Military Children from Birth to Five Years

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Summary

Because most research on military families has focused on children who are old enough to go to school, we know the least about the youngest and perhaps most vulnerable children in these families. 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 be maltreated.

Where the research on young military children is thin, Joy Osofsky and Lieutenant Colonel Molinda Chartrand extrapolate from theories and research in other contexts—especially attachment theory and research on families who have experienced disasters. They describe the circumstances that are most likely to put young children in military families at risk, and they point to ways that families, communities, the military, and policy makers can help these children overcome such risks and thrive. They also review a number of promising programs to build resilience in young military children.

Deployment, Osofsky and Chartrand write, is particularly stressful for the youngest 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, it can also take a psychological toll on the parent who remains at home, potentially weakening the parenting relationship. Thus one fundamental way to help young military children become resilient is to help their parents cope with the stress of deployment. Parents and caregivers themselves, Osofsky and Chartrand write, can be taught ways to support their young children's resilience during deployment, for example, by keeping routines consistent and predictable and by finding innovative ways to help the child connect with the absent parent. The authors conclude by presenting 10 themes, grounded in research and theory, that can guide policies and programs designed to help young military children.

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Infants and young children develop, grow, and thrive in the context of their families and relationships, and children in military families are no exception. Today's military service members are young and likely to be married, and more than half have young children. Of almost two million children living in military families (including active-duty, National Guard, and Reserve) in 2012, the largest proportion—approximately 37 percent, or 730,000 children—were zero to five years old.[1]

Since 9/11, military families have experienced the longest and most frequent deployments since the advent of the all-volunteer force in the 1970s. And with continuing hostilities in Afghanistan and other volatile parts of the world, military families will likely experience repeated deployments into the foreseeable future.[2] Probably because of their strong sense of commitment to their country and the supportive environment on military installations, most military families and children adjust well most of the time to the stresses of military life, including deployment, changes in work responsibilities with little notice, and separation from one another.[3] But several factors affect children's resilience. For example, military children are most likely to show resilience when they have positive and stable relationships with adults.[4] (For further discussion of resilience and military children, see the article in this issue by Ann Easterbrooks, Kenneth Ginsburg, and Richard Lerner.) It is important to recognize that young children, who depend on their parents for almost everything, thrive in predictable, routine environments. Thus they may experience more stress than older children do when deployment and unexpected changes disrupt the family, and especially when changes and adjustments become part of everyday life.[5]

Studies of military families since 9/11 show that wartime deployments bring increased stress for military families in general. Rates of marital conflict and domestic violence have risen, along with the risk that children will be neglected or maltreated.[6] Military families have also experienced more spousal depression, anxiety, and parenting stress, as well as a heightened sense of ambiguous loss. All of these may limit a parent's emotional availability, putting children at greater risk for emotional and behavioral problems.[7]

We know from studies in other contexts that separating young children from their parents can disrupt the attachment relationship and contribute to anxiety and behavioral problems.[8] But only a few studies have focused specifically on the youngest and perhaps most vulnerable children in military families. These studies suggest that three- to five-year-old children with a deployed parent were more likely to develop behavioral and emotional problems than were children without a deployed parent, particularly if the parents themselves exhibited signs of stress.[9]

Research on older, school-age children in military families connects children's emotional and behavioral problems to the cumulative length of a parent's deployments, as well as to children's past experiences of trauma and loss.[10] On the other hand, when parents prepare children for deployment by talking to them and reassuring them, and when parents are emotionally available and supportive, children are significantly more likely to adjust to deployment well.[11] Therefore, parents, providers, and support personnel need training to prepare children for separations and support them during deployment.

