2013).

Deployment Services

There are a vast array of programs and services available to military family members during deployment and reintegration. ***Programs that are evidence-based and/or those that have evaluation evidence supporting their implementation and effectiveness can support readiness.*** Below we discuss many specific programs related to the deployment experiences of children, spouses, and couples and families. This is not an exhaustive list of available programs, rather we present and describe those programs with an initial consensus of research evidence supporting their effectiveness.[5]



[5] Several resources are available that provide comprehensive reviews of available programs and their evaluation documents, such as the Clearinghouse for Military Readiness (https://lion.militaryfamilies.psu.edu/programs/find-programs).

Children's Services During Deployment

There are many programs available for military children experiencing a parental deployment. Deployment-specific programs provide military youth an opportunity to receive a variety of professional and social support unique to their needs and challenges. Below, we discuss several programs designed to support military children during a parent's deployment. We focus on the research evidence related to each program, documenting its usefulness and effectiveness among families.

- ***FOCUS*** provides resilience training to military children and families. The program teaches practical skills to help families manage common challenges related to military service. From 2008 to 2013, Lester et al. (2016) analyzed pre- and post-participation assessments from families across 15 military installations in the US and in Japan. Findings showed that more participation in FOCUS was associated with reduced stress among children. Other evaluations have shown that children who participated in this program also showed improvements in their coping skills, cognitive restructuring, emotional regulation, and problem solving (Lester et al., 2012). Both boys and girls reported significant improvement in self-reported anxiety from intake to study completion (Lester al., 2016).
- ***Military Extension Adventure Camps*** had initial research evidence indicating that most participants (82%) reported improved communication after the camp (Ashurst et al., 2014). In addition, most families characterized the programs as a valuable asset which provided a relaxing environment to reconnect with their children (Ashurst et al., 2014).
- ***Operation Purple Camp (OPC)*** provides trained counselors and camp staff who are experienced in helping military children adapt and overcome stressors of military life (National Military Family Association, 2016). Several studies have demonstrated the benefits of OPC for military families. Chandra et al. (2008) found that both home front spouses and children felt OPC was "highly beneficial" and they expected to return for the next year. Another evaluation demonstrated that participating children

had a significant increase in global self-worth, athletic competence, and social acceptance by the end of the camp (Chawla & Wadsworth, 2012). In 2011, Chandra, Lara-Cinisomo, Burns, and Griffin (2012) revealed improvements in parents' ability to cope with deployment-related feelings and an increase in the sense of efficacy to help their children feel better. There were no changes, however, in participants' understanding of military culture, efforts of helping others, and appreciation of the outdoors (Chandra et al., 2012).

- ***The Talk Listen Connect: Multiple Deployments (TLC-II MD) Sesame Workshop DVD*** is a multiphase outreach initiative designed to help kids through deployments, combat-related injuries, and the death of a loved one. TLC-II MD consists of videos, storybooks, and workbooks that guide families through tough transitions by showing how real families, and Sesame friends, deal with similar circumstances. Two studies have analyzed the effects of TLC-II MD and both found promising outcomes (O'Grady, Burton, Chawla, Topp, & Wadsworth, 2016; Walker et al., 2014). O'Grady et al. (2016) found that caregivers rated the kit highly in terms of comprehension for children, likability, relevance, and overall quality. For both studies, DVD use was related to a decrease in parents' depression symptoms and children's aggression (O'Grady et al., 2016; Walker et al., 2014). However, Walker et al. (2014) also noted a decrease in caregivers' social isolation, household disruption and an increase in children's social competence. Participants indicated the Sesame materials were a helpful tool for their children in coping with multiple deployments and their Service member's injury. Overall, caregivers reported significantly greater impact of the kit in helping their children cope with multiple deployments and in dealing with a family member's injury (O'Grady et al., 2016; Walker et al., 2014).
- ***Child Parent Relationship Therapy*** is a play-based treatment program for young children with behavioral, emotional, social, and attachment disorders. It consists of a supportive group environment, where parents and children learn skills to respond more effectively to each other's emotional and behavioral needs. Research evidence

shows that parents learned parenting techniques such as Burst of Attention, which was considered particularly helpful (Jensen-Hart et al., 2012). Nonetheless, participants still noted common stressors such as an incomplete understanding of the impact of deployment, impaired family communication, and impaired parenting (Jensen-Hart et al., 2012). Many participating parents expressed the desire to have participated in the group longer, which may have further improved their parenting skills (Jensen-Hart et al., 2012).

