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Military and Veteran Families and Children: Policies and Programs for Health Maintenance and Positive Development

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Abstract

This *Social Policy Report* summarizes what is currently known about our nation's military children and families and presents ideas and proposals pertinent to the formulation of new programs and the policies that would create and sustain these initiatives. We emphasize the need for future rigorous developmental research about military children and families that could more definitively inform future programs and policies. These policies and programs should build on the resilience of military children and families in order to best maintain and enhance their health and positive development. The goal of our recommendations is to have better policy and program preparedness so that the next time the U.S. is engaged in a conflict, we can more quickly and efficiently provide the specific support and treatment that military families and children need and merit.

*Stephen J. Cozza's views expressed herein do not necessarily reflect those of the Uniformed Services University of the Health Sciences or the Department of Defense.

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From the Editors

This issue is published right after the United States marked the Veteran's Day holiday with town parades, school assemblies, and other events honoring veterans. But what happens the other 364 days of the year? And what about the children and families of military personnel and veterans? In this issue of *Social Policy Report*, retired Colonel Stephen Cozza, Rich Lerner, and Ron Haskins summarize the literature related to policies and programs for military and veteran families and children. They underscore the strengths and resilience seen in military families as well as the challenges faced. They also call for more research and better programs for military and veteran families, working across military and non-military agencies and embedded in the communities where military-connected children and families live.

Two commentaries deepen the discussion about how best to support military and veteran children and families. Michelle Sherman, who has spent many years working in the Veterans Health Administration (VHA) system, describes innovative efforts of VHA programs to partner with community organizations to better support children and families. She also calls for VHAs to expand their focus to support veterans and their families. In the second commentary, Rami Benbenishty and Ron Astor highlight the importance of considering the normative settings in which military children function (e.g., non-military communities, schools) and building on those normative experiences to foster resiliency in military-connected children. They also urge researchers to include information about the military experiences of children in their studies in order to build a stronger research base about the experiences, strengths, and challenges of military-connected children as compared to their non-military connected peers.

This issue offers various ideas about how to better support the children and families of military personnel. Some are small changes, such as asking about family members' military status on school registration forms. Others are larger, such as promoting the use of evidence-based family support programs and conducting longitudinal studies to examine the long-term impact of programs on military-connected children and families. What changes—big or small—will be evident by the next Veteran's Day?

— Kelly L. Maxwell (Issue Editor)
Samuel L. Odom (Editor)
Iheoma U. Iruka (Editor)

Military and Veteran Families and Children:
Policies and Programs for Health Maintenance and Positive Development[1]

Since the war in Afghanistan began in 2001, followed in 2002 by the war in Iraq, the United States has seen the largest sustained deployment of military service men and service women in the history of the all-volunteer force. More than two million Americans have served in these post-9/11 wars, and nearly 45% of them have children. In all, more than two million military children have been separated from their service member parents, both fathers and mothers, because of combat deployments. Many families have seen multiple deployments—three, four, even five or more family separations and reunifications. Others have struggled with combat-related mental health problems, including posttraumatic stress disorder (PTSD); physical injuries, including traumatic brain injury (TBI); and death, all of which can affect children and families for years (Cozza, Chun, & Polo, 2005).

The terms "military family" and "military child" have been used in various ways. President Barack Obama and the Joint Chiefs of Staff define military families as active-duty service members, members of the National Guard and Reserve, and veterans, plus the members of their immediate and extended families as well as the families of those who lost their lives in service to their country (Office of the Joint Chiefs of Staff, 2013; Office of the President, 2011). However, researchers who study and collect data on military families and children typically define military families as the spouses and dependent children (age 22 and younger) of men and women on active duty or in the National Guard and Reserve, mainly because those individuals are identifiable and traceable as "military dependents" within the Department of Defense (DoD) data systems (such as the Defense Enrollment Eligibility Reporting System or DEERS). We use this definition, recognizing that by doing so we may exclude other family members, such as parents, siblings or adult children, who military service members may identify as part of their family. However, we broaden the definition to include the children and spouses of military veterans because the experience of military family life may, and often does, continue to affect the growth and health of families and children long after service members leave the armed forces.

Although most Americans recognize and appreciate the sacrifice of service members who serve the nation, they likely know little about the actual costs imposed on the health and functioning of families, including children, of service members and veterans. To address this gap in knowledge, Cozza and Lerner edited a fall 2013 issue of *The Future of Children* on military children and families, followed by a *Policy Brief* (Cozza, Haskins, & Lerner, 2013). With a particular focus on the literatures of psychiatry and developmental science, these publications presented considerable evidence about America's military-connected children and their families. However, the authors of these two publications also pointed to the limits of our knowledge.

We need representative information about what typically characterizes children's development in the nation's diverse military-connected families. Research on the development of military children has focused largely on the quality or functioning of their family systems and on the potential risks of a parent's deployment to their well-being (e.g., Adler-Balder, Taylor, & Pasley, 2005; Chandra et al., 2010; Engel, Gallagher, & Lyle, 2010; Hogan & Seifert, 2010). A comprehensive and balanced picture of these families also requires complementary information about the strengths and resilience of these young people, particularly as they face challenging circumstances. In addition, research should include military children from all military service branches (Army, Navy, Air Force, Marines) and components (active, National Guard and reserve), as these groups can differ

[1] This SPR is a summary and expansion of the fall 2013 issue of *The Future of Children* and of the associated *Policy Brief*, both issued by Princeton University and the Brookings Institution. We thank Jon Wallace, Managing Editor of *The Future of Children*, for his contributions to this work.

in terms of culture, community attributes and resources, as well as military related challenges. Our current knowledge is not sufficient to guide our understanding of military children's resilience or to help us design better programs to mitigate the risks they face within the communities in which their parents serve and their families live. Without precise knowledge of military children's strengths and their opportunities for positive development, conjecture and overgeneralization will inappropriately frame decisions about meeting their needs and supporting their health.

Accordingly, the Cozza and Lerner (2013) and the Cozza, Haskins and Lerner (2013) publications used existing research to describe what is currently known about our nation's military children and families and, based on this knowledge, put forth ideas and proposals pertinent to the formulation of new programs and the policies that would create and sustain these initiatives. The authors also discussed the need for future rigorous developmental research about military children and families that could more definitively inform future program and policy. This *Social Policy Report* extends the analysis of these prior publications. We briefly summarize the extant knowledge base and, in this context, discuss ideas for programs and policies based on this information. In other words, we summarize what current evidence suggests for enhancing existing policies and programs that ameliorate risk and promote positive development among military children, and we propose new research to support future innovations in policies and programs. We organize our discussion around several important domains of knowledge about military children and families.

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The Demographics of Military Children and Families

Since the advent of the all-volunteer force in the 1970s, marriage, parenthood, and family life have become commonplace in the U.S. military among enlisted personnel and officers alike, and military spouses and children now outnumber service members by a ratio of 1.4 to 1 (Clever & Segal, 2013). As Clever and Segal note, compared with civilians, service members marry younger and have children earlier. Because of the requirements of their jobs, military families move much more frequently than civilians do, and service members are often separated from their families for months at a time. Despite steady increases since the 1970s in the percentage of women who serve, the armed forces are still overwhelmingly male, meaning that the majority of military parents are fathers. Despite these trends, Clever and Segal (2013) emphasize that military families cannot be neatly pigeonholed. They are a strikingly diverse population with diverse needs. Moreover, military families' needs change as they move through personal and military transitions.

Pointing to the racial, ethnic, and cultural diversity of our military families, Clever and Segal (2013) note the need for flexible programs and policies that can adequately adapt to this diversity and to the changing circumstances families face. They emphasize that policies should not compel diverse military families to fit into fixed and rigidly structured programs. They envision policies that support programs being accessible to families from all backgrounds and constellations and at all stages of the life course. Moreover, they explain that family needs will continue to change and, in particular, they note that these changes will occur in relation to the increased roles open to women in the military.

