

# Research Brief



July 22, 2013

Publication #2013-31

## Home Front Alert:

THE RISKS FACING  
YOUNG CHILDREN IN  
MILITARY FAMILIES

David Murphey



### OVERVIEW

When a parent goes to war, families are deeply affected. Young children may be especially vulnerable to adverse outcomes, because of their emotional dependence on adults and their developing brains' susceptibility to high levels of stress. Nearly half-a-million children younger than six have an active-duty parent—and some have two.

Just as we properly give attention to the needs of returning combat veterans, we also need to attend to the implications of their war experience for their children. This research brief, adapted from a comprehensive review by Child Trends of the scientific literature, examines the special circumstances that characterize the lives of children in military families, and highlights both what we know and don't know about how military life affects their well-being.

### KEY FINDINGS/IMPLICATIONS

- The reunion of a deployed parent with his or her family can be accompanied by new risks and challenges—particularly if the returning parent has serious physical or mental problems.
- Young children's well-being typically mirrors the well-being of their caregivers. When their parent or other caregiver is depressed, anxious, or angry, they are likely to be unwell, or to have behavior problems. In some cases, these young children may be at risk for harm (maltreatment).
- A key strategy for supporting the well-being of children in military families is to see that the non-deployed parent has good emotional, social, and practical support.
- Military families are increasingly diverse, and their needs are likewise. Among the circumstances that may contribute to stress are frequent moves, difficulty finding child care, and poor access to health care, particularly mental health care.
- Families with a deployed National Guard or Reserves member are comparatively underserved, lacking the formal, and informal, supports typically available to their on-base peers.
- Many of these children will continue to have exceptional needs as they grow older.

Child Trends  
7315 Wisconsin Avenue  
Suite 1200 W  
Bethesda, MD 20814  
Phone 240-223-9200

[childtrends.org](http://childtrends.org)



#### BACKGROUND

For more than 12 years now, U.S. forces have been deployed in war zones where there are active hostilities. Many of the men and women in uniform are also parents, and their absence on the home front is deeply felt by their families. Children ages birth to five are especially vulnerable to issues resulting from parental deployment, as the health and well-being of very young children are contingent on having secure relationships with caregivers who are responsive to their needs.

Currently, two million children under the age of 18 have at least one active-duty parent and nearly 500,000 of those children are between the ages of birth and five years.<sup>1</sup> This brief examines emerging research on how issues related to parental deployment - parental separation, disruptions in living circumstances and caregivers, increased parental stress, and direct and indirect experience of trauma - impact the social, emotional, and cognitive development of children under age five. Based on a comprehensive review of the literature on the well-being of young children in military families, this brief also explores the implications of this research on policies designed to address their needs.

If we can make progress in our understanding of how best to serve the special needs of military-connected children,<sup>1</sup> we are likely to gain valuable insights into how to respond to other kinds of fragile families and children facing exceptional stress.

#### Early Childhood Development

In the early years, children form their first attachments with parents and other adults, experience non-parental care, and develop cognitive, social, emotional, and physical competence.

Key characteristics of young children's development:<sup>1,2</sup>

- Children's development (in particular, brain development) during the first five years of life is rapid and cumulative and provides the foundation for more advanced cognitive development as children get older. The ways young children understand the world, and their emotional responses to it, are filtered through the medium of relationships.
- Because of their stage of development, young children experience and understand the world differently than adults (and older children) do.
- Development is holistic: all aspects (physical, emotional, social, cognitive) are interrelated.
- Most children can successfully withstand a normal degree of stress; what is most harmful to development is a cumulative load of stress (multiple, simultaneous stressors or a prolonged series of stresses).

1 Cassidy, J., & Shaver, P. R. (1999). *Handbook of attachment: Theory, research, and clinical applications*. New York: Guilford Press.

2 National Scientific Council on the Developing Child. (2007). *The science of early childhood development: Closing the gap between what we know and what we do*. Retrieved from [www.developingchild.net](http://www.developingchild.net)

1 The term "military-connected" is intended to refer both to children with one or more active-duty-deployed parents, and to those with one or more parents who are recent veterans (a cohort that is rapidly growing). Services and supports for veterans' families are much less available than those for the former group.