Spouses' Services During Deployment

During deployment, families face the many uncertainties about their Service member and his or her well-being (Faber et al., 2008). Family members often tried to seek information about the status of their Service member, as a way to reduce their stress (Faber et al., 2008). However, it can be difficult to find sources of accurate and timely information. On the other side of the deployment experience, one study of Service members found that participants felt a lack of support and access for their civilian spouses (Heyman et al., 2015). Service members reported that their spouses had insufficient support from the military and/or did not have a single point of contact for information or updates (Heyman et al., 2015).[6] Thus, providing additional information and support to spouses during deployment may have benefits for both the spouse and the Service member, as well.

Couples' and Families' Services During Deployment

Studies show that, in general, intervention programs for couples can improve their relationship outcomes after deployment (Kahn, Collinge, & Soltysik, 2016). Specific results demonstrated that participating couples had less stress, depression, and PTSD, and better relationship adjustment after participating in programs (Kahn et al., 2016). Below, we describe several common programs for couples and families during reintegration.

[6] There was no reference in this article to Rear Detachment Commanders within units.

- ***After Deployment, Adaptive Parenting Tools (ADAPT)*** is a 14-week program designed to improve parenting skills via group discussions, role playing, and skill development. In one implementation study, Gewirtz et al. (2014) found that 92% of recruited families attended at least one session, and 79% of families attended at least half of the sessions. In addition, families reported high satisfaction across most sessions (Gewirtz et al., 2014). Program evaluation findings showed that mothers and fathers who participated in the ADAPT program demonstrated an increase in parenting efficacy six months later (Gewirtz, DeGarmo, & Zamir, 2016). Furthermore, emotion regulation issues significantly declined over time (Gewirtz et al., 2016). These changes were associated with reduced levels of psychological distress and suicidal ideation at 12 months.
- ***FOCUS,*** as previously described for children, also has evidence related to couple and family outcomes. Parents with more emotional distress at baseline were more likely to attend more FOCUS sessions (Saltzman et al., 2016). The program appears to be beneficial for participating families. Evidence demonstrates that participating families had improved family adjustment (Saltzman et al., 2016). In addition, parents who attended more sessions had higher family adjustment scores, and demonstrated greater improvements in social, occupational, and psychological functioning at follow-up testing (Saltzman et al., 2016). Findings also revealed that Service members who attended more FOCUS sessions generally experienced lower levels of distress (Saltzman et al., 2016).
- ***Home front Strong*** is another resiliency-based program designed to aid Service Members, veterans, and their spouses. The Home front Strong program focuses on reducing stress while teaching positive coping; it is an 8 week in-person or online program. In an assessment of this program conducted by Kees, Nerenberg, Bachrach, and Sommer (2015), post-intervention themes such as hope and growth were positively correlated with life satisfaction. In addition, depression symptoms

were reduced while life satisfaction and social support were increased following the program.

- ***Prevention and Relationship Enhancement Program (PREP) for Strong Bonds*** is a couple relationship education program that consists of a one-day training followed by a weekend retreat (Stanley et al., 2014). Researchers found that couples who attended PREP reported better communication and lower divorce rates (Allen et al., 2011; Allen et al., 2012; Stanley et al., 2014). Furthermore, couples who were dealing with infidelity noted increased marital satisfaction (Allen et al., 2012).
- ***REACH*** is a nine-month family psycho-education program for Veterans and their families. The program focuses on Veterans with serious mental illnesses or PTSD (Fischer et al., 2013). Fischer et al. (2013) examined the effects of the program and found that family members demonstrated an improvement in social support, family problem solving, relationship satisfaction and anxiety after participating in the program. In addition, both Veterans and family members showed statistically significant sustained improvements in PTSD knowledge and coping skills over all three time points.

