



2014

MILITARY FAMILY LIFESTYLE SURVEY COMPREHENSIVE REPORT



IN COLLABORATION WITH



The 2014 Blue Star Families Annual Lifestyle Survey was written and analyzed in collaboration with the IVMF.

Funding for the Military Family Lifestyle Survey provided through the generosity of our presenting sponsor USAA and from Health Net Federal Services, UnitedHealthcare, JPMorgan Chase, and Facebook.

About

BLUE STAR FAMILIES

Blue Star Families was formed in April 2009 by a group of military spouses to create a platform where military family members could join with civilian communities and leaders to address the challenges of military life. Blue Star Families includes active duty, National Guard, Reserve, wounded, transitioning service members and their families from all ranks and services, as well as veterans and civilians who strongly support them.

Blue Star Families is nearly 100,000 strong. We are committed to connecting with one another through the unique challenges of military service and asking the larger civilian population to help as well, strengthening military families regardless of rank, branch of service or physical location.

THE INSTITUTE FOR VETERANS AND MILITARY FAMILIES (IVMF)

The IVMF is the first interdisciplinary national institute in higher education focused on the social, economic, education and policy issues impacting veterans and their families post-service. Through our focus on veteran-facing programming, research and policy, employment and employer support, and community engagement, the institute provides in-depth analysis of the challenges facing the veteran community, captures best practices and serves as a forum to facilitate new partnerships and strong relationships between the individuals and organizations committed to making a difference for veterans and military families.

While many military families are struggling to make meaning of the past 13 years, others are re-enlisting or enlisting for the first time, joining a life of service unfamiliar to most of this nation. As the military downsizes, the past year has touched military families, and has shown that uncertainty is the one constant in the military lifestyle; in fact, uncertainty in military life is noted in this year's survey as one of the top five issues for the military community. The all-volunteer force will continue to be tested. Understanding why people choose to serve, why they stay in the military, and how they can successfully transition as veterans is essential to ensuring the sustainability of voluntary military service. The way we treat our military, veterans, and transitioning service members will impact whether or not the volunteer force is a sustainable and viable option going forward.

As much as there has been uncertainty, there also has been much progress. This year, states across the country have passed legislation that enable reciprocity for licensed professionals as they move across state lines thus supporting military spouse employment. More companies are recognizing the value not only of hiring veterans, but also the significant value that military spouses bring to the workplace. Universities and college campuses are acknowledging the value of veterans and military family members on their campuses and schools are increasingly becoming aware of the needs of military children in their classrooms.

Philanthropists and corporate partners have pledged donations on behalf of veterans and military families demonstrating the benefit of collaboration and collective impact. Yet, as the government tightens its budget this type of collaboration is not only beneficial but necessary to ensure that the nation continues to care for those who have served and their families. We thank Blue Star Families, the Institute of Veterans and Military Families and all the partnering organizations who help distribute the survey to its members. Without the significant participation by so many in our military community the results and recommendations would not be possible. We encourage you to use the findings within this report to generate creative solutions, innovative partnerships, and long-standing collaborations that will augment and support the work already being done on behalf of the military community. While much progress has been made, we hope these results will inspire you to find new ways to make a difference to the military families, service members, and veterans you touch.



Deanie Dempsey
Blue Star Spouse and Mom



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*Blue Star Families, Department of Research and Policy. (September, 2014)
2014 Military Family Lifestyle Survey: Findings and Analysis. Washington, D.C.*

Blue Star Families is a national, nonprofit network of military families from all ranks and services, including Guard and Reserve, dedicated to strengthening, connecting and leading military families. Together with our partners, Blue Star Families hosts a robust array of morale and empowerment programs, including Blue Star Careers, Blue Star Museums, Books on Bases, Operation Appreciation, and Operation Honor Corp.

Blue Star Families works directly with the Department of Defense (DoD) and senior members of local, state and federal government to bring the most important military family issues to light. Working in concert with fellow nonprofits, community advocates, and public officials, Blue Star Families raises awareness of the challenges and strengths of military family life.

To learn more about Blue Star Families, visit www.bluestarfam.org or join us on Facebook, Twitter, and Pinterest.

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Table of Contents · ★ · ★ · ★ · ★ · ★ ·

FORWARD	1
AUTHORS	2
ACRONYMS GUIDE	5
INTRODUCTION	7
PARTNER ACKNOWLEDGEMENTS	8
METHODOLOGY	9
SURVEY RESPONDENTS	11
SURVEY HIGHLIGHTS	13
MILITARY LIFESTYLE AND MILITARY-CIVILIAN INTERSECTIONS	17
Top Issues for Military Families	17
Deployment	18
Moving	19
Civilian Military Divide	19
Recommending Military Service	20
Use and Confidence in Benefits	22
Reasons for Joining the Military	23
Civic Engagement	23
Service Utilization and Satisfaction	23
Volunteerism	24
SERVICE MEMBER TRANSITION AND VETERAN EMPLOYMENT	27
Transitioning Service Members	27
Preparing for Transition	27
Difficulty in Transitioning: Transition Challenges	29
Veteran Educational Attainment	31
FINANCIAL READINESS	35
SPOUSE EMPLOYMENT	39
CHILD CARE	47
MILITARY CHILDREN	49
Emotional Wellbeing	50
The Impact of Deployment and Separation	50

MILITARY CHILD EDUCATION	57
School Climate	57
Department of Defense Educational Activity (DoDEA) Schools	59
Higher Education & Military Service	60
SUPPORT FOR MILITARY FAMILIES WITH SPECIAL NEEDS	61
Exceptional Family Member Program (EFMP)	62
National Community Support for EFMP Family Members	65
PARENTS OF SERVICE MEMBERS	67
CAREGIVING	69
Caregiver Relationship and Duration of Caregiving	70
Living Arrangements	70
Consequences of Caregiving	70
Well-Being and Coping Ability	72
SOCIAL MEDIA AND MILITARY FAMILY COMMUNICATION	73
Military Family Members and Social Media Use	74
Social Media and Communications Platforms	74
MENTAL HEALTH AND WELLNESS	77
INFORMATION NOT COVERED ELSEWHERE	95
CONCLUSION	96
ABOUT THE AUTHORS	97
WORKS CITED	99

Acronyms Guide · ★ · ★ · ★ · ★ · ★ ·

AAP	American Academy of Pediatrics	FINRA	Financial Industry Regulatory Authority	NDAA	National Defense Authorization Act
AMFAS	American Military Families Autism Support	FY	Fiscal Year	NAEYC	National Association for the Education of Young Children
AP	Advanced Placement	GAH	Give An Hour	OCONUS	Outside the Continental United States
BAH	Basic Allowance for Housing	GAO	Government Accountability Office	OEF	Operation Enduring Freedom
BSF	Blue Star Families	Geo-Bach	Geographic Bachelor	OIF	Operation Iraqi Freedom
CAGE	Cut Down, Annoyed, Guilty, Eye-Opener	HAP	Housing Assistance Program	OMCC	Operation Military Child Care
CBO	Congressional Budget Office	HARP	Home Affordable Refinance Program	OPTEMPO	Operational Tempo
CDC	Child Development Center	IA	Individual Assignment	PCS	Permanent Change of Duty Station
CDP	Center for Deployment Psychology	IB	International Baccalaureate	PHQ-9	Patient Health Questionnaire-9
CONUS	Continental United States	IED	Improvised Explosive Device	PPV	Public Private Venture
CRS	Congressional Research Service	IRA	Individual Retirement Account	PPP	Priority Placement Program
CSI-4	Couples Satisfaction Index-4	IVMF	Institute for Veterans and Military Families	PSS	Perceived Stress Scale
DCoE	Defense Centers of Excellence	M-HAT	Mental Health Advisory Team	PTS	Posttraumatic Stress
DEERS	Dependent Eligibility Enrollment System	MFLC	Military Family Life Counselor	PTSD	Posttraumatic Stress Disorder
DHA	Defense Health Agency	MFRI	Military Family Research Institute	SAC	School Age Child
DMDC	Defense Manpower Data Center	MTF	Military Treatment Facility	SBA	Small Business Administration
DMSS	Defense Medical Surveillance System	MCEC	Military Child Education Coalition	SCRA	Servicemembers Civil Relief Act
DoD	Department of Defense	MST	Military Sexual Trauma	SGLI	Servicemembers Group Life Insurance
DoDEA	Department of Defense Education Authority	MCCYN	Military Child Care in Your Neighborhood	SLO	School Liaison Officer
DoDSer	Department of Defense Suicide Event Report	MCRMC	Military Compensation and Retirement Modernization Commission	SM	Service Member
ECHO	Extended Care Health Option	MWR	Moral Welfare and Recreation	STBH	Star Behavioral Health Provider
EFM	Exceptional Family Member	MSEP	Military Spouse Employment Partnership	STOMP	Specialized Training of Military Parents
EFMP	Exceptional Family Member Program	mTBI	Mild TBI	TBI	Traumatic Brain Injury
EHHC	ECHO Home Health Care	MWR	Morale, Welfare, and Recreation	TMDS	Theater Medical Data Store
EPSDT	Early and Periodic Screening Diagnosis Treatment	NAMI	National Alliance for Mental Illness	TSP	Thrift Savings Program
FAP	Family Advocacy Program	NPS	Net Promoter Score	TDY	Temporary Duty
FCC	Family Child Care	NACCRRRA	National Association Child Care Resources Referral Association	VA	U.S. Department of Veteran's Affairs
FOCUS	Families Overcoming Under Stress			VSO	Veteran Service Organization

Introduction · ★ · ★ · ★ · ★ · ★ ·



This past year has been remarkable for military families. The nation's security remains dependent on an all-volunteer force. After nearly 13 years of continuous war, the military has both reduced its long-standing presence in Afghanistan and is simultaneously downsizing overall. Yet, the wars in Iraq and Afghanistan have not ended, new conflicts elsewhere continue to emerge, and service members are deployed across the globe.

The nature of the military, its size, the expectation of volunteer service, the exposure to danger, and the lifestyle itself each, in some way, separate military from civilian life.

"Inside [installations], troops and their families live and work on massive military bases, separated geographically, socially and economically from the society they serve. Outside, Americans live and work, largely unaware of the service and sacrifice of the 2.4 million active and reserve troops."¹

If volunteer military service is to be sustainable, the opportunity cost spent serving the country must be understood, viewed as worthwhile, and supported through appropriate policies, services, and legislation. Active duty service members inevitably transition from military service and the way in which they transition into civilian life has ramifications. The importance of narrowing this gap between the military and civilian communities, sometimes referred to as the military-civilian divide, will help ease military members' and their families' time in service as well as their eventual transition into the civilian sector. Transition from service also presents opportunities for tangible examples of support from the civilian community to show service members, veterans, and their families that their time in the military has been worthwhile and that their military service is not viewed a liability, weakness, or otherwise undesirable option by the non-military public. The first step

in recognizing the specific and substantial contributions military families make to this nation's security and collective strength is to understand their perspectives and experiences while serving, as they transition from service, as well as their experiences once they become veterans.

Toward this end, each year, Blue Star Families (BSF) with help from its valued partners, conducts a survey, collects data, and disseminates the results with the objective of providing stakeholders a timely and relevant perspective, highlighting the top issues facing military families and providing concrete recommendations. With this information, stakeholders may be better able to target their efforts to minimize redundancy, improve outcomes, and to generate effective programs and actionable plans to solve problems, improve services, and minimize gaps. Many positive changes have occurred since this survey was launched five years ago. There have been multiple new partnerships across public, private, and nonprofit sectors. The nation has made progress in recognizing and hiring service members, veterans, and military spouses. All 50 states have recognized the Military Child Interstate Compact, and the needs of military caregivers have received national attention and resources through successful grassroots efforts and research. These issues and others have been highlighted in past surveys. BSF is proud to be a leader in those efforts.

This report summarizes the results and analysis of the fifth annual Blue Star Families' Military Family Lifestyle Survey. The survey, for the first time this year, was conducted in collaboration with the Institute of Veterans and Military Families (IVMF) at Syracuse University. The survey, updated and administered annually since 2009, provides valuable insights for policy makers, military leadership, government decision-makers, and the general public on the challenges and stressors impacting contemporary military families. Each year, the survey identifies the top issues

of concern and this year, for the first time, the issues were compared across various subgroups (active duty spouses, veterans, and active duty service members).

A number of new items also were added to this year's survey. Specific items were included to gain insight on the impact of sequestration and budget cuts. New questions also were added to address veterans' transition, education, and use of resources.

“Inside [installations], troops and their families live and work on massive military bases, separated geographically, socially and economically from the society they serve. Outside, Americans live and work, largely unaware of the service and sacrifice of the 2.4 million active and reserve troops.”¹

Respondents also were asked to assess a variety of community based resources. Finally, using standardized measures, additional mental health questions were added to gather information about depression, substance abuse, and stress. It is notable that, increasingly, there are more researchers across the country studying military families and various aspects of military life. Only in the past five to seven years has such substantial research been conducted. Research now shows what military families have always known to be true: that military families are an important part of readiness, retention, and recruitment.

Conducted online in February 2014 with more than 6200 military family respondents, this survey was designed to reveal significant trends among contemporary military families by examining key areas, including stressors, use and confidence in services, and the importance of various aspects of pay and benefits. The results provide a useful

snapshot, garnering insight into the unique lifestyles of modern-day military families as they downsize after nearly 13 years of continuous war.

At the time the survey was administered, the impact of sequestration, potential budget cuts, and active discussion about changes to pay and benefits were ongoing. The events at the Department of Veterans Affairs (VA) had not come to light publicly.² Currently, federal resources are diminishing while the military is downsizing and military families are moving into civilian communities and necessarily seeking civilian employment. The most recent demographic report issued by the Department of Defense (DoD) indicates that 27% of all military separations are now involuntary.³ These events are occurring simultaneously and will require that tough decisions be made. Military families need transparent dissemination of information to make thoughtful and proactive decisions. Within communities, strategic allocation of resources, creative collaboration, and increased partnerships between the public, private, and nonprofit sector will be necessary to meet the needs for services once provided by the DoD and Department of Veterans Affairs (VA). Our hope is that the results of this survey will provide useful information to decision makers examining these issues and others.

Partner Acknowledgements • ★ • ★ • ★ • ★ • ★ •

The widespread distribution of this survey through partner organizations and others in the military community greatly contributed to the high level of response and helped achieve a comprehensive and diverse sample of military personnel across all branches and services, geographies, ethnicities, and military experiences.

Blue Star Families (BSF) and the IVMF were honored to have the assistance of the following partner organizations for this year's survey:



Methodology • ★ • ★ • ★ • ★ •

This is the fifth iteration of the BSF Military Family Lifestyle Survey conducted each year since 2009. The 2014 survey was designed by BSF in collaboration with the IVMF and was analyzed with extensive input from military family members and advocates, subject matter experts, and policymakers who work with military families. The survey results are intended to

- (1) facilitate a holistic understanding of the experiences of service members, veterans, and military families so that communities, legislators, and policymakers can better serve each of their unique needs and
- (2) identify the key aspects of military life to effectively target resources, services, and programs in order to support the sustainability of military service.

BSF and the IVMF worked together with other national military community organizations that distributed the survey to their own constituents and communities. Possible biases, introduced through the utilization of a non-probability sampling method, include over- or under-representation, which means that this sample cannot necessarily be considered a direct representation of the entire military family population. Nevertheless, this survey's breakdown of the active duty force, age, and geographical location are comparable to actual representation of the military community when compared to the DoD 2012 Demographic Report.⁴

The survey was conducted online with approval from the Syracuse University Institutional Review Board (IRB) and was administered online using Qualtrics survey system (Qualtrics, Inc., Provo, UT), generating a self-selected, convenience sample. Of the 6,270 military family members who started the survey, 53% (3,328) completed the entire questionnaire (there were 26 topical sections and 383 possible questions in total). The number of respondents varied per question based on



applicability to the respondent (for example, relationship to the service member, presence of children, employment status). The survey was accessible online from February 15th to March 15th 2014. Survey recruitment and outreach was broad and included direct e-mail distribution from the BSF and IVMF mailing lists and social media dissemination (e.g., via Facebook, Twitter, organizational newsletters, and via blog postings across partner websites) to nonprofit, supportive service organizations, and professional organizations. Recruitment and outreach was designed in a way that systemically solicited from sample subsets of the military family population. All survey participation was considered voluntary and no identifying information was collected or linked to answers on the survey.

Many sections of this survey were only available for completion by specific subgroups: military spouses, veterans, or service member respondents. A survey branching technique was used whereby the answers to certain questions were a gateway to specific follow-on questions (detailed branching is available upon request). For example, sections on children's deployment experiences, military child education, the

Department of Defense Education Activity (DoDEA) schools, Exceptional Family Member Program (EFMP), and child care were seen only by respondents who indicated they had children under the age of 18. Likewise, spousal relationship questions were seen only by married respondents, resources for parents of service member were only seen by those that indicate they were parents, and questions specifically focused on veterans were only seen by those that indicated they were veterans. Deployment stress, mental health issues, suicide prevention, spouse employment, and financial literacy questions were seen by service members and their spouses, whether or not they had children. Survey questions about the most important military life and national issues, services for military families, social media use, civic engagement, and public policy were available to all survey respondents, which included service members, spouses, parents, children, siblings, and girlfriend and boyfriends.

The majority of survey questions were optional. They allowed respondents to select "prefer not to answer" on questions with which they felt uncomfortable and many questions allowed respondents to



select all applicable responses. Therefore, as mentioned above, the actual number of respondents per question varies throughout the survey. Any comparisons that are made between this year's data and previous years' data are intended only as comparisons of absolute percentages; statistical significance was not assessed. Additionally, the wording across years has been revised on various questions. Thus, trends across years have not been universally assessed.

The survey questions were a combination of multiple choice and open-ended questions to allow for diverse responses from participants.⁵ With the exception of most mental health questions and select questions, "Does not apply" and "Prefer not to answer" responses were coded as missing. Multiple response sets were created for questions that allowed more than one

response. Frequencies and basic crosstabs were performed in order to perform univariate and basic bivariate analyses.

Standardized, scientifically validated instruments were incorporated into the survey to enable future comparisons with other populations. Examples of standardized instruments include the Perceived Stress Scale (PSS), Couples Satisfaction Index (CSI-4), a four-item measure focusing on relationships, the Patient Health Questionnaire-9 (PHQ-9) utilized to screen for depressive disorders, and the Cut Down, Annoyed, Guilty, Eye-Opener (CAGE), a 4-question screen for substance abuse. Finally, a three item screen, called the Partner Violence Screen was used.

The open-ended questions were analyzed using a two-part qualitative coding method: the analysts were trained and subsequently

applied descriptive coding as a first-round coding technique⁶ and then used axial coding on the second round.⁷ The themes that resulted from axial coding were then recombined with the quantitative results to act as exemplars in the complete survey report, providing deeper explanation.⁸ Due to the large volume of open-ended responses—more than 12,000—a team of six analysts coded the data. The team ensured that each individual coding effort was consistent with the interpretations from the other analysts by discussing the methods by which the themes and categories were understood and defined.⁹ One analyst acted as the codebook editor by evaluating both the fractured and axial coding from each analyst to achieve consistency.¹⁰

Through this method, common themes were identified and quotes are included throughout this report to demonstrate the perspectives of the service member or military family members on specific topics. In addition to the open-ended questions, respondents had the option to provide qualitative answers to some of the quantitative questions. These answers were similarly coded and used to illustrate the quantitative responses for those questions. The quotes are not necessarily representative of the entire sample, nor do they necessarily represent the opinions of BSF or the IVMF. Rather, quotes used in the report represent common themes among the participants who responded to open-ended questions across all the quotes as determined through the coding process.

Survey Respondents · ★ · ★ · ★ · ★ · ★ ·

The survey generated 6,270 individual responses. The respondents represent a cross-section of military family members from all branches of services, ranks, and regions, both within the United States and on overseas military installations. Survey respondents were asked to identify their primary relationship with the military based on the service members through whom they receive DoD benefits, if applicable. A clear majority (70%) of the participants were spouses of either active duty service members (3,169) or veterans (633). Twenty-one percent of the sample were either service members (252) or veterans (825) themselves. The remaining participants included parents (5%), children (3%), siblings (1%), and domestic partners (1%) of either an active duty service member (446) or a veteran (448).

The geographic breakdown of the sample within the Continental U.S. (CONUS) is shown in the figure below. Approximately 95% of respondents lived in the U.S while 5% of respondents lived outside of the CONUS. Within the U.S, 42% of the respondents lived in six states: Virginia, California, Texas, Florida, North Carolina, and Georgia.

Sixty-eight percent of the survey respondents were affiliated with a family member currently on active-duty while 31% were on active-duty in the past but not currently (93% of those on active-duty were military spouses and 49% of those previously on active-duty were service members). Eighteen percent of the survey respondents were affiliated with the National Guard or Reserves (12% currently on active-duty, 7% had separated or retired from the National Guard or Reserves). Sixty-five percent of respondents were affiliated with enlisted service personnel, 3% with warrant officers, and 31% were commissioned officers. Nine percent of the respondents had been in the military for 3 years or fewer, 20% had been in the military

Figure 1: Location of Respondents

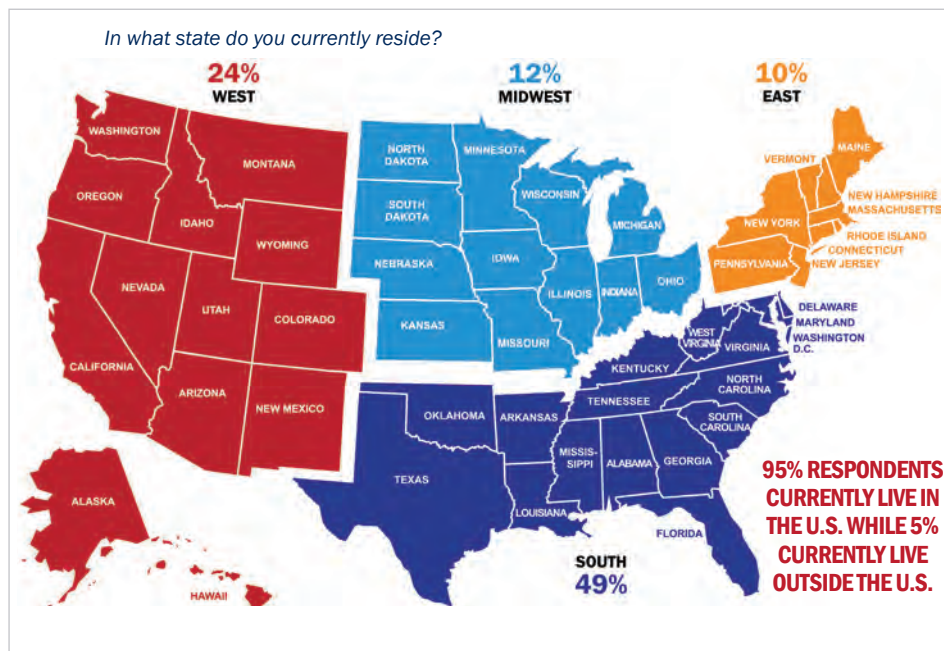
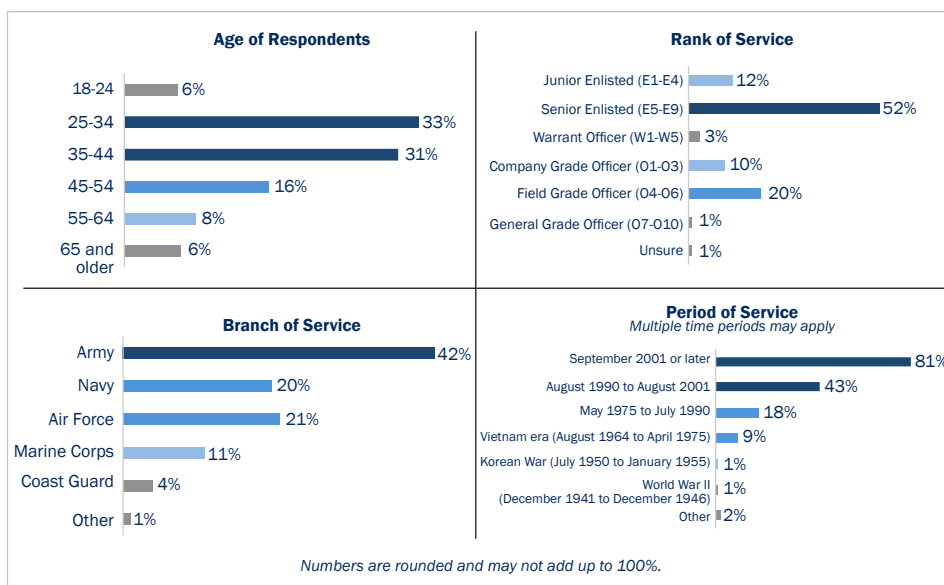


Figure 2: Demographics of Respondents



for four to eight years, 23% had been in the military for nine to 14 years, 24% had been in the military for 15 to 20 years, 14% had been in the military for 21 to 25 years, 7% had been in the military for 26 to 30 years, and 3% had been in the military for 30

years or more.

Six percent of respondents were between the ages of 18 and 24, 64% of respondents were between the ages of 25 and 44, 24% of respondents were between the ages of 45 and 54, and 6% of respondents were 65

or over. The majority, eighty-two percent of respondents were female, and 83% of respondents had children (27% had children who were under the age of five, 44% had children between five and 12 years of age, 18% had children between 13 and 17 years of age, 9% had children between 18 and 24 years of age and 2% had children 25 years or over). Nineteen percent of respondents identified themselves as being in a minority race/ethnic group. Twenty-four percent of respondents had completed some college credits, but had not received a degree, 12% had completed an associate's degree, 31% had completed a bachelor's degree, and 21% had completed an advanced degree (masters, doctoral, or professional degree).

In summary, these demographics outline a diverse group of individuals from a variety of backgrounds, drawn together by their commitment to service and shared support for military and veteran-connected families. It is important to note that the sampling protocol applied to this study is subject to the introduction of selection bias. The survey was proactively designed to minimize and mitigate potential systemic sampling error and adhered to generally accepted scientific practices for non-probability sampling. For example,

- The study design, survey instrument, and associated study materials were subject to a third party, scientific IRB. IRB approval of the study design, survey instrument, and associated study materials was secured prior to any data collection.
- Outreach to the sample population was broad, far-reaching, and included:
 - (1) direct awareness building focused towards military families via various

social media (e.g., Facebook, Twitter, blog posts, and partner websites),

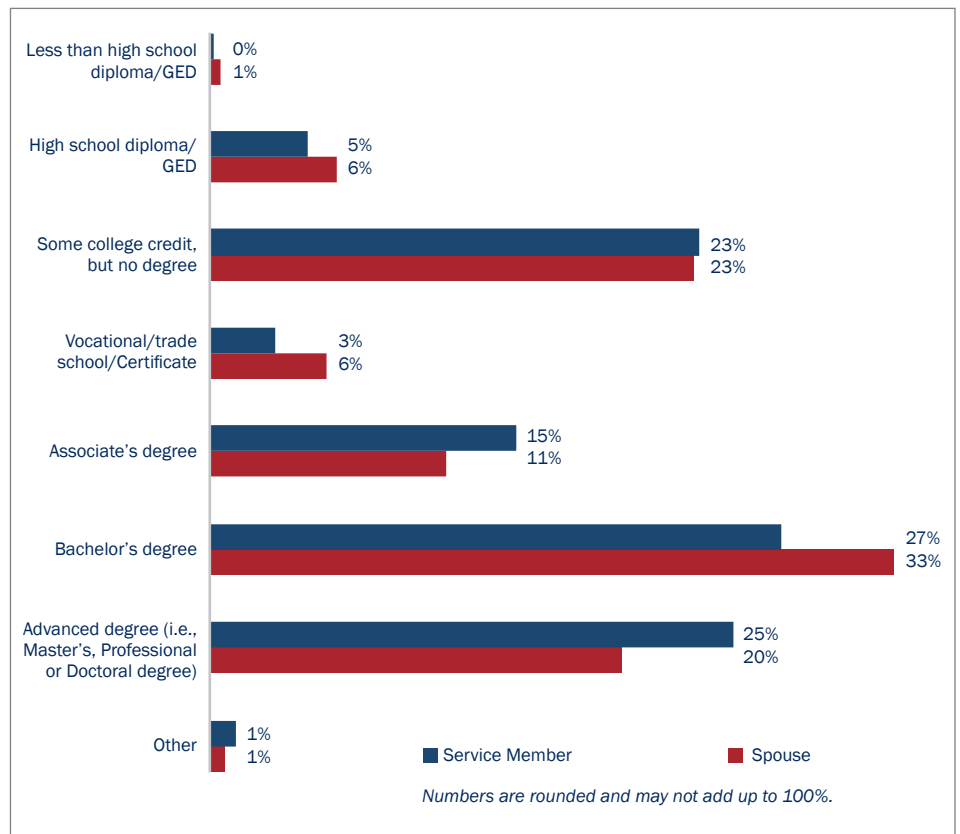
(2) outreach from a myriad of diverse military family and military and veteran-connected nonprofits, supportive service organizations, and professional organizations, and

(3) an intentional explanation of the study's objective (provided to each possible participant whether they subsequently completed the survey or not) to minimize self-selection bias

toward any single focal issue and, thus, mitigate the respondents' propensity to participate based upon any specific, issue-based self-interest (e.g., benefits, employment, wellness, etc.).

- Post-test analysis was conducted and suggested that the demographic profile descriptive of the sampled population is generally representative of the broader subject population (when compared with externally validated data sources descriptive of the subject population).