Overview

Though relatively little research has been done on young children in military families, we highlight ways to understand these children as their families grow, change, and experience various kinds of stress, with an overall focus on how to optimize young children's development, bearing in mind their unique needs. To accomplish this, we first discuss developmental theories that are relevant for understanding young children in military families, particularly attachment theory, which helps us see how change, disruption, and loss affect young children. We then turn to parenting, including parents' mental health and its effects on young children. We examine how increased stress in the family is related to child maltreatment and domestic violence, and how these factors affect pregnant women in military families. We also describe interventions and support programs for military families with young children, including those that are still being developed. Finally, we conclude with recommendations, based on research and theory, that can guide policy and programs for young children in military families.

Developmental Theory and Attachment

Developmental theory, when applied to early attachment, can help us understand how stressful events affect young children and their families, particularly when those events lead to changes in routines and the absence of a family member.[12] Consistent relationships are essential to children's social and emotional growth; they may lead to a sense of trust, and may facilitate the development of later relationships. Young children can experience many intense emotions when their attachment relationships are disrupted, and again when those relationships are renewed. The threat of losing an important relationship may create anxiety, and actual loss of the relationship may give rise to sorrow. Each of these situations can make attachment less secure and may contribute to behavior problems and expressions of anger.

Separating young children from their parents can disrupt the attachment relationship and contribute to anxiety and behavioral problems.

The experience of attachment develops during the first year of a child's life. Babies become more socially responsive by beginning to smile, following people with their eyes, cooing, interacting, and playing. They start to behave differently with familiar and unfamiliar people, and they may seem more comfortable with their primary caregiver. Still, they may not show a consistent preference for one person until about seven to nine months, when significant changes occur. By this time, babies often have a hierarchy of preferred caregivers, start to look wary if approached by a stranger, and begin to protest when separated from their primary attachment figure. By 12 months, most babies are clearly attached.

In their second year, children usually like to stay close to their primary caregiver. When they feel secure, they may slowly begin to experiment with moving farther away to explore their world, using their primary attachment figure as a secure base to whom they return when distressed or frightened.

If their development goes well, with sensitive and responsive parenting, between two and four years children begin using language to maintain their attachment, and they may become aware that their attachment figures have conflicting goals and agendas. Toddlers must learn to negotiate and cooperate, and they begin to show more autonomy, even though they still need to be close to their caregivers. By now, they are able to hold their parents' images in their minds (if they have not been separated for long periods, for example, by deployment); they know that their caregivers will be there for them predictably; and they can feel secure venturing away from their primary caregivers.

During the early years, babies continuously learn what they can expect from their attachment figures. They may learn that some caregivers are sensitive and available most of the time, but others can sometimes be insensitive, intrusive, depressed, angry, neglectful, or absent. The quality of interaction between parent and young child may form a basis for a secure pattern of attachment or an anxious and insecure one, and it may influence how the child negotiates other relationships later in life. Intact and secure attachment may also help parents keep their children's emotions in mind during behavioral interactions.[13] If this ability is disrupted, as when parents are depressed or exposed to trauma, children may exhibit behavior problems or altered development.

Attachment theory leads to several important principles that can help us understand how separation and loss in military families may affect young children:

- Human relationships are essential to children's wellbeing and development.
- Infants have a fundamental need for consistent caretaking.
- Young children and adults perceive the world very differently.

Even 60 years later, adults who had been separated from their parents as children during the Blitz were more likely to have an insecure attachment style and to report lower levels of psychological wellbeing.

Change, Disruption, and Loss

As attachment theory suggests, when young children face significant changes, those who lack supportive caregivers may be more vulnerable.[14] During deployment, military children are separated from at least one parent, and they may experience other changes in caregivers and living situations. Most children will be resilient and cope well, especially with support from their caregivers and the military community. For some, however, disruptions in primary relationships and support systems can hamper social and emotional development.

Studies of young British children during World War II's London Blitz provide an example. Children showed regressive behaviors, aggression, and withdrawal or depression when they were separated from their primary caregivers and left with inconsistent or emotionally unavailable alternative caregivers. Even 60 years later, adults who had

been separated from their parents as children during the Blitz were more likely to have an insecure attachment style and to report lower levels of psychological wellbeing.[15]

Emotional Availability and Depression

The risk factors that are most likely to affect young children's development are stressful events that change daily routines, stressful events that take place often and over a long period of time, and the emotional availability of parents or caregivers. These factors are all connected, because the at-home caregiver's stress level and mental health are affected by many of the same events that are stressful for children, from moves and separations to a returning service member's psychological trauma and combat injuries.