For instance, if women choose to serve and to stay in the military longer, their male civilian spouses will be subject to policies and programs related to moving and to spousal employment training that were designed largely to meet the needs of military wives and may be less relevant for dependent husbands (Clever & Segal, 2013). They note that Family Readiness Groups and other community service organizations for families have in fact begun to include male spouses. However, future programs will likely require even greater ability to manage family diversity. For example, given the repeal of "Don't Ask Don't Tell" and the increasing legal recognition of same-sex marriages, these community programs will also need

to include spouses from same-sex families (Clever & Segal, 2013).

Economic Conditions of Military Families

The economic conditions of military families and children represent another dimension of the macro ecology that has important implications for policies and programs. Although military personnel earn more than civilian counterparts and have access to benefits, the challenges inherent in being in the military, along with the negative effects of the military on spouse earnings, often negatively affect their family's financial health. That is, service members typically earn more than civilians with a comparable level of education and receive many other benefits that civilians often do not, including housing allowances, subsidized child care, tuition assistance, and top-of-the-line comprehensive health care (Hosek & Wadsworth, 2013). On the other hand, service members tend to work longer hours than civilians and are exposed to hazards that civilians rarely, if ever, face. The extra pay they receive when they are deployed to combat zones helps their families cope financially but cannot alleviate the stress of having a loved one in harm's way.

Despite their relatively higher pay, some service members and their families—particularly among the junior enlisted ranks—report financial distress, and a handful even qualify for food stamps. Although service members are relatively well paid, the military lifestyle takes a toll on the earnings of their spouses. Chiefly because the military requires service members to move frequently, spouses' careers are regularly interrupted and employers can be hesitant to offer them jobs that require a large investment in training or a long learning curve (e.g., Harrell, Lim, Castaneda & Golinelli, 2004; Lim & Schulker, 2010). More military spouses than comparable civilian spouses are either unemployed or work fewer hours than they prefer, and military spouses overall tend to earn less than their civilian counterparts (Hosek & Wadsworth, 2013). Families may also experience hardship due to a drop in income when a service member leaves the armed forces.

Hosek and Wadsworth (2013) note that both congressional and military policymakers have acted to increase military compensation and to reduce the cost of housing for military families in order to relieve their financial burden. In addition, the military has acted to improve spousal employment opportunities and to enhance the financial literacy of military personnel. Although these policies have improved the economic conditions of military families, Hosek and Wadsworth (2013) explain that there remain significant financial challenges for some members of the military, in particular junior enlisted personnel, families dealing with combat injuries, families with special medical or educational needs, families experiencing readjustment problems, and families trying to cope with a spouse's unemployment. Hosek and Wadsworth (2013) conclude that military service is associated with financial challenges. In addition, as the size of the military is reduced in the post-war years, potentially through the phasing out of some financial incentives for military service, policymakers need to remain vigilant that the economic conditions of military families do not deteriorate.

Military Children from Birth to Five Years

Because most research on military families has focused on children who are old enough to go to school, less is known about the youngest and perhaps more vulnerable children in these families (Osofsky & Chartrand, 2013). Attention to this young population is even more critical because 40% of all military children are five years old or younger. Some of what we do know, however, is worrisome—for example, multiple deployments, which many families have experienced during the wars in Iraq and Afghanistan, may increase the risk that young children will suffer maltreatment, as evidenced by rising rates of military child neglect during the wars (e.g., Faber, Willerton, Clymer, MacDermid & Weiss, 2008; Flake, Davis, Johnson, & Middleton, 2009; Gibbs, Martin, Kupper, & Johnson, 2007; Mansfield et al., 2010; Rentz et al., 2007; Ruscio, Weathers, King, & King, 2002). Osofsky and Chartrand (2013) emphasize that deployment may be particularly stressful for young children, who depend on their parents for nearly everything. Not only does deployment separate young children from one of the central figures in their lives, but it can also take a psychological toll on at-home parents, adding to their own distress and potentially compromising their parenting.

Being a child in a military family has both rewards and challenges. As we create a stronger research base to formulate programs and policies that capitalize on the strengths of military children and families and to address their challenges, we will need to attend to developmental issues pertinent to the design of these actions. To illustrate the importance of attentiveness to developmental processes, Osofsky and Chartrand

(2013) note that existing developmental research must serve as a foundation to guide policies and programs for young children in military families. As a result, they recommend: (a) supporting the attachment relationship and maintaining normal routines and activities before, during, and after disruptions like deployment; (b) developing parenting programs that are specific to the experiences of military families; (c) training care providers about the range of developmental responses to separation and loss that can be expected from children of different ages; and (d) providing children and families with developmentally appropriate support when service members return home with post-traumatic symptoms and combat-related traumatic injuries.

Child Care and Other Support Programs

Many military families with young children use the child care services provided by the military. As Floyd and Phillips (2013) explain, these services are excellent and serve as a model to the nation. They note that the U.S. military has come to realize that providing reliable, high-quality child care for service members' children is a key component of combat readiness. As a result, the DoD has invested heavily in child care. Floyd and Phillips (2013) believe that the DoD now runs what is by far the nation's largest employer-sponsored child care system, a sprawling network with nearly 23,000 workers that directly serves or subsidizes care for 200,000 children every day. In addition, the military's system of child care is embedded in a broader web of family support services. Floyd and Phillips (2013) are concerned, though, that the demand for military child care continues to outstrip the supply. In particular, as National Guard and Reserve members have been activated during the wars in Iraq and Afghanistan, the DoD has sometimes struggled to provide child care for their children (Floyd & Phillips, 2013). Moreover, force reductions and budget cuts are likely to force the military to make difficult choices as it seeks to streamline its child care services in the years ahead.

Floyd and Phillips (2013) note that research is needed to ascertain if the DoD's investment in accessible, high-quality child care has resulted in the enhancement of children's development as indexed by measures of school readiness, social skills (including self-regulatory functioning), and physical and mental health. Floyd and Phillips note also that the military's child care programs reflect the commitment of DoD to support and invest in workers' families. These programs reflect, as well, the belief that an integral facet of military readiness involves the provision of high-quality child care, a concept that could be appropriately and usefully embraced by civilian employers.

Resilience among Military Youth

Easterbrooks, Ginsburg, and Lerner (2013) note that much research on children in military families has taken a deficit approach—that is, it has portrayed these children as a population susceptible to psychological damage from the hardships of military life, such as frequent moves and separation from their parents during deployment. However, military children also have individual strengths and contextual supports, and although more nationally representative research comparing military children with their civilian counterparts in the areas of emotional, behavioral and academic functioning is needed, Easterbrooks et al. (2013) note research showing that there is considerable overlap in the distribution of scores in measures of child development between military and civilian children. In fact, research that would be most helpful in informing policy to support military children must examine the processes that both foster and undermine health, as well as study the interaction of these effects. The current lack of strength-based research undermines this capacity and is, therefore, an important area of future research focus.

To better serve military children, we must understand the sources of strength that help them cope with adversity and thrive. In other words, we must understand the mechanisms of their resilience, defined as their capacity to successfully meet the challenges that they face while continuing to grow, adapt and even thrive in the face of these adversities. Masten (2014) has defined resilience broadly as "the capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development" (p. 6). Resilience, at least in part, is a product of the relationships between military children (and their strengths) and the people and resources around them.

Both Easterbrooks et al. (2013) and Masten (2013) report that most military-connected children and parents possess the fundamental attributes that contribute to resilience in the face of parental deployment and reunification. For instance, self-regulation, or a person's ability to intentionally alter her behavior, thoughts, attention, and emotions to react to and influence the environment (Gestsdottir & Lerner, 2008), is a key strength that helps people adapt and thrive in the

face of adversity. This facet of the resilience process is enhanced when other family members also possess strong self-regulation skills. Thus, when military children must adapt to parental deployment, their resilience is related to their mothers' or fathers' own adjustment and mental health (Chandra & London, 2013; Lester et al., 2010). Just as in civilian families, positive and healthy relationships with close family members can help military children adapt to stress.