Figure 3: Respondents' Highest Educational Attainment



Survey Highlights · ★ · ★ · ★ · ★ · ★ ·

OVERVIEW AND TOP ISSUES

In February 2014, BSF fielded its fifth annual online survey to determine the contemporary issues facing military families. The key concerns identified by the responding military family members were: pay and benefits and changes to retirement benefits. Other salient issues include military spouse employment, the effects of deployment on children, the military civilian divide, and military lifestyle uncertainty. Additionally, this year’s findings also revealed insights on financial readiness, caregiving, mental health, transition, and the impact of downsizing on the military community.

This year, the top issues were broken down by demographic subgroups (active duty spouses, veterans, and active duty service members) to identify how each subgroup viewed various issues. Findings showed that the top issues of military pay and benefits and changes in retirement remained the top two concerns regardless of subgroup, while the other issues varied across spouses, veterans, and active duty service members. Spouse employment, for example, was a top issue for military spouses and active duty service members whereas the disability claim backlog, posttraumatic stress, combat stress, traumatic brain injury, and disconnection between military and civilians were top-five issues for veteran respondents only. Finally, operational tempo (including deployments and training time) was a top-five issue only for service member respondents.

PAY/BENEFITS

When service members and spouses (both active duty and veteran) were asked about their confidence level in receiving various benefits, 32% reported they were confident they would receive VA home loan benefits and GI Bill benefits. Pay benefits (i.e., pension), disability pay benefits, and health care post-retirement had the lowest

Figure 4: Top Military Issues by Subgroup

Top Military Issues	Active Duty Spouses	Veteran	Active Duty Member
Military pay/benefits	73%	64%	75%
Change in retirement	63%	69%	75%
Impact of deployment on children	43%	22%	25%
Military spouse employment	42%	17%	29%
Military lifestyle uncertainty	32%	20%	41%
Op tempo/deployment/training time	27%	28%	40%
PTSD/Combat stress/TBI	18%	30%	15%
Disconnection between military and civilians	19%	41%	24%
Disability claim backlog	7%	42%	23%

percentages of respondents expressing “very confident” ratings. Sixty-six percent of active duty and veteran respondents indicated they had or would be transferring the Post-9/11 GI Bill benefits to a spouse or child, and 35% indicated they have or will use their Post-9/11 GI Bill benefits themselves. Over one-third of active duty and spouse respondents (36%) agreed that the costs of rent were higher than their Basic Allowance for Housing (BAH).

FINANCIAL READINESS

Forty-nine percent of both service members and spouses indicated that financial issues were a top stressor during their time in the military, and 60% of respondents indicated that their family’s current financial condition caused “some stress” or a “great deal of stress.” Among respondents, the top three obstacles to financial security were

- (1) spouse employment (40%)
- (2) uncertainty in military life (38%), and
- (3) uncertainty in potential changes in benefits (34%).

TRANSITION

Fifty-three percent of veterans and 55% of spouses described their transition from military service as “difficult,” and the highest percentages of respondents noted family, employment, health care, and education as their most salient transition concerns. Sixty-one percent of veteran respondents reported they had started their Transition GPS (the military’s transition preparation training) class between one and six months before their separation date, and the majority (71%) reported they felt “prepared” for their transition. A variety of resources were used by veterans during the transition including family network (66%), veteran service organizations’ help with VA disability claims (53%), educational benefits for self, spouse, and/or children (55%), and veteran peer network and support (53%).

VETERAN EMPLOYMENT AND EDUCATION

Approximately 63% of active duty service member and veteran respondents indicated



they joined the military to learn skills for civilian jobs. Fifty-percent of veteran respondents reported that they were employed and 12% reported they were not employed but looking for work. The majority of veteran respondents indicated their military experience was “well received” (57%) or were “indifferent” (32%) in their workplace. Only 8% reported it was “poorly received.”

Approximately 74% of service member respondents indicated they joined the military to receive educational benefits, and approximately 13% of veteran respondents reported they were currently attending school. The majority (53%) of veteran respondents completed their highest level of education at public colleges or universities, private colleges or universities (21%), and community colleges (15%). Likewise, 39% indicated they had completed their education at a for-profit institution, 38% from a nonprofit institution, and 21% were unsure of their school’s status. When asked about how their military experience was received by their educational institution, the majority (57%) of current student veteran respondents indicated their military experience was “well received,” 34% reported they were met with indifference, and 8% reported that their military experience was “poorly received.”

MILITARY SPOUSE EMPLOYMENT

Eighty-four percent of employed spouses indicated that the military lifestyle had a negative impact on their ability to pursue a career. Of the 57% of active duty spouses who were not currently employed, 58% reported they wanted to be. Active duty spouse respondents who wanted to work but were not employed were asked their reasons for not working. Thirty-eight percent noted child care was too expensive, 35% cited being unable to find employment at their current duty station, and 32% mentioned issues of timing related to deployments. Among spouses who reported they were not working and not seeking employment, the top reason reported by 74% of respondents was “I prefer to stay home with my children, while 11% cited “I don’t want to work.” Nineteen percent of military spouse respondents who were working full or part-time reported combined annual household incomes (with their active duty service member) of less than \$50,000, placing them slightly below the U.S. median household income of \$51,371.¹¹

MILITARY CHILDREN, MILITARY CHILD EDUCATION, AND EFMP

Ninety-one percent of respondents had children under age 18 who had lived at home

during a deployment or routine separation. Among those parents, separation anxiety and worry were the predominant negative impacts on the children reported, while adaptability and increased independence were the positive impacts reported. Families with an Exceptional Family Member (EFM) face unique challenges. Families with an EFM noted challenges particularly during Permanent Change of Station (PCS) moves, including problems with

- (1) vocational services for adult family members with special needs
- (2) early intervention services for infants or toddlers
- (3) receiving SSI/SSDI after a move
- (4) access to respite care
- (5) accessing community or state based supports, such as Medicaid waiver benefits.

ADDITIONAL FINDINGS OF NOTE

Volunteerism and Civic Engagement

Sixty-eight percent of respondents had volunteered in the past year, and 59% actively sought out volunteering opportunities in the local community (versus on an installation). Eleven percent of survey

respondents with at least one child over the age of 18 reported having a child who has joined the military. This is compared to 1% of the general population who serve in the military.¹²

Child Care

Sixty-seven percent of respondents stated that the availability of child care had impacted their pursuit of employment or education and 38% of active duty spouses who are not employed but desire to be indicated the cost of child care was a reason for not working. Over 51% of those using any type of child care are spending over \$200 per month. Ninety-four percent of those using child care on a full time basis are spending over \$200 per month and 85% report spending over \$400 per month.

Mental Health and Wellness

Active duty service members and spouses generally reported they were able to cope with stress. However, 39% of spouses and 30% of active duty service members reported feeling “stressed” either most or all of the time. Top stressors include deployment and separation, financial stress, and employment related stress. During deployments, stressors for spouses include household responsibilities (42%), isolation (38%), and children’s issues (35%). Service members also reported deployment related stressors including: isolation or lack of social support (38%), household responsibilities (34%), and personal emotional or mental health issues (28%).

One-third of respondents reported having sought mental health counseling in the past year, and across all types of therapy, respondents reported a preference for civilian providers. For PTS and PTSD treatment, differences were seen across active duty and veterans, with active duty respondents expressing work-related concerns about seeking treatment. Thirty-six percent of veteran (n=84) and 35% of active duty respondents (n=37) who reported having previously received a diagnosis of

PTSD or had symptoms of PTS had not sought treatment because they did not think it would help.

Depression and Military Suicide

Higher percentages of veterans and veteran spouses reported depression symptoms compared to their active duty counterparts. Veterans also reported higher rates of suicidal ideation (13%) in the past year, more than either active duty service members (9%) or spouse respondents (8%).

Caregiving

Thirty-two percent of respondents indicated they had provided care for someone in the past twelve months, and 52% of those reported they had been providing care for more than two years. Fifteen percent of caregiver respondents reported they spent 40 or more hours per week providing care, which is the equivalent of a full time job. Fifty-six percent reported that caregiving was “extremely” or “somewhat” emotionally stressful. Caregivers of veterans indicated the following services would be most helpful:

- (1) integrated sources of information
- (2) coordinated services through a caseworker
- (3) information about benefits
- (4) advocacy service to minimize “red tape
- (5) an organized list of contact information and resources, and
- (6) online support groups with other caregivers.

Social Media

Seventy-five percent of survey respondents indicated that social media was important in connecting with a deployed or service member from whom they are geographically separated. Facebook and email were the leading communication platforms used by all respondents. Respondents reported using Facebook to stay in touch with distant family, friends, and service members. Facebook, Military.com, Military Times, and Military OneSource were the top sites reported for gathering military-related information.





Military Lifestyle and Military-Civilian Intersections · ★ · ★ · ★ · ★ · ★ · ★ ·

TOP ISSUES FOR MILITARY FAMILIES

Multiple moves, deployments, and temporary duty assignments (TDY) are just a few of the experiences common to the military lifestyle. These demands require adaptability and resilience from both service members and their families and distinguish military from civilian life. The ability and willingness to adapt—both at home and on the battlefield—contributes directly to the strength of the military, its readiness, and its ability to perform. Over the past year, force reduction and changes to pay and benefits have tested the all-volunteer force, especially military families' adaptability and tolerance for change. Sequestration and subsequent budget cuts in 2013 and 2014 forced all service branches to reduce and reallocate resources. The long-term impacts of sequester-level budgets on military families are unclear should they endure beyond 2015. These issues are not lost on individuals serving in the military, veterans or their families. National decisions also trickle down to the dinner table at home, increasing concern among military families on how they will be personally impacted by each decision.

To address issues regarding military compensation and retirement, the National Defense Authorization Act (NDAA) of 2013 established the Military Compensation and Retirement Modernization Commission. This commission was formed to conduct a review of military compensation and retirement systems, and to make recommendations to modernize such systems in order to meet three specific goals:

- “(1) ensure the long-term viability of the all-Volunteer Force by sustaining the required human resources of that force during all levels of conflict and economic conditions;
- (2) enable the quality of life for members of the Armed Forces and the other

uniformed services and their families in a manner that fosters successful recruitment, retention, and careers for members of the Armed Forces and the other uniformed services; and

- (3) modernize and achieve fiscal sustainability for the compensation and retirement systems for the Armed Forces and the other uniformed services for the 21st century.”¹³

The commission will ultimately share its findings and make recommendations for legislative and administrative action to the President and Congress by February, 2015.¹⁴ Because numerous changes have been proposed, military service members, veterans, and their families wait and wonder what personal impact the potential changes might have on them. For example, some of the proposed changes negatively affect commissary benefits, retirement, housing allowances, hazardous duty pay, and other benefits and compensations. Multiple and simultaneous changes to one or more benefits would have direct impact for service member, veteran, and military family financial stability.

With these forecasts and discussions as the backdrop, concerns about uncertainty and financial stability were of top importance to military members, families and veteran survey respondents in this survey. This year, differences emerged across subgroups (i.e., military spouses, active duty service members, and veterans) on these top issues. For example, when the top issues were compared, each group ranked the importance of military pay and benefits in the top two slots. Veterans, however, endorsed the issue of “disability backlogs” as the third most important issue, which is noteworthy since this survey closed prior to the recent news of significant problems regarding waitlists at the VA had come to light.¹⁵ Veteran's top five concerns also included PTSD/Combat Stress/TBI and the military-civilian divide whereas service members noted operational tempo and

spouse employment in their most important concerns.

Given recent events, it is not a surprise that “military uncertainty” was one of the survey's top five military family issues for active duty service members and spouses. Other top issues also reflected the importance of financial stability for military families, with respondents from all three subgroups including military pay and benefits and changes in benefits to their top five list. Forty-two percent of military spouse respondents ranked spouse employment as a top-five concern. The impact of deployment on children is also a top five concern for 43% of military spouse respondents, but did not fall within the top five issues for service members or veterans. Examining these variances highlights the fact that each group may prioritize different aspects of the military lifestyle, especially in terms of decisions about benefits, services, and programs. Because each group is critical to the military as a whole, policy and decision makers should consider the distinct priorities of each group.

DEPLOYMENT

Deployments are unique to military life. Even as the military continues to downsize, deployments across the globe continue. Eighty-eight percent of this year's respondents reported between one and five deployments since September 11, 2001, and over half (55%) had reported three or more deployments. Ten-percent of respondents reported between six and ten deployments, and 2% reported 15 or more deployments. Since September 11, 2001, 23% of respondents reported that they, or their family's service member, were deployed for 1-12 months, 47% reported deployment time of 13-36 months, 23% reported deployment time of 37 months or more, and 7% reported no deployment time.

Separations Not Due to Deployment

While those unfamiliar with the military might conclude that deployments are the primary reason service members face separation from their friends and family, even when service members are not deployed, they are frequently geographically separated from their families for extended periods of time. In addition to deployments, military families experience routine separations throughout the lifecycle of military careers (e.g., training, detachments, and unaccompanied tours of duty). Deployments are often preceded by an intensive training period that results in additional separation. Temporary orders and similar assignments also involve separations that disrupt normal family functioning. Since September 11, 2001, 41% of respondents reported that they or their family's service member have experienced 13-36 months of separation time, not including deployments (i.e. training field time, schooling work-ups, TDY assignments, etc.), and 11% reported 37 or more months of separation time.

Geo-Batching: Separations by Choice

Military life sometimes requires that families make tough choices for financial reasons, issues of employment, or on behalf of a child to maintain stability in school or with specific social services. These competing demands create conditions in which it is more beneficial for a family to live separately rather than together.¹⁶ Active duty service members and spouses were asked about voluntary separations or “geo-batching,” where families voluntarily decide to live separately. Nearly one in four (24%) indicated that they had geo-batched. The top five reasons given for “geo-batching” for both spouses and active duty service members were:

- (1) military orders were not long enough to warrant relocating
- (2) children's education

- (3) spouse's career
- (4) financial reasons/cost of living, and
- (5) the inability to sell a home.

MOVING

While geographic mobility is the norm for many military families, moving can be simultaneously exciting and stressful. Constant relocation can result in

Figure 5: Number of Deployments

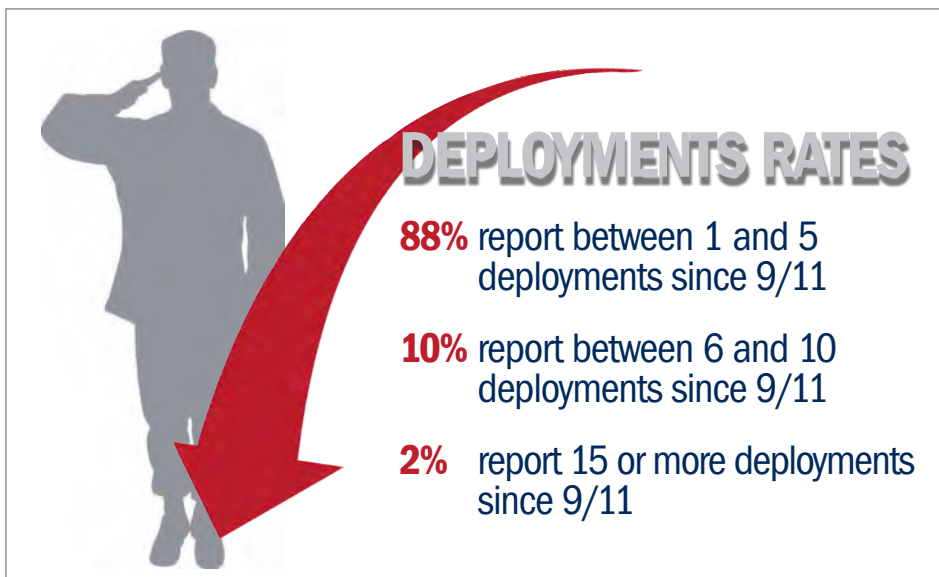
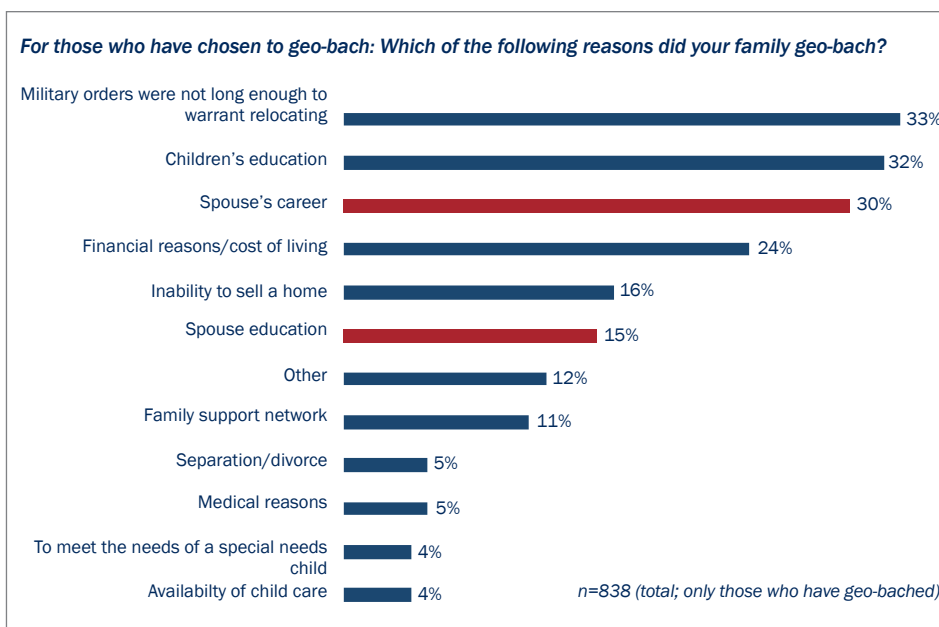


Figure 6: Reasons for Geo-Batching



employment challenges, discontinuity of education for family members, and changes in activities and routines for children.¹⁷ Likewise, moving forces families to uproot their social relationships and physical surroundings, which may involve selling a home, placing belongings in storage for a period of time, and saying goodbye to family, neighbors, and friends. While the average civilian moves infrequently by comparison, active-duty military personnel move on average once every two to three years, 2.4 times more than their civilian counterparts. When they move they are more likely than civilian families to move long distances, across state lines, or to foreign countries. Guard and Reserve families are typically not required to move as often as the active duty forces. Accordingly, their residence and relocation patterns are more similar to those of civilian families.¹⁸

In this survey, 15% of respondents reported having moved seven or more times within the CONUS, while 14% have moved five or six times, 26% have moved

three or four times, 29% have moved one or two times, and 16% have not experienced a CONUS move as a result of military orders. Forty-two percent of respondents reported having moved outside of the CONUS (OCONUS) as a result of military orders.

After separation from the military, veterans and their families often choose to relocate and may need to establish roots in a new community.¹⁹ However, when veterans and their families were asked where they resided after separating from the military, roughly the same percentage stated they stayed in the same location (51%) as those who reported they had relocated to a new location (49%).

CIVILIAN MILITARY DIVIDE

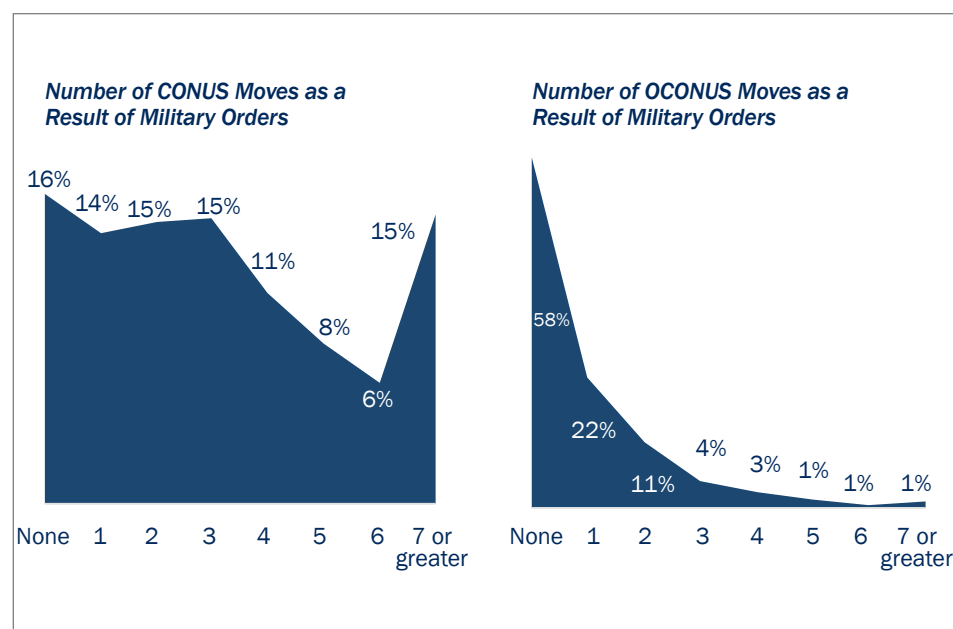
Research conducted by the Pew Research Institute (2011) shows adults under the age of 50 are much less likely than their older counterparts to have a family member who served in the military. Those who have served (veterans) are more likely than the general public to report that someone in

their family is serving in the military.²⁰ With regard to military representation in government, military members of Congress are declining over time. This is notable since Congress has oversight over the U.S. military's budget, resources, and operations. For example, at the beginning of the 113th Congress, there were 108 members (20% of the total membership) who had served or were serving in the military, 10 fewer than at the beginning of the 112th Congress (118 members) and 12 fewer than in the 111th Congress (120 members). Eight house members and one Senator are currently serving in the Reserves, and six house members are still serving in the National Guard. Both of the current female Congresswomen are combat veterans. The current number of veterans serving in Congress reflects declining trends in members who have served their country in the military. According to the Congressional Research Service (CRS), 64% of the members of the 97th Congress (1981-1982) were veterans; and in the 92nd Congress (1971-1972), 73% of the members were veterans.²¹ This decrease in representation in federal government, combined with the low number of citizens who are affiliated with the military may contribute to a more limited understanding of the present and future needs of the military, its services, and operational requirements.

When referring to military-civilian divide, the implication is that two disparate groups bear the burden of bridging the gap. This divide is not well-understood, it is multi-dimensional, and it is subjective with social, economic, and cultural factors at play. According to former Defense Secretary Robert Gates, in a 2010 commencement address.

“...in the absence of a draft, for a growing number of Americans, service in the military, no matter how laudable, has become something for other people to do. In fact, with

Figure 7: Number of CONUS and OCONUS Moves



each passing decade fewer and fewer Americans know someone with military experience in their family or social circle. According to one study, in 1988 about 40 percent of 18 year olds had a veteran parent. By 2000 the share had dropped to 18 percent, and is projected to fall below 10 percent in the future.”²²

For the purposes of this survey, all survey respondents were asked three questions. The questions were adapted from research originally conducted by Pew (2011) and were designed to capture information about how military families, service members, and veterans perceive the military civilian divide.²³ Over the years this survey has been conducted, the original questions have been refined in order to capture differences related to “understanding” the sacrifices of military families versus “appreciating.” While a higher percentage of respondents do agree that general public appreciates the sacrifices of the military they do not

agree that the general public understands them. This year, three questions were asked, and respondents could choose whether they agreed or disagreed.

Overall, just over one-third (37%) of respondents agreed strongly that the public appreciates the sacrifices that military

“...in the absence of a draft, for a growing number of Americans, service in the military, no matter how laudable, has become something for other people to do. In fact, with each passing decade fewer and fewer Americans know someone with military experience in their family or social circle. According to one study, in 1988 about 40 percent of 18 year olds had a veteran parent. By 2000 the share had dropped to 18 percent, and is projected to fall below 10 percent in the future.”

members and families make. When asked about public understanding of military service and family member sacrifices. Specifically, 8% “agreed” or “strongly agreed” that the “general public truly understands the sacrifices made by service members and their families” and 12% of military families “strongly disagree” or “agree” with the statement “the public is aware of the impacts of military life on families.”

RECOMMENDING MILITARY SERVICE

Out of 5,872 respondents, 59% reported they had more than one immediate family member in the military. When asked about the educational experiences of children over the age of 18, 11% of parents indicated their child had joined the military after high school and 1% reported they had a child attending a military school. According to a survey conducted by Pew Research Institute in 2011,²⁴ veterans are more than twice as likely as members of the general public to say they have a son or daughter who has served (21% vs. 9%) in the military. Half of military veterans in this same study reported having a parent who served, compared with 41% among the general public. Likewise, 43% of veterans say they have a sister or brother who served in the military, compared with 27% of all adults. Parents are generally the biggest influence on whether their children choose to serve in the military.^{25 26} A satisfied cohort of service members, military family members, and veterans who are willing to recommend military service or demonstrate that their military service was a worthwhile experience may ultimately prove to be a central component to maintaining and building the armed services of tomorrow.

The Net Promoter Score

Respondents were asked: “How likely are you to recommend military service to a young person close to you?” The implication

Figure 8: Perceptions of Civilian Awareness and Understanding of Military and Family member Service

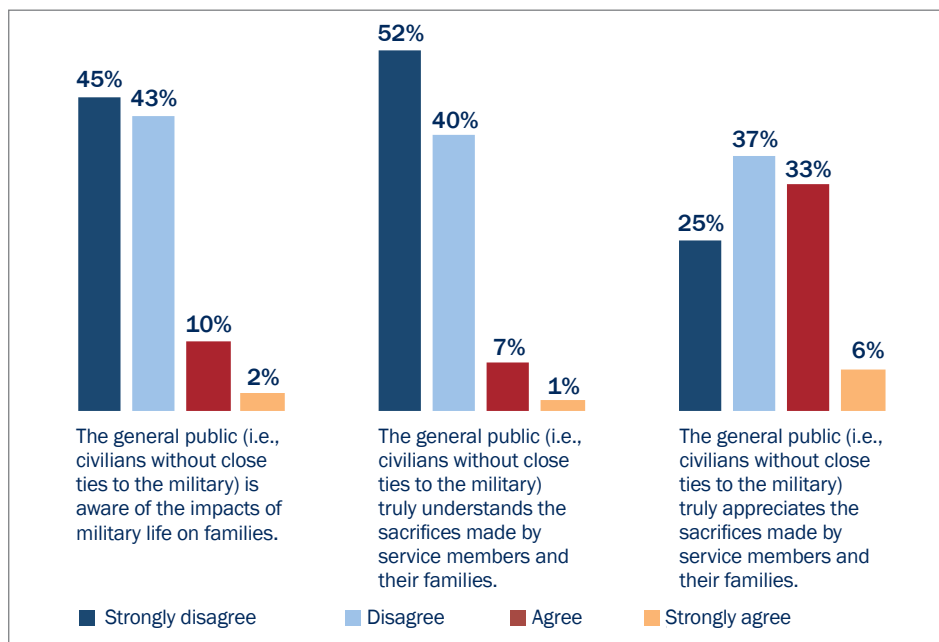
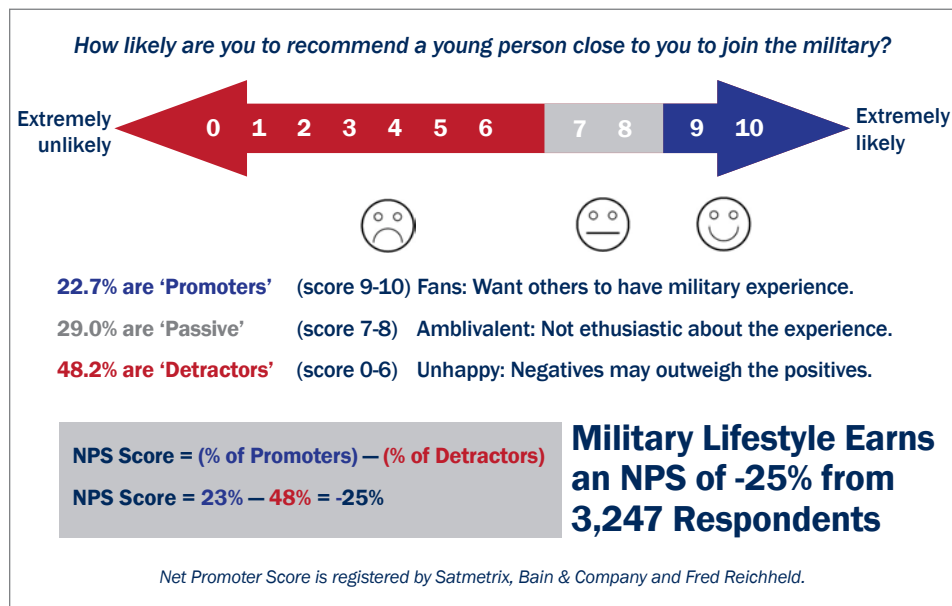


Figure 9: How likely are you to recommend a young person close to you to join the military?



is that making a recommendation to someone else involves extension of one's personal reputation, tapping into interpersonal trust. In effect, one is projecting the value of their experiences onto someone else, as determined by the opportunity cost they have personally invested.²⁷

Extending personal credibility and relationship capital is the basis of the Net Promoter Score (NPS), a measure previously applied primarily within the corporate setting. The NPS' purpose is to quantify the likelihood of making recommendations to others based on a Likert scale ranging from "extremely unlikely" to "extremely likely." Respondents are then categorized into groups of promoters (answering 10-9), passively satisfied (answering 8-7) or detractors (answering less than 6). The "Net Promoter Score" is then a subtraction of the percent of promoters from the percent of detractors.²⁸

The NPS ranges from -100 percent (which would occur if all respondents answered 6 or lower) to 100 percent (occurring if all respondents answered 9 or 10). A negative NPS indicates there are more

detractors than promoters in the sample. In the private sector this would suggest challenges for future growth and signifies brand management issues. Conversely, more promoters than detractors suggests sustainability and potential for growth.²⁹

For this survey, respondents' tendency to advise military service to a young person was -25% (calculation: 23% promoters subtracted by 48% detractors). For comparison, USAA enjoys a robust NPS of 81 percent, Kaiser Permanente enjoys a health industry leading 40%. Conversely, Motel 6 has a swell of detractors in its midst with a -15% NPS. Boy Scouts of America, as the only nonprofit to measure with the Net Promoter Score, earns an NPS of 36%.