Health Care

The vast majority of military families have health care services available. One of the most commonly indicated formal resources used by Service members and spouses is TRICARE (Werber et al., 2008). Obtainability and quality of health care is a crucial element of family well-being. ***Research suggests that health care providers could improve accessibility of quality health care, domestic violence reporting, and managing concerns about patient confidentiality*** (Carlson Gielen et al., 2006; Castaneda & Harrell, 2008; Iverson et al., 2014). Spouses have also indicated logistical and bureaucratic barriers to accessing their health care services (Heyman et al., 2010; Lewy et al., 2014; Waliski, Bokony, & Kirchner, 2012). Military families expressed concern regarding out-of-pocket fees and limitations of some military insurance products in the coverage of mental and behavioral health services (Becker, Swenson,

Esposito-Smythers, Cataldo, & Spirito, 2014; Eaton et al., 2013; Lewy et al., 2014). A lack of knowledge about where to go and worries about accessing reliable providers were also reported (Lewy et al., 2014). During deployment, spouses' roles as primary (and sometimes sole) adult in the household can make it difficult to seek necessary health care. Spouses may have to deal with getting time off of work or finding appropriate child care to attend appointments (Eaton et al., 2008; Warner et al., 2009).

Even with available health care resources, military families often sense a stigma pertaining to seeking mental health (Becker et al., 2014; Blue Star Families, 2016). ***Both parents and adolescents reported negative perceptions – either by other family members or themselves – when considering attending mental health therapy*** (Becker et al., 2014). Becker et al. (2014) revealed that many military family members described obtaining mental healthcare as weird or embarrassing, especially if family members and friends were to find out about them seeing a therapist.

These findings also coincided with concerns about provider confidentiality. Many families expressed a concern of hindering their Service member's career trajectory or reputation because of seeking mental health services (Becker et al., 2014). Family members also expressed a preference to keep their mental health care visits a secret from their Service members, especially during deployments (Becker et al., 2014). Along with these findings, research shows that the referral rate for mental health care is considerably lower than should be expected, especially for Service members (Gibbs et al., 2012).

After deployment, the most sought out medical service was PTSD treatment (Fischer et al., 2015). PTSD therapy was noted by Veterans to be one of the most critical

components of VA clinics. Thus, it may be particularly important that VA family programs have adequate information and resources available regarding PTSD. Furthermore, Veterans expressed that having VA family programs distribute information about PTSD to family members and implement a variety of program delivery options such as classes or outings (Fischer et al., 2005).

Summary

Military services and programs aim to promote healthy development and adjustment among military families, especially as they navigate the demands of military life. From formal to informal services, and across a variety of topics (e.g., couples counseling, deployment, mental health), the military has a variety of resources to help with unique family stressors. Consequently, military programs should be efficient in quality, availability, accessibility and supporting military families. Many programs have demonstrated at least initial evidence of positive effects, such as improving mental health, family functioning, and parenting skills. Even with effective services, some families perceived a stigma to accessing mental health care. Thus, it is critical to continue to ensure that services are not only widely available, but easily accessible and actively addressing concerns about confidentiality.

Conclusions

Findings in Context: What have we learned since 2007?

Research on Army families has evolved over the past decade, providing greater detail in areas that have previously been the focus of research while also extending what we know via innovative studies employing advanced research methodologies. Our initial search identified nearly 600 articles related to military Service members, spouses, children, and families. Our review and qualitative coding of 380 scientific articles provides a comprehensive picture of the research landscape by identifying key issues and indicators of family readiness within contemporary research.

2017 Indicators	Related topic in 2007 report	Related 2007 Indicator
Adult mental health	Mental health and stress	Mental and physical health
Adult physical health	Physical well-being	Mental and physical health
Adult social support	Informal and Formal Social Support of Army families	Quality of life
Children's functioning	Children in Army families	Mental and physical health
Spouses' functioning	*Social-psychological well-being	Quality of life
Marital quality	Marital satisfaction and stability	Marital satisfaction
Severe family/marital distress	Marital satisfaction and stability; Family violence	Marital satisfaction
Service members' deployment experiences	*Deployment	Family adaptation, Mental and physical health
Service members' reintegration experiences	*Post-deployment	Family adaptation, Mental and physical health
Spouses' deployment experiences	*Deployment	Family adaptation, Mental and physical health
Spouses' reintegration experiences	*Post-deployment	Family adaptation, Mental and physical health
Child deployment and reintegration experiences	*Responses to demands of military life	Family adaptation, Mental and physical health
Parenting and family functioning	*Family adaptation	Family adaptation
Finances and spouse employment	Material and financial well-being	Financial well-being
Military life experiences	*Quality of life	Quality of life
Accessibility of military services	*Formal support	
	Pre-deployment	
[embedded in indicators]	Unique issues for RC Soldiers and families	
	Popular representations of children in Army families	
	Endo-recruitment	
	*expanded or refocused in 2017 report	