Other factors that likely protect military children and parents from stress include the perception that society appreciates the value of military service, pride in contributing to an important mission, a sense of belonging to a military culture, and awareness that networks of support do not go away when active service ends (Cozza et al., 2013). In addition to providing a haven of safety and stability in difficult times, family relationships can help military-connected youngsters make meaning of adversity, affirm their strengths, feel connected through mutual support and collaboration, provide models and mentors, offer financial security, and frame the stressful circumstances in the context of family values and spirituality. The culture of the modern military seems to give families the capacity to help children see their experiences as a badge of honor rather than a burden. In short, Easterbrooks et al. (2013) note that military life, along with its hardships, offers many sources for resilience. They hypothesize that children whose parents are deployed may build their self-confidence by taking on new responsibilities in the family and that moving may offer opportunities for adventure and personal growth.

Easterbrooks, Ginsburg, and Lerner (2013) note that there already exist some laudable programs that likely enhance resilience and thriving among military-connected youth. For instance, and related to the recommendations of Huebner and Mancini (2005) and Kudler and Porter (2013), existing research supports initiatives such as the 4-H/Army Youth Development Project and Operation: Military Kids, which involves integrating the formal supports of a military installation and the informal supports of the non-military community. While promising, the impact of such programs on the development of military youth remains to be ascertained. In addition to recommending that such research be undertaken in the service of creating evidence-based practice, Easterbrooks et al. (2013) believe that such work can determine which programs show proof of outcome and should be funded when we again find ourselves at war.

How Wartime Military Service Affects Children and Families

How are children's lives altered when a parent goes off to war? What aspects of combat deployment are most likely to put children at risk for psychological and other problems, and what resources can children and families tap to overcome such hardships and thrive? To address these questions, Lester and Flake (2013) examined the deployment cycle, which is a multistage process that begins with a period of anxious preparation after a family receives notice that a parent will be sent into combat. Perhaps surprisingly, for many families, the most stressful part of the deployment cycle is not the long months of separation but the post-deployment period, when service members come home from war and must be reintegrated into families whose internal rhythms have changed and in which children have taken on new roles (Lester & Flake, 2013).

Perhaps surprisingly, for many families, the most stressful part of the deployment cycle is not the long months of separation but the post-deployment period, when service members come home from war and must be reintegrated into families whose internal rhythms have changed and in which children have taken on new roles (Lester & Flake, 2013).

Underscoring the importance of the Easterbrooks et al. (2013) appeal for greater preparedness with developmentally appropriate programs during war, Lester and Flake (2013) note there is growing knowledge about how wartime military service affects children and families. They point to the need to quantify the impact of cumulative stress on military families so that military policymakers can employ evidence-based decisions about the optimal number and length of deployments

that will sustain family health. They also emphasize the importance of gaining greater knowledge about if and how some families continue to do well despite multiple deployments. Such information may provide ideas for new policies and programs to maintain family and child resilience and support children and families most vulnerable to deployment stress (Lester & Flake, 2013).

Research indicates that even routine military life means that families must deal with conditions that can be challenging (Collins & Wadsworth, 2014). Military families are separated; children change schools frequently; and some families, particularly those of lower rank, may face financial problems. Members of the military usually have little choice about where they are stationed, which means that spouses and children cannot decide where to live and when to move. Deployment to a combat zone adds a layer of danger to this already formidable list. The stress that family members feel when their loved ones are in harm's way can disrupt family routines, lead to conflict between parents, and cause worry and elevated distress (Cozza et al., 2005).

Several investigators have surveyed military families and found that combat deployment is associated with higher levels of emotional and behavioral problems in children. For instance, Chandra and colleagues (Chandra et al., 2010) used a computer-assisted telephone interview with over 1,500 military children aged 11 to 17 and their caretakers. Controlling for family and service member characteristics, they found that older boys and girls of all ages with a deployed parent had significantly more problems with school, family, and peers than did children the same age in the general U.S. population. Longer deployments were associated with more problems. Lester and colleagues (Lester et al., 2010) reported similar results among 272 children aged 6 to 12. Importantly, both studies found a strong relationship between the mental health of parents or caretakers and the healthy adaptation of their children to deployment stress, underscoring the potential benefit of family-centered intervention strategies.

Mansfield and colleagues (2011) also examined how combat deployment affects children's mental health, using outpatient treatment records from 2003 to 2006 of nearly 310,000 children aged 5 to 17 with at least one parent in the Army. They compared the pediatric mental health outpatient visits of children whose parents were deployed longer than 11 months, 1 to 11 months, or not deployed at all. After controlling for children's age, gender, and mental health history, they found that both boys and girls whose parents were deployed received higher-than-normal levels of mental health diagnoses (including depression and behavioral disorders). Children of parents deployed more than 11 months had especially high levels of these problems. These results should be interpreted with some caution because they are based on the procedural diagnostic codes that clinicians must enter in health care records for insurance and other purposes. Although greater use of mental health services likely indicates higher levels of distress in these military children, it should not be equated with mental illness in all cases.

Research also identifies an increased risk of child maltreatment among children with a deployed parent (Gibbs et al., 2007; McCarroll, Fan, Newby, & Ursano, 2008; Rentz et al., 2007). Over the years, rates of child maltreatment in military families have been no greater, and perhaps lower, than among civilian families, and maltreatment rates in military families fell continuously until combat operations began in 2001 (McCarroll et al., 2008). However, several studies have shown that parents are more likely to maltreat children during periods of deployment. Gibbs and colleagues (2007) found that, based on confidential military records from 2001 to 2004, civilian wives of service members were four times more likely to neglect children during their husband's deployment than when he was home, and nearly twice as likely to physically abuse them. McCarroll and colleagues (2008) also found rising rates of child maltreatment in military families between 2001 and 2004; this increase followed a decline in the 1990s. Most of the increase was in neglect rather than physical abuse. Deployment may contribute to an elevated propensity for child neglect in a number of ways; for example, by temporarily creating the equivalent of a single-parent family—a known risk factor for child neglect (Fullerton et al., 2011).

We can draw two conclusions from these and similar studies on the effects of deployment on families. First, deployment leads to stress that affects both parents and children. Parental absence and parental distress are likely associated with diminished parenting capacity, greater risk for child maltreatment (particularly neglect), and greater parental dysfunction, and these in turn are associated with social-emotional and behavioral problems in children. Second, severity of exposure can make these child and family problems worse. For example, increased risk that a family will encounter trouble is associated with greater cumulative deployment time. Other risk factors may include a parent suffering from post traumatic stress

disorder (PTSD), traumatic brain injury (TBI) or another injury, or a family member's death (Holmes, Rauch, & Cozza, 2013). These findings justify concern and must lead to action by the public, by policymakers, and by senior military and other government officials.

Both clinical experience and research suggest that any actions that are taken should be done in recognition of two key facets: 1) combat deployment leads to a large range of reactions among military families and children; and 2) vulnerability is present in only a minority of the population (Cozza et al., 2005; Lester et al., 2010). These reactions fall along a continuum from risk to resilience. Many parents and children handle the stress of deployment well, taking problems in stride and continuing to function normally. At the other end of the continuum, some parents and children struggle significantly with the challenges they face, resulting in dysfunction and risk. Given that families manifest a range of responses to combat deployments, most are likely to be distressed by these hardships but also have some capacity to adopt strategies that can sustain their health and wellness.

This range of responses suggests that we need a broad intervention strategy that supports health, screens for risk, and engages those who have the most trouble. To be sure, some children will need behavioral health treatment, although most can be helped with modest and relatively inexpensive interventions. In turn, in regard to policy, Lester and Flake (2013) believe that initiatives such as the Army Family Covenant and the Joining Forces campaign by the White House may have fostered a greater focus on the military family among military leaders. They believe as well that such a focus enhances military readiness and provides essential support for our returning warriors. They also argue that it is important to enhance existing systems of care both for current military and for veteran families, and they point out that community-based systems include organizations that promote human development such as schools, child care providers, and healthcare and mental health facilities. These institutions in the communities of military-connected families should devise protocols that both identify military-connected children living in their midst and offer services designed specifically to address their needs before, during, and after deployments.