#### FAMILIES AND MILITARY DEPLOYMENT: IT'S DIFFERENT NOW

Today's volunteer military is demographically very different from that of previous generations. In the Vietnam War era, for instance, only 15 percent of active-duty members were parents, and these were typically officers. Now, nearly half (47 percent) have children, and 14 percent of those are single parents.<sup>2</sup>

As a group, military families have many strengths: at least one parent has a job with a modest salary; their older children often assume important family responsibilities, and families are generally "rule-followers"; their health care is provided for; and many are resilient in the face of stress, due in part to their participation in a military culture that supports them.<sup>3</sup>

Nevertheless, children in military families often must adapt to numerous changes in their circumstances. Many children experience frequent, multiple deployments of their parents, which can affect families in multiple ways.<sup>4</sup> One estimate is that military children move between six and nine times during their school years.<sup>5</sup> In addition to the prolonged absence of a parent and/or spouse, deployment means added responsibilities and new adjustments for the family members who remain at home. All of these factors can create stress for both children and adults, and can negatively affect their health and relationships. The deployed parent's return can also be challenging, as he or she has likely been changed by the war-zone experience, and must learn to re-integrate into the family. Many service members return home with injuries that can be seriously and permanently disabling, which can have considerable negative effects on family dynamics, including increasing the risk of impaired relationships and domestic violence.<sup>6</sup>

In addition, more mothers are serving in the military than in the past and now comprise approximately 16 percent of the active-duty force.<sup>7</sup> Children in dual-military families, in which both parents are in the military, can have their home lives completely overturned when the second parent is deployed. For example, children may need to move in with relatives<sup>8</sup> - increasingly grandparents<sup>9</sup> - and adjust to new rules, living arrangements and/or schools, among other changes.

Family structure and functioning directly impact the development of young children. Stressors such as parental absence, or parents' mental distress, can negatively affect children's well-being. Young children are particularly sensitive to separations from their primary caregivers and to any other changes that alter their regular routines, since the way children comprehend and react to changes is linked to their developmental level. Whereas older children are capable of thoughts, understandings, and behaviors that are more independent of others,<sup>10</sup> younger children's reactions are closely attuned to those of the adults around them.<sup>11</sup>

Several factors may compound the stress associated with deployment itself, and many families experience overload from the cumulative nature of the stress. The departure of the active-duty parent may require the remaining parent to quit or reduce their employment in order to assume child care or other family responsibilities. This may in turn reduce family income and cause additional stress as the family adjusts.<sup>12</sup>

Adults in the midst of their own distress often struggle to respond supportively to a child who is already dealing with the absence of the parent who has been deployed.<sup>13</sup> While honesty and reassurance are important to help children process these experiences (e.g., separations and the associated content of war and violence), parents' communication



should be at a level appropriate to children's understanding. Sharing too much or too little information can limit the child's ability to comprehend the seriousness or implications of the events.<sup>14</sup>

#### ISSUES RELATED TO PARENTAL SEPARATION

---

Perhaps the greatest threat to young children's well-being faced by military families is their separation from one or both parents. During the first years of life, children form attachment relationships with their primary caretakers. This emotional bond between parents and their children provides a foundation for the development of subsequent relationships with peers and other adults, as well as for children's coping skills in response to separations and other family changes.<sup>15</sup> Repeated and lengthy deployments can be particularly problematic for children's well-being.<sup>16</sup> For a young child, the prolonged absence of a parent, or having a parent whose emotional health is compromised, can negatively impact children's emotional development, leading to increased rates of depression and anxiety. When the at-home parent is not able to manage his or her own distress or mental health problems, children may mirror these stressful behaviors. Children who are likely to do best and to develop effective coping strategies are those with parents who are able to respond sensitively to their children's needs, whose parents who have a strong couple relationship, and who have siblings who provide emotional support during these times.<sup>17, 18</sup>

The stresses on the at-home parent during the deployed parent's absence, including increased household and parenting responsibilities, anxiety about the absent parent, and social isolation, can also contribute to an elevated risk of child maltreatment. According to one study, when spouses were deployed, rates of substantiated child abuse and neglect more than tripled; nearly half of these incidents involved children younger than five.<sup>19</sup>