Until research is conducted, the implications of NPS for the military are not known. However, understanding what drives NPS and acting upon increasing promoters in the private sector has been directly correlated to organic growth and more sustainable stakeholder relationships.³⁰ A similar benchmark that enables an understanding of military service and the

willingness to recommend it could be equally beneficial to policymakers. Tracking such recommendations over time could help better understand the impact of various policy decisions, changes in legislation, and the impact of changes to pay and benefits.

Budget Cuts, Changes to Pay and Benefits, and Sequestration

Survey respondents were asked to select the actions they would be most likely to take in the event that pay or benefits were reduced as a result of budget cuts or sequestration. The three considerations that garnered the highest percentage of survey respondents were reduction in household expenses (57%), an increased likelihood of spouse seeking employment outside the home (39%), and an increase political engagement (26%). Other endorsements included separating from the military earlier than planned (24%), moving into a less expensive home (21%), an increased likelihood of spouse increasing hours of employment outside the home (19%), delaying spouse or child's higher education (18%), retiring from the military earlier than planned (17%), delaying retirement or separation from the military to offset retirement cuts (13%), and an increased likelihood of geo-batching (11%).

"[Sequestration] has made me worry about my future and it has angered and stressed me out because I was promised certain benefits and stayed in to do at least 20 years...I gave and sacrificed and now benefits are being taken away. I feel like I made my family sacrifice with my absence for nothing."

—Active Duty Navy Service Member

"The stress in our household during times of sequestration, changes in promised benefits and budget cuts is through the roof. We are in a bit of a panic when we cannot be certain which benefits will be taken away next. This affects ALL of us."

—Army Spouse

“We have a sizeable emergency fund due to possibility of budget cuts and involuntary separation.”
—Army Spouse

“The stress in our household during times of sequestration, changes in promised benefits and budget cuts is through the roof. We are in a bit of a panic when we cannot be certain which benefits will be taken away next. This affects ALL of us.”
—Army Spouse

“We have a sizeable emergency fund due to possibility of budget cuts and involuntary separation.”
—Army Spouse

Over one-third of active duty and spouse respondents (36%) agreed that the costs of rent were higher than their Basic Allowance for Housing (BAH). Survey respondents also were asked about actions they would be most likely to take if their Basic Allowance for Housing (BAH) was reduced due to sequestration or budget cuts. Forty percent of respondents reported they would be most likely to reduce their household expenses or pursue additional supplemental income. A smaller percentage of respondent indicated they would be most likely to take political action (11%), move on to a military installation (i.e., base-housing) to decrease expenses (10%), move into a smaller home within the community to decrease expenses (9%), or stay in their current home to avoid an unnecessary move (8%).

USE AND CONFIDENCE IN BENEFITS

Active duty service members and families were asked to report their level of confidence that they would receive various benefits. The highest percent of respondents endorsed being “very confident” that they would receive health care while on active duty. Thirty-two percent reported they were confident they would receive VA home loan benefits and GI Bill benefits. The items with the lowest percentages of respondents

expressing “very confident” were for pay benefits (pension), disability pay benefits, and health care post-retirement.

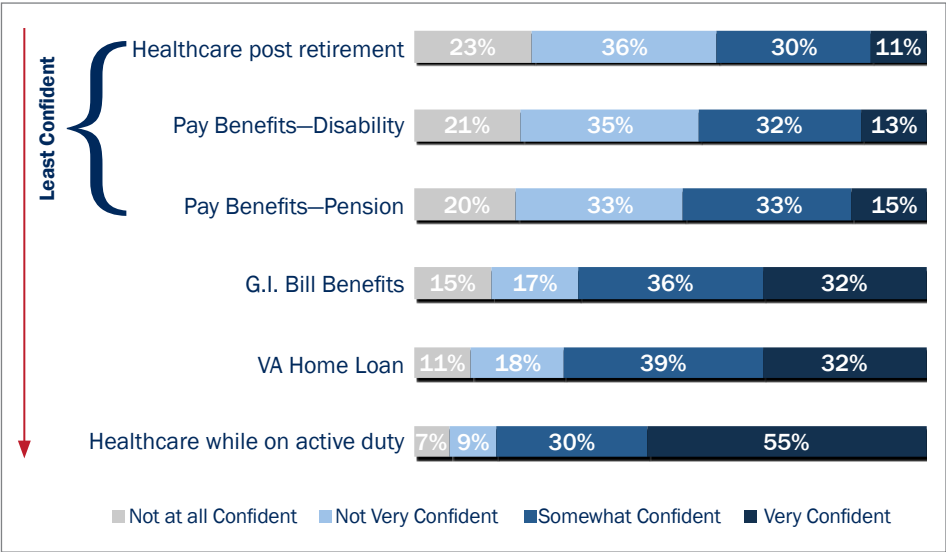
“I used to think that I would be set if I stayed past 20 and received my retirement benefits, now I’m just hopeful that there will be something when I retire. Seems like a waste to dedicate 20 years of my life to receive little or next to nothing with proposed budget cuts. Does anyone care about the military anymore?”
—Active Duty Coast Guard Service Member

Seventy-four percent of active duty respondents reported that receiving educational benefits was either “important” or “very important” as a reason for joining the military. In recognition of the 70th Anniversary of the G.I. Bill on June 20, 2014, President Obama noted, “...investing in the education and skills of our veterans is one of the smartest investments we can make in America.”³¹ More comprehensive than previous veteran education benefits, the Post-9/11 GI Bill provides education benefits for service members who have served on active duty for 90 or more days since Sept. 10, 2001. These benefits are tiered based on the number of days served on active

duty, creating a benefit package that gives current and previously activated National Guard and Reserve members the same benefits as active duty service members.³² About a third (32%) of respondents were “very confident” about receiving their GI Bill education benefits, while 36% were “somewhat confident.”

Twenty-one percent of respondents reported that saving for children’s college is a financial obstacle. The Post-9/11 GI Bill is a robust educational benefit that can be applied to expenses involved in earning a degree and can be used either by a service member, veteran, or within certain guidelines, transferred to a spouse or child. With this flexible option, many veterans are choosing to share their education benefits with their families.³³ Forty-nine percent of respondents indicated that they already had or were planning to transfer their education benefits to a child or children. Likewise, 17% of respondents would do the same for the non-service member spouse, while 35% of respondents had used or planned to use the benefits for themselves. The flexibility to use these benefits in multiple ways, depending on the needs of a family, appears

Figure 10: Confidence in Benefits



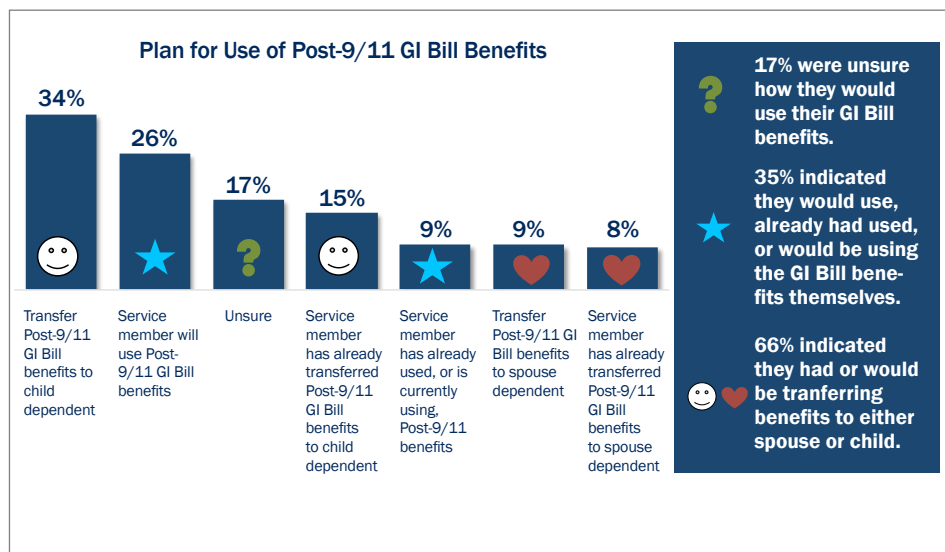
to be one strategy military families are using to manage their overall finances while mitigating some of the detrimental effects of the military lifestyle on education and employment of military spouses.

Finally, 51% indicated that veteran's services was a top national issue, and 47% indicated that health care was a top national issue. While 55% of respondents were "very confident" about receiving their health care benefits while on active duty, only 11% reported they were "very confident" about receiving their health care in retirement or after separation. This echoes previous findings regarding uncertainty about receiving earned health care benefits after transition and foreshadows the current crisis at the VA. These concerns are grounded in current reviews that have been reported on potential changes to military pay and benefits. The Congressional Budget Office (CBO) for example reported in late 2013 that the greatest savings in the DoD to support the sequestration budget cuts could come from trimming pay and benefits, primarily in health care benefits for retirees, saving up to \$75 billion over ten years. The same CBO report also noted that the projected savings could negatively impact retention, recruiting, and enrollees seeking treatment.³⁴

REASONS FOR JOINING THE MILITARY

Active duty and veteran respondents were asked about their top reasons for joining the military and were asked to assign "importance" to each item. The reason for joining the military reported by the highest percentage of respondents (96%) was to serve their country. Additionally, 74% of respondents said they joined to "improve their life circumstances." When "somewhat important" and "very important" responses were combined, seventy-four percent said one of the reasons they joined was for the educational benefits. "Seeing the world"

Figure 11: Use of Post-9/11 GI Bill Benefits



and "learning skills for civilian jobs" where selected by 65% and 64% of respondents respectively. Thirty-nine percent cited that they joined because jobs were hard to find. In open-ended responses, many respondents stated that they also joined to continue a family tradition of military service.

CIVIC ENGAGEMENT

In the 2012 general election, 89% of respondents reported they had voted, compared to 61.8% of the general population.³⁵ Respondents to this survey also voted with their wallets: 63% reported they have avoided buying something due to the social or political values of the company selling the product or service. Regarding news and media, in its important role as the "fourth arm" of government, 71% of respondents reported "hardly any" or "no confidence" in this institution, yet 96% said they believed in the importance of being informed about news and public issues. Respondents reported that they believed in the importance of either serving in the military or another national service

(91%). And almost three-fourths (73%) supported the idea that American youth should be required to commit at least one year to national service of some kind. The national issues that were ranked in the top five by respondents were the economy (67%), veteran's services (51%), and health care (47%). These were followed by employment/job creation (43%) and education (39%).

SERVICE UTILIZATION AND SATISFACTION

DoD Services

Respondents were asked whether they had utilized a variety of services offered by the DoD, and their level of satisfaction with that service, rated on a scale of one to five, from "extremely dissatisfied" to "extremely satisfied." The top five most utilized services reported were: Commissary and Exchange (95%), Military Health Care System (82%), Morale, Recreation, and Welfare (MWR) (72%), Base Housing (61%), and Child Development Centers (CDC) (33%). Overall, most service were underutilized. However, among those using services, the

majority of respondents reported they were satisfied.

The services with the highest reported satisfaction rates were: MWR (96%), Chaplain Services (94%), Commissary and Exchange (91%), Financial Assistance and Counseling for Military and Family Members (88%), and School-Age Services (88%). The services with the highest percentages of dissatisfaction were, the Exceptional Family Member Program (EFMP) (32%), mental health services for military, (30%), installation employment and transition services (veteran and spouse) (30%), and mental health services (29%).

Community Based Services

Many communities and organizations offer

the military population tangible examples of goodwill. Bridging the military-civilian divide goes beyond retail discounts and into providing specific, and targeted community services outside the gates of military installations. Respondents were asked to gauge the perceived effectiveness of various community-based services, including medical care, K-12 education, volunteerism, housing, employment, and community support. Respondents could choose from three options: “inadequate” in that the service needs improvement to meet basic or minimal levels of service; “sufficient” in that some improvements may be needed but the service is sufficient to meet basic needs; or “outstanding” which denotes the service should be a model for other communities to imitate.

“We also need programs that meet real daily needs of families. Self-sufficiency is a nice goal, but families who experience deployment repeatedly develop a more critical need for programs that actually provide services like childcare, lawn care, house maintenance, errand running, etc. The increase in a paycheck when a service member is deployed isn’t enough to cover all the increased needs of a family, and most civilian communities don’t have resources in place to help military families.”

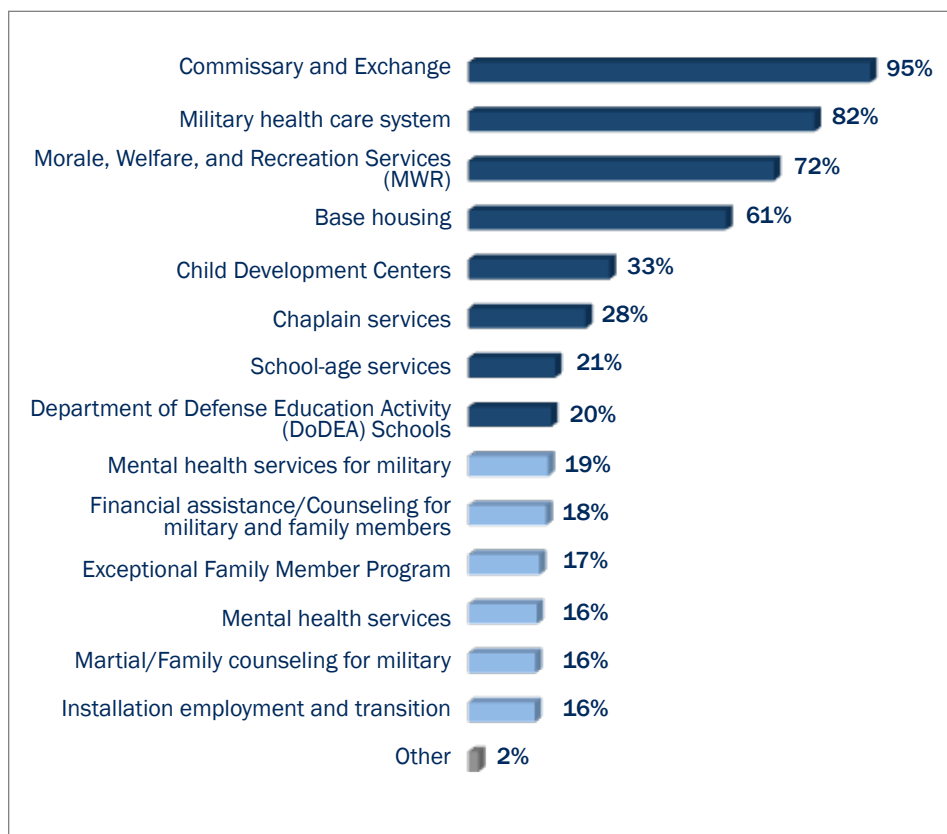
—Marine Corps Spouse

One choice, “opportunities for volunteerism,” was reported as “outstanding” by 28% of respondents, more than any other options. In other categories, the majority were most frequently rated “sufficient.” Employment and housing had the most potential for improvement with 41% of respondents ranking each as being “inadequate.” When the same categories were examined using the regional breakdown used by the VA, (Western, Central, Northeastern, and Southern regions)³⁶ differences were observed in respondent ratings of employment opportunities. For example, in the Western region, 4% found employment opportunities to be “outstanding” whereas 7% found employment opportunities “outstanding” in the Northeastern and Central regions, and 9% found employment opportunities “outstanding” in the Southern region.

VOLUNTEERISM

Within the survey sample, 68% of respondents reported that they formally or informally volunteered, significantly higher than the 25.4% of the general public who formally volunteered with an organization in 2013.³⁷ Respondents reported formally volunteering largely at schools (38%) and military spouse organizations (38%), and they were least likely to volunteer

Figure 12: Utilization and Satisfaction with DoD Services





for a political campaign (6%) or an environmental group (4%). Eighty-nine percent of respondents reported they volunteered informally (twenty hours or less) by helping with child care, doing yard work, providing transportation, or simply providing help to friends when they need it. One-fifth of respondents who volunteered reported they gave twenty one or more hours per month. Giving money in addition to time volunteering was also common with respondents, as 67% reported that they donated \$25 or more in the past year. Many used volunteerisms as a way to discover and explore the towns and cities as a result of PCS moves, with 59% actively seeking out opportunities in the local community versus a military installation. This type of interest, if encouraged and channeled, could be a tool for helping with transitions into the civilian sector, as well as bridging the military-civilian divide.



RECOMMENDATIONS FOR BRIDGING THE MILITARY CIVILIAN DIVIDE

- Government and business can encourage the hiring of both military spouses and veterans in civilian businesses and workplaces to encourage greater interaction and understanding as well as employment opportunities.
- The VA and Congress can continue the substantial benefits of the Post-9/11 GI bill beyond the financial: bringing military service members, veterans and military family members into the classrooms and providing opportunities for discourse and increased interaction and understanding of the military lifestyle.
- Educators can support initiatives in the classroom that recognize the unique contributions of military children (e.g., recognizing children for their service, providing mentorship of children with deployed parents, allowing children opportunities to talk about their military parent).
- The DoD, VA, and federal government can support local and state based initiatives that increase community capacity for mental health professionals who are trained to understand the military lifestyle and the unique needs of military families, service members and veterans.
- Educators can increase community capacity through training of community-based primary care professionals to recognize and understand the unique needs of military families, service members, and veterans.
- Communities can recognize the unique role that military families, service members and veterans can play in their communities by leveraging their leadership, civic engagement, to support and enable continued service following military service.
- Media can work to show balanced portrayals of military families, service members, and veterans in the media and generate, reinforce and encourage positive images showing both the positive and negative aspects of military service and lifestyle.



Service Member Transition and Veteran Employment · ★ · ★ · ★ · ★ · ★ · ★ ·

TRANSITIONING SERVICE MEMBERS

All service members ultimately become veterans and, since 2001, more than 2.8 million military personnel have made the transition from military to civilian life. Another one million military service members will make this transition over the next five years.³⁸ For some veterans, the transition is smooth, but for others, it will be marked by challenges with employment, community and family reintegration, and the development of strong and supportive social networks.

This survey asked active duty families when they would be separating from service. Seven percent indicated that they would be separating within the next 12 months, 6% indicated the next two years, 18% indicated between three and five years, 41% indicated more than five years, and 29% were unsure.

PREPARING FOR TRANSITION

Preparation can ease the transition for many service members and their families. Respondents were asked whether they felt prepared for the transition to civilian life,

and a majority of veterans and military families who had transitioned indicated that they were well prepared for their transition. However, 29% felt unprepared for the transition to civilian life. Military families are unique and prepare for the transition in different ways.³⁹ Service members, veterans, and military families' primary concerns related to their choices about the transition from military to civilian life include: family considerations (77%) and employment considerations (76%). Among the issues presented, these two issues strongly influence the choices made by veterans and their families with regard to planning for the transition from military to civilian life. Respondents also indicated that health care and educational considerations impacted their planning for transition from the military to civilian life, but at lower percentages than family and employment considerations. More than 67% of respondents reported considering health care when planning their transition and 55% reported weighing education when planning the transition from the military to civilian life.

AWARENESS OF TRANSITION RESOURCES

Active duty families preparing for transition over the next two years were asked

- (1) which transitional resources they were aware of and
- (2) which benefits had they registered for or utilized.

A majority of service members' families transitioning from the military were not aware of some of the transition resources. For example, 38% of this group were aware that they could file a VA claim 180 days prior to discharge, but only 37% were aware that they were eligible for VA care for up to five years after separation. In addition, only 31% of those same respondents were aware of the DoD's changes to Transition GPS (formerly TAP/ACAP). Among respondents who were transitioning in the next two years, 38% had already used or were currently using Transition GPS programming (22% have attended Transition GPS and 16% currently using Service's Transition Assistance programming). These results suggest that greater emphasis might be needed on increasing the awareness of transition resources and benefits as service members approach their separation dates. Given that 27% of all military separations are now involuntary, special attention may need to go toward disseminating targeted information to those who are transitioning unexpectedly.

The majority of the respondents indicated that they were aware of resources such as Military OneSource (82%), VA health care (74%), VA eBenefits (62%), and Social Security Administration (57%). Other resources listed were MFLC (45%), VA Vocational Rehabilitation (24%), State Vocational Rehabilitation (14%) and the National Resource Directory (9%). Of the 82% who are aware of Military OneSource, only 41% had registered and 41% had

Figure 13: Separating from the Military

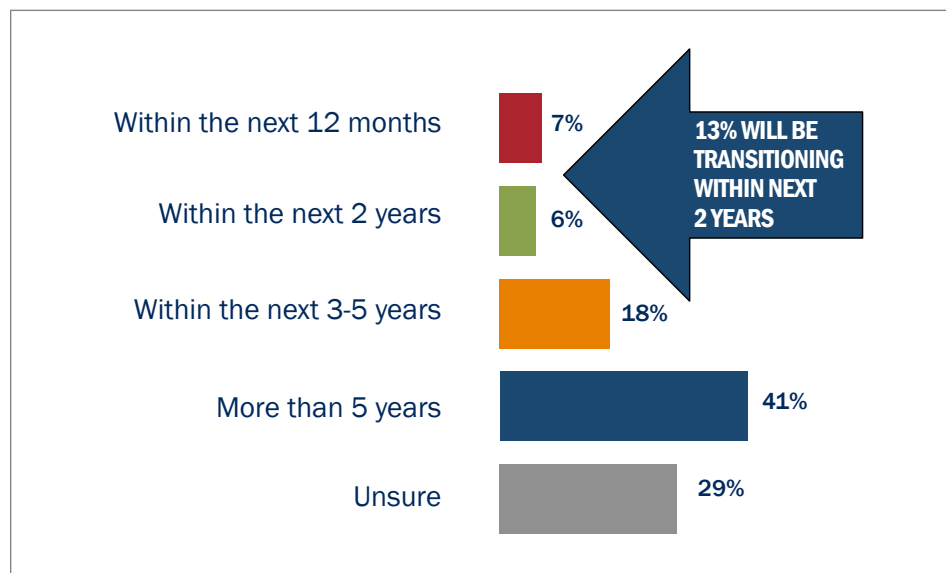
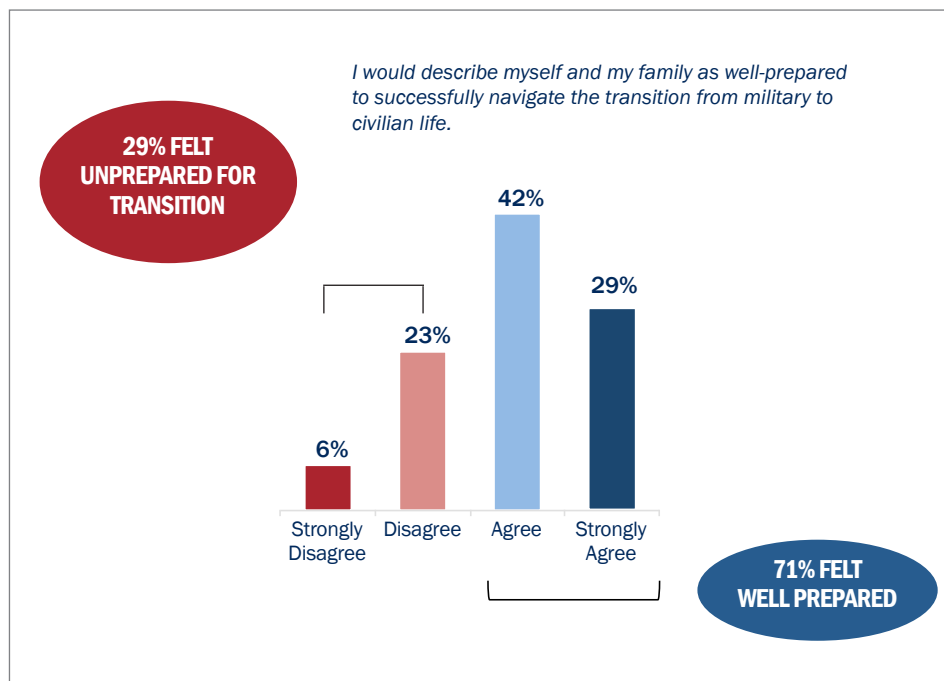


Figure 14: Preparation for Transition



utilized it. Of the 74% who were aware of VA health care, only 19% had registered and 13% had utilized it. Of the 62% who are aware of VA eBenefits, only 35% had registered and 17% had utilized it. Many of the VA benefits offered to service members in transition are robust and can ease some of the common difficulties faced during separation. Gaining a better understanding of what service members know about their benefits—and of which service members choose to utilize these benefits and why—is important to determining what types of program improvements are needed. Likewise, understanding why people do not register for these benefits is equally important. In light of recent events at the VA, it may be valuable to assess the level of confidence service members and transitioning veterans have in the VA and their VA benefits, and what actions or changes they view as necessary in order to restore their confidence.

RESOURCES USED BY VETERANS DURING TRANSITION

There are many public and private sector resources available to transitioning service members. For example, last year (2013) the DoD implemented an updated transition assistance program, Transition GPS (previously called TAPS). Transition GPS is intended to help service members successfully transition to the civilian workforce, start a business, or pursue training or higher education. Transition GPS consists of an extended five-to-seven day transition program and includes information on financial planning, benefits, and employment.⁴⁰ Likewise, the VA has implemented various transition resources, such as its online GI Bill comparison tool, and eBenefits online tool for registering for benefits, finding information about benefits, and accessing online assistance.⁴¹

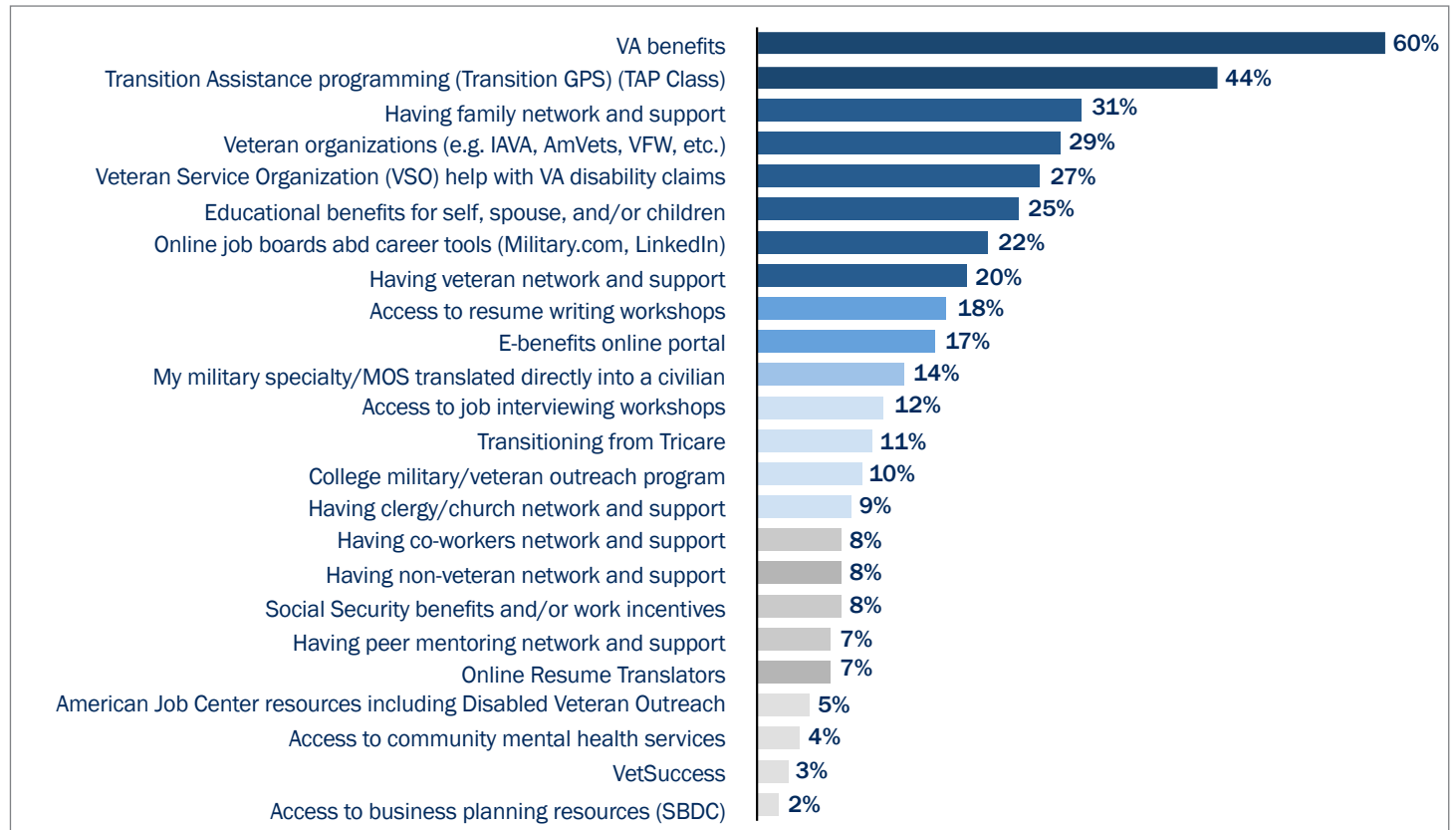
To better understand service utilization during transition, percentages were

calculated based the number of veteran respondents who selected services they had used from a list. VA benefits were used by the most respondents (60%), followed by transition assistance programming, such as Transition GPS and TAPS classes (44%) and their family network and support (31%). Findings show that veterans used a variety of different resources to help with disability claims and educational benefits. Other resources included Veteran Organizations (29%), GI Bill benefits for education (25%), online job boards and career tools (22%), veteran network and support (20%), and resume writing workshops (18%).