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Underscoring the importance of taking a broad, community-wide approach to policies and programs, Lester and Flake (2013) note that attention must be paid to all members of the military, not just active-duty service members but National Guard and Reserve families and children as well. They point out that military life extends beyond military installations; therefore, they note that programs and services should not be concentrated on or near installations alone. The family members of the Guard, the Reserve, and veterans live in diverse locations across the nation. As such, Lester and Flake (2013) recommend that our nation establish communities that offer integrated systems of care in which families, children, and service providers communicate and collaborate to support the specific needs of military children and families. As we shall note below, this recommendation corresponds to the views of Kudler and Porter (2013) about the importance of creating communities of care for military children.

When a Parent Is Injured or Killed in Combat

Many military-connected children must learn to cope with a parent's deployment-related injury or death. Holmes et al. (2013) note that when service members are injured or die in a combat zone, the consequences for their families can be profound and long-lasting. Visible, physical battlefield injuries often require families to adapt to long and stressful rounds of treatment and rehabilitation. They can leave the service member with permanent disabilities that mean new roles for everyone in the family. Invisible injuries, both physical and psychological, including traumatic brain injury and combat-related stress disorders such as PTSD, are often not diagnosed until many months after a service member

returns from war (Jones, Young, & Leppma, 2010), if they are diagnosed at all—many sufferers never seek treatment. These disorders can alter a service member's behavior and personality in ways that make parenting difficult and reverberate throughout the family. A parent's death in combat not only brings immediate grief but can also mean that survivors lose their very identity as a military family when they must move away from their supportive military community. Holmes et al. (2013) discuss how visible injuries, traumatic brain injuries, stress disorders, and death affect parents' mental health, parenting capacity, and family organization; they also discuss the community resources that can help families in each situation. They note that most services focus on the needs of injured service members and veterans rather than those of their families.

The importance of the integrative and specific communities of care called for by Lester and Flake (2013) are poignantly illustrated when a child's parent is seriously injured or killed in combat. Yet, as Holmes et al. (2013) note, there is still insufficient research that describes how visible and invisible injuries or bereavement affect military children, especially because we will need evidence-based policy initiatives in hand for future wars, a point noted as well by Easterbrooks et al. (2013).

Based on their review of research about the wars in Afghanistan and Iraq, on extrapolations from research from past wars, and from relevant research from civilian populations, Holmes et al.(2013) present several recommendations for programs and policy: (a) stabilize the family environment throughout recovery by ensuring access to basic needs such as housing, education, health care, child care, and jobs; (b) identify and promote services that support family organization, communication, coping, and resilience; (c) incorporate family-centered care models into clinical and community practice to provide basic parenting intervention and education about the challenges of a service member's visible or invisible injuries, or of a surviving parent's bereavement; (d) identify and treat mental health problems— including depression, anxiety, and PTSD—in uninjured parents and children; (e) tailor services to families' individual risks and strengths; (f) educate clinical and community service providers about the unique needs of families of service members who have been injured or killed in combat; and (g) commit to sustaining systems of support for these families, who may need help for decades.

Building Communities of Care for Military Children and Families

Communities of care are defined as "complex systems that work across individual, parent/child, family, community, military, national, and even international levels of organization to promote the health and development of military children" (Kudler & Porter, 2013, p. 164). Kudler and Porter (2013) believe that the well-being and, in turn, the long-term support of military families and children may be realized within such a system (e.g., Beardslee et al., 2011; Lester et al., 2011, 2012; Saltzman et al., 2011). They note that military children do not exist in a vacuum; rather, they are embedded in and deeply influenced by their families, neighborhoods, schools, the military itself, and many other interacting systems. To minimize the risks that military children face and maximize their resilience, Kudler and Porter (2013) emphasize that practitioners and policymakers must go beyond clinical models that focus on military children as individuals and develop a public health approach that harnesses the strengths of the communities that surround them. In short, communities of care must be built. Kudler and Porter (2013) review a broad spectrum of programs that may help build communities of care. These programs have been developed by the military, by nonprofits, and by academia. Many of these communities of care appear promising, but the authors emphasize that almost none are backed by strong scientific evidence of their effectiveness. Moreover, one obstacle to building communities of care is that at many times and in many places, military children and their families are essentially invisible. Most schools, for example, do not routinely assess the military status of new students' parents.

Both Lester and Flake (2013), in regard to the impact of deployment on the health and well-being of military families and children, and Holmes et al. (2013), in regard to the impact of parental injury or death resulting from deployment, point to the importance of building communities of care for military children and families. Kudler and Porter (2013) present several program and policy recommendations pertinent to constructing such communities. All programs associated with the care of and/or service for children and families (including clinical health services, schools, child protection agencies, law enforcement, and the courts) should routinely ask the child and/or adult about their connection to the military. Indeed, both membership in the military and the status of that membership (e.g.,

active duty, veteran, etc.) should be noted on all medical and health records. In addition, to enhance coordination among the DoD, the VA, and private healthcare systems, government healthcare programs and private-sector insurance companies should institutionalize health providers taking the military history of people entering their systems. Chandra and London (2013) make a similar point, noting the importance of routinely collecting data about military status—with the goal of both providing a seamless system for identifying military-connected families and children and for building a more complete database about their characteristics. Such a thorough database will be particularly important because the effects of deployment and of parental injury or death due to deployment may extend across the life span (Holmes et al., 2013).

In addition to building knowledge about the health and development of military-connected families and children, other steps need to be taken to fully construct communities of care. For instance, Kudler and Porter (2013) recommend that clinical programs (including, in their view, those linked not only to medical, psychiatric/clinical psychological, or social work services but also to schools, child protection agencies, and law enforcement and the courts) should teach staff about military culture and the impact of deployment, injury, and death on military children and families. They also recommend that clinical health programs should register in the National Resource Directory (NRD), which connects Wounded Warriors, service members, veterans, and their families and caregivers with those who support them. Such registration would enable easy access by military families and health-care providers and other sectors of society with whom military families and children may interact. These people and groups include employers, members of the faith community, and schools. Indeed, Kudler and Porter (2013) note that children's educational records should include their military status. Military-connected children should not be anonymous in their classrooms. Similarly, employers should know the military-connected status of their employees and should seek to learn about the proportion of military-connected people who may be their patrons. In addition, leaders of religious congregations should be aware of the military-connected status of their congregants. Schools, businesses, faith institutions, and civic organizations should also participate in the NRD, with the goal of making all resources for military children and families transparent and accessible in every community in the nation (Kudler & Porter, 2013).

Overall Program and Policy Recommendations

The data on the context of military children and families and the negative effects of deployment on them suggest that more — and more effective — policies and programs are needed. These policies and programs should build on the resilience of the children and families to maintain and enhance their health and positive development.

Program Innovations

Military communities are diverse and rich with cultural heritage and resources that help sustain families and children. Military families reflect the culture and diversity of our nation and, as a result, they contribute their unique histories and traditions to the common purpose of the military community. Identification with the mission of the military brings family members a sense of connection, purpose and meaning that can sustain them through the many challenges they face. These common core values, including a sense of duty and selflessness, instill strength in individuals as well as the community at large. As a result, military communities, service members, their families and, more specifically, their children, may possess capacities that equal or exceed those of their civilian counterparts. When they face deployments and the consequences of war, though, service members and their families are at risk for higher levels of distress, mental health problems (Hoge et al., 2004), emotional and behavioral problems, child maltreatment (McCarroll et al., 2008), and possible deterioration in parental and family functioning, particularly when parents come home with serious disorders such as PTSD or TBI (Pessar, Coad, Linn, & Willer, 1993; Samper, Taft, King & King, 2004).