Children in military families with a deployed parent may experience stress, anxiety, and difficulties coping, as well as academic problems.<sup>20</sup> One study found increased levels of anxiety in school-aged children of deployed families. In addition, the duration of deployment was significantly related to depressive symptoms in the at-home parent, and rates of child depression were associated with the at-home parent's depression.<sup>21</sup> Similar difficulties in adjusting have been demonstrated in younger children. For example, children ages three to five with a deployed parent showed greater evidence of externalizing behaviors (e.g. attention difficulties, aggression) compared to their peers without a deployed parent.<sup>22</sup>

#### ISSUES RELATED TO RESIDENTIAL MOBILITY

---

Military families are accustomed to frequent moves related to their service member's responsibilities, and the Department of Defense (DoD) provides some services that aid families in their relocations. Overall, the evidence is somewhat inconclusive on the effects on children of frequent family moves, with much depending on the child's age.<sup>23</sup> However, particularly when a move is accompanied by other service-related stressors (for children and/or their parents), young children may be vulnerable.<sup>24</sup>



#### The Deployment Cycle

Deployment<sup>1,2</sup> tends to occur in four distinct phases:

1. Pre-deployment (from notification to departure)
2. Deployment (the period from departure to return)
3. Reunion/reintegration
4. Post-deployment

Children's responses to extended deployment are very individualized, and depend on their stage of development. Their reactions are also closely linked to the emotional state of those around them.

#### SOME POSSIBLE RESPONSES OF YOUNG CHILDREN TO PARENTAL DEPLOYMENT

Infants (0-1 years): Listless or irritable mood; hyperactivity; apathy; refusing eating; weight loss

Toddlers (2-3 years): Clingy and/or withdrawal behavior; sullen/sad mood; tantrums; sleep problems

Preschoolers (4-5 years): Clingy behavior; regressive behaviors; voicing fears; feeling guilt

1 Paris, R., DeVoe, E. R., Ross, A. M. and Acker, M. L. (2010). When a parent goes to war: Effects of parental deployment on very young children and implications for intervention. *American Journal of Orthopsychiatry*, 80, 610-618.

2 Pincus, S. H., House, R., Christensen, J. & Adler, L. E. (n.d.). The emotional cycle of deployment: a military family perspective. Retrieved from <http://www.military.com/spouse/military-deployment/dealing-with-deployment/emotional-cycle-of-deployment-military-family.html>

#### ISSUES RELATED TO CHILD CARE

DoD's child care network for military families has in many ways been a model for quality. The DoD system requires high standards of all programs, and supports its childcare workforce with ongoing training and wage incentives, measures that are reflected in relatively low turnover for child care staff. However, military families still face challenges in meeting their child care needs. At one recent assessment, only eight percent of the eligible children<sup>25</sup> were enrolled in DoD-run programs. Child care facilities located on bases only are likely to be inaccessible to families in the Guard or Reserves, and many states have inadequate numbers of child care providers that meet DoD standards. Other inequities in availability of services (e.g., by geographic location, rank, spouse's employment status) and affordability remain issues for these families.

For example, higher-income military families have reported fewer unmet needs,<sup>26</sup> and higher-rank personnel report accessing more and better-quality child care than their lower-ranking peers.<sup>27</sup> Up to one-third of military families report that issues with child care would be "likely" or "very likely" to lead them to leave the military.<sup>28</sup> Many military families reported that they are not able to get their first choice in terms of type of child care setting.<sup>29</sup> Parents of preschoolers were more likely than their counterparts with school-aged children to report "unmet preferences."<sup>30</sup> Recent budget constraints at state and federal levels have further restricted the availability and affordability of military child care.<sup>31</sup> Specifically, some states have limited—or even eliminated—initiatives that focus on developing high-quality military child care programs.