Veterans also were asked to select whether they thought each resource was “helpful” or “unhelpful.” Of the resources used, most respondents indicated that the resources were “helpful” or “very helpful.” Resources that were “very helpful” to a majority of respondents were family network (66%); veteran service organizations’ help with VA disability claims (53%); educational benefits for self, spouse, or children (55%); and veteran network and support (53%). A variety of resources across the public, private and nonprofit sectors appear to be helpful in the transition from the military. This points to the need for involvement across sectors. This also points to the critical role that Veteran Service Organizations (VSO) play in increasing community capacity with regard to veterans. For example, organizations such as the American Legion, Disabled American Veterans, and Veterans of Foreign Wars (among others) offer services that help Veterans file for disability claims.^{42 43 44} These types of organizations can offer personalized and local assistance that often is not possible from large government entities.

Seventy-three percent of veterans reported being aware of VA eBenefits, but only 61% had registered and 41% had utilized the site. Of the 44% that were aware of MilitaryOneSource.mil, only 40% had registered and 32% had utilized the site. Veterans reported they wanted to be

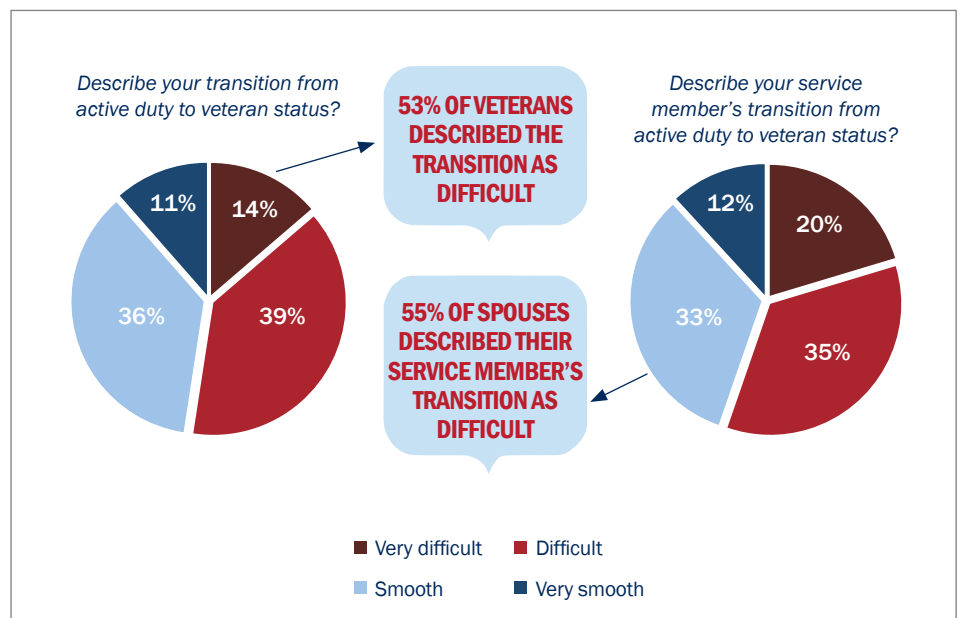
Figure 15: Resources Used in Transition from Active to Veteran Status



made aware of transition resources: 64% of veterans reported feeling comfortable providing their information to their state and local community for post-service education and employment opportunities, however, 36% indicated they would not feel comfortable.

Only 38% of veterans report having attended the Transition GPS and, of those who attended, the majority did so within six months before their separation date (16% indicated one month before separation date and 45% between one and six month before separation date). Fifty-nine percent of veterans reported that their unit was supportive of Transition GPS. Furthermore, 42% of veterans reported that Transition GPS prepared them for a successful transition to civilian life, while 27% indicated that Transition GPS did not.

Figure 16: Difficulty of Transition



DIFFICULTY IN TRANSITIONING: TRANSITION CHALLENGES

According to the Pew Research Center, 44% of post-9/11 veterans say their readjustment to civilian life was difficult, compared to 25% of veterans from earlier eras. More than half of post-9/11 veterans who served in combat said they had difficulties readjusting to civilian life and the majority of combat veterans also reported strained family relationships and frequent incidents of irritability or anger. However, when asked about the transition from active duty to veteran status, 36% of this survey's respondents said the transition was "smooth" and 11% said it was "very smooth." Over 53% reported that their transition was "difficult" (39%) or "very difficult" (14%). These findings were consistent when spouses were asked about their service member's transition from active duty to veteran, as 55% of spouses reported that the transition was "difficult" (35%) or "very difficult" (20%).

VETERAN EMPLOYMENT

A 2012 report published by Center for a New American Security (CNAS) found that companies typically hire veterans

for a number of reasons including their leadership, teamwork, character, discipline, expertise, and ability to perform in a dynamic environment.⁴⁵ Conversely, some common reasons companies might not hire veterans included difficulty in the translation of military to civilian skills, the mismatch of those skills, negative veteran stereotypes, possibility of continued deployments (i.e., National Guard and Reserves), and acclimation in general.⁴⁶ The overall unemployment rate for all veterans in 2013 was 6.6%, down from 7.0% in 2012, compared to 7.2% in non-veteran populations (which is down from 7.9% in 2012). When isolating just post-9/11 veterans, their unemployment rate in 2013 was 9.0%.⁴⁷ Although 63% of active duty and veterans indicated they joined the military to learn skills for civilian jobs, 21% reported that transition from the military is an obstacle to financial security. Misconceptions among employers related to the service experiences of veterans combined with difficulties translating military experience into marketplace skills can result in barriers that impact the recruitment, hiring, and advancement of veterans and military spouses in the workforce. The role of employment as a critical component of the transition into the civilian sector cannot be understated.

Finding adequate employment is frequently named as a top concern among service members transitioning from military to civilian life.⁴⁸ As of 2013, there were 722,000 unemployed veterans age 18 and older, with 205,000 being from the post-9/11 service era.⁴⁹ Yet, the unemployment rates among the young post-9/11 era veterans are consistently the highest compared to any other veterans of other periods of service and the civilian population.⁵⁰ Beyond the obvious economic benefits, several studies have shown that employment improves health and overall well-being.^{51, 52} Thus, finding adequate employment may be a significant factor in both determining health outcomes for returning military service members as well as a key element in the successful military

to civilian transition. Approximately 50% of veteran respondents reported that they were working, 12% reported they were not working but were looking for work, and 38% were not working and were not looking for work.

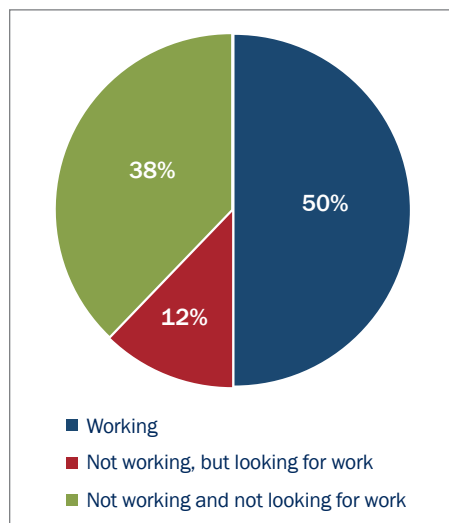
Individuals who serve in the military are usually equipped with significant skills that can be an asset within civilian jobs.⁵³ Respondents were asked how many jobs they had held since leaving the military: 4% of veterans have not had any jobs since leaving the military, 26% of veterans have had one job, 21% had two jobs since leaving the military, and 15% of veterans reported having had three jobs since leaving the military. Finally 12% of veterans reported having had four jobs since leaving the military, and 23% have had five or more jobs since leaving the military.

Veterans also were asked how their prior military work experience had been received at work. The results showed that a majority of veterans (57%) feel their military experience was "well received" while 8% reported that it was "poorly received," and 32% reported that employers have been "indifferent" to their military experience.

The results also showed that of those veterans currently working, their occupations were in a variety of fields. The top fields were: government (12%) and information technology (8%). Other career fields were health care and health services (7%); education and education services (7%); law enforcement and protective services (7%); maintenance and repair work (6%); administrative services (6%); retail and customer service (5%); financial and business services (4%); community and social services (4%); transportation, moving, and warehousing (4%); science and engineering occupation (4%); and construction (3%). About 11% indicate an "other" career field, and 21% of the "other" indicated they were working for as a volunteer, nonprofit, or veteran's organization.

Those not working reported the following reasons:

Figure 17: Veteran Employment



- (1) because they are retired (37%)
- (2) they are disabled (20%)
- (3) other reasons not listed (10%)
- (4) stopped looking for work because could not find work (9%), and
- (5) taking care of your home and family (7%).

“You were a Warrant Officer in the Army? We need you. Period.”

—Army Veteran

“Some employers and coworkers like the military “can-do” approach to tasks, but others have thought it needed to be relaxed.”

—Army Veteran

“Interviewers have been generally positive and expressed gratitude for my military service, but several have indicated that the skills I acquired in the military are not particularly transferable; others have suggested I highlight my military grade more prominently.”

—Air Force Veteran

VETERAN ENTREPRENEURSHIP

Through its research, the U.S. Small Business Administration (SBA) has found that veterans have higher rates of self-employment than non-veterans.⁵⁴ This high correlation between military service and self-employment may be attributed to military culture, supervisory and management skills, technical skills, and discipline during service. Veterans were asked if they were currently or have ever been self-employed or operated their own business: 26% of veterans reported they were or have been self-employed while 74% reported they have not. Of the veterans who have not ever been self-employed, 25% had an interest in being self-employed or owning their own business, 18% were unsure if they wanted to be self-employed or own their own business, and 57% were not interested. Veterans have a variety of businesses such as retail

Figure 18: How Military Experience was Received at Work

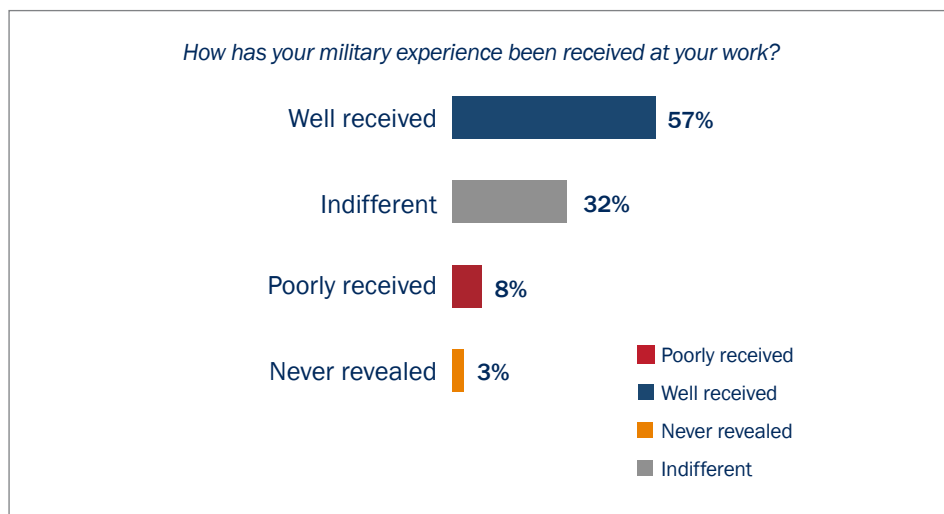
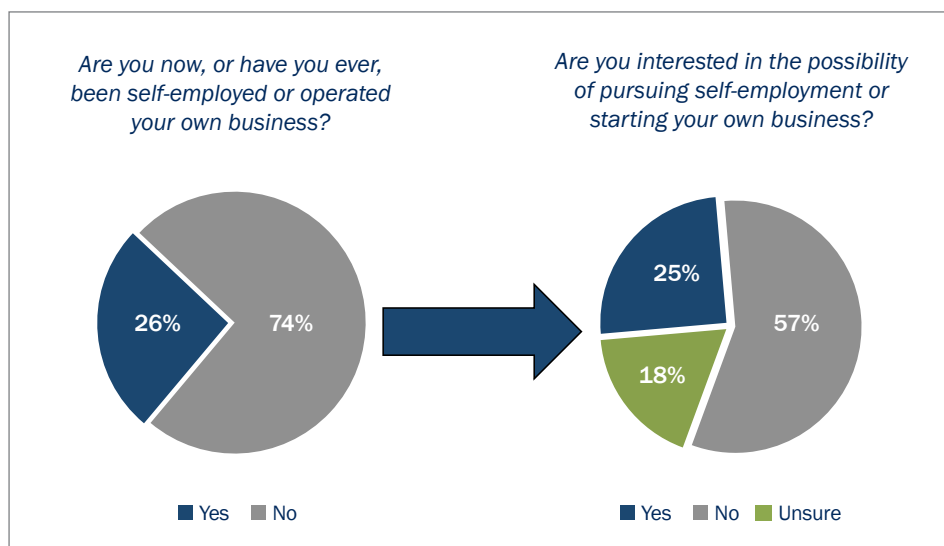


Figure 19: Veteran Entrepreneurship



and customer service (11%), maintenance and repair work (11%), construction (8%), financial and business services (6%), and information technology (5%). For those veterans who were interested in starting their own business, the top interests were retail and customer service (9%), law enforcement and protective services (9%), and maintenance and repair work (8%).

VETERAN EDUCATIONAL ATTAINMENT

This study clearly shows that when asked about reasons for joining the military, 74% of active duty service member and veterans said that “receipt of educational benefits” was either an “important” or “very important” reason. Education can not only mediate employment outcomes,

but also influence physical, mental, and social outcomes for the service member and their families. Accordingly, education is a critical component of the transition into the civilian sector.⁵⁵ With regard to educational achievement, the military and veteran population is highly educated. Approximately 63% of veterans have some college or higher. Only 6% of veterans have less than a high school degree, 31% of veterans have a high school degree, 35% of veterans have some college or an associate degree, and 28% of veterans have earned a bachelor's degree or higher.⁵⁶ For post-9/11 veterans: 1% have less than a high school degree, 24% have a high school degree, 45% have some college or an associate degree, and 29% have a bachelor's degree or higher. While the majority of veterans have started the education pathway, there are several challenges (from awareness of programs and resources to completing a degree) that may interfere with successful utilization of education success.

The educational situation of veterans is inextricably linked to employment outcomes.^{57,58} Respondents were asked about their educational funding and institution for their highest level of education complete. Veteran respondents indicated that they funded their degrees through multiple sources. The top funding sources were the Montgomery GI Bill (23%), employment (16%), and Post-9/11 GI Bill (11%). Twenty-five percent indicated some other funding source for educational expenses, of which 35% reported using Military Tuition Assistance, 18% indicated the GI Bill, and 9% indicated vocational rehabilitation.

When asked about educational institutions, the majority (53%) of veteran respondents reported that they completed their highest level of education at public colleges or universities, followed by private colleges or universities (21%), and community colleges (15%). When asked the type of institution they attended to complete their education, 39% indicated

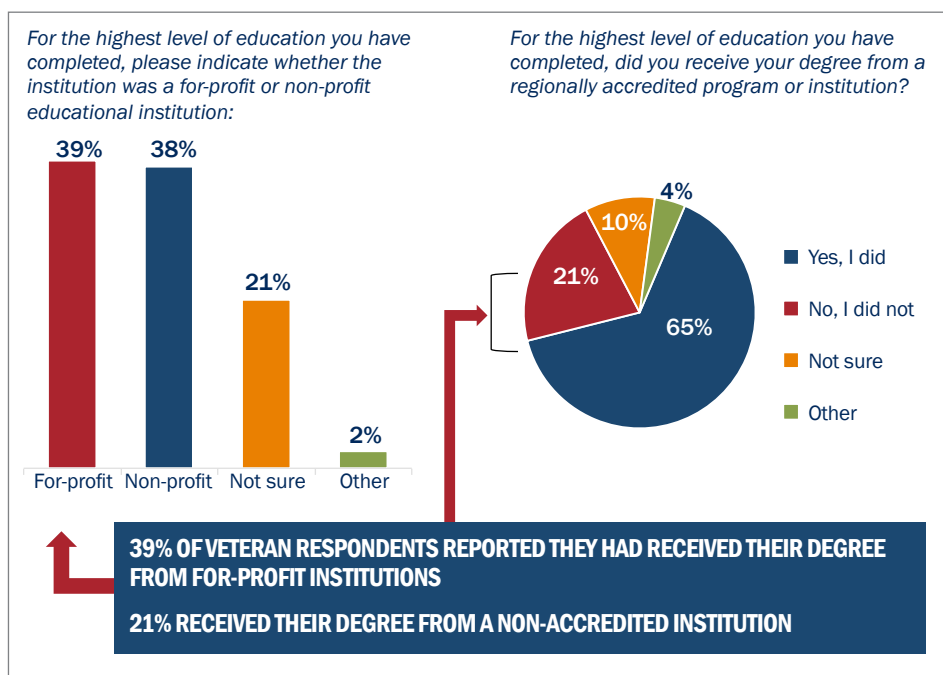
they had completed their education at a for-profit institution, 38% from a nonprofit institution, and 21% were not sure. For-profit institutions receive the largest number of GI Bill beneficiaries and studies have shown that there are differences in benefits and outcomes from degrees or certificates obtained from a for-profit institution compared to a nonprofit institution.^{59,60,61} From 2012-2013, for-profit colleges received \$1.7 billion in Post-9/11 GI Bill funding, which also accounts for eight of the 10 top ten recipients of this benefit. In a recent report released by the U.S. Senate and the Health, Education, Labor and Pensions (HELP) committee, student outcomes provided by the companies to the HELP Committee found that in 2008-2009, 66% withdrew from college without a degree or diploma. This same report found that 35 to 57% of programs offered at four of the companies would fail to meet the gainful employment rule suggesting that they would not earn enough to pay back their loan.⁶² Accreditation standards may impact

the marketability of a particular degree, whether credits at one school count toward a degree at another, or whether the quality of education is marketable or otherwise worthwhile. For those using federal funds to pay for their education, understanding how funding is being applied is particularly significant especially when receipt of educational benefits may be one reason for joining the military. Respondents also were asked if their degree was from a regionally accredited program or institution. The majority, (65%) reported receiving degrees from regionally accredited institutions, 21% reported their degree was not, while 10% were not sure.

Current Student Veterans

While a majority (86%) of the veterans indicated that they were not current students, 13% of veterans were currently attending school either part time (6%) or full time (7%). Top reasons reported by veterans for pursuing education were to advance their career (31%), self-fulfillment and intellectual curiosity

Figure 20: Type of Educational Institutions



(27%), and increase earning potential (26%). Of the veterans currently in school, 48% were completing their coursework through distance learning online and 31% were completing coursework through traditional classroom courses. When asked what type of school they were currently enrolled, 46% reported they were attending a public college or university and 33% were currently attending a private college or university. The Post-9/11 G.I. Bill is a robust educational benefit and a majority (59%) of veteran respondents currently in school reported using the bill to fund their degree. When asked about trouble transferring academic credits, 24% reported having difficulties.

How Military Experience is Received at School

There are several challenges to earning a degree as a veteran, such as lengthy and complicated processes of accessing new benefits, perceived lack of connection to the university, and stigma.^{63 64} To better understand the experience of student veterans at institutions of higher education and the challenges to student retention, veterans were asked how their military experiences were received at their school. The results showed that a majority of veterans (57%) felt their military experience was “well received” at school while 8% reported that it was “poorly received” and 34% reported that their school had been “indifferent” to their military experience.

“Since the school doesn’t really understand the level of technical training the military provided, they do not allow for any credit other than some general PE credit. The SMART transcript was virtually ignored.”

—Marine Corps Veteran

“Some professor publicly criticized military actions and tactics in current wars, going so far as to call a room full of Vet students uneducated and basically war criminals for actions overseas.”

—Navy Veteran



TRANSITIONING AND VETERANS EMPLOYMENT RECOMMENDATIONS

- The DoD, VA, and Congress can work together to ensure seamless access to care for veterans transitioning service members, and their families regardless of their location.
- The DoD, VA, and Congress can work together with state and local governments, military service organizations, corporate partners, and nonprofits to increase awareness to veterans and transitioning service members of transition-related resources such as VA filing claims, VA Health care eligibility, and DoD changes to TAP/ACAP (Transition GPS).
- The DoD and VA can disseminate information about transition resources targeted to those who are involuntarily separated.
- The DoD can evaluate veteran and transitioning service member’s resources for successful preparations, effectiveness, and helpfulness of resources.
- Stakeholders can prioritize coordination among public, private, and nonprofit entities to develop employment resources for military veterans.
- The DoD and VA can increase awareness of employment resources for military veteran, including resources for translating their military skills into civilian jobs.
- The VA and DoD can provide information and resources to large and small scale employers across public, private and nonprofit sectors about best practices for hiring and supporting veterans in the workplace; public sector can share best practices and disseminate them to stakeholders.
- The DoD and VA can work with educational institutions as well as federal, state, and local governments to increase awareness of educational utilization and resources for military veterans.
- Universities and institutions of higher education can support the development and implementation of faculty/staff/student veteran awareness training and programs to support veterans on campus.



Financial Readiness · ★ · ★ · ★ · ★ · ★ ·

Financial readiness is considered part of overall military readiness. Financial readiness directly impacts military family strength and is essential to maintaining security clearances required for mission readiness.^{65,66} Strong financial health also has been shown to increase employee productivity in the workplace.⁶⁷ Conversely, poor financial readiness can exacerbate already tense relationships, negatively impact long-term financial status and life after military service, and increase daily stress.⁶⁸ The 2012 DoD Suicide Event Report (DoDser) also found that one of the most prevalent psychosocial stressors reported related recent suicide events among service members (in 2012) was “financial/employment issues.”⁶⁹

Economic advantage has been associated with less divorce, more marital happiness, and greater child well-being.^{70,71} Likewise, families with fewer economic pressures possess a more positive outlook and attitude about their ability to overcome serious problems or challenges.⁷² Military families appear to be acutely aware of their financial situation with nearly half (49%) of both spouse and service member respondents indicating financial issues as a top stressor during their time in the military. As noted previously, three of the top five concerns among respondents were related to finances including:

- (1) pay and benefits
- (2) potential changes to retirement benefits
- (3) spouse employment (for active duty service members and spouses) was one of the top five concerns (see Top Issues for Military Families)

Both active duty families and those who recently retired or were approaching retirement held consistent views on financial readiness issues. Among those in transition to civilian life, income loss (66%) and military spouse employment (60%) were top concerns. Likewise, top national

issues among military families also revolved around financial readiness (67%) including “the economy.”

“We have cut back on some expenses we didn’t need, we don’t get to go out as a family (or on date nights with each other) nearly as often as we would like, we haven’t visited family in several years (they are all out of state).”

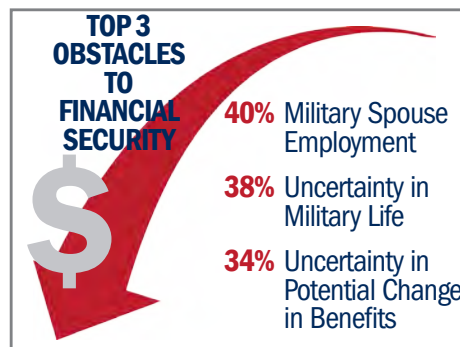
—Army Spouse

OBSTACLES TO FINANCIAL SECURITY

Active duty and veterans (as well as their spouses) were asked about the top obstacles to financial security. By percentage of respondents, the top obstacles were: spouse employment (40%), uncertainty in military life (38%), and uncertainty in potential changes in benefits (34%). This was followed by frequent relocations (32%). Sixty-percent of respondents reported that their family’s current financial condition caused, “some stress” or “a great deal of stress.” In open-ended questions, military family member respondents consistently described the uncertainty surrounding sequestration, budget cuts, and military pay and benefits. One respondent, for example, described the level of uncertainty as “crippling.”⁷³

“The uncertainty is crippling. As two gainfully employed wage earners (service member & spouse) we save a large portion of our income. However, the

Figure 21: Obstacles to Financial Security



knowledge we will lose one income when orders come down to PCS is stressful enough. Not being able to bet 100% on at least one of these incomes is unacceptable.”

—Army Spouse

FINANCIAL HEALTH

Military life involves constant changes including moves, deployments, and transitory spouse employment, to name a few, and financial concerns continued to be the most significant concerns reported by service members and families in this and previous BSF surveys. This survey showed mixed results on common indicators of good financial health as compared to the general population, for example, following a budget, maintaining emergency funds, checking credit reports, managing credit card debt, having insurance, and contributing to retirement savings.⁷⁴ Financial stability is important to maintaining operational and mission readiness,^{75,76} and as in previous BSF surveys service members and their families continue to report financial concerns as the most significant.^{77,78}

Well, as of right now we are a little more strapped for cash [as we are] renting our home out, back in Tennessee. We are at this point trying to pay down credit cards we racked up before deployment and during PCS. Just in case the worse happens. I am very disappointed in the Government trying to take things they promised our service members when they enlisted. Now not only will they have stress at work but at home too should any kind of benefits and cuts be taken. I am losing faith in the government and sad to see what is happening...

—Army Spouse

The majority of respondents indicated that they follow a budget either “loosely” (67%) or “strictly” (19%). Slightly more than half (55%) reported having “set aside emergency or rainy day funds to

cover expenses for at least three months,” which is comparable to recent research.⁷⁹ Respondents exhibited generally healthy behaviors with 72% having checked their credit report in the past year, 62% of respondents owing less than \$5,000 on their credit cards, and 24% reported they had a zero balance. However, 36% reported they owed \$5,000 or more and 7% owed as much as \$20,000. In 2012, Financial Industry Regulatory Authority, Inc. (FINRA) found that 52% of military respondents carried a credit card balance and were charged interest in the past twelve months.⁸⁰ Access to credit cards is widely available: 44% reported having two to three credit cards, 31% reported having four to eight credit cards, 16% reported having only one credit card, and 3% reported having nine or more credit cards.

“It’s scary because you can’t plan. You should be able to make a budget and not have it go down from year to year. It’s very frustrating.”

—Army Spouse

Preparing for the unforeseen is a vital component of financial readiness. Most respondents (72%) reported carrying Servicemembers Group Life Insurance (SGLI) offered through the DoD at the full amount, \$400,000. Fifty-four percent reported having no additional life insurance policy for the service member and 46% reported carrying additional life insurance ranging from \$50,000-\$100,000 (12%), \$100,001-\$250,000 (12%), and greater than \$250,000 (21%). A small subset (2%) reported that they did not carry additional life insurance for their service member because “their type of job is uninsurable.” Fifty-three percent reported carrying spouse and dependent life insurance, spouse disability or long-term care (8%). Respondents carried homeowner’s insurance (54%), renter’s insurance (47%), and some reported they carried “special

policies for jewelry, art, or classic cars etc.” (37%).

“It’s made us realize that at any moment our finances could change. We know we need to start saving for the unknown now. Nothing is safe anymore.”

—Air Force Spouse

Retirement planning is also an indicator of financial health, and ⁸¹ may be especially important for families who depend on the service members’ retirement alone (e.g., when the spouse has not accrued retirement funds). Many respondents indicated that they were regularly saving for retirement through various mechanisms including: the Thrift Savings Plan (TSP) (48%), military spouse’s company retirement plan (13%), Individual Retirement Accounts (IRA) (32%), military spouse defined benefit plan, or pension (6%), and military spouse’s IRA (17%). However, 21% reported they were not regularly contributing to retirement savings and 7% were unaware of their own retirement contributions.

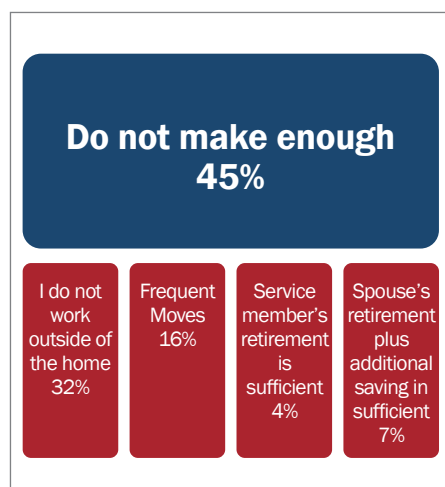
Research on the retirement savings of Americans indicates that 68% of Americans are not able to meet their monthly retirement savings goals because of other financial responsibilities⁸² and

a majority of Americans (58%) do not have a formal retirement savings and income plan in place.⁸³ Three barriers to saving for retirement were reported by the 21% who indicated they did not save for retirement: forty-five percent reported they “do not make enough” 32% reported they “do not work outside the home,” and 16% reported that “frequent PCSs prevent [them] from being at a job long enough.” A minority of respondents perceived their spouse’s retirement was sufficient to save for retirement (4%) and 7% reported that their “spouse’s retirement plus additional saving was sufficient.” A review of the open-ended responses revealed some additional financial hindrances to saving for retirement, including excessive debt from divorce, frequent relocation, spouse unemployment, or student loan debt.

FINANCIAL EDUCATION

In addition to financial education resources available to civilian families, many military families have access to financial education either through their installation, their command or through DoD resources, benefits, or programs. For example, there are Personal Financial Management Program (PFMP) offices located on all DoD military installations and Military OneSource offers information and personalized financial counseling online or via phone. Military members deployed to a combat zone or in support of combat operations can earn up to 10% on savings up to \$10,000 in the Savings Deposit Program. Retirement savings through the Thrift Savings Plan (TSP), a retirement and investment plan for federal employees, is also available to service members. The Military Saves Campaign, promotes awareness of these programs, and encourages military families to save money and reduce debt, and has reached over 200,000 individuals within the military community since the launch of Military Saves Week in 2007. Numerous, community

Figure 22: Reasons for Not Saving for Retirement



based programs and services also target military families, to provide, for example, emergency assistance, special tuition rates for higher education for military families, investment education, money management and saving, legal assistance, and information for surviving spouses and for wounded warriors.⁸⁴

Service members sadly sometimes fall prey to predatory lending practices.⁸⁵ Legislation, such as the recently amended Servicemembers Civil Relief Act (SCRA) and administrative protections through the Veterans' Administration (VA) as well as the Consumer Financial Protection Bureau (CFPB), have been put into place to protect service members from such practices.⁸⁶ Lack of knowledge about these protections and resources increases the likelihood that individuals will fall prey to predatory practices.