Figure 6. 2017 Indicators, with Related Topics and Indicators from 2007

The 16 indicators that we identified largely parallel the issues and topics addressed in the previous report (Booth et al., 2007). By comparing our identified indicators to the topics discussed by Booth and colleagues, we can more easily categorize and understand the areas of military family research that have expanded and contracted over the last 10 years. Figure 6 presents the indicators identified in this report, as well as the related topics and/or sections that addressed similar issues in the 2007 report, and the indicators identified in 2007. Although nearly all of the indicators identified here were represented in some way in the 2007 report, there are a number of important distinctions between these two reports.

First, in the previous report, there were several broad topics that have increased in research evidence. For example, well-being within military families was included as a general topic of research, with numerous aspects related to the functioning of Service members, spouses, and children. In the current report, several of these aspects arose to be specific indicators of family readiness: physical and mental health, spouse functioning, marital quality, severe family distress, parenting and family functioning, finances and spouse employment, and military life experiences. Along with this, the increase in research on deployment has allowed for the separate review and consideration of the deployment and reintegration experiences of Service members and spouses. Similarly, there is far more evidence related to the functioning of children, such that we have separate indicators for military children's general functioning and their deployment-related experiences.

Broadly speaking, the research findings in all of these areas have continued to confirm patterns initially seen in the 2007 report. That is, more current research generally has not contradicted earlier evidence, but rather supported it and continued to explore the issues in more detail, with more complexity, and with more varied outcomes. For example, more recent studies have investigated additional factors that can impact known associations, such as examining the role of rank or family support on the connection between deployment and mental health. Along with this, studies have

examined many more different types of outcomes; for instance, studies on children's functioning include a variety of outcomes such as depression, anxiety, coping, behavior problems, violence, and substance use. Likewise, research related to quality of life and satisfaction with the military has expanded to consider other aspects of the military lifestyle and how they impact military family members.

Second, there are specific topics discussed in the 2007 report that were not identified as indicators of family readiness in this report, but were integrated into the indicators in this report. For instance, the 2007 report distinguishes between Active Duty and Reserve Component families, presenting findings regarding Reserve Component families in a separate chapter. The current report does not make such a distinction, and instead incorporates studies specific to Reserve Component families within the relevant indicator, noting where appropriate that these studies were based on Reserve Component families. Similarly, pre-deployment issues were specifically addressed in the previous report, whereas we have included pre-deployment issues within the relevant indicators (e.g., children's experiences during deployment and reintegration, parenting and family functioning).

Finally, two aspects of military family research that were previously examined were not identified here to be indicators of family readiness. Popular representations of children in Army families (e.g., in the media), and family traditions of military service (i.e., endo-recruitment) were not consistently examined in the current literature. It may be that these issues were not as central to military families in recent years as they have been in the past; alternatively, it may be that other topics such as deployment, communication, and dealing with Service member injuries may have drawn more research attention.

Key Findings and Implications

There are several patterns and findings across the studies reviewed in this report. Each of the consistent patterns of evidence has several relevant implications or

recommendations for Army programs and policies. See Figure 7, below, for an overview of the key findings and implications.