#### ISSUES RELATED TO PARENTAL RETURN FROM DEPLOYMENT

The reunion following a parent's return from deployment often brings its own set of challenges. Some returning fathers may be connecting for the first time with a baby born during their deployment; other parents may have missed important developmental milestones, which may be especially difficult for first-time parents.<sup>32</sup> Young children in particular may initially react with confusion, distress, fear, and/or avoidance in response to a returning parent. The child's temperament, and the non-deployed parent's ability to cope with stress, are additional factors that can impact—either positively or negatively—children's reactions.<sup>33</sup>

#### ISSUES RELATED TO TRAUMA AND LOSS

Trauma, such as the death of a parent, is accompanied by multiple physiological effects associated with the "fight-or-flight" response and can impact children's health, learning, and behavioral adjustment.<sup>34</sup>

Young children may not be able to articulate their feelings or needs in the face of trauma, and much of how well or poorly a child responds depends on the consistency and nurturance of the care provided by the parent.<sup>35</sup> Such young children (ages two to six) may believe they are responsible for the death of their parent; they also do not understand the permanence of death and may think it is reversible. For these very young children, families need to maintain routines, provide various outlets for children to express themselves and their feelings (e.g., art, music, dramatic play) and offer continuing verbal and physical comfort.<sup>36</sup> Providing brief, concrete explanations to explain death can also help young children process the complexity of the situation.

Children living with a parent who is experiencing serious mental illness or with a parent who has experienced trauma can also suffer the negative effects of trauma. Military parents returning home may also be at risk for domestic violence, which can further traumatize children. Approximately 16,000 reports of spousal abuse are made annually to the DoD Family Advocacy Program.<sup>37</sup> Given their experiences in war zones, returning service members often retain a set of coping and survival skills (e.g., directed aggression) that helped them in battle. Upon returning home, however, service members may not be able to stop reacting in these ways, which can be exacerbated if accompanied by post-traumatic stress disorder (PTSD).

Traumatic brain injury (TBI) has been called "the signature injury" of the current wars, and has been found in more than one in four of service members medically evacuated from combat.<sup>38</sup> Symptoms of TBI can include aggression, irritability, and emotional instability, and "frequently contribute to family turmoil."<sup>39</sup> Approximately 18 percent of service members recently returning from deployment in Iraq and Afghanistan report acute stress, depression, or anxiety.<sup>40</sup>

Among Iraq veterans receiving care from Veterans Administration hospitals, more than one in four received a mental health diagnosis; the most frequent of these was PTSD.<sup>41</sup> Some of the symptoms associated with PTSD (e.g., avoidance, "numbing") can interfere with parenting and may hinder healthy child-parent connections. Alternatively, symptoms of





hyper-arousal and hyper-vigilance, also associated with PTSD, can lead to parents' reactions to children's behavior that are not in line with the actual intensity or content of the child's behavior.

Children who experience frequent traumatic events, such as exposure to adults exhibiting symptoms of TBI or PTSD, are especially at risk for negative behavioral and physical outcomes.<sup>42</sup> Experiencing traumatic or highly stressful situations is related to high levels of cortisol, an indicator of stress<sup>43</sup> that, when prolonged, can have negative effects (e.g., osteoporosis, obesity, diabetes) on the physical health of children.<sup>44</sup>

#### What Works? Research-Based Approaches to Supporting Military Families and their Children

Families with a parent returning from war zone deployment face particular risks related to the mental health and reintegration of the returning service member. These risks include domestic violence, and child maltreatment. Home visiting models offer a promising approach to meeting some of the mental health needs of families during these times of transition.

For infants and toddlers, intervention models that involve a clinician working directly with parents to educate, support, and model child-sensitive parenting have shown promising results.<sup>1</sup>

For preschool children affected by trauma, cognitive-behavioral approaches that teach children strategies such as reframing and relaxation show promise of effectiveness. Programs that focus on the parent-child relationship and promote positive behavior, consistency, and routines for behavior management have also been effective.<sup>1</sup>

Research is needed to identify additional programs and practices effective in improving outcomes for these families. Further research is also needed to better understand how the effects of trauma on children may be mediated by the response of one or both parents; whether media portrayals of actual and simulated violence and death may uniquely affect young children with a deployed parent; and the development, implementation, and evaluation of programs that focus on responding to trauma, including loss of a parent, and exposure to family violence, among young children of military families.