One important barrier to addressing young children's psychological needs is the pervasive but mistaken impression that young children are immune to the effects of early adversity and trauma because they are inherently resilient and "grow out of" behavioral problems and emotional difficulties.[16] Toddlers and preschoolers are likely to be aware of deployment separations and are also likely to have the psychological capacity to mourn the deployed parent's absence. They are able to read and feel the emotional tones of sadness, anger, and anxiety from the adults in their lives, and they are beginning to understand the potential danger to their deployed parent.[17] The ability of infants and young children to manage a parent's deployment successfully is highly contingent on the available parent's ability to cope with the additional stress and to negotiate changes in roles and responsibilities. Deployment may disrupt the attachment relationship unless at-home caregivers can maintain some semblance of daily routines, protect children from stress, maintain their own mental health, and, if possible, communicate with the deployed service member. Consistent support for children will lead to fewer problems and better adjustment. This is particularly important for younger children, who depend on their primary caregivers the most.

Several studies show that deployment can increase stress and contribute to higher levels of depression in military spouses.[18] For example, a study of 300,000 Army wives found that wives with a deployed spouse were more likely to be diagnosed with a variety of psychological disorders, including depression, anxiety, and sleep problems; 36.6 percent of wives with a deployed husband had at least one mental health diagnosis during the study period, compared with 30.5 percent of women whose husbands were not deployed. Moreover, the risk that wives would be diagnosed with any of these disorders increased when deployments extended past 11 months.[19] Because young children are so dependent on the emotional availability and support of their caregivers, helping deployed service members' spouses cope with stress is a key way to help their young children. Ideally, extended family, community services, military support services, and child-care providers will work together to help military families anticipate the problems that can arise with deployment and separation and provide support before, during, and after deployment.

As military spouses' responsibilities increase during deployment, they also need to care for their own mental health, whether by taking some time off from caring for their children even though the other parent is away, doing things they find relaxing and rejuvenating, or keeping a routine for themselves.[20] They may also practice focusing on positive emotions; in one training program to enhance soldier

readiness that emphasized maintaining positive emotions, spouses reported less stress and fewer depressive symptoms.[21]

When we help military spouses cope with stress, communication within the family improves, and we help their young children as well. Good family communication increases understanding and empathy between parent and child, and studies have shown that young children who experience understanding and empathy from their caregivers are less likely to exhibit problem behaviors or require mental health services during deployment.[22]

Child Maltreatment and Domestic Violence

A recent study suggests that multiple and prolonged deployments increase the risk for child neglect and maltreatment, especially in families with younger children.[23] For many young couples, deployment may be the first time they have to negotiate separation and their first experience of increased stress, particularly when repeated deployment and reintegration require the family to continually reorganize, changing the caregivers and routines that are so important for younger children. In this situation, support for the at-home parent is crucial.

A study that compared substantiated reports of child maltreatment in civilian families and U.S. Army families can help us understand the strengths and weaknesses of each group.[24] From 1995 to 1999 (between the first Gulf War and 9/11), the overall rate of child maltreatment in the civilian population (11.8–14.7 cases per 1,000) was approximately twice the rate among Army families (6.0–7.6 per 1,000).[25] However, this difference can be explained primarily by the higher rate of neglect (as opposed to physical or sexual abuse) in the civilian group, which was about three times that among the Army families. The higher rate of neglect among civilian families can probably be traced to factors such as poverty, substance use, and homelessness that are much less likely to affect military families. However, the stress of deployment may make child maltreatment more likely. Several post-9/11 studies of military populations found that rates of child maltreatment are greater when service members are deployed, and that children under the age of five have the highest risk for neglect or maltreatment.[26] These studies were conducted only among Army families, however, so we cannot say whether the findings apply to all the armed services. But the trend is worrying, and further empirical research is needed.

