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Views from the Homefront How Military Youth and Spouses Are Coping with Deployment

The mental and emotional challenges facing U.S. servicemembers deployed for the conflicts in Iraq and Afghanistan have been well documented (see, for example, *Invisible Wounds of War*, <http://www.rand.org/pubs/monographs/MG720/>). However, evidence suggests that military families have also been affected, particularly by the strain of multiple and prolonged deployments. Yet relatively little is known about the effects of deployment on the emotional well-being of military families.

To begin addressing these knowledge gaps, a RAND team conducted a longitudinal study focused on a sample of youth from military families and their caregivers. The research is among the first to explore how these groups are faring during an extended period of wartime. The study population was drawn from applicants to *Operation Purple*[®], a free summer camp for children from military families sponsored by the National Military Family Association. An initial sample of 1,507 youths ages 11–17 from the *Operation Purple*[®] applicant pool, as well as the nondeployed caregiver for each youth, was randomly selected in proportions that approximately reflected the service and component composition of deploying personnel using the most current data at the time (November 2007). The study surveyed one youth per family and his or her caregiver by phone at three points over one year: baseline in the summer of 2008, six months later in the winter of 2009, and then at one year

Key findings:

- Youth applicants to *Operation Purple*[®], a free summer camp for military youth, reported higher levels of anxiety symptoms and emotional difficulties than youth in other studies.
- Difficulties reported by study youth during parental deployment and subsequent reintegration were greater if their parents had accumulated more months of deployment.
- Challenges during parental deployment and reintegration were greater for older teens, girls, and Reserve Component spouses.
- Poorer caregiver emotional well-being and family communication quality were associated with poorer emotional well-being and greater difficulties for youth during and after deployment.

in the summer of 2009. A total of 1,127 youth-caregiver pairs completed at least the baseline and 12-month follow-up survey.

The study addressed three central questions:

- How are youth from military families who applied to *Operation Purple*[®] camp functioning emotionally, socially, and academically?
- What challenges, if any, do these youth report during and after parental deployment?

This research highlight summarizes RAND Health research reported in the following publications:

Chandra A, Lara-Cinisomo S, Jaycox LH, Tanielian T, Han B, Burns RM, and Ruder T, *Views from the Homefront: The Experiences of Youth and Spouses from Military Families*, Santa Monica, Calif.: RAND Corporation, TR-913-NMFA, 2011 (http://www.rand.org/pubs/technical_reports/TR913.html).

Chandra A, Lara-Cinisomo S, Jaycox LH, Tanielian T, Burns RM, Ruder T, and Han B, “Children on the Homefront: The Experience of Children from Military Families,” *Pediatrics*, Vol. 125, No. 1, January 1, 2010, pp. 16–25 (EP-201000-67, http://www.rand.org/pubs/external_publications/EP20100067.html).

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Report Documentation Page

*Form Approved
OMB No. 0704-0188*

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1. REPORT DATE 2011	2. REPORT TYPE	3. DATES COVERED 00-00-2011 to 00-00-2011			
4. TITLE AND SUBTITLE Views from the Homefront: How Military Youth and Spouses Are Coping with Deployment		5a. CONTRACT NUMBER			
		5b. GRANT NUMBER			
		5c. PROGRAM ELEMENT NUMBER			
6. AUTHOR(S)		5d. PROJECT NUMBER			
		5e. TASK NUMBER			
		5f. WORK UNIT NUMBER			
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) RAND Corporation, Center for Military Health Policy Research, 1776 Main Street, P.O. Box 2138, Santa Monica, CA, 90407-2138		8. PERFORMING ORGANIZATION REPORT NUMBER			
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)		10. SPONSOR/MONITOR'S ACRONYM(S)			
		11. SPONSOR/MONITOR'S REPORT NUMBER(S)			
12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release; distribution unlimited					
13. SUPPLEMENTARY NOTES					
14. ABSTRACT					
15. SUBJECT TERMS					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT unclassified	b. ABSTRACT unclassified	c. THIS PAGE unclassified	Same as Report (SAR)	5	

- How are their nondeployed caregivers faring, particularly related to deployment?

The study also examined which subgroups reported more difficulties and identified factors associated with these difficulties.