1 Savitsky, L., Illingworth, M., & DuLaney, M. (2009). Civilian social work: serving the military and veteran populations. *Social Work*, 54(4), 327-39.

## POLICY IMPLICATIONS

### ADDRESSING THE NEEDS OF YOUNG CHILDREN IN MILITARY FAMILIES

- Ensure that the health care needs of young children (and their families) are being met, particularly in the area of mental and behavioral health. Families need to receive regular, preventive "well-child" pediatric visits to assess whether children are developing appropriately. Such visits should also address factors that may impact parenting (e.g., parental depression, adequate social support), and provide parents with information on coping with separation. The level of need for mental health treatment among returning service members has overwhelmed the capacity of the U.S. mental health care system (civilian as well as military), and access to such services for children in military families is even poorer.<sup>45</sup> In addition, there is considerable variability in the availability, coherence, and quality of such programs.<sup>46</sup>
- When services are needed, they should be adapted to better meet the needs of military-connected families. Programs serving young children who have been affected by separation and deployment tend to be most effective when they have a family-systems



- approach and work with families together and as individuals.<sup>47</sup> These models have been shown to reduce parents' emotional distress and to improve parent-child interactions, and may support children's adjustment during times of deployment and combat-related stress.<sup>48</sup> More mental health professionals are needed in early education settings, so that they can help identify children who are having difficulties and need additional supports.<sup>49</sup> Service providers in general should be familiar with military culture.
- To date, there have been nearly 7,000 American casualties associated with the operations in Iraq and Afghanistan.<sup>50</sup> After the loss of a family member serving in the military, continued supports are needed to ensure healthy development and adjustment for the children and other surviving family members. When a service member dies, many formal supports and benefits (e.g., free or subsidized military housing, access to the commissary, provision of comprehensive health care) are either lost or become less accessible, imposing considerable hardships on the family. Continued supports may be necessary while the family relocates (off-base) and adjusts to civilian life.
- The needs of families with a parent in the National Guard and Reserves require special attention. Service members in active duty typically live on a base where they have easy access to base resources and support systems. Since this is not the case for National Guard and Reserve families, these families may feel isolated, which may exacerbate the burdens imposed on at-home parents. Only about a third of all military personnel live on-base.<sup>51</sup> National Guard members represent about 45 percent of the DoD's total military force.<sup>52</sup>

#### About this Brief

Although there have been several recent studies examining the experience of school-age children in military families, relatively few reports to-date have focused on the status of infants and preschool-age children. This brief examines the special circumstances that often characterize the lives of these children in military families. Because early childhood is a critical period for many areas of children's development, it is especially important to examine what we know (and don't know) about how military life affects their well-being.

This brief was adapted from a comprehensive review of the scientific literature relevant to the well-being of young children in military families produced by Child Trends under contract with CNA. Child Trends gratefully acknowledges the support of Jennie Wenger, project officer and reviewer at CNA, and Kate Sylvester at America's Promise Alliance.

The Well-Being of Young Children in Military Families: A Review and Recommendations for Further Study can be found here: <http://www.childtrends.org/?publications=the-well-being-of-young-children-in-military-families-a-review-and-recommendations-for-further-study-2>.

© Child Trends 2013. May be reprinted with citation.

The support of The Harris Foundation is gratefully acknowledged.

Child Trends is a nonprofit, nonpartisan research center that studies children at all stages of development. Our mission is to improve outcomes for children by providing research, data, and analysis to the people and institutions whose decisions and actions affect children. For additional information, including publications available to download, visit our website at [childtrends.org](http://childtrends.org).