Studies of domestic violence have also produced mixed results, but they suggest that some military families may experience increased rates of severe domestic aggression. One survey compared reasonably representative samples of U.S. Army and civilian couples.[27] Men in the Army reported moderate husband-to-wife spousal aggression at about the same rate that their civilian counterparts did. However, there was a small but statistically significant increase in the reports of severe aggression in the Army sample compared with the civilian sample, though the authors concluded that this difference was connected to factors other than military service, such as differences in age. Three other studies found that the military population had higher rates of physical spouse abuse or more severe husband-to-wife aggression.[28]

Overall, we need to better understand child maltreatment and spousal abuse in military

families, particularly when they occur together, so that we can determine how military support systems can do more to help. For the sake of military children from zero to five, this work is urgent: based on data from civilian populations, young children are the most likely to be the targets of child maltreatment.[29] Domestic violence during pregnancy can also affect fetal development, a subject we turn to next.

Pregnancy in a Military Population

Stress during pregnancy can affect the fetal brain.[30] Though some researchers have studied stress and the fetal brain in human populations, no research in this area has focused on military populations specifically, and the best-controlled studies have been done with animals. But we know that developing brains are exquisitely sensitive to stress hormones such as adrenaline and cortisol. Research on both animals and humans has demonstrated that sustained or frequent activation of the stress hormonal systems can have serious developmental consequences.[31] Prenatal stress can alter the structure and function of areas of the brain that are involved in memory, learning, and emotional regulation.[32] It should be noted, however, that in humans, the effects of prenatal stress can be exacerbated or ameliorated by the mother's level of family support, individual resistance factors, diet, mental illness, use of alcohol and drugs, infection, and other factors.

In humans, prenatal stress correlates with an increased likelihood of physical, cognitive, behavioral, and emotional problems in the child. Prenatal stress increases the rate of spontaneous abortions, fetal malformations, and preterm birth, and it has been linked to an increase in disorders such as autism and ADHD.[33] Toddlers born to stressed mothers tend to have poorer general intellectual and language functioning.[34]

Research indicates that pregnant women whose spouse is deployed report higher levels of stress than do other pregnant women. They also are susceptible to depression both during and after pregnancy. And the homecoming period, though much anticipated, is also stressful for spouses.[35] Everything we know about prenatal stress suggests that increased stress and depression during deployment and reintegration may put the developing brain of the fetus at risk, but this is an area where we need further research in military populations specifically.

Preparing Young Children for Stress

How well young children adjust to the stressful events that can occur in military families depends to a great extent on their primary caregivers' stability and emotional availability. Children's ability to show resilience in the face of stress depends on the support and other protective factors that their parents and the community provide, as well as the adults' previous experiences and current perceptions of their own capacity to deal with stress.[36] In one study, for example, children whose parents reported better mental health (and who were therefore more emotionally available) were better able to cope with the stress of deployment.[37]

Though older children also receive support at school and from their peers, parents play the key role for younger children. Deployment not only means that one primary caregiver is absent, but also that the parent who remains at home may be inattentive and emotionally unavailable because of stress. However, military parents can take steps to prepare

their young children for deployment and to help them cope during the deployed parent's absence. These steps vary somewhat according to the children's age.

To help infants and toddlers, parents should:

- Keep routines consistent and predictable.
- Use innovative ways to stay connected to the deployed parent. For example, social networking and online video services offer opportunities to communicate in ways that both children and parents are likely to enjoy. Parents can also make audio or video recordings before deployment so that their young children can regularly see them and hear them.
- Help children connect their feelings to specific events and behaviors.
- Be emotionally and physically available to children, take time to listen to them, and respond to whatever worries the children are experiencing.