Study Youth May Be Experiencing Higher Than Average Levels of Emotional Difficulties and Anxiety Symptoms

The research examined youth functioning in five areas:

Emotional difficulties. Caregivers in the study were asked about their child’s emotional health, such as the extent to which the youth was experiencing difficulties getting along with peers and family members or feeling sad. Caregiver reports indicated that 34 percent of youth in the study sample ages 11–14 were experiencing moderate to high levels of emotional and behavioral problems, compared with 19 percent in a national sample of all youth (Figure 1). For study youth across the entire 11–17 age range, about one-third of caregivers at baseline reported that their children were experiencing moderate to high levels of emotional difficulties. At the 6-month and 12-month interviews, youth difficulties were reported by caregivers at slightly lower levels but approximated one-third of the analytic sample.

Anxiety symptoms. Youth in the sample were asked a series of questions to assess current symptoms of anxiety. These questions focused on such issues as feeling frightened for no reason or having difficulty sleeping. Thirty percent of these youth reported elevated anxiety symptom levels that indicate

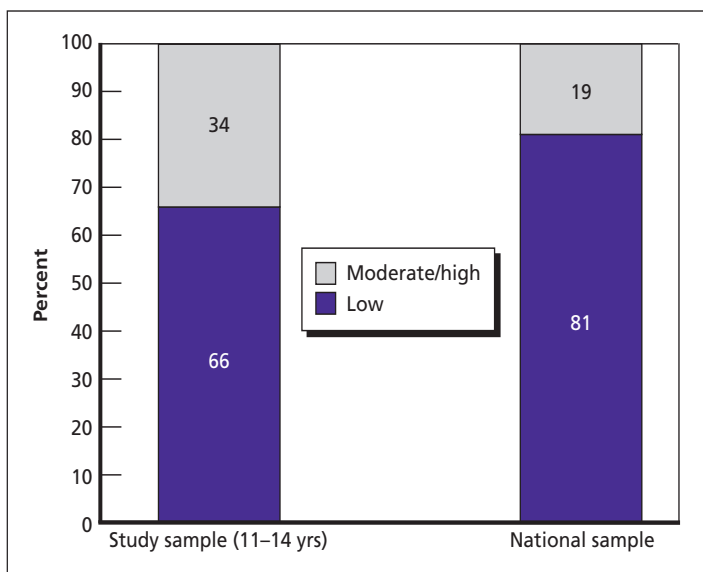
the need for further evaluation, compared with 15 percent in other studies of youth. Across the study period, the percentage of those reporting elevated anxiety symptoms decreased but still remained close to one-third of the study sample.

Peer and family functioning. Caregivers and youth were also asked questions on peer functioning, such as how often youth had problems getting along with other kids, making friends, or getting teased; and on family functioning, such as how often youth experienced problems participating in family activities, keeping up with responsibilities, getting along with the family, and talking about feelings or personal problems with a parent. Caregiver reports of youth functioning in these areas were comparable to levels found in studies of other U.S. youth. Over the study year, peer functioning scores improved slightly; family functioning scores were unchanged.

Academic engagement. Youth were asked questions about academic engagement, such as whether they completed homework on time or came prepared for class. Overall, self-reported academic engagement among study youth was comparable to that found in studies of other U.S. youth. During the study period, youth self-reported academic engagement improved significantly between the 6- and 12-month surveys.

Risk behaviors. Study youth were asked about their engagement in risky or problem behaviors, such as getting into fights with peers, getting into trouble at school, or using alcohol or other substances. Overall, youth in the sample reported risk behaviors at rates comparable to those observed in other U.S. studies. Over the study year, there was no change in the levels of youth-reported risk behaviors.

Figure 1
Caregivers Reported a Higher Percentage of Study Youth with Emotional Difficulties in the Moderate to High Range Compared with Youth in a Population-Based National Sample



Longer Cumulative Parental Deployment Translated into More Difficulties for Study Youth

The research team also examined challenges for the study youth that were specifically related to parental deployment and reintegration.

Deployment-related challenges. As shown in Figure 2, youth in the sample reported that, during a deployment, the most difficult problems they experienced were dealing with life without the deployed parent (68 percent) and helping the nondeployed caregiver deal with life without the deployed parent (68 percent). Another widely cited concern was not having people in the community understand what deployment is like (45 percent). Over the study period, youth whose parents had experienced more cumulative months of deployment before the study period reported more difficulties than those with fewer months of pre-study period deployment, regardless of deployment experience *during* the study period.