Service member's perceptions about the efficacy of financial education and counseling varied. Most active duty service members (84%) agreed that, "a greater focus should be put on preventative financial education within my unit or the military as a whole." Sixty-five percent of active duty service members indicated that they were "fully aware of a range of financial resources available" and 62% reported that they knew "how to access financial resources" within their unit. Only, 10% of respondents indicated that they utilized service member training to learn about personal finance. Instead, respondents reported they had used personal banking institutions (40%), self-directed learning through books, webinars, podcasts, and media (37%), the internet (35%), and family and friends (33%).

Personal financial management software and apps are powerful tools to track multiple accounts (checking, savings, retirement, and credit cards), especially among users who are often geographically separated. The development of new technology has led to convenient access to personal financial information through the creation

of budgeting software available on the computer or through mobile devices. However, respondents appeared to underutilize these tools, as 60% reported not using any software for financial management. Thirty-seven percent reported using such tools "all the time," with 2% using them "only during deployment or separation." The majority of users reported using such software or apps to "manage day-to-day finances" (80%) and "pay bills online" (79%), as opposed to using them to achieve "financial goals like saving or paying down debt" (42%) or "coordinating multiple accounts" (41%).

HOME OWNERSHIP

For military families, owning real estate presents unique challenges, and sometimes creates financial risks. Frequent moves prevent some families from accruing wealth from home ownership. When families buy a home, they may take a financial loss if they must sell under short timelines, a heightened risk for a military family. They

also may take on additional responsibilities or expenses managing their properties after moving. Among survey respondents, 40% reported they own their own home and 5% reported they own a home that they currently lease to tenants. Of these respondents, 76% reported their mortgage situation as being "in good shape." Yet, 16% of military families reported owing more on the home than its current value, and an additional 7% reported they were "struggling" with regard to their mortgage, while 1% reported they were selling at a loss. Nationally, 18.8% of Americans were underwater on their mortgages in the first quarter of 2014.⁸⁷

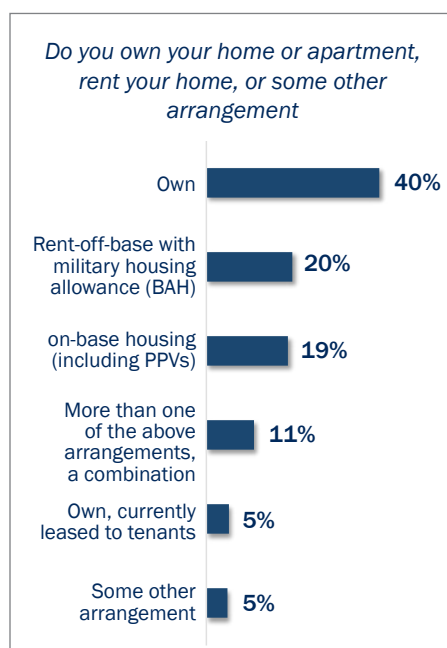
"Owned a home before. Hard to sell and PCS too often to make purchasing a home worth all the buying and selling."

—Navy Spouse

Respondents were asked about home ownership and housing, and 40% indicated they owned their own home. Five-percent indicated they owned their home and leased to tenants. Twenty percent of respondents lived off a military installation while, slightly fewer (19%) reported living on an installation or in privatized housing (PPV). Respondents' priorities for choosing where to live focused on (1) housing costs (58%), (2) quality (54%), (3) safety (55%), and (4) distance from work (53%).

A slight majority (53%) chose to rent citing frequent relocations as their reason. Other reasons for renting include: uncertain real estate markets (27%), high costs of living near the duty station (20%), or currently undergoing transition from military service (31%). When asked why active military respondents who were living off-installation had chosen to do so, 31% reported on-base living would result in a lack of privacy, while 29% reported preferring the amenities off-installation. Additionally, respondents reported that on-base housing was either too small (28%), too old (17%), or the waitlist was too long (22%).

Figure 23: Obstacles to Financial Security



Respondents were asked about the cost of housing relative to their Basic Allowance for Housing (BAH), which is intended to provide service members equitable housing compensation based on housing costs in local civilian housing markets within the U.S. when government quarters are not provided.⁸⁸ However, over one-third of respondents (36%) agreed that the costs of rent were higher than their BAH allowance. When asked how a budget sequester and subsequent BAH decrease would impact their household, most active military respondents (25%) reported they would reduce household expenses, while a smaller percentage (15%) reported they would seek additional employment for the service member's spouse. Other choices included, taking political action (11%), moving into on-base housing (10%), or moving to a smaller home (9%).

“....I know how to plan and budget, but moving to another location has caused us to lose some BAH, more than \$500 a month was cut from BAH.”

—Navy Spouse

“BAH rates directly impact our daily quality of life..... BAH rates in our next duty station just dropped we are ALREADY paying extensive out of pocket costs in Yuma to cover utilities. Lowering the BAH this year impacts the safety of the community my family can afford. We may be forced to live in a different neighborhood where the schools are not as safe, much less equal in quality.”

—Marine Corps Spouse

Respondents were asked about several federal programs for helping homeowners including (1) the Home Affordable Refinance Program (HARP) which helps homeowners who are underwater with their mortgage, refinance, and (2) the Home Affordable Modification Program (HAMP). Eligibility for HAP, is based on the announcement of a base closure or realignment as well as a specific determination that real estate values

have dropped as a direct result of that announcement. These programs were under-utilized by survey takers; 61% stated they did not need to use any programs, 11% were unaware of programs, and 15% indicated they did not qualify for assistance. Of the 12% of respondents who reported they took advantage of federal programs for homeowners, assistance was most frequently accessed through HARP (23%), and HAMP (8%). Respondent also were

asked about their use of the SCRA which was only utilized by 7% of respondents. The open-ended responses included 20% of those respondents who used “other” federal programs. Those respondents reported using: a simple refinance with lenders, the Homeowner's Assistance Program (HAP), and services specific to BRAC impacted personnel who are affiliated with wounded, injured, or ill and surviving spouses.



RECOMMENDATIONS FOR FINANCIAL READINESS

- The DoD as well as individual commands and installations can encourage greater emphasis on preventive financial education opportunities for military families. In particular, military spouses can be included.
- The DoD can continue to work with its partners to expand awareness of the Office of Service Members' Affairs at the Consumer Financial Protection Bureau (CFPB) and its programming, information, and services specifically designed to help service members and their families.
- Banking institutions, nonprofits, and government can, on a local level, continue to develop community-based initiatives to provide unbiased financial education and prevention programs to military families.
- The DoD, nonprofits, and local financial institutions working with military families should prioritize ongoing stakeholder coordination among the personal financial management programs, financial institutions, and community-based programs.

Spouse Employment · ★ · ★ · ★ · ★ · ★ ·



Over the past three years, BSF survey respondents have consistently identified military spouse employment challenges as a top issue.⁸⁹ Amid increased uncertainty surrounding military pay, retirement benefits, and the military lifestyle, the 2014 survey results indicate spouse employment remains a primary concern for military spouses and for active duty service members.

Previous research indicates that when military spouses are employed, they are employed at lower rates, work fewer hours and for less pay than their civilian counterparts with comparable education, experience, age, and marital status.⁹⁰⁻⁹¹ Consistent with prior research conducted by RAND Corporation,⁹² 84% of employed active duty spouse respondents reported that the military family lifestyle at times had a negative impact on their ability to pursue a career and a majority (63%) indicated that in the past they had given up looking for a job because it was “too difficult given the demands of a military lifestyle.”⁹³

The ability of military spouses to meet their own employment expectations is a significant factor in overall satisfaction with the military lifestyle⁹⁴⁻⁹⁵ and with individual service member retention decisions.⁹⁶ Decisions to continue military service are related to quality of life and the degree to which a military lifestyle lives up to the expectations of a military member as well as the expectations of his or her spouse.⁹⁷ Studies indicate that a spouse’s quality of

life and commitment to military life impacts not only his or her preference to stay in the military but also that the spouse’s quality of life and commitment to military life also impacts the military member’s personal evaluation of these factors.⁹⁸⁻⁹⁹ Finally, with regard to transition from the military, military spouse employment can provide a reliable income that contributes to overall financial security for the transitioning veteran family.

EMPLOYMENT DEMOGRAPHICS

Determining the unemployment rate for active duty military spouses is difficult, with recent surveys and studies showing ranges from 12% (Heaton & Krull, 2012)¹⁰⁰ to 25% (DoD Demographic Report, 2012)¹⁰¹ to 32% (Maury & Stone, 2014).¹⁰² These percentages also vary across different demographic factors such as age, gender and education.¹⁰³ Taken as a whole, the findings reaffirm earlier research showing military spouses have lower rates of employment¹⁰⁴ and labor force participation¹⁰⁵ than their comparable civilian counterparts. In this year’s survey, 24% of active duty military spouse respondents

reported they were working full time and 19% were working part time. Employed active duty spouse respondents spanned employment sectors with 54% in private, 28% in public, and 17% in nonprofit sectors.

Given this distribution, increased corporate and government involvement in the recruitment, hiring, and retention of military spouses has potential to improve military spouse employment outcomes. Regarding specific military hiring preferences offered for some DoD and federal employment positions, qualitative responses indicated active duty spouses were aware of military spouse hiring preferences but uncertain how to leverage these opportunities in their job searches. For example, respondents erroneously indicated military spouse preference alone was adequate to confer eligibility in the civil service system while other military spouse responses confused the DoD spouse preference with the Priority Placement Program, (PPP Program S) with the federal non-competitive appointment authority. These results suggest the public sector has an opportunity to support military spouse employment by increasing awareness among

Figure 25: Spouse Employment Demographics



Figure 24: Military Spouse Employment Status

Employment Status	Active Duty Spouse	Veteran Spouse
Employed	43%	17%
Not Employed (would like to be employed)	33%	17%
Not Employed (by choice)	26%	25%

government hiring authorities and educating spouses on best practices for using existing military spouse hiring preferences and priorities.

REASONS FOR NOT WORKING

Military spouses often face significant barriers to spouse employment throughout the military life cycle. Challenges include frequent moves, discontinuity of employment and education, inability to find child care, and over- or under-employment. Of the 57% of active duty military spouse respondents who indicated they were not employed, more than half (58%) reported they would like to be. The majority of active duty military spouse respondents attributed suboptimal employment outcomes to three primary factors:

- (1) negative impact of military lifestyle (e.g., frequent moves, extraordinary household and child care duties, unpredictable service member work schedules, and unpredictable deployment or training schedules that preclude the service member from reliably supporting the family's child care needs)
- (2) poor job market alignment (over- or under-employment), and
- (3) perceived differential treatment from employers and potential employers.

IMPACT OF MILITARY LIFESTYLE

While military spouses experience many of the same career challenges as their civilian counterparts including finding appropriate child care, balancing family responsibilities, and maintaining a professional network, they also face additional obstacles to pursuing employment that are specific to the military lifestyle.¹⁰⁶ The nature of military service means military spouses are frequently asked to put the needs of the Armed Forces before their own goals, career or otherwise. Military service requires frequent moves and long, often unpredictable work hours

in order for service members to remain in service, succeed, and advance their careers. These factors significantly impact a military spouse's ability and preference for employment.¹⁰⁷ Thirty percent of respondents who chose to "geo-bach," (or live separately by choice) did so because of a spouse's career, and 15% reported they lived separately due to a spouse's education.

Fifty-four percent of spouse respondents indicated they had moved three or more times over the course of their military service and 38% had moved outside of the continental U.S. at least once. Frequent moves may result in poor knowledge of the local job market and a lack of local employment contacts may be a barrier to establishing professional credibility or identifying desirable positions. Recent or upcoming moves or deployments often reduce the practicality and economic utility of searching for a job and may compress the period of time in which military spouses are available to work. Among those not working who desired to be, 32% of respondents indicated timing with a deployment or permanent change of station (PCS) as a reason for not working.

Extraordinary household and child care duties frequently arise as a result of service members' unpredictable work schedules and their regular, prolonged deployments or family separations. Among respondents not working who wished to be, 38% cited the cost of child care as the primary reason for not working. Qualitative responses were consistent with past research indicating spouses often felt that the unique nature of military service was a barrier to employment in that the nature of the military workplace precluded their service members from providing sufficient family support to enable a spouse to work.¹⁰⁸

"I can't find a job that works with the needs of my children, as I cannot count on my husband for support."

—Navy Spouse

"My husband's duty hours are way too unpredictable to get a job"

— Army Spouse

"Somebody needs to be available to take care of the kids. My husband's job isn't that flexible."

— Army Spouse

"I am so broken as a mother because I work then I come home and run around to take them both to their activities. We have less than two hours each night to be in our home and I am dying inside! I am away from my other family because the military required us to move and then deployed my husband. I have no outlet but am expected to maintain normalcy for my children, continue working, and take on the EVERYDAY role of two parents for two children for over a year with absolutely NO break!"

— Navy Spouse

The military lifestyle often demands a significant commitment by family members to the service member's job and may require family members' willingness to participate (e.g., moving frequently inability to choose where to live, separations).¹⁰⁹ Military life also can impact a spouse's ability to maintain employment. For example, spouses may experience a loss of control over their career due to frequent, unexpected, unwanted, or unanticipated moves or feel pressure to prioritize their children's needs, or their service member's career over their own. Among spouses who reported they were not working and not seeking employment, the top reason reported by 74% of respondents was "I prefer to stay home with my children, while 11% cited "I don't want to work." Twenty-four percent indicated unpredictable service member travel or work hours and 41% cited not wanting to miss any opportunities to spend time with service member as a reason for not seeking employment, suggesting that many spouses may desire to work but find:

- (1) it is unrealistic, given the unique family challenges accompanying the military lifestyle, or
- (2) they may prioritize family or other life choices over employment.

“Deployments (single parenting) can’t support 40 hours a week. I recently resigned from a full time job due to the stress on my family and current deployment.”

—Marine Corps Spouse

Fifty-seven percent of all active duty respondents reported that their service member’s branch was “not at all sensitive” to working with their family to benefit the military spouse’s career. Prior research has found that perceived command support is associated with service members’ commitment to the military¹¹⁰ and with family adaptation to military life.¹¹¹ Individual commands can better support military spouse employment by maintaining predictable work, training, and deployment schedules where possible and by providing specific incentives for military spouses who volunteer on behalf of their spouse’s command. When military spouse respondents were asked if they included their military spouse volunteer experiences on their resume, 40% reported they had not, suggesting that they may need assistance in leveraging their experiences and translating them in to marketable skills for their resume. Benefits such as letters of recommendation, personal awards, and other types of tangible recognition like college credit or skill credentialing can improve, or provide continuity on a resume where there otherwise would be an employment gap. This can increase the odds that a spouse will find paid employment in the future. Resources such as the Chamber of Commerce’s Career Spark, an online tool (developed in partnership with Blue Star Families), is designed specifically for military spouses to develop marketable resumes leveraging

Figure 26: Spouse Reasons for Not Working

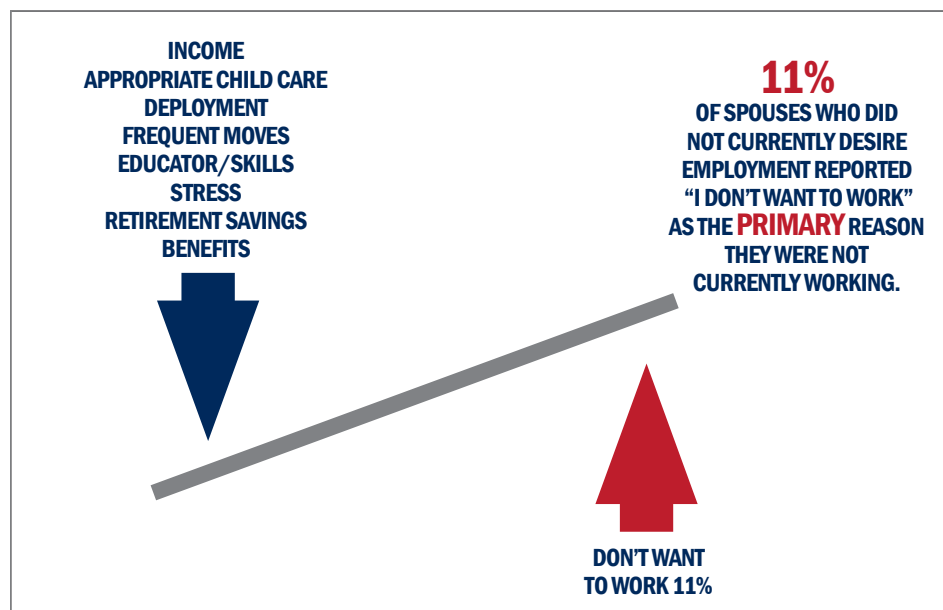
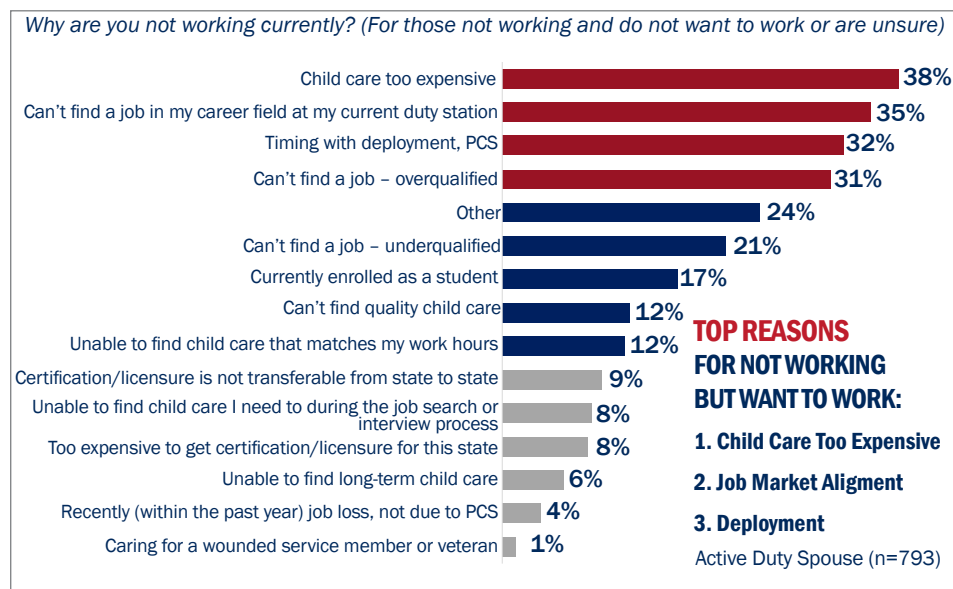


Figure 27: Reasons for not Working (for those who want to work)



their volunteer and their other professional experiences.¹¹²

“Experience as an FRG leader does not hurt me on my resume, and fills in what would be an empty space.”

—Army Spouse

POOR JOB MARKET ALIGNMENT

Military members and their families often have little control over the geographic area in which they live, sometimes living overseas or in remote locations with limited career or employment options. The location a military family is assigned may offer a

less than ideal local labor market for the accompanying military spouse. Because a military spouse's geographic location is usually tied to that of his or her service member, military spouses may need to seek employment in a geographic area that they would not otherwise choose. Frequent moves may contribute to poor job market alignment when local employment opportunities fail to align with the skills, education, past experience or availability of the military spouse seeking employment.

Among active duty spouse respondents who wanted to work but were not employed, when asked their reasons for not working, 38% noted child care was too expensive, 35% cited being unable to find employment at their current duty station, and 32% mentioned issues of timing related to deployments. This is consistent with earlier research indicating that despite exhibiting characteristics that make them more likely to achieve positive employment outcomes (e.g., higher wages than both average civilian and comparable civilian spouses). Military spouses, instead, have been found to exhibit consistently lower wages and rates of employment.¹¹³

¹¹⁴ Military spouses were also found to have "a much greater tendency to be underemployed" and "are more likely to involuntarily work part-time and to have relatively high education for their jobs than their civilian counterparts."^{115 116}

The unpredictable nature of military service may decrease a service members' reliability in assisting with child care duties. Geographic distance from extended family or friends may necessitate the use of child care or decrease the time that military spouses are available to work. The resulting challenges also may increase the need and cost of child care. For example, while civilian spouses may be able to design a work schedule around their spouses predictable work schedule (i.e., enabling them to rely on child care from their spouse, partner or from nearby family

members) military spouses who want to work have significantly less predictability regarding their service members' work hours, deployment schedule, or time at home. Irregular schedules may make proactive planning extremely difficult. Finally, military families do not necessarily reside near family or others who might be in a position to help with child care, and this may also increase the need for paid child care. Twenty percent of active duty spouse respondents working full-time and 34% of spouses working part-time reported they could not find adequate child care.

Frequent or recurrent moves mean identifying and re-enrolling children with new child care providers. Sixty-one percent of survey respondents attempting to access care at an on-base CDC, indicated they experienced long wait lists and 10% indicated that the CDC was not available during their work hours. The amount of time it takes to identify a suitable provider in a new location, coupled with frequent months-long waiting lists to enter a new child care facility every few years can reduce the period of time a military spouse is able to work, seek employment, or to find employment that aligns with their availability.

EMPLOYER PERCEPTION OF MILITARY AFFILIATION

Consistent with previous research, military spouse respondents were better educated than the general public with one-third (33%) of military spouse respondents holding a bachelor's degree and 20% holding an advanced professional degree (e.g., MA, MS, JD, Ph.D.).¹¹⁷ Fifty-two percent of active duty spouse respondents reported they had not gotten a job or had been treated differently in terms of pay, benefits or other workplace treatment due to their status as a military spouse.

"[A] potential employer told me they do not hire military spouses."

—Army Spouse

Survey results highlight the perception among military spouses that there is a need for awareness among employers about the education and talent pool that exists among military spouses which may be overlooked or ignored by employers. Active duty spouse responses regarding how military affiliation impacted workplace treatment suggests the need for initiatives that highlight the benefits of hiring military spouses. For example, within open-ended responses, many spouses described encounters with potential employers who reportedly held preconceived notions that military spouse job seekers lacked adequate education, skills, or experience, or who were concerned that frequent moves would ultimately mean short periods of employment. Employers may be unaware that many military tours are about the same length of time as the average worker's tenure with one company -around four years.¹¹⁸ Efforts such as the Military Spouse Employment Partnership (MSEP) and the U.S. Chamber of Commerce Foundation's Hiring Our Heroes initiatives are aimed at connecting interested employers with job-seeking military spouses and highlighting the benefits that military spouses can bring to the workplace. Likewise, Blue Star Families has developed a suite of data-driven spouse employment initiatives called Blue Star Careers, which includes programs such as Blue Star Networks (Facebook networking groups for top military spouse fields such as education, healthcare, and entrepreneurship), the Blue Star Spouse Employment Toolkit, a handbook that helps spouses leverage military-related volunteer experiences, and Blue Star Jobs, an online platform that enables spouses to search for flexible, portable, contract positions that allow them to work remotely or on short term projects.¹¹⁹

“My current company had an initiative for hiring military spouses – that’s why I got hired.”
—Marine Corps Spouse

FINANCIAL IMPACT OF SPOUSE UNEMPLOYMENT

Spouse employment was identified as a top obstacle to financial security in this year’s survey for 40% of active duty respondents, and results indicated that over half (54%) of active duty military spouses who indicated a high level of family financial stress were not employed. Spouse employment challenges can lead to financial difficulties as one (military or otherwise) salary which may be insufficient to comfortably sustain U.S. families.¹²⁰ Consequently, military households increasingly want and need to be dual-income families.¹²¹ According to a 2008 Defense Department survey, 77% of spouses reported they wanted or needed to work, and a 2006 study conducted by RAND Corporation found “spouse employment is an essential source of income for most military families.”¹²² Nineteen percent of military spouse respondents, for example, who

were working either full or part time reported combined annual incomes of less than \$50,000 per year, placing them just below the U.S. median household income of \$51,371.¹²³ Benefits such as the transferability of the Post-9/11 G.I. bill are significant in that they

- (1) enable a family to make more flexible financial decisions and
- (2) support initial or continuing education for spouses who have lengthy gaps in unemployment.

“I made choices about my career 15 years ago based on what we thought we could expect upon retirement. We cannot undo those choices if promises are rescinded.”
—Marine Corps Spouse

Military spouse employment also impacts military members’ financial security as they exit the military. Employed spouses can help to facilitate the successful transition of service members to civilian life by providing a supplemental source of income while their veteran spouse is searching for civilian employment, obtaining education, or otherwise transitioning from service. While the employment challenges experienced by

active duty military spouses may abate once their service member leaves the military, less than half (38%) of survey respondents identifying as veteran spouses indicated they were employed full time. To the extent a spouse has difficulties entering, returning to the workplace, or finding suitable employment, the income, experience, and seniority accrual opportunity costs paid by military spouses may carry over and may impact their employment status, earning potential, and financial security for the remainder of their time in the labor force.

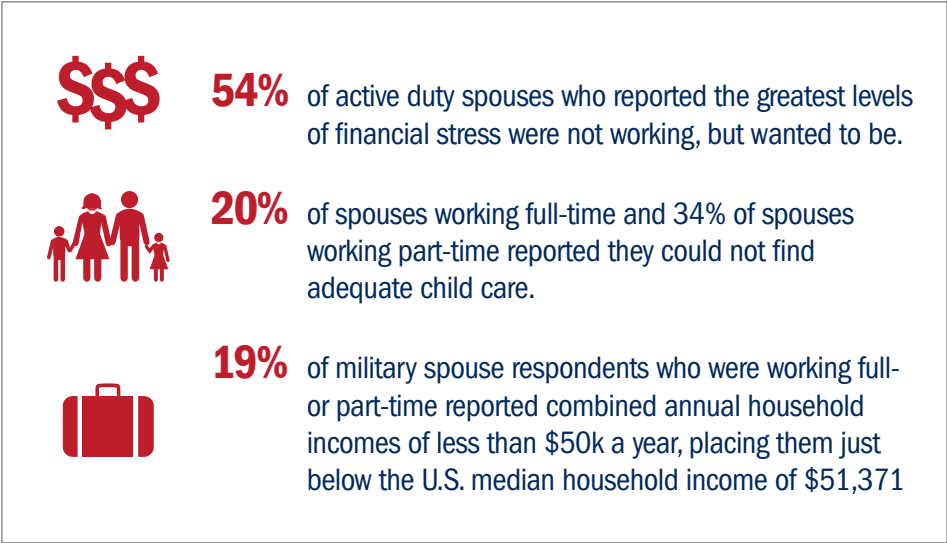
“We are saving every penny thanks to this force reduction. We’ve been told by commanders that we are likely facing involuntary separation, even though my husband has given ten years of his work life to the military without any negatives in his record, I have given up my education and career, and we both have lived far away from close family, unable to go home for funerals or holidays.”
—Air Force Spouse

MILITARY SPOUSE ENTREPRENEURSHIP

Flexibility, career-portability, and the ability to minimize child care costs, make self-employment an appealing employment option for some military spouses. Self-employment allows spouses to manage their workload in accordance with their service member’s unpredictable and sometimes inflexible schedule. Twenty-six percent of spouse respondents indicated they were interested in the possibility of pursuing self-employment or starting their own business. An additional 19% were unsure, suggesting that at least a portion of these spouses might benefit from additional information about self-employment options.

Twenty-eight percent of military spouse respondents have been self-employed or operated their own businesses. Opportunities to work virtually (via internet) were uniquely popular among

Figure 28: Impact of Spouse Unemployment

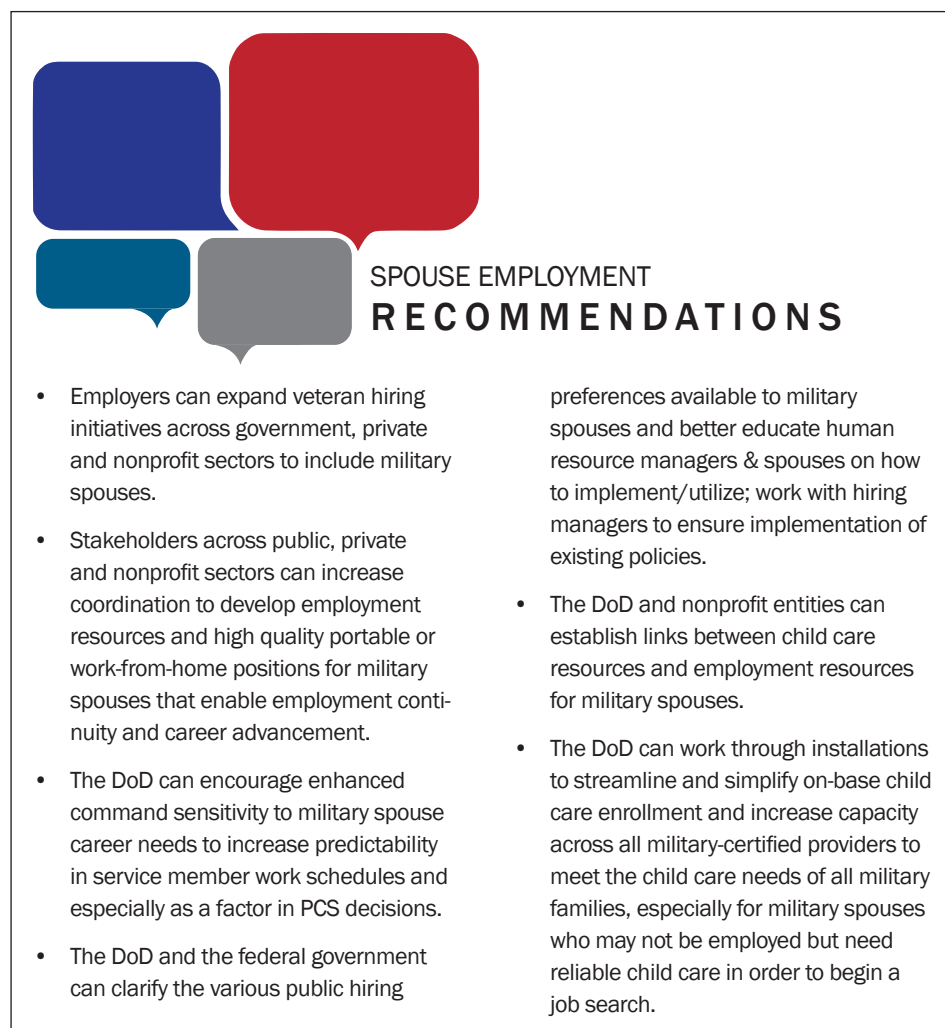


survey respondents with 34% indicating an interest in online or work-from-home self-employment. Online work opportunities transcend geography and therefore enable military spouses to maintain employment despite frequent geographic relocations. Further, by translating their professional skills into virtual and independent consulting enterprises spouses may be able to continue working in his or her desired field while reducing many of the common employment challenges that accompany a military lifestyle.