To prepare preschoolers for deployment, parents should:

- Talk to children about what is happening and what to expect in language they can understand.
- Listen to their concerns and answer in simple language.
- Acknowledge both their own feelings and the children's, while emphasizing that the children will be cared for and kept safe.
- Work with children to develop a plan to stay connected to the deployed parent. In addition to social networking, Internet and phone communication, children and deployed parents can exchange meaningful objects—the child might give a treasured stuffed animal, the service member might share a rank insignia or patch—and then share pictures electronically or through the mail of those objects in each other's daily lives.
- Create a daily ritual that children can perform while the parent is away. For example, children might include the absent parent when saying prayers at night, listen every day to a recording that the deployed parent has made, or look at pictures of the deployed parent while reading a bedtime story.
- Identify and match feelings with behaviors so that the young child recognizes that behavior (good and bad) has meaning.
- Let children adjust to separation and loss in their own way, listen to their feelings, and provide support.
- Create an environment to appropriately share emotions. For example, a mother crying in front of her child because she is sad or under stress might explain it in a way the child can understand: "Mommy is sad because Daddy is gone. I cry when I am sad, but when I am done, I do the things I need to do." This gives the preschooler a model of sharing emotion in a constructive way.

Lessons from Disaster Work

Many researchers have studied child development in the context of disasters, and their work may help us understand and respond to the needs of children in military families.[38] Though the stress of military deployment cannot be equated to the experience of disaster, certain similarities exist—for example, heightened family distress, disruption of

family support systems and schedules, and an impact on parenting. Considering the dearth of research on young children in military families specifically, the consistent findings from disaster situations can be applied to work with military children and their families, offering help in preparing families for disruptions, changes in routines, and deployments.

Research on disasters indicates that children of all ages find it hardest to recover when disasters are more severe and prolonged, involving children's direct exposure to or participation in extreme difficulties and cumulative traumatic experiences. Children exposed to multiple disasters experience particularly high rates of both depression and posttraumatic stress symptoms. Separation from caregivers during a disaster can affect children's responses and recovery. So can the wellbeing of primary caregivers; for example, the reactions of preschool children directly exposed to the 9/11 attacks in lower Manhattan were more negative if their mothers had symptoms of depression or PTSD.[39] Other studies show that children who experience disaster and its aftermath in the context of war, poverty, or family violence have less ability to adapt and recover.[40]

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Children's responses to disaster also vary by gender, age, and individual differences in coping skills. For example, girls are more likely to report negative emotional responses such as feelings of depression, and they are more likely to seek support; boys may underreport the symptoms they experience.[41] In addition, children of different ages have different resources and vulnerabilities. For example, older children may have greater direct exposure to certain traumatic experiences in disasters and are better able to grasp the implications. At the same time, unlike younger children, older children can draw on more effective coping strategies and a broader set of social supports during recovery. The communities and community services on which families with children rely also help to foster recovery. Resuming usual routines of school and play in a supportive community setting makes a significant difference.

The lessons from disaster work indicate that:

- Preparation is important even if there is uncertainty about what might happen.
- Preparation for changes and disruptions should include recognition of the needs of young children.
- Prior exposure to stress may make current stress more difficult for some members of the military and their children.
- Both military and civilian communities need to mobilize family and others in the community to protect young children and families and plan ways to provide support.
- Resources should be made available in advance to support families with young children and help parents learn to communicate what is happening in ways that the

children can understand. Young children often misunderstand or misconstrue what they are seeing and hearing. It is important that adults use developmentally appropriate language and other methods to help them understand. For example, this may include play, drawing, and other activities that can help young children make sense of their experiences.

Programs for Young Children in Military Families

Several programs and interventions have been developed to support young children in military families. Some of these programs are covered in depth elsewhere in this issue, and we will touch on them only briefly. For example, in their article, Major Latosha Floyd and Deborah Phillips discuss the Family Advocacy Program (FAP), which is designed to prevent partner violence, child abuse, and neglect by improving family functioning, easing the kinds of stress that can lead to abusive behavior, and working to create an environment that supports families. Floyd and Phillips also describe the FAP's New Parent Support Program, which helps military families with young children adapt to parenthood. Similarly, Harold Kudler and Colonel Rebecca Porter discuss Families OverComing Under Stress (FOCUS), an evidence-based program that enhances parent, child, and family resilience. The programs we outline in the remainder of this section focus on civilian training, assistance, and support for young children in military families and their parents.