Reintegration challenges. As shown in Figure 3, we also asked youth about challenges surrounding the deployed service member’s return home. Youth cited two challenges most frequently: Fitting the returning parent back into the

Figure 2
Study Youth Reported Challenges Related to Coping with Deployment

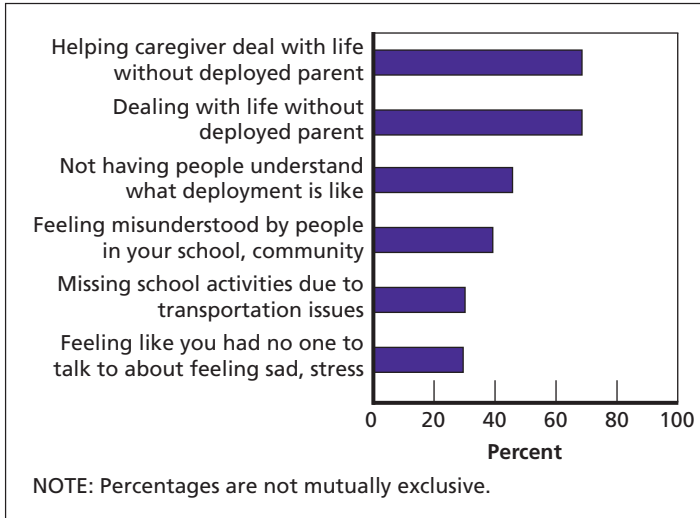
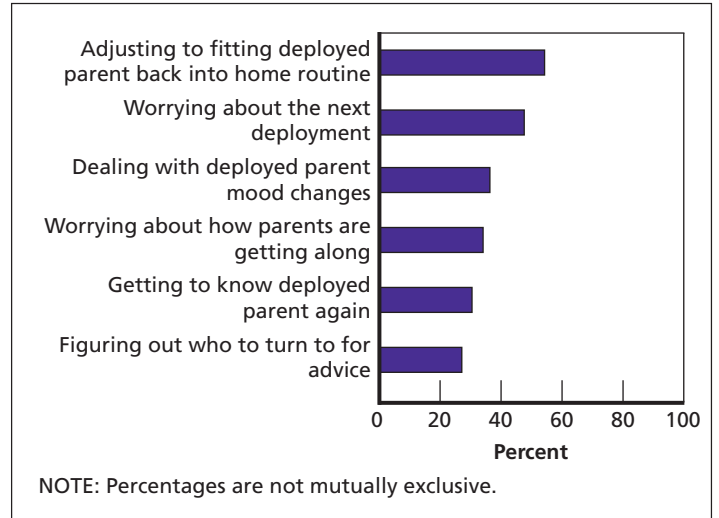


Figure 3
Study Youth Also Reported Challenges During Reintegration



home routine (54 percent) and worrying about the next deployment (47 percent). Over the study period, there were no significant changes in reintegration issues, even among youth whose parent returned during that time.

We also identified subgroups of youth who were more likely to experience problems related to deployment or reintegration:

- Older youth (ages 15–17) in the study reported more school- and peer-related difficulties during deployment.
- Girls in the study reported more difficulties than boys did during reintegration.
- Children in the study whose caregivers had better self-reported emotional well-being coped more effectively with deployment, both during and after.
- In addition, two key factors—longer cumulative parental deployment (13 months or more since 2001) and poor caregiver emotional well-being—were linked to more difficulties in youth emotional and social functioning across the entire study period. This finding held true across services and components.

Caregivers’ Emotional Well-Being Made a Difference

Prior research has shown that nondeployed caregivers, like their children, may face significant challenges related to deployment. We assessed caregivers’ emotional well-being and also asked about challenges specifically related to deployment, including issues related to household management, their relationship with the deployed spouse, and caregiver-child relations.

Overall, the self-reported emotional well-being of caregivers in our study was comparable to that reported in other studies of adults in the United States. Caregivers in the sample cited two challenges as the most difficult during

deployment: dealing with life without the deployed parent (72 percent) and feeling overwhelmed by new responsibilities at home (57 percent). Caregivers cited fitting the returning parent back into the home routine (62 percent) as the most difficult challenge during reintegration.