Combat veterans have a significant risk of developing mental disorders as a result of their wartime exposure (Hoge et al., 2004). However, we should avoid a tendency to employ an "illness" model to understand how military spouses and children respond to wartime deployments. Though some people may develop mental disorders, they are likely to be a significant minority. Most other affected adults and children will experience distress (Lester et al., 2010). Distress is not an illness, but it can still significantly affect individuals, families, and communities. In addition to the anguish it can cause, distress can undermine occupational, social, and emotional functioning. Distressed parents are less likely to be attentive to their children and may lose some of the parenting capacity. In turn, it is possible that

distressed children may become withdrawn, participate in fewer extracurricular activities, find it difficult to concentrate in school, or demonstrate behavioral symptoms that are unusual or that compromise their normal development.

Interventions for mental illness differ from interventions for distress. In 1994, the Institute of Medicine (IOM) outlined a model of activities that promote and sustain health in a traumatically exposed population where responses may range from health to illness. It places prevention strategies along a spectrum of intensity: universal (helpful to all), selective (useful to those at higher risk), and indicated (targeted to those who exhibit symptoms of a disorder; Mrazek & Haggerty, 1994). Beyond prevention, the IOM intervention spectrum includes more intensive activities such as illness identification, traditional treatment, and health maintenance activities (Mrazek & Haggerty, 1994). Such a model is an excellent foundation for a national plan to support and sustain military children and families.

Both Kudler and Porter (2013) and Easterbrooks et al. (2013) define a spectrum of services that focus on effective prevention and treatment. Universal prevention in military communities is best achieved by programs that ensure social support; make resources readily available; and develop adults', children's, and families' capacity to communicate, connect with others, be flexible, take on new and appropriate challenges, solve problems, resolve conflicts, build a core sense of individual and family capacity and wellness, and develop other resilience-enhancing skills. Such skills can prepare individuals, families, and communities and sustain them through challenging times. Universal prevention programs should be available in the many settings where service members, veterans, and their children and families are likely to be found—schools, child care programs, youth services, faith-based organizations, and health care systems, all of which have the capacity to promote health and wellness. Many such prevention programs are available in military communities, but they are less likely to be found in the civilian communities where National Guard and Reserve families often live or where veteran families move after their service ends.

In addition to universal prevention, we need programs that target the populations who face the greatest risk, for example, those who experience multiple deployments, PTSD, TBI, or a parent's death. Holmes et al. (2013) note that military and veteran families who face long-term disability are more likely to have disrupted individual and family functioning. Though the frequency of deployment distress may decrease as the wars in the Middle East wind down, military parents' combat-related illnesses and injuries will continue to affect their families and children.

Programs designed to help those who are at the most risk or are showing symptoms of distress or dysfunction are at varying stages of development, and they require further refinement and evaluation research. However, there do seem to be several new preventive interventions that are helping families where deployment, illness, or injury have overwhelmed family resources, disrupted family schedules and routines, or undermined previously normative parenting practices. One family-focused prevention program shows considerable promise, and it illustrates the kind of programs that should be available to all military and veteran families who need them. FOCUS (Families Over Coming Under Stress) was developed by a UCLA-Harvard team, who based their design on previous research and evaluations of programs developed to help children and families contending with parental depression, a parent's infection with HIV, and military deployment (Saltzman et al., 2009). Based on the previous research and evaluations, the UCLA-Harvard team worked with the Navy and Marine Corps to modify the program's family prevention strategies for use with military families. FOCUS includes these central elements: family education, structured communication through discussing deployment on a personal level, and development of family-level resiliency skills. This multi-session (typically six sessions, but sometimes more) program involves separate meetings with parents and children, followed by sessions with all family members who participate in structured activities led by skilled family resilience trainers.

FOCUS has been evaluated by collecting data from participants on several symptoms and behaviors both before and after they took part in the program. Data were collected over 20 months from nearly 500 participating families serving at 11 military installations. Before the program began, participating parents scored higher than community norms on measures of posttraumatic stress, depression, and anxiety, and children scored higher for emotional and behavioral problems. After 20 months, parents and children who participated in FOCUS showed significant improvement in all of these areas. They also showed improvement on measures of family functioning, such as communication,

role clarity, and problem solving, all of which were targeted by the FOCUS program (Lester et al., 2012). These results suggest that the processes underlying family resilience can be bolstered by family-centered preventive intervention.

Some of the testing that the creators of FOCUS carried out as they designed the program met high standards of evaluation design (Beardslee et al., 2011), and the results of this assessment were encouraging. Even so, the program should continue to undergo rigorous evaluation. Moreover, refining FOCUS specifically for families who are contending with TBI and PTSD would expand usefulness to those who are likely to experience the highest and longest-term risk. We recommend that federal funding pay to expand, adapt, and refine the program.

In addition, there are an increasing number of programs that build on the strengths and resilience of military youth. Examples are the programs of NGOs such as the Military Child Education Coalition (MCEC; http://www.militarychild.org). The MCEC Student-to-Student (S2S) program, for instance, uses a peer mentoring model to support military-connected youth who are newly arrived to a school or community adapt to this new setting through the assistance of other military-connected youth in the school/community. In short, S2S is a student-centered and student-led program, primarily at the middle and high school levels, that is aimed at easing youth transitions and creating a positive environment for military-connected youth who have moved to a new setting. Programs such as those of MCEC also merit federal investment for both program sustainability/expansion as well as evaluation. These recommendations move us to a discussion of the policy actions that would both support program enhancement and create a sustained infrastructure in our nation to provide evidence-based programs for military families and their children.

Policy Innovations

We owe military children and families the best programs that science and practice can design and deliver. Masten (2013) underscores a key point made by the contributors to *The Future of Children* (Cozza & Lerner, 2013) about the importance of conducting new, developmental (longitudinal) research about military children and families, especially research that identifies the strengths of these youth and their parents and therefore does not focus solely on problems. Masten (2013) notes that research on military families and the systems that serve them may enhance knowledge about basic processes of resilience and provide the evidence base for launching programs and policies promoting positive development. Masten (2013) uses a perspective reflecting relational developmental systems models of human development (Overton, 2013), which emphasize that development involves mutually influential relations between the individuals and the ecology within which they live. Masten (2013) explains that effective strategies to enhance resilience in the face of adversity may involve changes at many different levels of the developmental system (e.g., individual, families, or communities) but always are developmentally appropriate and adapted to the specific characteristics of the people receiving the services. Reflecting the call by Kudler and Porter (2013) in regard to building communities of care, Masten emphasizes that all people who work with military children and families should be educated about basic issues of child development, the culture of the military, and the effects of deployment on children and families, including responses to parent injury and death.

We need to learn principles of best practice, through the evaluations of this work consistent with the concept of communities of care. These principles should be employed to identify and enhance existing programs and to generate new programs, and these initiatives need to address the specific needs of specific children and families within the military community. Funding is needed to support the creation of a learning environment to ascertain what programs best support what specific military children and families facing what specific challenges.

For example, the success of FOCUS indicates that greater funding should become available to continue to rigorously evaluate this program and similar ones. Moreover, we want to enhance the lives of children and families both during and after the parent's term of service is completed. Accordingly, funding is needed as well to follow participants for at least 10 years to determine whether these programs make a long-term difference in the lives of adults and children who experience the stress associated with combat deployment and its consequences. Such a plan would require collaboration among the DoD, the Department of Veterans Affairs, other federal agencies, and universities and other academic or research institutions. Policies should be enacted to create such collaborations.

We should also ensure that service members and veterans, as well as their spouses and children, can easily access evidence-based mental health treatments in the communities where they live when formal treatment is required. Because many of the disorders for which veterans are treated can be chronic (for example, PTSD, substance use, depression, and TBI), treatment and health maintenance programs that support veterans' functioning and minimize relapses or complications are critical to the health and well-being of military and veteran families and their children. Researchers recognize that military children's healthy response to stressful events, including deployment, is related to the health and well-being of their parents (Lester et al., 2010). Traditional individual treatments of service members and veterans must incorporate family-focused approaches that address the profound impact that diagnoses such as PTSD and TBI can have on families and children.