Zero to Three

Since the start of the wars in Iraq and Afghanistan, Zero to Three: National Center for Infants, Toddlers, and Families (ZTT), a nonprofit organization that teaches, trains, and supports professionals, policy makers, and parents in their efforts to improve the lives of infants and toddlers, has worked to spread the word about the needs of young children in military families, help military parents, and build collaborations with the military community. In 2009, the Department of Defense contracted with ZTT to increase awareness—both on military installations and in communities where Guard and Reserve families live—of how trauma, grief, and loss affect very young children of service members. The resulting program, Coming Together around Military Families (CTAMF), offered specialized training and support for professionals and organizations that assist military families in and around military communities, with a focus on the stress of deployment; the program was implemented in 65 communities.

CTAMF training modules took an integrated, systemic approach to advancing the social and emotional health and wellbeing of military infants and toddlers. The first module, Duty to Care I, strengthened individual and community capacity to care for infants and toddlers facing stress, trauma, and loss; the second, Duty to Care II, helped professionals who care for military infants and toddlers attend to their own emotional health and wellbeing. An evaluation of CTAMF found that participants gained significant knowledge across key areas. Posttraining assessment also showed an increase in collaboration among professionals who took part. Participants said that the materials distributed at the trainings were very helpful to their work supporting military families with young children; most of these materials remain available free through Zero to Three's website.[42]

Through its Military Family Projects, ZTT also promotes awareness and understanding of military parents' experiences through

materials that give community-based professionals the tools they need to help these families and their young children promote the social and emotional skills necessary for optimal development and intergenerational resilience. And with a pilot initiative in Los Angeles, Coming Together around Veteran Families, Military Family Projects is focusing on veterans' families who are coping with reintegration of deployed service members. The initiative seeks to build community capacity to respond to the evolving needs of veterans' families and their infants and toddlers, and to promote collaboration among veteran, community, and military agencies. An evaluation indicated that participants felt the program gave them helpful tools and methods to support resilience in young children and families as they transition to civilian life.[43]

Talk, Listen, Connect

Recognizing that hundreds of thousands of preschoolers are separated from a parent serving in the U.S. military, in 2006 the Sesame Workshop partnered with Wal-Mart to create Talk, Listen, Connect: Helping Families During Military Deployment (TLC 1), a multiphase initiative to help young children during deployment that includes a video, storybooks, and workbooks featuring the characters Elmo and Elmo's Daddy. In the video, Elmo's Daddy explains that he has to go away for a long time to do important work.[44] This short film helps toddlers and preschoolers relate to a familiar figure (Elmo) as he goes through a long-term separation from a parent. The supplemental materials give parents a script for talking with their young children about what to expect during deployment, and they offer concrete activities and techniques to maintain the deployed service member's parenting connection. Two more videos and their accompanying materials —Talk, Listen, Connect: Deployments, Homecomings, Changes (TLC 2) and Talk, Listen, Connect: When Families Grieve (TLC 3)—address combat-related injuries and the death of a loved one. All of these materials are provided free. Over the course of the initiative, more than 2.5 million Talk, Listen, Connect kits have been distributed, three critically acclaimed TV specials have been aired, a series of public service announcements in support of military families has been created, and Sesame Street's Muppets have performed for nearly 200,000 families at USO installations around the world. Evaluations of the project indicate that preschoolers who viewed the materials exhibited fewer problem behaviors and greater social competence, and that their parents felt significantly less socially isolated and less depressed.[45] Caregivers overwhelmingly agreed that the outreach materials helped their children cope with a family member's injury or gave them more appropriate language to discuss death with their children.[46]