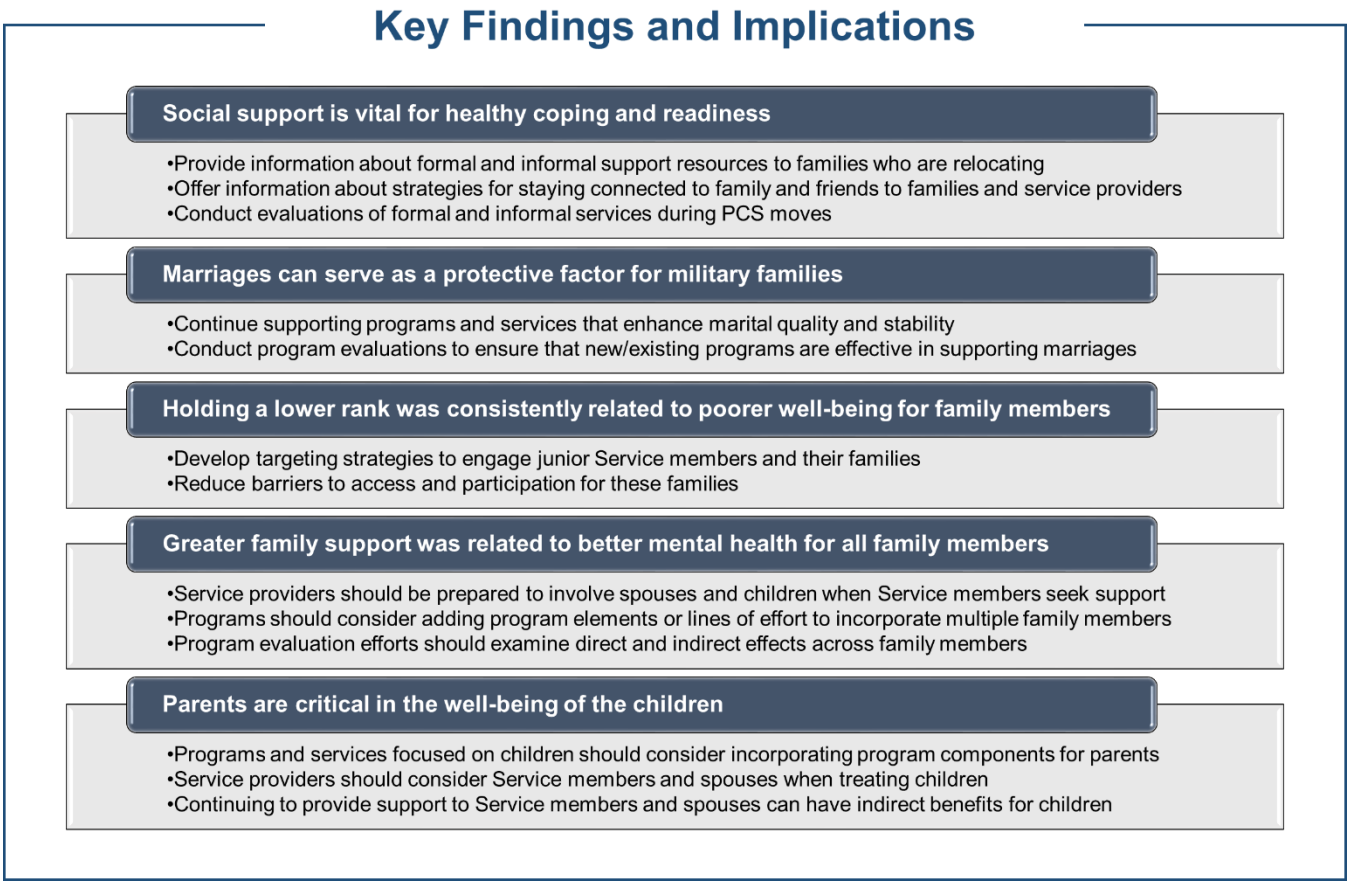


Figure 7. Key Findings and Implications

One clear conclusion from contemporary research is that social support is vital for healthy coping and adaptation of Service members, spouses, and children. Although it can be difficult for military family members to create new social networks as they relocate, being able to draw on formal and informal sources of support can help promote well-being and readiness. This is particularly important because relocation was related to decreased well-being for children in several domains (e.g., social

relationships, mental health, behavior, academic performance). ***Although the military already strives to support families during relocations, this evidence suggests that continuing to do so – and ensuring that existing resources are accessible and effective, is important for encouraging readiness among families, and especially children***. Specifically, the Army can ensure that families have sufficient information about their new location, not only in terms of logistics and formal support resources, but informal ones as well. For instance, including information about local programs, events, and groups that may be relevant to them can encourage military families to seek out and develop new friendships. In addition, there have been very few studies examining the implementation or effectiveness of formal or informal services during PCS moves, especially with regard to developing social support connections. Additional evidence can help ensure that programs and services are meeting the needs of military families.