LICENSURE AND CERTIFICATION

Twenty-seven percent of active-duty spouse respondents reported that their profession required a license or certification. Of those, 70% reported that they encountered challenges in maintaining that license or certification.¹²⁴ This is consistent with a 2012 DoD and Department of Treasury study indicating nearly 35% of spouses required licensing or certification. Over two-thirds (67%) reported they were unsure whether military spouse licensing portability efforts in their state had resulted in changes to the licensing process, suggesting the need for increased outreach and greater awareness surrounding state-based licensure initiatives.

Figure 29: Military Spouse Entrepreneurship





Child Care • ★ • ★ • ★ • ★ •

Every week in the U.S., approximately 11 million children under five years old are in child care.¹²⁵ The DoD currently provides and subsidizes care for more than 200,000 children between birth and 12 years of age.¹²⁶ Like their civilian counterparts, military families with two working parents benefit from a variety of child care options. Military families may face additional child care challenges when a parent is deployed or on temporary assignment in another area, the family has dual-military parents, or single parents. According to the 2012 DoD Demographics Survey, 43.5% of the total military force has children, and 37.5% of the children are between the ages of birth and 5 years old. Of these families with children, 34.5% of service members are married to civilians, 2.3% are dual-military (service member is married to another service member), and 6.8% are single parents.¹²⁷ Military families may have additional challenges that impact choices in child care of working around 24 hour work schedules, extended hours, weekend duty shifts, or permanent changes of station. When asked about child care services, 38% of respondents reported being dissatisfied with the variety of options for child care services that the military offers.

EXISTING CHILD CARE RESOURCES FOR MILITARY FAMILIES

The DoD recognizes that high-quality child care services are a key component of combat readiness. Currently, the DoD child-care system consists of CDC at 900 sites and School Age Care (SAC) at more than 300 sites. The military child care system also includes approximately 4,500 Family Child Care (FCC) homes and opportunities for subsidized child care.¹²⁸ On military installations, CDC child care is offered for children ranging in age from six weeks to 12 years old, and 95% are currently accredited with the National Association for the Education of Young Children (NAEYC).¹²⁹ However, demand for

CHILD CARE EXPENSES

- Of those who report using various types of child care, nearly 1/2 (49%) spend less than \$200 per month while 1/3 (33%) are spending over \$400 per month.
- The average annual cost of full-time care for an infant in center-based care ranges from \$4,863 in Mississippi to \$16,430 in Massachusetts.

military child care continues to grow and outweigh supply at the same time that the forces look towards potential budget cuts for programs.¹³⁰ To meet the continued need, the DoD and the Department of Health and Human Services established the Military Family Federal Interagency Collaboration to increase the availability and quality of civilian child care for military families. Child Care Aware of America, formerly known as the National Association of Child Care Resource & Referral Agencies (NACCRRA), is a nonprofit agency that works with military families to find DoD-subsidized high quality child care providers in their local communities. These subsidies include Operation Military Child Care (OMCC) which provides short-term subsidies for deployed service members including activated National Guard and Reserve Service Members and the Military Child Care in your Neighborhood (MCCYN) initiative which provides long-term national accredited child care spaces and fee assistance for active duty families who are unable to access on-base child care.¹³¹ The Department of Homeland Security offers similar subsidies to Coast Guard families in its Child Care Program.

RESOURCES USED TO FIND CHILD CARE AND CHILD CARE UTILIZATION

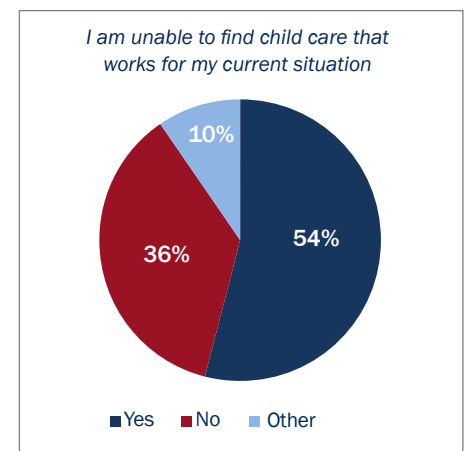
Twenty-nine percent of respondents with children reported needing child care in order to work full time and 12% required child care to work part time (a total of 41% were using child care in order to work). However, 36% reported they were unable to find child

care that works for their current situation. In order to find child care, 52% of respondents were familiar with or used the CDC, and 52% used friends and family recommendations. Thirty-three percent utilized online website such as Care.com or Sittercity.com, and 23% reported using Military Child and Youth Services. For respondents who reported needing child care, 42% stated that the primary reason was to run occasional errands, attend appointments, events, or to have time for themselves.

While 41% of respondents in this year's survey reported they did not need regular child care (this number includes people who may not need child care because of the age of their children), 18% needed child care assistance every once in a while; 17% needed child care on a regular but intermittent basis; 10% needed full time child care; 7% needed before or after school care for their school-aged child(ren); and 4% needed part time care.

Two questions were asked to gauge specific consequences of not having child care. For example, 43% of respondents reported having missed base-related appointments because no child care was offered, and 34% indicated that the installation medical facility had a policy that discouraged them from bringing other children to medical appointments. These

Figure 30: Ability to Find Child Care for Current Situation



questions were included to identify specific issues relevant to military families with children who may need to attend base-related appointment but do not have the resources to find child care, either because no drop-in options are available, because they have recently moved and do not have the requisite connections to find child care, or because their spouse is deployed or away. Installation-based policies that discourage bringing children to appointments may be a barrier to receiving medical care or other important services.

SATISFACTION WITH CHILD CARE

Based on the child care situation for their youngest child, 25% of respondents had a family member or friend who helped them and 22% used a babysitter when needed, 13% used an off base private child care center and 12% utilized on base CDC. Of those using child care, 59% of respondents indicated that they were “satisfied” with the child care they were currently using, and 24% were “mostly satisfied” with their child care. However, 22% of respondents indicated that they were dissatisfied with the quality of child care services that the military provides. For those using the CDC, respondents reported difficulties such as 61% who reported long waiting lists and 18% who reported difficulties with the process for re-registering their children for CDC placements following a PCS, 18% reported the CDC child care was too expensive, 14% indicated the CDC did not offer part time child care, and 10% reported that the CDC was not available for the hours they worked.

COST OF CHILD CARE

The average annual cost for full time care for an infant in a center based care ranges from \$4,863 in Mississippi to \$16,430 in Massachusetts.¹³² As a comparison, in 31 states and the District of Columbia, the average annual cost for an infant in center-based care was higher than a year’s tuition and fees at a four year public higher education institution.¹³³ Nationally, military families spend an average of \$108 per week for DoD-subsidized civilian

child care, which equates to 8.7% of the average military family’s income.¹³⁴ Civilian child care agencies and providers that meet the quality requirements that enable military families to receive DoD subsidies could augment child care options on installations and expand access to child care for families who do not live near installations or where installation based child care has reached capacity.

MILITARY SPOUSE EMPLOYMENT AND CHILD CARE

Overall, 67% of military spouse respondents stated that during their time associated with the military, the availability of child care had impacted their pursuit of employment or education. Thirty eight percent of active duty spouses reported they are not employed due to the cost of child care. Over 51% of those using any type of child care reported spending over \$200 per month and 33% reported spending over \$400 per month with 19% spending over \$600 a month. Ninety-four percent of those using child care on a full time basis were spending over \$200 per month and 85%

reported spending over \$400 per month with 58% spending over \$600 a month.

Child care challenges were cited as the primary reason for not working for 38% of active duty military spouses who were not working but who wanted to be employed. Although child care related initiatives have expanded in recent years, survey results indicated that growth has not kept up with demand. For example, 20% of full-time and 34% of part-time employed respondents reported that they could not find adequate child care. Regulations and requirements imposed by military installation child care units (e.g., complicated waiting list policies and eligibility restrictions based on employment status) may serve as an unintended barrier to accessing child care for the purposes of seeking employment or furthering one’s education. A frequently cited child care challenge is that access to on-base child care is dependent on a spouse’s employment status, yet spouses may be unable to obtain jobs or enroll in education programs without first having access to reliable child care.



RECOMMENDATIONS FOR CHILD CARE

- The DoD can expand options for drop in services and part time child care for families.
- The DoD can encourage policies that minimize barriers that prevent attending base-related appointments due to lack of childcare.
- The DoD can explore additional ways to reduce long wait lists at the CDC.
- The DoD can streamline the process for re-registering children for CDC placements following a PCS.
- The DoD and other stakeholders can link child care resources to spouse employment resources such as including a possible tab on employment websites so that spouses looking for employment would have better visibility of child care options.

Military Children . ★ . ★ . ★ . ★ . ★ .



Extended periods of separation can cause increased stress on families, and 43% of active military spouse survey respondents noted effects of deployment on children as one of their top five military lifestyle issues.¹³⁵ Research on military families has suggested that on the whole children adapt well to the military lifestyle, but that many face stressors and situations civilian children do not. There also is research that suggests that military children do face negative impacts.¹³⁶ Military children, like their military parents, face multiple stressors such as frequent moves, separations, and deployments. Military children often worry about their deployed parent's safety, they must cope with frequent moves, making new friends, changing schools, leaving favorite extracurricular activities behind, and some face additional responsibilities at home when their parent is deployed. For those children facing more complicated deployments they must cope with an injured or ill parent or in some cases the death of a parent. School-aged children must continue to learn, make friends, and succeed academically despite these challenges.¹³⁷

According to the DoD (2012), 1,946,456 (43.6%) military personnel have children, 1.2 million are children of active duty members, and 731,000 are reserve component children. Of those families, 36.8% of active duty service members are married with children and 6.8% are single with children. For active duty families, the mid-level to

senior enlisted members (E-5 to E8) have the largest percentage of children. Across all Active Duty and Reserve populations, 37.5% are between birth and 5 years of age, followed by 6 to 11 years of age (30.4%), and 12 to 18 years of age (24.9%). Those between 19 and 22 years of age (7.2%) can still qualify as dependents as long as they are enrolled as full-time students (DoD, 2012). When isolating reserve military families, the largest group is age 6-11 years.¹³⁸

For this survey, 83% of respondents reported having one or more children. Twenty-seven percent had children under the age of five, 44% had children ages 5 to 12, 18% had children ages 13-17, 9% had children ages 18 to 24, and 2% had children 25 and above. Similar to the DoD statistics, 53% of survey respondents' children are male, and 47% are female. When asked how many children currently live in their home either part or full-time, 39% have two children, 37% have one child, 17% have three children, 5% have 4 children, and 2% have five or more children in the home.

EMOTIONAL WELLBEING

Researchers have found that military children under the age of ten have spent approximately 20% of their lives separated from at least one of their parents.¹³⁹

Young children in particular depend on their parents to address all their developmental needs and build a strong, healthy bond during those first critical years; young children may experience more stress than older children when deployments and separations disrupt the family system.¹⁴⁰ Children who have experienced deployments are at somewhat higher risks for anxiety disorders¹⁴¹ and may manifest anxiety symptoms through somatic complaints such as stomach aches, headaches, and a racing heart.¹⁴² For example, researchers recently reviewed rates of reoccurring headaches in military

children and found support that suggests parental deployment may increase somatic complaints.¹⁴³

The military lifestyle impacts children differently depending on their age, personality, and individual coping style. Particularly for those families who have experienced a parent with a combat-related mental health problem, physical injury, traumatic brain injury (TBI), or even death, the impact of military affiliation can affect children's emotional wellbeing long-term.¹⁴⁴ Researchers have begun to look at developmental and gender differences in military children's responses to a parent's deployment and have noted variations with older children and girls showing more school, family, and peer problems than other groups.^{145 146} Some research has found, for example, that teenagers in military families reported higher levels of emotional and behavioral problems including depression and substance use.^{147 148 149}

"My daughter especially has constant fears of losing a parent. She becomes extremely anxious when her father has to leave on a routine military separation (TDY) and it has an effect on her school work. She can be nearly inconsolable when separated from one or both parents for longer than 24 hours. She's even, at eight years old, gone on hunger strikes and become physically ill because of separations."

—Army Spouse

THE IMPACT OF DEPLOYMENT AND SEPARATION

Ninety-one percent of respondents with a child under the age of 18 reported their child has lived at home during the deployment or routine separation of their military parent(s). Similarly, 70% of those with a child over the age of 18 reported that within the past five years, their child has lived at home during a deployment or routine separation. In this survey, when parents were asked about how their children (under

Figure 31: Number of Children in the Home

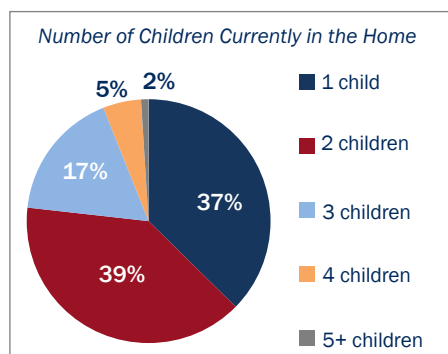
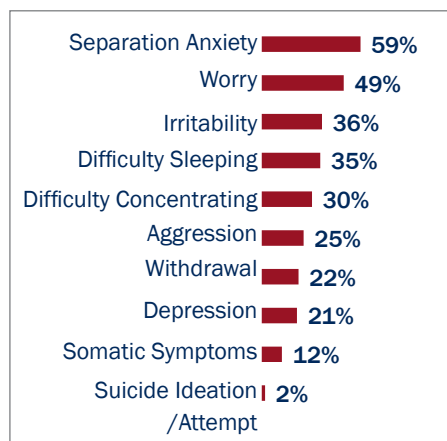


Figure 32: Children under 18, Negative Impacts of Deployment



18) have been affected by their military parent's deployment, 59% noted separation anxiety, worry (49%), irritability (36%), and difficulty sleeping (35%). As children between the ages of birth and five years constitute the largest age group for active duty families, additional research needs to occur to truly understand the effects of military life on this vulnerable population.¹⁵⁰

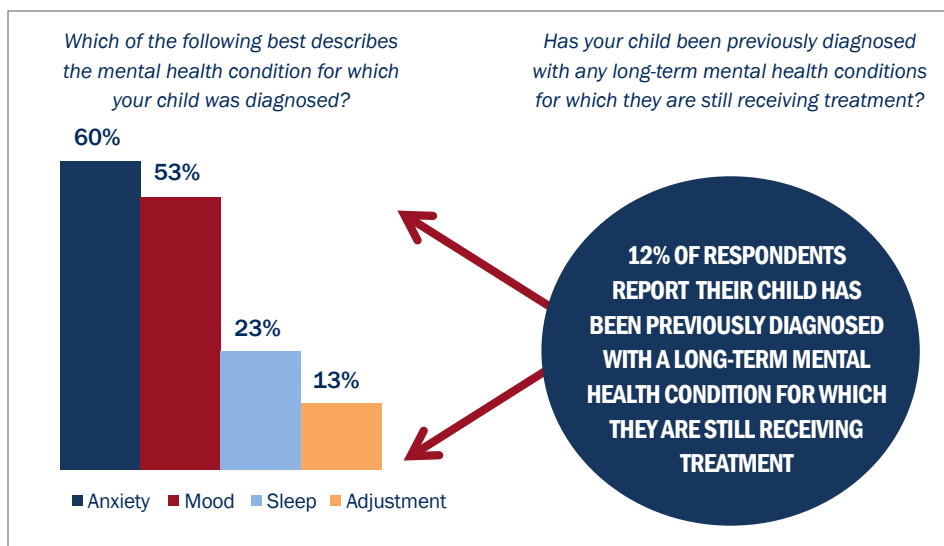
"Between TDYs and the deployment, my son (2 years old) has already gone nearly half his life without his father, so each time my husband comes home, it's like they have to reestablish who the man of the house is. My son can get very aggressive and clingy each time Daddy leaves or comes home. I feel like I am constantly stuck in the middle."

—Air Force Spouse

"My 8 year old daughter was recently diagnosed with Adjustment Disorder and is currently in weekly therapy. She is the angriest 8 year old I've ever encountered, just filled with rage... I feel we have a very short timeframe to "fix" things before she hits adolescence and our ability to influence her disappears. My biggest fear is that we've set her up for a much greater chance of substance abuse, depression, an eating disorder or teen pregnancy. I have a lot of guilt that our choices inflicted these emotional problems on her."

—Army Spouse

Figure 33: Children over 18, Mental Health



In addition to anxiety symptoms, children may also demonstrate externalizing behaviors. Thirty-six percent of respondents noted irritability in their children, 25% reported aggression as an effect of a parent's deployment, and 30% noted difficulty in concentrating. Twenty-two percent noted withdrawal in their children, and 21% of respondents reported depression in their children. These findings are similar to a recent California-based study which reviewed data from the 2011 Healthy Kids Survey and found approximately 25% of adolescents who are high school freshmen and juniors with a parent or sibling in the military had depressive symptoms and suicidal thoughts during the past year.¹⁵¹ Although this survey did not query for substance abuse, recent studies also have found an increase drug and alcohol use among children with currently or recently deployed parents.¹⁵²

In this year's survey, 2% of respondents reported suicidal ideation or suicide attempts in their children. Researchers examined the rate of psychiatric hospitalizations for children ages 9 to 17 and saw an increase of 10% when a parent was recently deployed.¹⁵³ Identifying the

risk factors, practicing primary prevention, and providing early intervention continues to be a critical component to effective support for military children.

"My child has depression and tried to commit suicide...People being sent overseas in the middle of a family crisis causes MORE stress on a family and MORE issues! Keep members home when such mess is happening for the family unit to heal and bond."

—Air Force Spouse

Seventy percent of children 18 and older were reported to have lived at home during the deployment or routine separation of a military parent. When asked about their child's mental health, 12% of parent respondents reported that their child (18 or older) had been previously diagnosed with a long term mental health condition for which they are still receiving treatment. Of those, sixty percent of respondents noted an anxiety disorder, 53% reported a mood disorder, 23% mentioned a sleep disorder, and 13% noted an adjustment disorder.

In addition to some of the concerns that parents stated about their children's (under 18) emotional wellbeing, parents also

noticed many positive aspects related to their children growing up in a military family. Sixty percent of respondents mentioned adaptability as an effect of a parent's deployment, 54% noted an increase in independence, and 54% observed personal growth in their children. Fifty-three percent of respondents noted increased resilience in their children, and 32% observed increased self-discipline. Additionally, 46% of respondents noted increased pride, 35% observed increased leadership, and 35% mentioned increased service to others.

"My children absolutely love being part of a military family. They are extremely proud and have a true respect for all military and our country. They enjoy getting to move all over the country and meet new people. It has made them stronger, confident and independent. We are all grateful for the life the military has given us."

—Army Spouse

"My children are so amazing, because of the experiences the military life has offered them. My children don't discriminate, my children don't hate...my children have been around so many 'differences' that they don't even recognize the 'differences,' they just accept. It's quite remarkable."

—Air Force Spouse

"She has been tested a great deal emotionally and has endured. She's learned that situations change for both good and bad and that you must learn to handle both kinds. I think most importantly, she's learned that she can personally handle herself in life in a wide variety of situations and circumstances."

—Army Spouse

When asked to comment on specific positive attributes they are glad their children (under 18) have or will have as a result of their experiences as a military child, many parents noted how tolerant and culturally aware their children had become. They explained how military life had opened their children's eyes to the world around them and increased their awareness of

multicultural diversity. They described the unique experience of traveling around the world and meeting new people. Parents also noted positive changes in relationships as a result of their child being a part of the military family. Respondents specifically mentioned their children's ability to make and maintain friendships. Even though their children had experienced sadness when leaving their friends, they also were able to make new friends when they moved and were able to maintain connections to old friends through social media. Parents noted that separation from parents and extended family as well as the isolation of moving frequently had encouraged greater appreciation of their family bonds. Because military families are often geographically separated from their extended families, military children may not have the advantages of an extensive family system living nearby, which may point to the importance of the community or school for providing military children with critical social support and connection.

"Our children do not understand the concept of grandparents, aunts, cousins, etc. They know who they are, but they have never had the experience of being dropped off with their grandparents, or stopping by for Sunday dinner. They have rarely had family around for birthdays or holidays. They really only have us, which can be stressful when my husband deploys."

—Air Force Spouse

NON-DEPLOYED PARENT WELLBEING

Extended time away from home can negatively impact the family system and cause a caregiver to detach from the parent-child relationship.¹⁵⁴ In fact, when asked about the top stressors related to time in the military, 28% of spouses and 22% of service members reported issues related to children or parenting. The

Institute of Medicine (2013) found that wives of deployed service members had elevated diagnosis of depression, anxiety, acute stress, adjustment disorder, and sleep disorders.²⁹⁴ Although this finding also holds true for civilian families, particularly within military families, one consistent research finding is that maladaptive parental coping is an important predictor of child dysfunction. Thus, the functioning of the non-deployed parent is closely related to how well military children cope.¹⁵⁵

Children look for cues from their parents as they figure out the best ways to cope with stressful situations.¹⁵⁶ Children who observe their parents coping appropriately with the stresses of military life are more likely to do so themselves. Likewise, children who see their parents coping poorly are more likely to cope poorly themselves. Various empirically based programs and services have been developed with this concept in mind. The Families Overcoming Under Stress (FOCUS) program for example, is designed to enhance coping skills for both parents and children within military families, helping them better navigate the stressors of military life especially across the deployment cycle.

Other innovative programs such as the Talk, Listen, Connect series developed by Sesame Street Workshop uses a multi-media approach targeted to younger children helping them understand various aspects of the deployment cycle and the emotions that are often associated with separations, reunions, injuries, and grief in military families. Simultaneously, the same series also has embedded messages targeted towards parents, teaching them healthy coping strategies and helping them find effective ways to best help their children.¹⁵⁷

"Care needs to be taken in determining the emotional wellbeing of the parent at home. Depression, anxiety and other symptoms can be hidden or barely managed. Children may not understand what is happening, but pick up on the parent's emotional distress."

—Army Spouse

Another program sponsored by the DoD available to help military families is The New Parent Support Program, offered across military branches and available on many military installations. This program targets parents with newborn children, and includes home-visits, parenting classes, referrals to resources, and playgroups. Families can be self-referred to the program or they can be referred by a doctor, chaplain, or other person who thinks they may benefit. The purpose of the program is to provide effective parenting strategies to at-risk families to prevent incidents of child abuse and neglect. At-risk families might include those with lower incomes, younger parents, and those separated from a social support network. The needs of participating families are assessed through screening tools that help the New Parent Support Program service providers understand a family's unique needs. Most participating families use only basic services, including parenting classes, resource materials, playgroups and visits with a program staff member. Families struggling with particularly high stress levels may qualify at higher priority level, and can access more intensive services. What classifies as an intensive service varies from one installation to another, but it generally refers to frequent (more than three) home visits, formal referral to other support agencies or a follow-up by a provider in the Family Advocacy Program.¹⁵⁸

RESOURCES FOR MILITARY CHILDREN

With regard to community based support, many military families do not have extended family members living nearby, so they may turn to their local communities for resources to support their children. Seventy percent of respondents stated that friends, neighbors, and local social support systems seem to embrace opportunities to help military families deal



with deployments. In addition, community organizations were reported by respondents to embrace opportunities to help military families with the challenges of deployment, such as churches (70%), community organizations like the YMCA and Boys and Girls Clubs (60%), and extracurricular activities such as sports (58%). Schools can be an additional source of support, however, 55% of respondents disagreed that the school seemed to embrace opportunities to help military children deal with deployment and suggested that schools should engage in more support activities.

Survey respondents were asked if they felt the support services provided by the DoD were adequate to support military children in dealing with deployments, and 53% stated the support services were not adequate. When asked what additional supports they would like to see from the DoD, respondents noted more family support, deployment support, and off-base support for Guard and Reserve families. Several respondents even mentioned using

social media, such as Skype, to host online support groups for families in remote areas or families with a deployed family member on an Individual Augmentee (IA) or other special assignment with no additional command support in the area as well as expanding effective programs such as FOCUS to more families.

One community-based intervention, *Strong Families*, is designed to help National Guard and Reserve families by focusing on family strengths as well as innovative engagement strategies to encourage participation. *Strong Families* represents an innovative approach to engaging military families with children using an empirically-based approach that is tailored to the military families being served.¹⁵⁹ The intervention focuses on military-related stressors such as parental combat stress, parenting, mental health concerns, and deployment. *Strong Families* is an eight-module, in home, parenting program that address each family's unique goals and is designed to align with



the family's needs. The program takes a child-focused approach in order to garner participation from parents, and services are offered in-home in order to minimize barriers to treatment. Help-seeking and use of support services is generally low among military families, and *Strong Families* is designed to maximize participations and minimize dropout by developing relationships with critical partners such as the Yellow Ribbon Reintegration and Family Programs and participating in

interviews with families to assess their needs.

"For the Reserve/National Guard children I wish there were more opportunities to get together with other children close-during the deployment the kids were so spread out geographically it was hard for them to connect. More phone calls to check in on families would be helpful as well. The information is out there, but it is not disseminated well and is not advertised. Families shouldn't have to do

all the research on their own during the stressful time of deployment. Not living on or near a base shouldn't be a punishment for these kids."

—Army Spouse

In this survey, when respondents were asked about their use of mental health services for their children. Out of 4142 respondents, 30% reported they had been seen in some type of mental health counseling in the past year. Of those, 37% of spouses reported they had obtained

counseling for their child, and 11% of spouses reported receiving family counseling that included their children in the past year. For those who sought counseling services, 76% found the family counseling helpful, and 75% found the child counseling helpful. The majority of these respondents reported they had utilized a civilian provider, as opposed to a military provider, (75% for family counseling and 67% for child counseling) for these services.

These findings align with current advocacy organization guidance from both the National Alliance on Mental Illness (NAMI) and the American Academy of Pediatrics (AAP) who stress that the need for services is greater than what the DoD can provide alone. For example, a recent report by the American Academy of Pediatrics (2014), military children should be able to access services by “appropriate, credentialed providers” on or off-base.^{160 161} There are very few mental health care providers available to work specifically with children in general, and fewer who have been trained to work with military children, particularly among those who accept TRICARE insurance.¹⁶²

“Children of deployed parents should be required to attend at least one mental health therapy session at the beginning of their parent’s deployment and one after the parent has returned as homecomings and reintegration can be as stressful or worse for the children.”

—Navy Spouse

“When my husband first deployed in 2003, I felt that there was support offered from every direction. Friends brought me meals, members of my church mowed my grass... But as the years have passed, I have noticed that people have gotten tired of these deployments.”

—Army Spouse

Relevant to services for children is a report released in April 2013 conducted by the Government Accountability Office (GAO) that revealed that only an estimated 39% of civilian mental health care providers



RECOMMENDATIONS FOR CHILDREN'S EMOTIONAL WELLBEING AND DEVELOPMENT

- The DoD can support efforts to ensure TRICARE coverage for civilian mental health services and to provide training opportunities to expand community capacity to understand and assist military children.
- The DoD can expand and ensure access to preventative interventions that focus on coping mechanisms and resources that help to promote resilience in children and adolescents.
- Organizations and government, at the local level, coordinate community-based programs and services with DoD services (e.g., integrate military children into community-based programs such as girl and boy scouts, boys and girls clubs of America, 4-H.
- Universities and researchers can expand longitudinal research on the effects of deployment on children including our veteran families who may have family members with mental health conditions such as Post Traumatic Stress Disorder (PTSD) or Traumatic Brain Injuries (TBI).
- The DoD, VA, nonprofits, government, and professional organizations can work together to incentivize training on military cultural competence among providers (nurses, mental health professionals, teachers, counselors) who work with military children
- Universities can work together with the DoD, VA, the private sector and nonprofits to integrate learning about the military into classroom experiences where providers (mental health, medical, educators, and others) learn about other types of diversity and cultural differences as one component of building community capacity.

were accepting new TRICARE patients, compared to an estimated 67% of civilian primary care providers. This report revealed that civilian providers' awareness and acceptance of TRICARE differs by location type. Specifically, civilian providers in prime service areas, (meaning that they have civilian provider networks) were less aware of TRICARE and less likely to accept new TRICARE patients. Given the percentages of respondents who report a preference for civilian providers, mental

health providers may need targeted information about TRICARE focused on increasing awareness and knowledge of TRICARE as well as policies and procedures that encourage providers to accept new TRICARE patients for mental health care in order to minimizing barriers and increase access to mental health care.¹⁶³



Military Child Education • ★ • ★ • ★ • ★ •

Investing in high quality early education is critically important to having qualified personnel for military readiness. Researchers continue to point to the significant long-term benefits that a high quality early education can provide including higher graduation rates, longer marriages, higher career earnings, and decreased criminal behavior.¹⁶⁴ Investing in high-quality early childhood education is extremely important as significant cognitive changes occur before children reach the age of five.¹⁶⁵ Military leaders are now addressing early childhood education as a national security issue as 75% of young adults between age 17 and 24 are not currently eligible to enlist in the military due to a failure to graduate high school, a criminal record, or poor physical fitness.¹⁶⁶ Specifically, they stress that with an evolving economy, the military is going to need better prepared young people who can address tomorrow's challenges.¹⁶⁷

Of the 1.1 million military school aged children, over 80% attend public school.¹⁶⁸

¹⁶⁹ Across all military branches, among survey respondents who had children in Kindergarten through 12th grade, 72% reported that their children attended public school, 14% percent attended private school, and 8% were home schooled. According to the Military Interstate Children's Compact Commission (MIC3), the average military child will attend six to nine different schools in their lives, with typically at least two transitions in high school. To put this in perspective, active duty military children move 2.4 times more frequently than their civilian peers.¹⁷⁰ Changing school systems can be extremely challenging for both children and parents. Transitioning to a new school can introduce a multitude of concerns; curriculum requirements, services, and extracurricular activities are rarely consistent from one school district to the next.