Preliminary evidence suggests that such programs are desired and felt necessary by families to treat the broad scope of challenges that they face. For instance, as reported by Cozza and Guimond (2011), focus groups of military families dealing with combat related injuries and illnesses described the following challenges and needs: high emotional reactivity and distress within most families, injury/illness-based challenges to individual and family functioning and interpersonal relationships, need for developmental guidance about their children, assistance with information pertaining to the health conditions challenging their families, and better communication strategies that would allow them to talk within the family and with professionals and community members outside the family to describe their needs. Finally, families were intent that programmatic support acknowledge and make use of pre-existing family strengths when building family intervention strategies.

A national plan to meet the needs of military and veteran children and families will not come cheaply. As the nation debates the size of the national budget and the wars in Iraq and Afghanistan wind down, attention may shift from the needs of military children and families. This is not just an issue for DoD. Although the DoD has developed many programs to help military children and families, civilian communities—where National Guard and Reserve families live and where active-duty families will move when their service ends—remain less well equipped (Kudler & Porter, 2013).

An effective national plan would require us to expand and integrate systems and resources that exist outside the DoD. Families need access not only to DoD resources, but also to programs provided through other federal agencies (for example, Veterans Affairs and the Substance Abuse and Mental Health Services Administration), other health care systems (for example, TRICARE, which is the health care program serving Uniformed Service members, retirees and their families worldwide), and public mental health systems, as well as private providers and community-based programs (for example, public schools, community colleges, child care programs, and faith-based organizations). Optimally, such a system of care would include programs that coordinate their efforts with one another, that know and respect military culture, and that include the levels of service outlined in the IOM spectrum of preventive and treatment interventions. Collaboration—integrated services that focus on the needs of families and children—needs to be created through policy innovations.

We should also ensure that service members and veterans, as well as their spouses and children, can easily access evidence-based mental health treatments in the communities where they live when formal treatment is required.

Conclusions

It is difficult to put a price tag on our recommendations for developing and testing effective prevention and treatment programs, but it will be expensive. In addition, such recommendations will need to be made repeatedly if they are to be acted upon. The 2007 report from the American Psychological Association Presidential Task Force on Military Deployment Services for Youth, Families and Service Members, *The Psychological Needs of U.S. Military Service Members and Their Families: A Preliminary Report* (Shannon et al., 2007), recommended targeting the research and programmatic needs of military children and families, as did the Institute of Medicine's Committee on the Assessment of Readjustment Needs of Military Personnel, Veterans, and Their Families Board on the Health of Select Populations (2013), in their report, *Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families*. Given the dramatic sacrifices that military families have made to defend the nation, the recommendation merits repetition. In addition, we believe that the American people should insist that policymakers honor our nation's promise to these families, to restore and sustain them, by providing the funds necessary to develop and test programs that will promote and maintain their health and positive development. To do less would disrespect their service and discredit the nation's commitment to those who serve in harm's way. Our goal is to have better policy and program preparedness so that the next time the U.S. is engaged in a conflict, we can more quickly and efficiently provide the specific support and treatment that military families and children need and merit. ■

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Commentary

Children of Military Veterans: An Overlooked Population

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The *Social Policy Report* on military youth by Stephen J. Cozza, Richard M. Lerner, and Ron Haskins provides an excellent overview of existing knowledge about the experience of military children, both generally and in response to parental deployment. As summarized therein, most children are resilient and do well. The authors call for more developmental research to understand this unique culture and to guide the development of appropriate prevention and intervention models. Further, Cozza et al. call for funding and dedicated efforts for the evaluation of such interventions, an appeal that has been expressed several times over the past several years regarding military/veteran family services (e.g., American Psychological Association, 2007; Institute of Medicine, 2014).

Rigorous developmental research and evaluation of programs for children of active duty, Reserve, and National Guard personnel are vital; however, there is another growing population of children whose needs are generally overlooked, namely the children of veterans. When service members leave the military, they transition to a veteran status; this change involves not only the service member, but his/her entire family as well. The needs and experiences of the children of veterans have been relatively neglected; the paucity of research hampers the development of appropriate programming and policy.

The process of transitioning out of the military differs considerably across families. Some parents will have served an entire career while others will be early in their vocational trajectory. Some discharges will be due to the parent's choice and may be planned, while others may be unexpected, unwanted, due to an injury or due to reductions in force. Thus, each family's experience of transitioning from service member to veteran status and their associated emotions are unique.

Regardless of the reason for and course of the discharge, everyone in the family undergoes considerable changes. Military children may have lost access to specialized military programming, child care, and an established peer support group; the civilian community often has fewer structural supports and may be less attuned and responsive to the military family culture. Children may be affected by the parent's loss of a stable income and potential challenges in securing suitable employment. Although many veterans are eligible for healthcare through the Veterans Affairs Healthcare (VHA) system, family members may have lost healthcare coverage.

Very little research has been conducted on either parenting or child functioning in the VHA system, likely in part due to the VHA's clear focus on caring for veterans and the restrictions on doing research with children in the VHA system (requirement of a waiver from the chief of research and development at VA Central Office). However, the small amount of available work suggests that some veteran parents may struggle in this role and do not feel that the VHA system is responsive to their needs as parents. Research at the Philadelphia VHA found that of the 199 veterans referred for mental health evaluation, 25% said their children were "afraid of" or were "not warm to" me and 37% felt "unsure of my role in the family" (Sayers, Farrow, Ross, & Oslin 2009). Another recent study using a conve-

nience sample of 147 mental health treatment-seeking veterans at one VHA medical center found that VHA staff rarely asked about parenting needs or provided support surrounding parenting (Tsai, David, Edens, & Crutchfield, 2013).

Looking specifically at veterans with PTSD, older research with Vietnam era samples found that these parents report more parenting and child behavior problems, endorse the use of moderate and severe aggression in parenting, report poorer family adjustment, and have poorer parent-child adjustment and problem solving than veteran parents without PTSD (Davidson & Mellor, 2001; Jordan et al, 1992; Leen-Feldner, Feldner, Bunaciu & Blumenthal, 2011). Longitudinal research with Army National Guard fathers from a brigade combat team found that increases in PTSD symptoms were associated with greater perceived parenting challenges at one year post-deployment (Gewirtz, Polusny, DeGarmo, Khaylis & Erbes, 2010). Further, in a study of civilians, parents with PTSD were three times more likely than parents without PTSD to report that at least one of their children was experiencing both anxiety and depression (Leen-Feldner et al., 2011).

Thus, the course of the transition from a military child to a veteran child is unknown; our ability to extrapolate from the current knowledge and promising programs for military children to the experiences and needs of veteran children is uncertain. Research is sorely needed to study these veteran children to shape our ability to promote positive youth development, to prevent difficulties, and to ameliorate problems once they arise. As Cozza et al. describe in their report, this task of supporting military (and then veteran) children requires creating caring communities. The VHA healthcare system is a major source of support for veterans, and many dedicated community organizations at all levels are working hard to provide services for children and all family members. The VHA system has grown and enhanced its ability to provide family-based services over the past decade, but such services vary considerably across site and usually must be in support of the veteran's treatment plan. Although the VHA piloted free drop-in child care services at three medical centers in 2011 (U.S. Department of Veterans Affairs, 2011), it is unknown if expansion of such programming will occur. Most VHA facilities do not provide child-focused services and most VHA providers do not have specialized training in working with children. VHA does not systematically assess if veterans have children, so the demographics of parenthood and veterans' children are unknown. Without such basic information, our ability to be responsive to the needs of these parents and their children, both within the VHA system and more broadly, is limited.

To meet broader family needs, some VHA medical centers are forging excellent collaborations with community partners. Many VHA providers explore referral options in their communities so as to connect children and other dependents with specialized services. A few sites have created innovative programs, such as the Unified Behavioral Health Center for Military Veterans and Their Families, a collaboration between the Northport VAMC and the private North Shore-LIJ Health System; this unique model includes staff from both facilities who work under one roof to collaborate in providing services for everyone in the family (http://www.northshorelij.com/hospitals/location/unified-military-vet-location). Other VHA staff are partnering with community family/child mental health experts to learn and then implement evidence-based treatments, such as the After Deployment: Adaptive Parenting Tools (ADAPT) Program (Gewirtz, Pinna, Hanson, & Brockberg, 2014), which is currently being provided by VHA staff at the Minneapolis VHA. While these joint ventures are very promising in addressing the needs of the entire family, it is important to note that these collaborations are the exception, not the norm, in VHA facilities.