Another pattern that was evident across studies was that marriages (or similar committed relationships) can be a protective factor for Service members, spouses, and children. Positive marital quality was related to a number of healthy outcomes for military families. ***Given the importance of marital quality across indicators of family readiness, it may be one target for continued program and service support.*** If military services can continue to promote marital quality by offering effective programs, there can be broader effects across outcomes and across families. Programs that have demonstrated positive impacts on marital quality should be supported and those that do not have evidence of effectiveness should be properly evaluated.

One of the striking differences in the research since 2007 is the additional studies exploring Service members' TBI – and the implications of those injuries for families. As military deployments continue to evolve, and medicine continues to develop clearer prevention and treatment options, studies will need to inform us about the role of TBI, and other deployment-related injuries, on spouses, children, and family as a whole.

One pattern of findings that emerged from this review of recent research that differed from previous findings was related to children's well-being during deployment. Current

research indicates that children were having more mental health, behavior, and academic problems than previously reported in the 2007 report. This might be because of the overall increase in number of studies investigating children during deployment: as more studies have been conducted, we were able to examine more complex associations and different specific outcomes, which could reveal patterns that were not evident in studies with broad approaches. Indeed, evidence from current research suggests that deployment does not have a universally negative impact on children, but rather that subgroups of children may be at more risk than others (e.g., those with low social support, and those with home front parents who are struggling with their own mental health issues). ***As research continues to untangle the complex web of family interactions and child well-being during deployment (and other parental separations), military leaders and policy makers should continue to ensure that programs are reaching the individuals most at risk.*** For example, current research suggests that leveraging existing services to engage home front spouses who are having mental health problems can help provide additional support to those children who may be more at risk for problems of their own. Sponsoring research and program evaluation related to military families strengthens the connection between research and practice, providing evidence directly to military leaders who make decisions. Along with this, developing and maintaining connections to external researchers studying military families can keep leaders aware of the latest relevant research evidence, for example by attending or hosting conferences and meetings where research is presented and discussed.

There were also several factors that reduced (or intensified) the potential negative impact of military life on family members. Rank, for instance, was consistently related to functioning for Service members, spouses, children, and couples, with lower-ranking Service members generally having poorer well-being. This association may be related to the difference in the nature of being a more junior Service member, such as being younger, having less training, and having less time or experience in the military. ***It may***

also be that more junior Service members would benefit from additional support to promote readiness within their families. Programs and services can develop intentional strategies to engage lower-ranking Service members and their families, for example, by targeting recruitment efforts or by reducing barriers to participation and access.

Along with rank, family support and parental mental health were critical factors in the well-being of children. Family support was related to better mental health for all family members, suggesting that family members may draw specific support from each other. Similarly, consistent with previous reviews (e.g., Booth et al., 2007), research continues to demonstrate the importance of parental mental health for children's functioning. It is clear that family members are interdependent, and can effect each other in important ways. ***As such, military programs and services should consider strategies that incorporate all family members and/or view the family as a whole.*** For example, counselors, therapists, and Chaplains could strive to involve spouses and children (as appropriate) when Service members seek support. Along with this, programs that are targeted for one family member (e.g., children) could consider their program logic model (or theory of change) and intentionally add program elements to involve others (e.g., parents). ***In addition, program evaluation efforts should include the investigation of effects across family members to determine the extent to which improving the health and well-being of one family member may have implications for the functioning of other family members as well.*** This can increase the reach of programs and allow services to increase family readiness, even among family members that do not (or cannot) participate in the specific service.

The Way Ahead

This project sets the foundation for additional steps to further expand our understanding of military family readiness (see Figure 8).