"Changing schools every couple years has left huge gaps in my children's education, especially in writing, math and social studies. Older children are not in a school long enough to get the leadership roles (team captain, student body positions) or the strong teacher recommendations needed for college applications and scholarships."

—Coast Guard Spouse

The MIC3, sometimes called the Interstate Compact, is a policy recommendation that helps address the challenges of frequent relocations by providing consistent guidelines regarding enrollment, placement, attendance, eligibility, and graduation.¹⁷¹ As of August 2014, all 50 states had states adopted the Interstate Compact into law.¹⁷² Each state has a council to determine how

46% of those with children in public school were unaware of the Interstate Compact on Educational Opportunities for Military Children.

the MIC3 will be operationalized within that state,¹⁷³ but many families continue to report difficulties when transitioning between school districts that should be covered by the compact. In fact, 32% of respondents stated that the reason they were geo-batching (voluntarily living separately from their service member), is to support their children's education, and 46% of parents were unaware of the Interstate Compact. Likewise, sometimes educational issues for military families fall outside the parameters of the Interstate Compact and require further advocacy from military parents. For example, military parents recently advocated for the passing of Virginia's House Bill 1497 (2013) that protects participation in public school interscholastic programs for military students as interscholastic programs are not covered under the Interstate Compact.¹⁷⁴

"This last move was mid-school year and not all high schools offer the same courses, so my son had to lose both his orchestra class and his foreign language class at his new school, the sports team he was playing on, and had to retake a class that he had already taken. It is very frustrating, and will affect his high school transcript."

—Army Spouse

"We have difficulty finding off-season sports teams due to being a military kid. Many coaches do not want to select military kids due to possibility of moves."

—Navy Spouse

SCHOOL CLIMATE

As schools are embedded in the infrastructure of military children's lives, supportive school environments can serve as a significant buffer and source of stability for military children.¹⁷⁵ Maintaining a supportive school environment for military students can be challenging, especially for civilian public school districts.¹⁷⁶ Supportive school environments include caring relationships, a sense of safety and continuity, and a strong sense of belonging.¹⁷⁷ Among our survey respondents with children in the public school, 70% reported that the school engaged in parent/teacher conferences, 69% stated the school kept them informed of school activities, 64% confirmed the school accessed previous school records, and 60% observed that the school provided school counseling services. However, 63% reported that the school does not use the military school liaison, and 55% stated that the school does not adhere to the Interstate Compact.

"The guidance counselor holds peer group support groups for military children with deployed parents and pulls children aside privately at random times to ask how they are doing during the deployment. Also, my other son's school, elementary, has a military pride wall where you can put a picture of your soldier and tell why you are

proud of him or her. The school district also allows for missed days during a deployment/redeployment if needed.”
—Army Spouse

Schools that are *not* responsive or sensitive to the unique challenges of a military lifestyle can increase stress for children and parents alike. Because many public schools do not track or systematically identify military children, teachers may not even be aware that military-affiliated students are in their classrooms. In fact, only 13 states currently have a military student data identifier.¹⁷⁸ The DoD through its Military Community and Family Policy’s, State Liaison’s office, has prioritized working with states to identify military children in public schools noting that by providing data on attendance and educational outcomes, states can assist DoD in developing policy and military child education initiatives.¹⁷⁹ Adding a military student field to existing student information systems, researchers and policy makers could better monitor trends and make decisions regarding academic progress, mobility rates, special needs, and

advanced program participation.

“At my son’s high school, teachers and administrators apparently assume that every student grew up in the civilian school system, or even in this small town. He has to figure out a lot on his own, because information is handed out in a form that assumes a certain amount of local knowledge that he does not have, since he’s only lived here for six months. There are quite a few military kids in the school, but they are pretty much expected to assimilate on their own without any recognition that their experience is different.”

—Air Force Spouse

“The main concern we have for our children are educational. We have major issues when it comes to transferring schools, especially for our child with autism. Grades not translating from one school district to another, sometimes even in the same state, and graduation requirements being so different from one school area to another that children risk not graduating on time. As it is, we are scheduled to PCS this summer but because of this issue my soldier will have to PCS alone. I do not feel comfortable

pulling our child out of this school district after everything we have gone through to get him where he needs to be, with just one more year of school left. It has caused enough anxiety in him that he has medical issues because of it, so we will stay in this place until graduation”

—Army Spouse

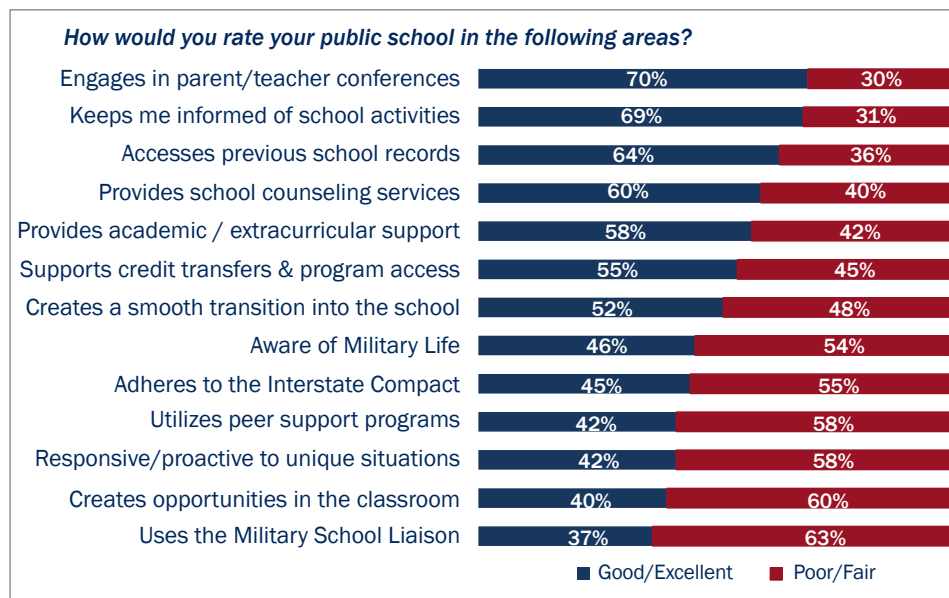
AWARENESS OF THE MILITARY LIFESTYLE IN SCHOOLS

Sixty percent of respondents did not feel that their school created opportunities to celebrate and include the military member in the classroom, and 54% did not believe their school was aware of the military lifestyle. Forty-five percent did not believe that the school supported credit transfers and access to programming such as Advanced Placement (AP) and International Baccalaureate (IB) which can be extremely important for gifted children and those pursuing competitive college programs.

Schools can support children from military families by advocating for adherence of policies covered under the Interstate Compact, providing transition support, facilitating peer networks and support groups, promoting staff trainings on military life, and managing accurate data collection for military students.¹⁸⁰

¹⁸¹ Some examples of specific support that respondents noted at their schools included the following: lunch bunch groups, transition programs, and individual counseling. Respondents also mentioned specific partnerships that the school maintained with community organizations such as Operation Hero and the USO. Finally, respondents mentioned Military Family Life Consultants (MFLCs) who are licensed mental health professionals who work within the schools to offer behavioral consultations for issues such as school adjustment, resolving conflict, managing anger, bullying, and stress management.¹⁸²

Figure 34: Rating of Public Schools



“My son’s school goes above and beyond in welcoming new students (especially military), and they ensured that my son never ate lunch alone, never was without a playmate at recess, and had all the support he needed at school. They also celebrated his experiences and his father’s service, which made my son feel welcome and special.”

—Navy Spouse

THE SCHOOL LIAISON PROGRAM

Sixty-three percent of parents reported that they did not use the military school liaison and 58% of respondents reported that their school did not utilize peer support programs. The School Liaison Program is designed to work with local schools and military families in identifying and addressing barriers to academic success.¹⁸³ Each branch of the service has School Liaison Officers (SLO) available on most installations to actively coordinate with local school systems, commands, and families to form partnerships that can address educational issues. Aronson and Perkins (2013) interviewed current Marine Corps school liaisons and found that in addition to addressing school-related issues such as school transitions, discipline issues, and lack of extracurricular activities, liaison officers also noted family context concerns such as families who were feeling overwhelmed, had multiple or long deployments, or parenting concerns.¹⁸⁴ Ideally, when utilized, school liaison officers can serve as a referral source to connect families to other military and community resources.

“The difficult moves both CONUS and OCONUS, making friends, getting involved in activities, education. I have seen a drastic effect on our daughter. She is more withdrawn with this move and is having a difficult time putting herself out there. She has excellent grades, is involved in some activities, but states the kids here are very into themselves and have their own little cliques. New kids are not welcomed.”

—Army Spouse



DEPARTMENT OF DEFENSE EDUCATIONAL ACTIVITY (DODEA) SCHOOLS

The DoDEA schools are found on or near installations across the globe and provide pre-kindergarten to 12th grade curriculum for military children. Twelve percent of respondents stated their child(ren) currently attended a DoDEA school, and 23% reported that they had a child who attended a DoDEA school at one time. Forty-five percent attended DoDEA schools in North America, 39% attended a school in Europe, and 24% attended a school in the Pacific. The majority (94%) stated their child(ren) attended a DoDEA school while they were elementary age (K-6th grade). Overwhelmingly, 77% of respondents stated they were satisfied with their DoDEA experience. DoDEA (2014) reports that 100% of the DoDEA schools are “accredited and in good standing with their regional accrediting agency.” Forty-eight percent of respondents felt their child(ren) were very well prepared to advance to higher grade levels or post-secondary education by DoDEA, including if they went on to non-DoDEA schools or higher education.

“DoDEA provides a unique and nurturing environment that cannot be replicated elsewhere. To be surrounded by peers and teachers that truly understand the hardships and challenges that are unique to military families creates a safe place for these kids.”

—Army Spouse

“I truly wish our regular public schools followed the DoDEA model. Our children have not attended a better public school (save for the private school our child attends now) than the DoDEA schools.”

—Air Force Spouse

DoDEA (2014) reports that students “consistently achieve high scores in the National Assessment of Educational Progress and above the national average on standardized assessments,” and highlights that minority students’ scores in mathematics are at or near the highest in the nation. For those respondents who currently had children in the DoDEA schools, 82% reported that their school adhered to the MIC3, and 74% stated the school did a good or excellent job of utilizing the military SLO. However,

44% were unaware of support for transfer credits and access to programming such as Advanced Placement (AP) and International Baccalaureate (IB). With regard to coordination with families, 82% of respondents stated that the DoDEA school was aware of military life, and 77% reported they were responsive or proactive to unique situations. Seventy-six percent of respondents observed that the DoDEA schools engage in parent teacher conferences, and 73% stated that the schools create a smooth transition for their children.

“Our DoDEA school fails to provide appropriate academic material for our gifted children. The gifted program in the elementary program (K-5) is a joke and has a poor teacher leading it. In the middle school the only accommodation offered is being bumped up a level in math. There is no differentiated instruction in any other subject, and often lackluster teachers who simply read the text to them and hand out worksheets. The language arts curriculum seems to be far behind what we experienced stateside. Also, honors sections of classes are not offered, so our children will be behind their peers academically when we return home due to DoDEA’s lack of honors classes (which then grant honors weight in GPA which counts for scholarship and merit opportunities). DoDEA schools are failing to meet the needs of any student that needs more than the basic level of instruction.”

—Navy Spouse

“There are rumors that DoDEA schools are on the chopping block. I implore you to please reconsider this decision. These schools are vital to stability and a sense of understanding for military children. In public schools where my children faced hostility and a lack of empathy from the administration for issues like deployments, at their DoDEA school they are sympathetic and have the knowledge and tools to help the children. This school is the first time my son has felt a sense of pride and belonging and is excelling and I believe it is because the teachers and

administration understand the issues. Please, for the sake of the children, DO NOT CLOSE DOWN DoDEA SCHOOLS!!”
—Navy Spouse

HIGHER EDUCATION & MILITARY SERVICE

Parents with children over the age of 18 were asked about the highest level of education their child had attained. Thirteen percent were still attending high school, 2% had received GED, 4% had attended or completed a trade or technical school, 22% had received a high school education, 24% received a four-year public university education, and 21% had received a two-year college education. Interestingly, 11% of respondents noted that their child had joined the military, and 1% were

currently attending a Military Service Academy. These latter percentages suggests that the number of children among military families who later go on to join the military is over-represented among military family respondents as less than 1% of the general population serves in the armed forces.¹⁸⁵ To the extent that this is representative, it suggests that serving in the military is a “family business” and supporting today’s military families may have implications for who chooses to serve in the future.

“Even though they may not see their father much, they know he is working hard and is very dedicated to his country. I think seeing my husband’s dedication has made my son want to join the military as well.”

—Navy Spouse



RECOMMENDATIONS

FOR THE EDUCATION OF MILITARY CHILDREN

- The DoD, nonprofits, the private sector, and local schools can work collaboratively to continue to educate parents and school districts about the Interstate Compact on Educational Opportunity for Military Children and the School Liaison program.
- Schools can support children from military families by advocating for adherence of policies covered under the Interstate Compact, providing transition support, facilitating peer networks and support groups, promoting staff trainings on military life, and managing accurate data collection for military students
- State and local governments can work together and with the National Center for Interstate Compacts and the Council of State Governments to ensure acceptance of transfer credits and access to Advanced Placement (AP), International Baccalaureate (IB), and other gifted programs.
- The DoD can continue to work on the state level to support efforts to establish a military student identifier that will assist educational institutions and policy makers to monitor and make data-driven decisions.

Support for Military Families with Special Needs · ★ · ★ · ★ · ★ · ★ ·



EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)

The Exceptional Family Member Program (EFMP) is available to all branches of the military and provides support to military families members with special needs. Family members who would qualify for the EFMP are those enrolled in the Defense Enrollment Eligibility Reporting System (DEERS) with a diagnosed physical, intellectual or emotional-psychological condition that requires ongoing specialized medical or educational services.¹⁸⁶ While the majority of enrolled members are children, adult family members of active duty military personnel also may be enrolled.

Twenty-one percent of survey respondents reported a family member was enrolled in the EFMP. In an effort to understand the kinds of services provided to Exceptional Family Members (EFM),

survey respondents were provided a list of classifications, and they could pick as many as applied to their families. The top four classifications reported were: Autism (22%), Developmental Delay (17%), Speech or Language Impairment (17%), and Mental Health Disorder (13%). However, 51% of respondents selected the open-ended “other” classification. The results of coding those open-ended responses showed that 101 respondents had listed 118 diagnoses. Most common among those responses were asthma, from 32 respondents, and attention deficit disorder, from 10 respondents.

FORMAL SUPPORT FOR EFMP FAMILY MEMBERS

EFMP support includes, but is not limited to: “information and referral for military

and community services; education and outreach; referral to other family support center providers; local school and early intervention services information; warm handoffs to the EFMP at the next location; and non-clinical case management, including individualized services plans.”

For survey respondents who were enrolled in the EFMP, 49% said they felt supported by their installation’s EFMP. When asked about other types of support (not received through the EFMP), 64% of respondents with an EFM agreed they were supported by their chain of command. For those with children, 59% reported they were supported by their local public school system, 41% felt supported by their DoDEA school, and 37% reported feeling supported by the base’s CDC.

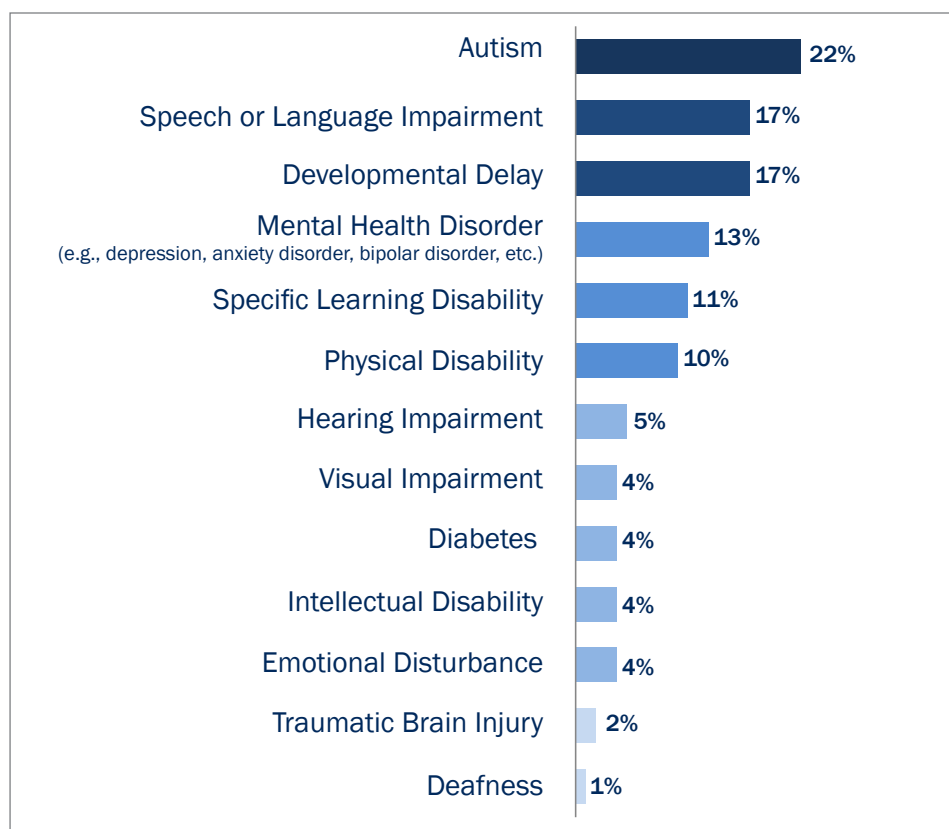
Thirty-seven percent reported they had received information and referrals and 18% reported they had obtained services plans from the EFMP. Forty-three percent (n=100) selected the “other” option to fill in an answer, and 37% of those respondents specified that they had received “nothing” as a participant in the EFMP. For example, one military spouse said, “Nothing, just given the EFMP rating and sent on our way,” and another said, “None. just signed up, no follow up or offers to help.”

“My family was forced, as in mandated, to enroll EFMP because my daughter suffers from major chronic depression. And yet, the I/R emails we receive from base are focused around Autism, Down Syndrome, and other disabilities. There has not been one valid resource, program, or article from EFMP that specifically provides support for mental health. The EFMP experience has been nothing but negative and painful, and if I had my way, I would have never, ever enrolled in the program.”

—Air Force Spouse

When asked about issues related to continuity of care surrounding PCS moves, more than half of respondents with an EFM reported challenges with finding vocational

Figure 35: EFMP Classification



services for an adult family member with special needs (76%), early intervention services for infant/toddlers (60%), and Individualized Education Plan (IEP) services (63%). Other problems related to continuity of care during PCS moves were noted including problems with receiving SSI/SSDI after a move (69%); access to respite care (69%); and accessing community/state based supports such as Medicaid waiver benefits (73%).

While 70% of respondents disagreed that having an EFM had negatively impacted their career, 17% have asked to be stabilized or have their tour extended at a location because of the needs of a family member with special needs. Nine percent reported that they were stationed at a location that could not meet their family member's medical needs and had to be reassigned via a compassionate/humanitarian transfer. In addition to obtaining access to information and resources, EFMP enrollment ensures that a family member's special needs are considered in the assignment process which is important as some areas like overseas and remote locations might not have access to appropriate medical and educational services that a family member may need.¹⁸⁷ Educational outreach surrounding the EFMP may be important to allocate resources, as 9% of survey respondents reported they were not familiar with EFMP, and another 9% were not enrolled but thought their family would qualify. Alternatively, it also is possible that some families are aware of the program, but choose not to enroll.

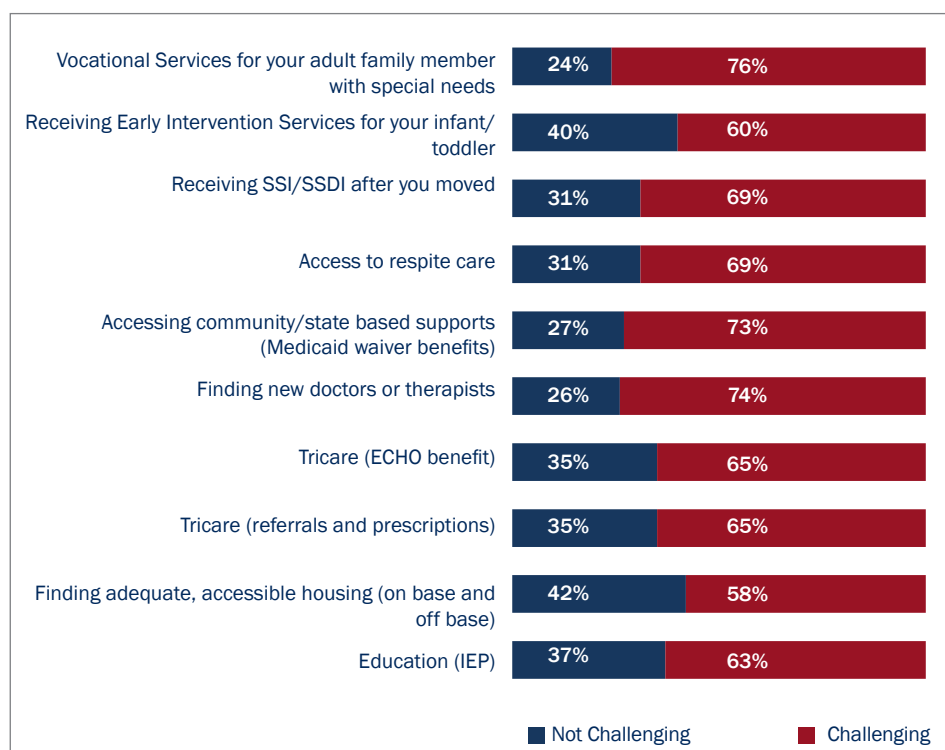
The Department of Defense (DoD) Exceptional Family Member Program (EFMP) Benchmark Study (2013)¹⁸⁸ made recommendations that it noted were consistent with previous studies and recommendations regarding EFMP staffing, services, and procedures related to obtaining care for family members with special needs. In particular, it was noted that caseloads among the EFMP staff were higher than

those of their civilian counterparts, which can reduce the individualized support the families can receive to address needs. The disparate nature in the types and levels of resources across states and installations, and the redundancy and complexity of paperwork requirements were reported as causing delays or reductions in services when families changed locations. The lack of transparency and service member/family input in the EFMP enrollment and duty station assignment processes were cited as sources of confusion for family members and represented a lack of ability to effectively coordinate the service member's career and the special needs of the EFM. The report also specifically noted that when appropriate EFMP resources and support from command staff and community resources were available, family members were able to balance military lifestyle and special needs so that they were able to continue to meet the desire to serve.

MEDICAL SUPPORT FOR EFMP FAMILY MEMBERS

When considering medical care, 70% of respondents with an EFM reported that TRICARE provides appropriate medical care for their family. TRICARE also utilizes the Extended Care Health Option (ECHO) which is a program for qualified beneficiaries that supplements TRICARE to provide assistive services, equipment, in-home respite care services and special education for qualifying mental or physical conditions.¹⁸⁹ In order to qualify, members must be enrolled in the EFMP and register through ECHO case managers in their TRICARE region. While there are no enrollment fees, there are monthly cost shares based on the sponsor's pay grade. "For 2013, monthly costs range from \$25 for pay grades E-1 through E-4 to \$250 for pay grade O-10. The total TRICARE cost share for all ECHO benefits combined, excluding the ECHO Home Health Care (EHHC) benefit, is \$36,000 per covered

Figure 36: EFMP Issues During PCS



beneficiary per fiscal year.”¹⁹⁰ To stay under the fiscal year cap, some families decide to prioritize or choose between needed benefits and services.¹⁹¹

In March 2014, the American Academy of Pediatrics submitted a letter on behalf of its more than 62,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists to the Defense Health Agency (DHA) to strongly encourage the review of TRICARE coverage for all dependent children and a specific review regarding adequacy of care management for dependent children with special health care needs.¹⁹² The AAP advocated for a review of “specialty services” access and health insurance packages based on the Early and Periodic Screening Diagnosis and Treatment (EPSDT) regimen¹⁹³ stipulated in the Affordable Care Act and embodied in Medicaid which would ensure comprehensive benefits and services for all military children under TRICARE, including those with special needs. As TRICARE may not cover all medical aspects of care, some military families may seek out Medicaid coverage to supplement their TRICARE benefits.

Section 735 of the NDAA for FY 2013 required the Secretary of Defense to conduct and report to Congress on the results of a study on the health care provided to military children. The Report to Congressional Defense Committees: Study on Health Care and Related Support for Children of Members of the Armed Forces¹⁹⁴ overall found that the services and access to providers was “adequate,” but identified apparent gaps in services, policy, and available information needed to ensure consistent and appropriate high quality care. One such gap identified within the report regarding pediatric care is TRICARE’s well child benefit, which currently covers dependent children through age six, whereas the Medicaid EPSDT regimen, AAP’s Bright Futures



guidelines, and the Patient Protection and Affordable Care Act (ACA) all indicate that well child preventive care should continue through age 21.¹⁹⁵ Additional gaps in available information identified in the report relate to the evaluation of “network adequacy,” or the ability to assess whether there are enough pediatric specialty care providers to address the needs of the beneficiary population in a given area. Changes in specialty and subspecialty coding related to providers’ credentials, as well as more detailed reporting regarding the availability of providers to see new TRICARE patients are recommended to address this gap. Access to medical/behavioral specialty providers in some areas is limited by long wait lists for new appointments or the ability to accept new TRICARE patients. The report further highlighted that TRICARE’s definition of a special needs child was inconsistent with standard definitions, such as the definition provided by the National Institutes of Child Health and Human Development. In addition, the standard for “medical

necessity” was higher for TRICARE’s purchased-care component, and led to confusion regarding the available care options for beneficiaries. Habilitative care is not a medical benefit under TRICARE, but is available under the ECHO program for dependents of active duty service members only. Services provided under ECHO are subject to a \$36,000 annual cap, but under the ACA beginning in 2014, civilian insurers must cover habilitative services and devices as an essential health benefit without dollar limitation.¹⁹⁶

In the past year, among conditions addressed by the EFMP, autism received particular attention within the military community for several reasons. In March 2014, the Centers for Disease Control and Prevention (CDC) released its autism prevalence study which found autism now affects 1 in 68 children in the United States. This new data represents a thirty percent increase over two years.¹⁹⁷ As the prevalence and visibility of autism increases, better outcomes have also been documented for those who receive intensive and specialized

treatment as early as possible.¹⁹⁸ The Center for Medicare and Medicaid Services (CMS) recently issued an informational bulletin regarding treatment services for children and youth with autism.¹⁹⁹ The bulletin highlights that “treatments for children with [autism] can improve physical and mental development” and clarifies coverage for medically necessary services, including “behavioral and communication approaches” and other treatments as described by the CDC,²⁰⁰ under states’ EPSDT Medicaid plans. In June 2014, TRICARE announced a new Autism Care Demonstration regarding coverage of applied behavior analysis (ABA) for all TRICARE beneficiaries with autism.²⁰¹ At the time of this writing, the policies for the Autism Care Demonstration have not been published, but communications from TRICARE state the new program will be in effect by the end of 2014.

The DoD’s Office of Community Support for Military Families with Special Needs commissioned a report by West Virginia University (2013) to examine military families’ use of Medicaid and found that “military families with special needs use Medicaid as a resource to obtain specific supplementary services and coverage, such as respite care, transportation, supplies like diapers for older children, durable medical equipment and nutritional products like formulas, that are either not provided or not fully covered by TRICARE.”²⁰² The Report to Congressional Defense Committees: Study on Health Care and Related Support for Children of Members of the Armed Forces also noted that “By law other “public facilities” (i.e., state Medicaid waiver programs, services provided by local school systems and other state and local resources) must be used before payment of ECHO services may be authorized.”²⁰³ Yet, the Medicaid system is complicated, and many families may struggle with navigating the process. Military support personnel lack the expertise to assist

families with Medicaid enrollment.²⁰⁴ The American Academy of Pediatrics (2014) recommended that EFMP personnel are trained to link families to community resources and that civilian network providers be provided training and resource development in EFMP and ECHO services to promote increased military and civilian understanding of available services.²⁰⁵

When a family with an EFM experiences a PCS, ongoing medical care can become a major challenge. Because a PCS often involves changes in geographic areas, changes in medical and specialty care providers are common, and the PCS process can highlight issues with navigating the military health care system and obtaining access to care. Seventy four percent of respondents expressed difficulty in finding new doctors or therapists when experiencing a PCS, and 65% had difficulty with their TRICARE ECHO benefit and referrals. Seventy-three percent of respondents expressed difficulty with accessing community/state based supports such as Medicaid waiver benefits, and 69% had difficulty receiving SSI/SSDI after they moved. The services that military families often state they need the most such as respite care, transportation, home health, and day-care facilities are often provided by Medicaid waivers which vary across states. Since state policies vary, access to needed services as families move across state lines proves difficult.