#### ENDNOTES

1. Department of Defense. (2012). Demographics 2011: Profile of the military community. Retrieved from [http://www.militaryonesource.mil/12038/MOS/Reports/2011\\_Demographics\\_Report.pdf](http://www.militaryonesource.mil/12038/MOS/Reports/2011_Demographics_Report.pdf)
2. Ibid.
3. Institute of Medicine. (2013). Returning home from Iraq and Afghanistan: Assessment of readjustment needs of veterans, service members, and their families. Washington, DC: The National Academies Press.  
Huebner, A., Mancini, J., Wilcox, R., Grass, S., & Grass, G. (2007). Parental seployment and youth in military families: Exploring uncertainty and ambiguous loss. *Family Relations*, 56, 112-122.
4. Giglio, K. (2010). Military reenlistment and deployment during the war on terrorism. Research Brief. RAND Corporation. Retrieved from [http://www.rand.org/pubs/research\\_briefs/RB9468/index1.html](http://www.rand.org/pubs/research_briefs/RB9468/index1.html)
5. Military Child Education Coalition. (2012). A policy leaders' guide to military children: What you and your state can do to help the children who also serve. Retrieved from [www.MilitaryChild.org](http://www.MilitaryChild.org)
6. Paris, R., DeVoe, E. R., Ross, A. M. and Acker, M. L. (2010). When a parent goes to war: Effects of parental deployment on very young children and implications for intervention. *American Journal of Orthopsychiatry*, 80, 610-618.  
Savitsky, L., Illingworth, M., & DuLaney, M. (2009). Civilian social work: serving the military and veteran populations. *Social Work*, 54(4), 327-39.
7. American Psychological Association Presidential Task Force on Military Deployment Services for Youth, Families and Service Members. (2007). The psychological needs of U.S. military service members and their families: A preliminary report. Retrieved from <http://www.apa.org/news/press/releases/2007/02/military-health.aspx>
8. Drummet, A. R., Coleman, M., & Cable, S. (2003). Military families under stress: Implications for family life education. *Family Relations*, 52(3), 279-287.
9. Bunch, S.G., Eastman, B.J., & Moore, R.R. (2007). A profile of grandparents raising grandchildren as a result of parental military deployment. *Journal of Human Behavior in the Social Environment*, 15(4), 1-12.
10. Pincus, S. H., House, R., Christensen, J. & Adler, L. E. (n.d.). The emotional cycle of deployment: a military family perspective. Retrieved from <http://www.hooah4health.com/deployment/familymatters/emotionalcycle.htm>
11. Paris et al. Op. cit.
12. Angrist, J. D., Johnson, J. H., IV. (2000). Effects of work-related absences on families: evidence from the Gulf War. *Industrial and Labor Relations Review*, 54, 41-58.
13. Murray, J. S., & Kuntz, K. R. (Ed.). (2002). Helping children cope with separation during war. *Journal for Specialists in Pediatric Nursing*, 7(3), 127-130.
14. DeRanieri, J. T., Clements, P. T., Clark, K., Kuhn, D. W., & Manno, M. S. (2004). War, terrorism, and children. *Journal of School Nursing*, 20, 69-75.
15. Cassidy, J., & Shaver, P. R. (1999). *Handbook of attachment: Theory, research, and clinical applications*. New York: Guilford Press.
16. Paris, et al. Op. cit.
17. Ibid.
18. Ibid.
19. Gibbs, D. A., Martin, S. L., Kupper, L. L., & Johnson, R. E. (2007). Child maltreatment in enlisted soldiers' families during combat related deployments. *Journal of the American Medical Association*, 298, 528-535.
20. Savitsky, et al.(2009) Op. cit.
21. Lester, P., Peterson, K., Reeves, J., Knauss, L., Glover, D., Mogil, C., Duan, N., Saltzman, W., Pynoos, R., Wilt, K., & Beardslee, W. (2010). The long war and parental combat deployment: Effects on military children and at-home spouses. *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(4), 310-320.
22. Chartrand, M. M., Frank, D. A., White, L. F., & Shope, T. R. (2008). Effect of parents' wartime deployment on the behavior of young children in military families. *Archives of Pediatrics & Adolescent Medicine*, 162(11), 1009-1014.
23. Drummet, et al. (2003) Op. cit.
24. Black, W. G. (1993). Military-induced family separation: A stress reduction intervention. *Social Work and Society*, 38(3), 273-280.
25. U.S. Government Accountability Office. (2012). Military child care: DoD is taking actions to address awareness and availability barriers. Report to Congressional Committees. Retrieved from <http://www.gao.gov/assets/590/588188.pdf>
26. Gates, S. M., Zellman, G. L., Mani, J. S., & Suttorp, M. (2006). Examining child care need among military families. Arlington, VA: Rand Corporation.
27. Lakhani, H., & Ardison, S. (1991). The determinants of child care use and retention in the U.S. army. Alexandria, VA: Army Research Institute for the Behavioral and Social Sciences.
28. Gates, et al. (2006) Op. cit.