With possible downsizing and the pending ending of the conflicts in the Middle East, it is possible that more service members will be transitioning out of the military and into civilian life. As we support these most deserving adults, we must also understand the strengths, needs, challenges and experiences of their children—a mission that will require explicit funding, research, policy and dedication. As children of veterans are more likely to enlist in the military themselves, dedicating these resources now will strengthen our future military and our country more broadly.

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Commentary

Expanding the Scope of Research on Military Children: Studying Adversity, Resilience and Promotion in Normative Social Contexts

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In recent years there has been a significant increase in the interest in military-connected children. Cozza, Lerner and Haskins offer an excellent contribution to the growing literature on military children and their needs. Their review highlights the importance of the strengths of military children and the supports needed during times of war. Our commentary builds on their suggestions for further research and methodological work on military children's normative contexts.

The belief that developmentally normative settings, if structured properly, can promote resilience and well-being of children is well established in many research literatures, including community psychology, developmental psychology, public health, urban planning, social work, and sociology (e.g., Benbenishty & Astor, 2005). Knowledge created in these fields and many others could be harnessed to expand our understanding of military children and create effective policies to promote their resilience.

Prior research and theoretical conceptions suggest that supportive normative contexts can help prevent negative outcomes related to trauma, war, and community violence (Astor et al., 2011, 2012a, 2012b; Astor, De Pedro, Gilreath, Esqueda, & Benbenishty, 2013; Garbarino, Dubrow, Kosteiny, & Pardo, 1992; Khoury-Kassabri, Benbinishty, Astor, & Ziera, 2004; Schiff et al., 2010, 2012). The long-term value of prevention and promotion fostered by normative contexts has not been carefully explored in the research literature on military-connected children. This alternative conceptual perspective could spur new strategies that focus on settings and systems rather than individuals or families alone. Our commentary expands on this idea and presents a conceptualization of normative settings and contexts that have implications for research, services and policies intended to support the well-being of military children.

Expand the Scope of Research to Include Military and Veteran Children in Normative Social Contexts

The vast variations among military families and the contexts in which they are embedded need to be better articulated and researched. Having a representative, fine-grained view of military families is critical. The ages of the parents, number of children, ages of children, type of military service (e.g., branch, role, and rank), number, frequency and deployment destination can either foster or detract from resiliency. The multiple contexts in which military children develop should also be well represented in research. Certain school systems and community settings may be more supportive than others, and certain states and regions may be more welcoming to military families and their children (De Pedro et al., 2011). These contextual variations could have a serious impact on outcomes for military and veteran families.

In order to have a better understanding of the range of issues faced by military children, it is essential to include studies that focus on normative settings. Empirically documenting the influence of embedded ecological-developmental social contexts (community, military community, family, peer groups, school, religious institutions, sports clubs, etc.) on the risk and resilience of military children would provide a more comprehensive and nuanced understanding of military families "in context." Researchers should gather data on multiple embedded contexts and focus on a much wider range of child-in-context characteristics. This approach could increase the representativeness of future findings (e.g., Astor, De Pedro, et al., 2013; De Pedro et al., 2011) by accounting for contextual variation and draw attention to the important impact that such normative settings have on the development of military-connected children.

Better Understanding of Risk and Resiliency in the Historical and National Context

Understanding and interpreting findings on military children embedded in normative civilian settings should be informed by the historical and national context. Relationships between civilian society and military (and veteran) families and children, and the degree to which military members are honored and supported, vary across time and countries. The ways American society perceives and supports soldiers and veterans of the Iraq and Afghan wars may be different from what happened during the Vietnam era or WWII. Furthermore, U.S. and U.K. soldiers, who may have fought the same battles in Iraq, may be received and supported differently by their respective societies and communities.

Similarly, national cultural norms at any given historical point in time may impact how normative developmental settings, such as schools and the workplace, respond to military families and children. Children in the U.S. who had parents serve during WWII may have experienced very different community support compared with children of voluntary military personnel employed in Iraq (Astor, De Pedro et al., 2013). These settings may have had a different impact on the children's ability to cope with the stressors of military lives. Being a military family within a civilian society during times of peace may present an entirely different sociological and psychological dynamic than being a military family during popular or unpopular wars.

From a research point of view, in the current literature there is little acknowledgment of the importance of cultural, national and historical contexts for military children. We propose that future military child studies include, both in their conceptualization and methods, an integration of the national context and historical timeframes related to war and peace. Future research could include the exploration of the social-political civilian attitudes towards wars and military families over time. Studies that carefully examine overall attitudes, support, and relationships with military families in multiple countries could further our theoretical and practical understanding of risk and resilience surrounding military families. Most importantly, it will allow researchers to explore commonalities and dissimilarities across time, nations, contexts, and ages. Without the variables of time and history included, it may be difficult to find consistency in outcomes over time and may lead to erroneous conclusions attributed to military families rather than to the socio-economic-political transactions between civilian society and military families.

Better Understanding of Normative Settings that Promote Resilience

Appreciation of the potential promotional role of normative settings, such as schools, could guide research to identify and study settings that proved to be supportive and promotional to military children during times of war and peace (Astor & Benbenishty, 2014; Astor, De Pedro, et al., 2013; De Pedro, Esqueda, Cederbaum, & Astor, 2014). There may be schools and communities that are welcoming to military children and support them by providing informal and formal resources. In others, the rich experiences of military children and families may contribute to their non-military peers in the wider community. For example, there may be many schools and communities that positively harness the resilience of military students to strengthen the school community as a whole (e.g., Astor et al., 2012a, 2012b; Astor, DePedro, et al., 2013; Astor, Jacobson, Benbenishty, Cederbaum, et al., 2012; Astor, Jacobson, Benbenishty, Pineda, et al., 2012). Better understanding of how these thriving civilian and military communities are structured, their personal and

organizational practices, and their social views toward each other could provide important lessons for less welcoming and supportive civilian environments that do not have those attitudes and practices (Lester & Flake, 2013).

Military Children Embedded in Normative Contexts: Implications for Practice and Policy

Research that recognizes the importance of normative settings for military families and children should inspire the development of preventive strategies, policies and systemwide changes aiming to enhance awareness and the supportive environment and responses of the social settings of military children. Many current programs propose to help military children and families cope with the stressors of military lives. Programs such as Families OverComing Under Stress (Project FOCUS) have shown evidence for promoting resilience and positive outcomes. Far fewer efforts have been invested in developing approaches that seek to change the normative settings that promote resilience and well-being among military families and children (for an exception see Garcia, De Pedro, Astor, Lester, & Benbenishty, in press). Such efforts could help identify contextual resources that facilitate positive changes on the community level. The theory of change for these programs is likely to include links among awareness, attitudes and resources allocated to military children in a normative setting, such as school, that promote children's feelings of being welcomed, understood and supported, which in turn lead to positive outcomes of better coping, lower risk behaviors and higher well-being (for examples of studies exploring these issues see Gilreath, Estrada, Pineda, Benbenishty, & Astor, 2014).

To date, little research has been done on the effectiveness of policies intended to bring resources to communities and how those community or school resources support positive resiliency in specific military communities. Both the recent Institute of Medicine reports (Institute of Medicine, 2013) and *The Future of Children* special issue ("Future of Children," 2013) mention the importance of schools and communities, and even recommend policies. Yet aside from a handful of studies and several reports to Congress (Chandra et al., 2010; Kitmitto et al., 2011), there are few empirical studies documenting existing school and community intervention strategies (De Pedro, Atuel, et al., 2014; Garcia et al., in press). Evidence supporting the effectiveness of increasing resources to military-connected communities and schools is an important gap to address.