Child-Parent Psychotherapy

Child-parent psychotherapy (CPP) is a relationship-based family treatment that therapists use when young children experience behavioral, attachment, or mental health problems following a traumatic event, such as long separation from a primary caregiver. CPP's primary goal is to support and strengthen the relationship between the child and his or her parent or caregiver. Through CPP, the child's sense of safety can be restored, the attachment relationship can be supported, and the young child's cognitive, emotional, behavioral, and social functioning can be improved. For infants, the treatment focuses on helping the parent understand

how the child's and parent's experiences affect the child's functioning and development. Toddlers play a more active role in CPP, as the therapist facilitates communication between child and parent.

The evidence base for CPP among civilian populations—primarily for maltreated young children and those exposed to domestic violence—is robust. In several studies of preschool children exposed to domestic violence, children in the CPP group had significantly fewer behavior problems and PTSD symptoms than did children in a comparison group.[47] In Louisiana, mental health clinicians from Louisiana State University Health Sciences Center have collaborated with the military at the Naval Air Station/Joint Reserve Base in Belle Chase to adapt CPP for families whose children are experiencing significant disruptions and problem behaviors related to deployment. CPP has helped military parents respond more sensitively to their children's emotional cues, anticipate situations that might cause distress for both parent and child, and build empathy in the relationship. The Louisiana team conducts sessions with young children and parents to help them either talk about experiences during and after deployment or help parents understand young children's conflicts and concerns. These interventions have taken place not only in clinical settings, but also on the installation in military-supported child-development centers and in homes. Working on the base and becoming part of the service and support structure there has helped reduce the stigma of seeking mental health services and increase coordination with other military support services. At this writing, several projects are under way to expand the use of CPP with military families.

Conclusions and Policy Implications

With the increase in military operations and deployments over the past decade, it has become evident that we need to pay more attention to the needs of young children in military families. Infants and young children depend on their primary caregivers for their wellbeing, and the disruptions of military life place increased stress on the attachment relationship. Yet we have the least information about how the stresses of military life affect the most numerous and most vulnerable children in military families. Still, we can make inferences from scientific research in other contexts. For example, studies of child-parent separation in civilian populations or during disasters show that separation can disrupt attachment relationships, leading to behavioral problems and anxiety. We also know that the presence of an emotionally available and supportive caregiver is the key to building resilience in young children in stressful situations.

To ensure young children's optimal development in military families, we need more research on how the stresses of military life affect them and whether the support programs already in place are effective. In the meantime, the research and theoretical principles we discuss in this chapter suggest several themes that can guide policies and programs for young children in military families. We need to:

- Better understand the effects of stress, including lengthy and multiple deployments, on young children and military families.

- Prepare families and young children for disruptions in family life by focusing on supporting the attachment relationship.

- Support normalizing routines and activities for children before, during, and after disruptions like deployment, including opportunities for them to play and learn from their experiences.
- Stabilize and fortify at-home caregivers to enhance their emotional availability and consistency as they interact with their young children.
- Develop and assess effective, relationship-based interventions and treatments to optimize young children's development.
- Develop more parenting programs and support strategies that are specific to the experiences that confront military families, and integrate these into the support services on installations.
- Train those who work with children in military families about the range of developmental responses to separation and loss that can be expected from children of different ages.
- Recognize that children and families need additional, developmentally appropriate support when service members return home with posttraumatic symptoms and combat-related traumatic injuries, and teach personnel how to communicate difficult information to children of all ages.
- Bolster cultural and community practices that support families and their children and promote resilience.
- Learn more about child maltreatment and family violence in all branches of the military to develop the most effective prevention and intervention strategies.

With their commitment to serve their country, military families face disruptions for which they cannot plan. For these families, being in the military is not just a job, but a way of life. Clinicians and scientists who work with these families need to engage more fully in the process of developing and applying evidence-based knowledge to help ease the transitions that are part of military life and to support young children's resilience.

ENDNOTES

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