- However, levels of self-reported difficulties for caregivers varied for different subgroups and certain factors were associated with more problems. Reserve component (National Guard and Reserve) caregivers reported poorer emotional well-being and more household challenges.
- Reserve component caregivers and all caregivers facing a current deployment reported a greater number of relationship issues with the deployed parent.
- Good-quality family communication—defined as a perception of empathy and understanding between parent and child—was associated with fewer household challenges, and these challenges decreased on average from wave to wave across the study period as communication quality within families improved.
- Caregivers of boys reported that parenting issues were a greater challenge than caregivers of girls did; caregivers experiencing a deployment during the study reported more challenges than those not experiencing a deployment.
- Caregiver emotional well-being was the factor most consistently related to child social, academic, and emotional outcomes. Also, poorer emotional well-being among caregivers was associated with more household management, partner relationship, and parenting challenges.
- When a parent returned from deployment, self-reported emotional difficulties for the nondeployed caregiver decreased. However, if the deployed parent was absent throughout the study period, difficulties did not decrease.

Conclusions and Implications

In sum, the results showed that youth camp applicants and their nondeployed caregivers reported challenges related to emotional functioning, household management, and relationships. Six subgroups of camp applicants, in particular, reported greater challenges: (1) those whose caregiver had poorer emotional well-being, (2) those whose deployed parent had more cumulative months of deployment, (3) older teens in dealing with parental deployment, (4) girls in dealing with reintegration, (5) those caregivers and children with poorer communication quality, and (6) caregivers from the Reserve component.

These findings represent an important step in understanding the relationship between parental deployment and military youth and family well-being. The results also have implications for how support programs for military families might be targeted to align more specifically with subgroups that would benefit the most.

Consider screening for family emotional problems.

Our findings related to the well-being of youth and nondeployed caregivers suggests that some type of ongoing assessment of family member health and well-being before and after a deployment may be warranted. In this manner, those at greatest risk for having a problem could be identified and referred to appropriate treatment or support programs. While this screening cannot be made mandatory, it could be built into routine visits and service provision opportunities.

Target support for families facing more cumulative months of parental deployment. Some camp applicants appeared to be struggling with problems that did not diminish with time. As of this writing, military organizations do not have a systematic plan for screening and serving youth whose families are dealing with high cumulative months of deployment. Our findings also suggest that older youth (ages 15–17) and girls in particular may benefit from initiatives in this area.

Implement support programs across the deployment cycle, including during the reintegration period. Given the strong association between cumulative months of deployment and youth and caregiver difficulties among our sample, targeted initiatives for families experiencing many months of deployment may be needed.

Focus programs on the quality of family communication. Among the families in our sample, a higher quality of family communication was associated with greater child and caregiver well-being and better functioning both during and after deployment. Therefore, it may be important to consider integrating evidence-based strategies into programs to improve the quality of communication between caregivers and youth and between caregivers and deployed parents. Doing so may entail pre- and post-deployment interventions that address communication for the entire family and focus on improving perceived empathy for each family member's experience.

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

Our study findings show that Guard and Reserve caregivers in the sample reported higher levels of difficulties. Given that it can be challenging for Guard and Reserve families to connect to services (because, for example, they may not live near a military installation or have a ready connection to military resources), Guard and Reserve families may need greater access to resources.

Evaluate programs in light of existing research.

Since the beginning of the conflicts in Iraq and Afghanistan, there has been a rapid proliferation of programs to support military families, yet few have been rigorously evaluated. A systematic evaluation of these programs is needed, including an assessment of how well program content aligns with families' needs.

The findings also have implications for further research. The results shed light on the challenges faced by a self-selected population of military youth and their nondeployed caregivers. Continuing to broaden and deepen an understanding of challenges facing military families by studying other samples of military youth will be critical for helping military organizations understand families' needs and respond appropriately. In addition, future studies would benefit from including matched civilian samples as benchmarks for understanding how the emotional well-being of military youth and caregivers compares with that in the general population. ■

This research was sponsored by the National Military Family Association, with funding from the Robertson Foundation and Sierra Club Foundation. The National Military Family Association fights for benefits and programs that strengthen and protect uniformed services families and reflect the nation's respect for their service.

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