Providing more community and school resources (not just evidence-based programs) is also a strategy employed by the Department of Defense Education Activity (DoDEA) public school partnership grants (http://www.militaryk12partners.dodea.edu). This is one of the largest federal grant programs designed to help public schools and civilian communities provide more resources to military students. In a similar vein, the Military Child Education Coalition (MCEC) is one of the primary organizations to provide curriculum, workshops, and training supports for civilian public school districts. For instance, MCEC is providing training to help implement a school-wide "Student 2 Student" program designed to help create a school environment that is supportive of transitioning military students (see http://www.militarychild.org).

A DoDEA partnership consortium called Building Capacity in Military-Connected Schools is an example of a program aimed to provide resources to public schools. Eight civilian military-connected public school districts and a university-based team have pursued a regional strategy to increase a wide range of supports and resources with the goal of enhancing the capacity of civilian schools to support military-connected students (see http://buildingcapacity.usc.edu). This includes professional development to educators; placing graduate-level social work, psychology and counseling interns in schools; highlighting and supporting local resources and best practices (both evidence-based programs and grass roots efforts); linking military supports (e.g., the school liaison officers and non-governmental agencies supporting military families) to the school community; and adapting existing school-based, evidence-based programs to respond to military-connected students (Berkowitz, De Pedro, Couture, Benbenishty, & Astor, 2014; Cederbaum, Malchi, et al., 2014; De Pedro, Esqueda, et al., 2014; Esqueda et al., 2014; Gilreath, Astor, et al., 2014). Currently, evaluation of these approaches is underway using an array of analytical methods to explore different levels of contextual change. Initial results suggest a reduction of risk behaviors for military and non-military children in the consortium (for examples

see Astor, Benbenishty, Wong, & Jacobson, 2013; Benbenishty, 2013).

Studies also need to explore the impact of policies that directly impact military-connected children and the normative settings in which they develop. Over the past decade considerable policy efforts at the national, state and local levels have focused on supporting military students in public schools and civilian contexts. One important nationwide policy that needs more research is the expansion of the Interstate Compact on Educational Opportunity for Military Children (http://www.mic3.net). Military families and the organizations representing them, such as the Military Child Education Coalition (MCEC), have spearheaded the compact (Esqueda, Astor, & De Pedro, 2012). Military families brought forth the compact because there was little consistency or flexibility by civilian school districts to accommodate issues of transition experienced by military children. The goal of the compact is to urge more uniform state policies that ease the transition of military students from one state to another. These policies include the transfer of academic grades and educational awareness of teaching staff about military families for all schools in each signing state. The compact includes not only children of active duty members of the uniformed services, National Guard and Reserve on active duty orders, but also children of veterans who are medically discharged or retired for one year. The compact has been adopted by almost all states. Studies exploring the efficacy of this massive policy effort are needed.

Another evolving policy change with potential implication for millions of veteran and military-connected children and families is the inclusion of a "veteran and military identifier" in public records, such as emergency cards that parents complete when registering their children for school. MCEC, DoDEA and other military organizations and scholars (Astor, De Pedro, et al., 2013 Cozza, Haskins, & Lerner, 2013; De Pedro et al., 2011) have been advocating for this type of policy so that community, state and school resources could be distributed according to local needs and circumstances. An anonymous identifier could enable public school districts and civilian communities that are not aware that they have military students to be eligible for grants, Impact Aid funds (http://www.militaryk12partners.dodea.edu/impact.cfm), and to marshal community and district resources to schools with higher concentrations of military students. It could also help identify schools with only a small number of military students who may feel isolated or invisible compared to their peers in communities with many military children. Currently, several states have passed laws requiring districts to include an identifier (http://www.militarychild.org/student-identifier) and more states are considering it. Several members of Congress have also included such language in bills and policy recommendations. Policy research evaluating the impact of these laws on services provided is needed.

Military Children Embedded in Normative Contexts: Implications for Research

Conceptualization of resilience and risk among military children as an outcome of interaction of individual and family variables embedded in multiple nested contexts has many implications for research. Awareness of the effects of contexts has implications for including context variables both in the conceptualization and the measurement in research. As discussed, one example is the attention to national, regional and historical contexts as explaining variability. Further, appreciation of nested contexts may also entail the use of multi-level analytic approaches that try to identify what components of variability in children's resilience and risk are attributed to personal, family, and setting (such as school and neighborhood) characteristics. For instance, the authors are currently examining to what extent military-connected students' risk behaviors could be explained on the basis of their demographic and military characteristics (e.g., number of deployments) and the school-setting variables and district-level features (Atuel et al., 2014; Cederbaum, Gilreath, et al., 2014; Gilreath et al., 2013; Gilreath, Estrada, et al., 2014). The focus on military-connected students in normative settings, rather than in treatment settings, has many implications and opportunities for research. Studies comparing military-connected students with their peers in the same classes help identify commonalities and differences among students in the same setting. It can help ascertain, for instance, whether the cumulative stresses of military life are expressed in more risk behaviors compared with non-military peers, or perhaps, military students are more resilient than their peers given all the challenges they face and

need to overcome. Furthermore, such studies can help identify interaction effects and reveal whether certain school climate characteristics have more impact on military students or on their peers. For instance, perhaps school belongingness is a more important resource for military students who are struggling with many transitions, compared with their peers (De Pedro, Astor, Gilreath, Benbenishty, & Esqueda, 2013).

There is an emerging opportunity for such studies. There are efforts to include a military identifier in anonymous state and national surveys used for surveillance and monitoring of children and adolescents in a range of behavioral and mental health issues. For instance, since 2013, the California Healthy Kids Survey (CHKS, https://chks.wested.org/) has included a military identifier as part of the respondents' demographic information. This identifier opens opportunities to examine a large and representative sample of children and adolescents in California (Gilreath, Estrada, et al., 2014). Research is underway to explore the differences between military-connected children and their non-military classmates in the same schools and communities on a wide range of issues, such as experiences of safety, school belongingness, community support, connectedness to the school, positive well-being, teacher-student relationships, school victimization and perpetration, risk behaviors, such as smoking and the use of illegal substances, suicide ideation and health and physical activity. Such a database can help explore important demographic and contextual transaction questions about the settings in which military children live and grow.

In addition, over 10 states are now integrating a military identifier into their administrative educational databases. This policy effort will create a huge amount of data on how public schools are serving military children and whether there are gaps in social-emotional supports, educational services, and achievement. Research agendas exploring these large-scale databases with millions of students in normative settings are needed.

Moreover, there are enormous untapped opportunities for research on military children using well-established, ongoing national and regional surveys and indicator systems. We urge our research colleagues in psychology, public health, social work, medicine, public policy, sociology, and education to work together to include such a military identifier in a range of important surveys such as the Youth Risk Behavior Surveillance System, Monitoring the Future, and Add Health. Civilian researchers may not yet think of military families as a diversity group in our society. If researchers from multiple disciplines included a military child or family identifier in their own studies, our knowledge of military families in context would grow tremendously. This would be a relatively inexpensive way to increase knowledge in multiple fields exploring different ecological contexts. Federal funders and private foundations could facilitate interdisciplinary research by requiring and urging a military identifier, similar to how issues of ethnicity, religion, age, gender or region are often included in surveys and studies of various diversity groups.

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Social Policy Report (ISSN 1075-7031) is published four times a year by the Society for Research in Child Development. Its purpose is twofold: (1) to provide policymakers with objective reviews of research findings on topics of current national interest, and (2) to inform the SRCD membership about current policy issues relating to children and about the state of relevant research.

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The *Report* provides a forum for scholarly reviews and discussions of developmental research and its implications for policies affecting children. The Society recognizes that few policy issues are noncontroversial, that authors may well have a "point of view," but the *Report* is not intended to be a vehicle for authors to advocate particular positions on issues. Presentations should be balanced, accurate, and inclusive. The publication nonetheless includes the disclaimer that the views expressed do not necessarily reflect those of the Society or the editors.

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