29. Ibid.
30. Ibid.
31. Pomper, K., Blank, H., Campbell, N. D., & Schulman, K. (2004). Be all that we can be: Lessons from the military for improving our nation's child care system. 2004 follow-up. Washington, DC: National Women's Law Center.
32. Paris, et al. (2010) Op. cit.
33. Barker L.H., & Berry K.D. (2009). Developmental issues impacting military families with young children during single and multiple deployments. *Military Medicine*, 174(10), 1033-1040.  
Sayers, S. L., Farrow, V. A., Ross, J., & Oslin, D. W. (2009). Family problems among recently returned military veterans referred for a mental health evaluation. *Journal of Clinical Psychiatry*, 70(2), 163-170.
34. Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., Dube, S. R., and Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, 256, 174-186.  
National Scientific Council on the Developing Child. (2010). Persistent fear and anxiety can affect young children's learning and development. Center on the Developing Child, Harvard University. Retrieved from [www.developingchild.net](http://www.developingchild.net).
35. Paris, et al. (2010) Op. cit.
36. Pearson, L. (2003). The child who is dying. In J.A. Rollins, R. Bolig, & C. C. Mahan (Eds.). *Meeting children's psychosocial needs across the health-care continuum* (pp. 226-231). Austin, TX: Pro-Ed.
37. Savitsky, et al. (2009) Op. cit.
38. Ibid.
39. Ibid.
40. Paris, et al. (2010) Op. cit.
41. Savitsky, et al. Op. cit.
42. National Scientific Council on the Developing Child. (2007). The science of early childhood development: Closing the gap between what we know and what we do. Retrieved from [www.developingchild.net](http://www.developingchild.net)
43. Bevans, K., Cerbone, A., & Overstreet, S. (2008). Relations between recurrent trauma exposure and recent life stress and salivary cortisol among children. *Development and Psychopathology*, 20, 257-272.
44. Arnaldi, G., Angeli, A., Atkinson, A.B., Bertagna, X., Cavagnini, F., Chrousos, G. P., ...Boscaro, M. (2003). Diagnosis and complications of Cushing's Syndrome: A consensus statement. *The Journal of Clinical Endocrinology and Metabolism*, 88(12), 5593-5602.
45. Savitsky, et. Al. (2009) Op. cit.
46. American Psychological Association Presidential Task Force on Military Deployment Services for Youth, Families and Service Members. (2007). The psychological needs of U.S. military service members and their families: A preliminary report. Retrieved from <http://www.apa.org/news/press/releases/2007/02/military-health.aspx>
47. Paris, et al. (2010) Op. cit.
48. As cited by Paris et al., the selected, intensive interventions focusing on babies and toddlers include: *Interaction Guidance* by McDonough, 2004; *Minding the Baby* by Slade et al., 2005; and *Child-Parent Psychotherapy* by Lieberman & Van Horn, 2005. Interventions focusing on preschoolers include: *Trauma Focused Cognitive Behavior Therapy* by Cohen & Mannarino, 1993; and *Parent-Child Interaction Therapy* by Eyberg & Matarazzo, 1980.
49. Sogomonyan, F., & Cooper, J. L. (2010). Trauma faced by children of military families. What every policymaker should know. New York: National Center for Children in Poverty.
50. Iraq and Afghanistan Veterans of America. <http://iava.org/>
51. Office of the President. (2011). Strengthening our military families. Retrieved from [http://www.defense.gov/home/features/2011/0111\\_initiative/strengthening\\_our\\_military\\_january\\_2011.pdf](http://www.defense.gov/home/features/2011/0111_initiative/strengthening_our_military_january_2011.pdf)
52. Department of Defense. (n.d). National Reserve Forces Status. Retrieved from: <http://www.nato.int/nrfdc/database/usa.pdf>