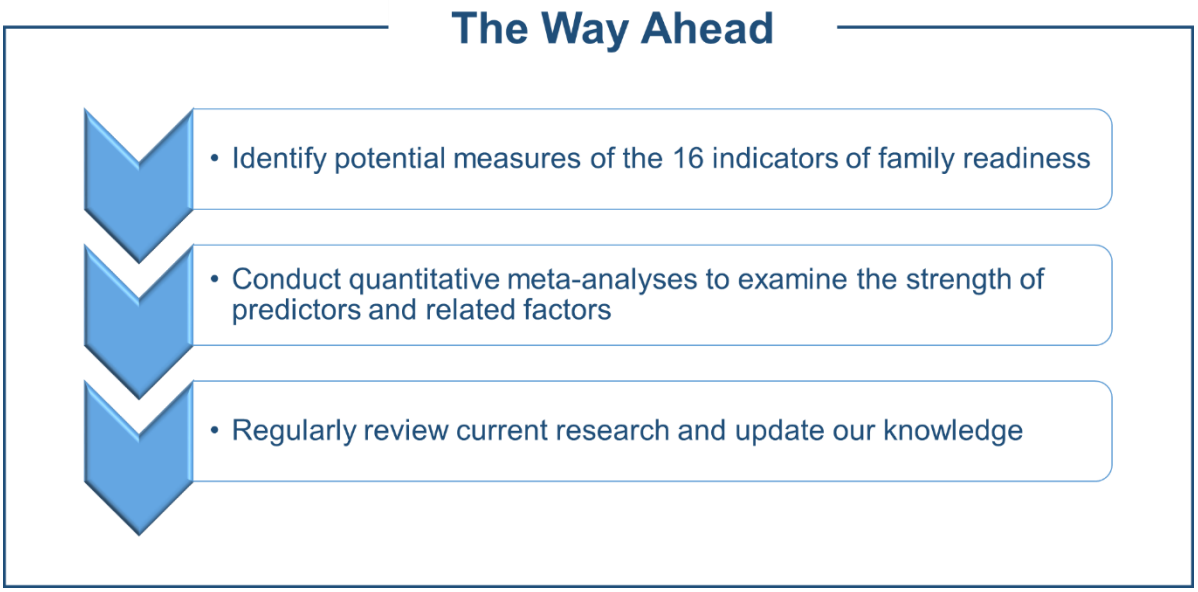


Figure 8. The Way Ahead

First, this project provides groundwork to determine strategies and options for measuring identified indicators of family readiness. In fact, the next steps for this project more broadly is to do just that: identify or develop potential measures for each of the 16 indicators. ***Properly measuring indicators with robust and reliable metrics can allow the Army to better track the readiness of families, and also more clearly indicate where there are areas of strength and opportunities for prevention or intervention.***

In addition, a clearer understanding of the current research evidence on military families provides the foundation from which to build effective policy and programs. One potential next step for this work is to ***conduct a series of quantitative meta-analyses to examine the magnitude or strength of the associations found for each indicator of family readiness.*** This can help us identify which predictors and moderating factors are most relevant for each indicator, highlighting potential opportunities to promote better well-being. For example, if we examine children's functioning after relocation, we

can identify which factors (e.g., child's age, spouse's mental health, distance of move) might be most important or effective for targeting program funding.

Finally, as research evidence continues to investigate the experiences of military families, ***this report should be reviewed and updated.*** Just as there have been significant cultural, technological, political, and military changes in the last 10 years, families, and their experiences within the military, will continue to change. Given the explosion of military family research over the last decade – after all, we reviewed 380 new empirical articles published since 2007 – military leaders and policy makers should plan to allocate resources to update this report every three years in order to keep key leaders abreast of new developments in military family research. Military policy and program should continue to look to research to inform decisions so that services are available to the families most in need, programs are addressing the critical concerns of military families, and policies are relevant to the current issues and experiences military families face.

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Appendix A: Terms of Reference

KEY TERM	DEFINITION
Civilian child	A child whose parents are not in the military
Civilian spouse	The committed relationship partner of civilian individuals
Family Readiness	The state of being prepared to effectively navigate the challenges of daily living experienced in the unique context of military service
Home front spouse	The spouse of a deployed Service member
Indicators	Constructs, factors, and/or variables with relevant research evidence that demonstrate family readiness
Military child	Any legal child of a Service member, regardless of their age
Military family	A Service member and spouse who may (or may not) have children or other dependents
Service member	Any individual previously or currently serving in the military, across service branches
Spouse (or military spouse)	The committed relationship partner of a Service member, regardless of legal marital status or their own military status

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