“I recommend we find a way to put EFMP families on the waiting list for various medical services. I can get on a waiting list for housing and childcare but not to have my child see a therapist even if on base. We moved in August 2013 and we are still finalizing on and off base care for my EFM child (it’s now February 2014). This is too long for a child to go without intervention services.”

—Navy Spouse

West Virginia University (2013) found that many families who would have access

simply do not apply because the waiting period will exceed their duration at that duty station. “Unfortunately, waiting lists are amorphous and non-standardized across the state, so too are the waiver programs which have different purposes, target populations, eligibility criteria, and treatment and service provisions.” States with large military populations have years-long wait lists, and with many states sub-delegating program management to nonprofit community-based organizations, the confusion about availability and access to waivers and SSI benefits is further compounded.²⁰⁶

NATIONAL COMMUNITY SUPPORT FOR EFMP FAMILY MEMBERS

Sixty-one percent of respondents with an EFM felt supported by their local community outside of the base. A 2014 study of female military spouses with children who have special needs found that more formal and informal network support was generally associated with higher resilience in their families.²⁰⁷ In addition to formal military supports, many national disability organizations offer information and resources and sometimes community-based services and supports.

“AMFAS is a grassroots program, run completely by family members and service members. They receive no financial support, yet they are the best resource that we have found. They have groups at most military installations, and they assist families with receiving information regarding supports and resources in the local area.”

—Active Duty Army Service Member

Review of the qualitative responses, showed that survey participants identified a number of school services such as Early Intervention and school-based counseling that were utilized by family members with special needs. Specifically, this survey asked families who use the EMFP whether there

are any services outside military life that they have found beneficial. The results of qualitative coding showed that the highest number of respondents, about 25% (n=141), said they don't know about or don't use outside services. The next most common responses were school-based services (16%) military-affiliated support groups like American Military Family Autism Support and Specialized Training of Military Parents (16%), nonprofits for autism, (12%) and various national groups for specific medical conditions, such as the Epilepsy Society or the Crohn's and Colitis Foundation (11%).



RECOMMENDATIONS FOR EFMP

- The DoD can track and report the prevalence and profile of military family members with special needs across all of the military branches.
- The DoD can ensure TRICARE benefits include medical care available under the AAP Bright Futures guidelines, Medicaid EPSDT programs, and the ACA to ensure beneficiaries have access to age and developmentally appropriate health care consistent with services available through the civilian market place and other government health care programs.
- The DoD can improve reporting to TRICARE regarding the availability of specialty care providers to include the providers' ability to accept new TRICARE patients.
- TRICARE should allow access to EFMP staff and EFM family members to the availability of specialty care providers, particularly when considering PCS, and streamline referral and approval processes for specialty care to address high demand and long wait lists.
- TRICARE can clarify the definition of a child with special needs to be consistent with the definition described by the National Institutes of Child Health and Human Development so that all children with special needs can be identified within the MHS and to support the comparison of evaluation and service satisfaction metrics.
- At the state level, DoD can support coordination between military health administrators and Medicaid administrators to address issues such as long wait lists, complexity of waivers, and state to state barriers for enrollment.
- The DoD can increase communication, dissemination, and outreach efforts to families who may be eligible for TRICARE Extended Care Health Option (ECHO)
- The DoD can provide a regular evaluation of ongoing efforts to ensure all beneficiaries with developmental disabilities, including autism, have affordable and timely access to recommended behavior intervention services, including ABA.
- The DoD, nonprofits, and community-based providers can work to educate military families regarding beneficial community organizations and online support groups both nationally and at the state level who can provide families help and assistance when they move.

Parents of Service Members · ★ · ★ · ★ · ★ · ★ ·



Parents are considered one of the primary influences in one's decision to join the military.^{208 209} There is very little research about how the parents of military service members feel about military life or how they are impacted by the military service of their children. One of the key issues facing these parents is the degree to which they perceive a connection to the military environment in which their children serve. In this sample 5% reported they were parents of service members.

This year's survey asked parent respondents to evaluate how connected they felt towards various areas of military life. Parents' responses suggest they feel least connected to their children's military service units. On a scale that ranged from not at all connected to very connected, 68% of parents reported that they feel "not at all" or "not very connected" to the units.

"I felt like no one understood going through the anxiety of his deployment and would have gladly participated with a group of other military parents. Everything was geared to support only spouses."

—Marine Parent

"We have no rights as parents, we are not acknowledged even when our child is single and we are his next of kin. We cannot go into USO, for military stores or any other benefit given to spouses including any discount or even being qualified to open an account or auto insurance through USAA. We give birth to these military members but have no rights."

—Army Parent

Parents of service members also were asked about their connectedness to three other groups

- (1) other parents of service members
- (2) their own children, and
- (3) the general military community.

From those options provided, parent

respondents reported that they feel most connected to their children. About 76% said they feel "very connected" (the most positive choice for this question) to their service member or veteran child.

While military parents reported that they felt most connected to their children and to other parents of service members, their responses suggested they felt less connected to the general military community, and least to the service member's unit. The sense of feeling disconnected when it comes to military life was evident when parents were asked whether they are the point of contact for their unmarried child's military unit. While 64% said yes and 13% percent said no, the fact that 23% "don't know" suggests that they may be uncertain or lack knowledge about the facets of their children's military lives.

"As a mother of a young Marine, I understand and support his decision to serve his country, but parents need to be informed on how to obtain information on do's and don'ts of the military. I only ask that for the single, very young Marines that are serving our country to help their loved ones understand the military family

procedures. I feel like we the parents are kept in the dark. Some Marines talk to their families and others don't due to not wanting to worry them. I feel as a mother, I brought this kid into the world, and all I am asking for is some courtesy. I hope that by expressing myself this will not cause my Marine or any other Marine any ramification. There are many families that are affected and so many new families that had no prior experience to having a loved one in the military."

—Marine Parent

These sentiments were underscored by parent respondents in their qualitative responses to the question, "How could you be more supported as a military parent?" Of those who answered the question, half of respondents said they want more information from their children's unit. For example, respondents stated they want to be included in family services like FRGs, receive the same information sent to spouses, and would like to have access to information about their rights as service members' parents (e.g., Power of Attorney, access to medical facilities for caregivers).



Caregiving · ★ · ★ · ★ · ★ · ★ ·



Military caregivers are those who provide short or long term care in the case of an injury, illness or long term disability or health problem to a family service member, veteran, friend, or neighbor. There are an estimated 5.5 million military caregivers in the United States.²¹⁰ The emotional, physical, and financial impact of caregiving can be extraordinary and caregivers often serve in isolation, sacrificing their own needs in favor of the care recipient.^{211 212} A recent report published by RAND identified many of the salient issues facing military caregivers,²¹³ and its recent publication has galvanized support for this issue, which after 13 years of war has gone largely unnoticed.^{214 215}

Caregivers of post-9/11 veterans are more likely to be: younger, participating in the workforce, a spouse of the veteran, and have served in the military themselves. Military caregivers overall reported a lower level of general physical health, low or absent support networks, and higher stress levels and utilization of medical services relative to their civilian counterparts.²¹⁶ In addition, caregivers (particularly those caring for post-9/11 veterans) reported a higher rate of depression and anxiety disorders than non-caregivers, as well as negative professional impacts (e.g. missed work days, higher levels of financial strain from lost work, etc.), and are less likely to have support within a caregiving network.²¹⁷

In 2010, the *Caregivers and Veterans Omnibus Health Services Act* was signed into law establishing a wide range of new services targeted towards caregivers of Post-9/11 veterans, including access to education and training, support services such as counseling, support groups, referral services, and an enhanced VA website for caregivers.²¹⁸ This legislation has expanded resources and services available to caregivers by expanding access to the veterans' GI Bill benefits, reducing restrictions on the definition of caregivers, allowing federal workplaces to offer flexibility to caregivers,

and expanding services to caregivers such as VA child care, financial advice, and legal counseling.²¹⁹ Other more recent emerging policy developments, including a recent Joining Forces announcement of a coalition of organizations to support military caregivers, and proposed legislation such as the *Military and Veteran Caregiver Services Improvement Act* introduced in April 2014 in the Senate, and the companion bill in the House of Representatives, demonstrate the current momentum directed towards the needs of caregivers.^{220 221}

CAREGIVER RELATIONSHIP AND DURATION OF CAREGIVING

Depending on the extent of injury or condition, caregivers often provide personal care, emotional support, and advocacy during recuperation or rehabilitation. Caregiver responsibilities vary from assistance with daily living (e.g. bathing, eating, mobility, or communication), to managing health care (e.g. medications, medical visits, maintaining medical documentation) to advocating for the patient access to services and legal support.²²²

For the purposes of this survey, respondents were asked a series of questions adapted from the *National Caregiving Alliance: Caregiving in the U.S.* (2009) and *Caregivers of Veterans: Serving on the Homefront* (2010).^{223 224} Comparable to the estimated number of U.S. households providing caregiving (31%),²²⁵ 32% of respondents, (n=959) in this survey have provided care in the past 12 months, including caring for a parent (29%), a son/daughter (45%), or a veteran spouse (8%). Nineteen percent of respondents provided care to either a non-related veteran's family members, the children of non-related veterans, or veteran friends. The duration for caregiving duties also ranged largely; 27% had cared for the dependent(s) for five or more years. In contrast, 26% had been

caregivers for less than six months, with the remaining 47% in between. Almost half (49%) of caregivers reported spending up to four hours weekly providing care, with 28% assisting between five and twenty hours. Eight percent of caregiver respondents reported spending between twenty and forty hours, while a notable 15% reported spending over forty hours weekly, the equivalent of a full time job.

LIVING ARRANGEMENTS

Caregivers were asked where their dependent lived in relation to the respondent. Of those respondents providing long-term care and assistance, 35% reported that the person receiving care resided in the same home. An additional 28% of caregivers indicated the patient lived less than twenty minutes away; suggesting that the caregiver relationship may evolve or continue partially due to proximity and or necessity (e.g., a person who lives nearby necessarily becomes a caregiver because of geographic availability to provide care).

A variety of conditions - physical, emotional, and developmental - served as the reason(s) for the caretaking relationship. About one-third (35%) of caretaker respondents reported they were caring for somebody due to long-term physical conditions, such as amputation and prosthetic use. Twenty-seven percent cited emotional or mental challenges as a reason for being a caregiver, including TBI, PTSD, and depression. When asked to describe which condition(s) required care for the recipient, 32% of respondents preferred not to answer.

CONSEQUENCES OF CAREGIVING

Consistent with current research regarding caregivers of veterans, spouse-caregivers who sustain multiple caregiving responsibilities (e.g., case manager, daily living skills assistant, medical appointment supporter,

etc.) experience more caregiver strain than those who are able to share the responsibilities with family, friends, or case workers.²²⁶ In addition, these caregivers have fewer resources than non-spouse caregivers to cope with the increased stress.²²⁷ Over half (56%) of caregiver respondents in this survey reported that caring for the recipient was “extremely” (17%) or “somewhat” (39%) emotionally stressful. Additionally, almost a third (32%) of caregiver respondents reported that caring for the recipient was “somewhat” (25%) or “very much” (7%) of a physical strain.

“Being the caregiver of a wounded warrior is very stressful, depressing, and lonely.”
—Marine Spouse

Specifically, spouses who provide care to service members or veterans often face complex challenges as they balance multiple roles due to their situations as a marital partners, parents of young children, and employees working outside the home.²²⁸ Their caregiving roles may include multiple responsibilities: as case managers navigating a complex health care system, as financial and legal representatives, and as assistants with the tasks of daily living.²²⁹ Of those who indicated that they were caregivers of spouses who were veterans, 92% cited military service as the causal factor of the recipients’ condition(s), and 87%, the vast majority, of caregiver spouses reported not having known what to expect medically with the veteran’s condition(s). The majority of caregivers (70%) report they had no structured education or training related to caregiving activities),²³⁰ reducing their ability to support and advocate for the veteran across the continuum of care.

Of the 8% of respondents who reported providing care to a veteran spouse (n=71), almost three quarters (73%) reported that their spouse suffered from PTSD, and 49% reported that the spouse suffered the effects of a TBI. Over half of caregiver respondents

Figure 37: Caregiving Overview

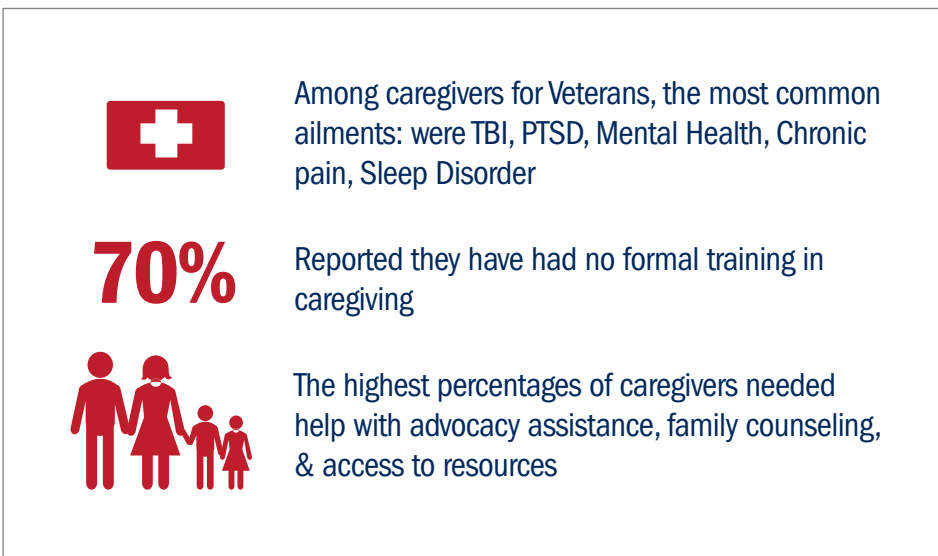
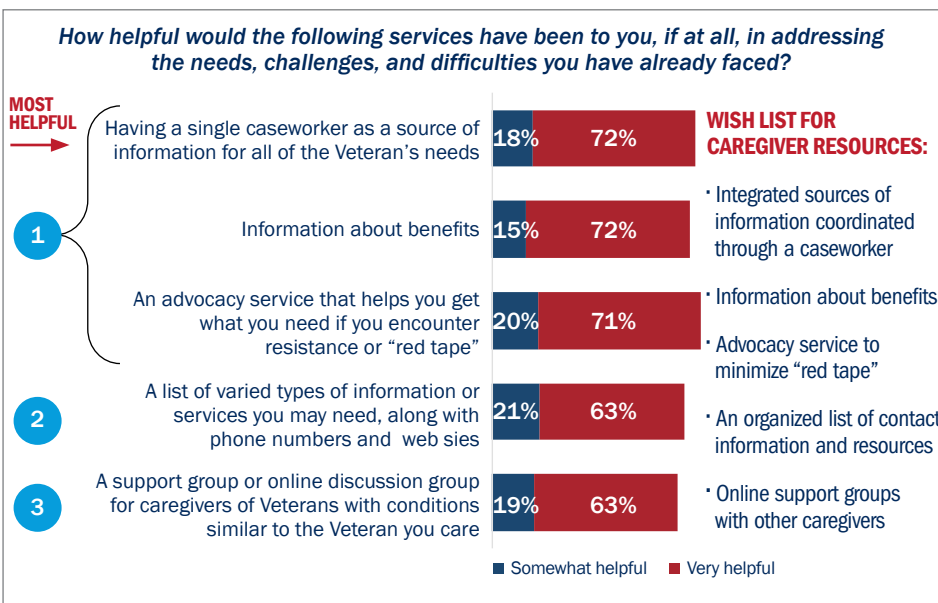


Figure 38: Top Services Needed by Caregivers



reported the recipient suffered from mental illness such as depression or anxiety (58%), chronic pain (57%), or a sleep disorder (55%). Open-ended responses included other conditions that respondents reported formed as a result of military service: spinal cord injuries, migraines, memory issues, and nervous system dysfunction.

“[Caregivers need] more classes, opportunity to learn techniques.”
—Army Spouse

In addition to assistance with daily activities, the added role of case manager falls to the caregiver, including activities such as arranging services,

making appointments, and navigating the bureaucracy for veterans in their care. When asked, “Have you personally experienced the following challenges at any point since you became a caregiver,” 74% of caregivers of veterans reported they had faced either major or minor challenges in the bureaucratic procedures for obtaining veteran services, and 82% reported not knowing what services were available for the recipient.

“It is a fight to receive respite care at times due to changes in service, the providers not being paid or legal red tape. It would be so much better if families with special ability members didn’t have this as an additional battle.”

—Army Spouse

In order to address these challenges, 72% of respondents reported that better sharing of information about veteran benefits would be “very helpful,” and another 72% supported having a single assigned caseworker. Lastly, 71% of caregivers of veterans assessed the idea of an advocacy service assisting with bureaucratic difficulties as “very helpful.” These results substantiate the need for more individualized casework that includes the caregivers in order to better inform and advocate for veterans and those who support them.

“They could better understand that I am his wife. When they cut ties with him, I’m the one who is here to care for him. I need to know more and have an easier way to get the information I need...”

—Army Spouse

WELL-BEING AND COPING ABILITY

Among caregivers providing for post-9/11 veterans, caregiver health and mental health outcomes are worse, support from a caregiving network is lower, quality of family relationships is lower, and more days of work are missed.²³¹ Yet, over 73% of caregiver respondents agreed that caretaking had been fulfilling, provided them with new knowledge and skills, and was a source of

pride. However, the personal challenges of being a military caregiver also appeared to span several areas of the caregiver’s life, including health and wellness, family relationships, and work and professional careers. A quarter (25%) of caregivers in this survey held perceptions of being highly needed, reporting it would be “very difficult” for them to take a break from their duties, with an additional 20% reporting that it would be “somewhat difficult” to take a break from their caregiving responsibilities. Over half of caregivers reported high emotional stress levels, while 39% said they view their

roles as “somewhat stressful” and 17% as “extremely stressful.” Caregiver respondents also indicated notable financial impact. For example, one third of caregivers reported that caring for the recipient created “somewhat” of a financial hardship (21%) or a “great deal” of financial hardship (12%).

“Being a caregiver is a lonely, stressful job. Oftentimes the wounded warrior strikes out at those closest to him/her, and that is usually the caregiver. A hotline for caregivers would be beneficial, and childcare for the support groups.”

—Marine Spouse



RECOMMENDATIONS FOR CAREGIVING

- The DoD, VA, and private health care providers can expand current services that treat veterans to include support and respite services for caregivers, by embedding them into the continuum of care.
- Programs that work with caregivers can develop and disseminate coordinated, evidence-based training regarding veteran conditions and include information about health, mental health, legal, financial, and vocational support resources specific to military caregivers to foster growth of skills and confidence in providing support.
- Local communities can collaborate to develop a community-based system of support for military caregivers, that includes increasing public awareness of the value of caregiving and the needs of caregivers.
- The DoD, VA and community-based stakeholders can improve availability of specific resources directed at providing increased emotional and financial support.
- The DoD, VA, and community-based stakeholders can collaborate to ensure that where veterans are being served develop respite care programs for caregivers of veterans, adapting existing models of programs for cancer patients, elderly, dementia to military caregivers.
- Health care providers can integrate family caregivers into long-term treatment plans and adapt, expand, and coordinate existing resources at both the state and local levels to provide services and programs specific to the needs of post-9/11 caregivers (e.g., legal assistance in completing paperwork, vocational programs that assist caregivers with finding suitable employment, financial assistance, and peer support groups).

Social Media and Military Family Communication · ★ · ★ · ★ · ★ · ★ ·



Social media is a major resource for military families to connect with service members and one another and as a means to seek out information and resources. Transcending the limits of geography and time zones, using social media enables military families, service members, and veterans to stay connected across PCS moves, between military installations, and during deployments and separations. Military families appeared to use social media at higher rates than civilians.²³² Within this survey, 94% of respondents reported they use social media, compared to 73% of the general online adult population.²³³ Given that this survey was conducted online, this higher percentage may also reflect the demographics of the survey respondents who by virtue of completing an online survey were more likely to have internet access in the home (99% of respondents).

MILITARY FAMILY MEMBERS AND SOCIAL MEDIA USE

The majority of respondents (75%) indicated that social media was “very important” or “somewhat important” for maintaining a connection with their service member during a deployment or separation. Non-spouse family members reported that social media was “important” or “very important” at a higher rate (89%) than spouses (73%) and service members (77%).

“[Social media is the] easiest way to get resources and connect with family/friends. Also, follow all the military related organizations on Facebook. I particularly like the information and resources I get from the FB pages of Blue Star Families, MOAA Spouse and National Military Family Association. I also frequently share any resources that I think will be helpful to others.”

—Marine Corps Spouse

The slightly lower reported rate (66%) of the use of social media among spouses (as

compared to other family members) may be a reflection of the ways spouses allocate their available time to communicate with service members when they are separated or deployed. Spouses had higher usage of cell phones (56%) and Skype (61%) compared to other family members (52% and 44% respectively). With limited telephone time, spouses and service members may place a higher premium on speaking with each other directly versus using social media for communication. As the internet becomes more accessible to greater number of service members during deployment and separations, the asynchronous nature of social media may make it easier for service members to communicate with their other family members, while reserving precious telephone time for topics that require real-time communication with spouses.

In general, social media use varied based on the relationship to the service member, a trend consistent with previous Military Family Lifestyle surveys.^{234 235} For example, military spouses reported that they used

social media primarily to connect with family members and friends who do not live near them (90%), and to feel connected to other military families (74%) using Facebook. Other family members (e.g., parents, siblings, and children) reported that they used social media primarily to connect with their service member (66%). In an open-ended question about social media use, spouses reported using Facebook to maintain contact with friends, family, the military community, and to find out information important to their families.

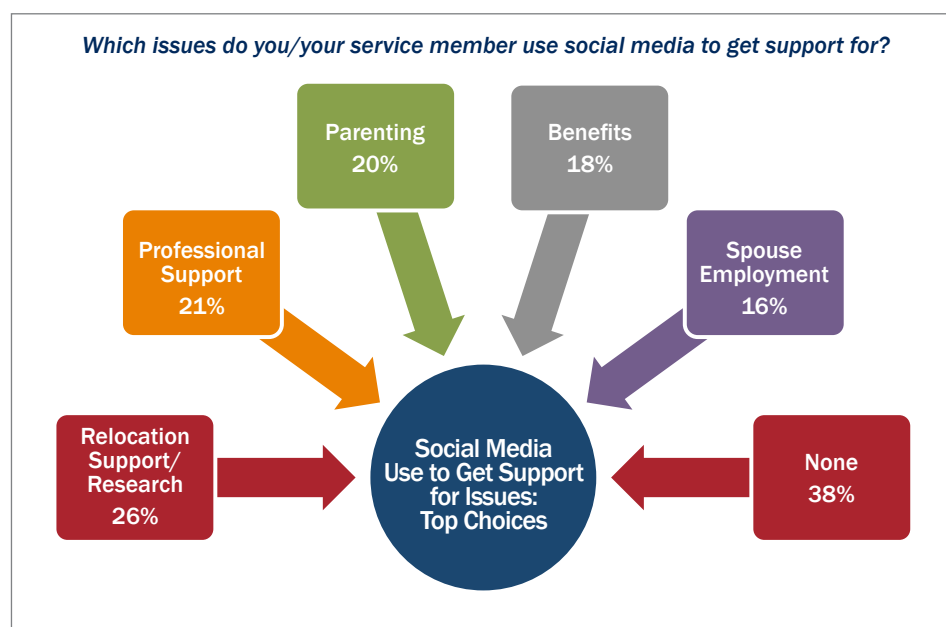
“[Facebook] is the one site where I can stay in contact with most of my family and friends at one time. It has also been useful this time to research our upcoming PCS move. Especially since we always end up moving somewhere that does not have housing available.”

—Coast Guard Spouse

SOCIAL MEDIA AND COMMUNICATIONS PLATFORMS

Military families reported using Facebook at a higher rate (93%) than their civilian

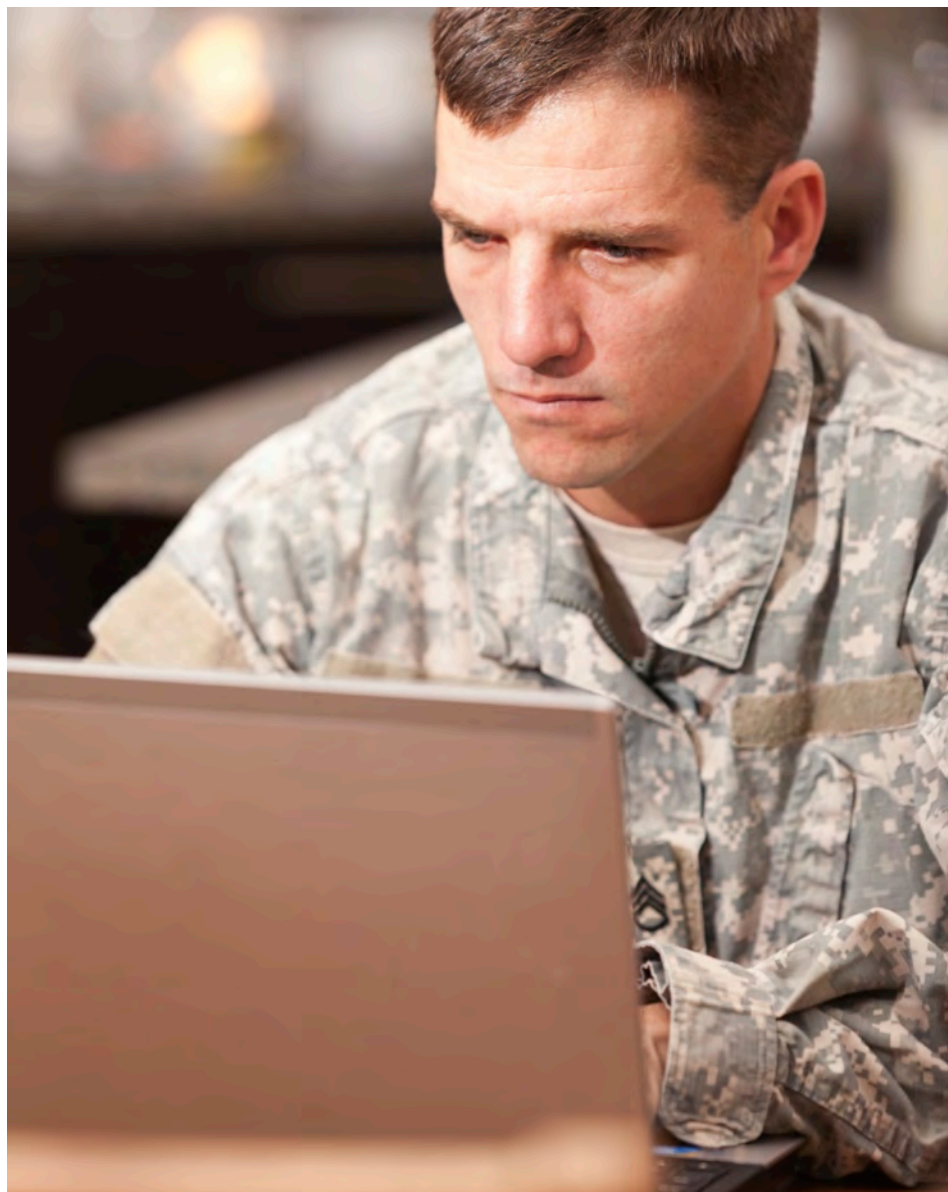
Figure 39: Which issues do you/your service member use social media to get support for?



counterparts (67%).²³⁶ When separated from their service member, Facebook was reported as the most frequently used method of communication (89%), which is consistent with findings in previous Military Family Lifestyle surveys.²³⁷ Respondents reported lower email use, dropping to 64% in this survey from 81% in 2013. The use of Skype during separation reported by respondents remained at 57%, and 34% of respondents reported using instant messaging. A much higher percentage of military family respondents reported use of social media methods (68%) to communicate with service members as compared to traditional methods, such as landlines (19%) and the postal service (37%).

Other social media sites that are popular with military family members included Pinterest, YouTube, and LinkedIn. LinkedIn use is notable given the employment challenges faced by service members, military spouses, and veterans. When LinkedIn use was compared across ranks, its use was below 30% for warrant officers and all enlisted ranks, and climbed to 40% among field grade officer. Twenty-five percent of spouses reported using LinkedIn. As more service members transition out of military service, and spouses look to enter or return to the workplace, the value of LinkedIn as a networking, information sharing, and entrepreneurship tool could be a beneficial resource for the geographically dispersed military and veteran communities. LinkedIn may be used as a means of connecting with employment resources, maintaining relevant work connections, and for maintaining professional connections over the lifecycle of a military career.

A higher percentage of service members as compared to spouses, reported awareness of their units' efforts to disseminate information using social media. For example, receiving information from their units via Facebook was reported by 68% of



active duty service members and only 53% of active duty spouses. Facebook and email were reported as the primary platforms used to disseminate unit information. In contrast, 18% of spouses and 12% of “other” family members reported that their service member’s unit did not use social media to communicate with them.

Military families reported using a variety of online resources to gather information

about and feel connected to the military community. The top three resources cited were Facebook, Military.com and Military Times, with Military OneSource a close fourth. Facebook is more popular with a higher percentage of active duty spouses (63%), whereas 38% of active duty service members reported they turned to DoD websites and 31% to Military Times outlets when searching for information.



Mental Health and Wellness · ★ · ★ · ★ · ★ · ★ · ★ ·

Geographic separation from friends and family, recurring transitions and moves, worry about a service member's safety, and increased responsibility at home are among a few of the common stressors inherent to the military lifestyle.²³⁸ Service member deployment is one of the most salient stressors faced by military couples and families.²³⁹ According to Huebner et.al.

“From a situational perspective, the only certainty about the deployment of a service member during war in an era of terrorism is uncertainty from beginning to end.”²⁴⁰

Family members can be emotionally taken by surprise at any point in the deployment cycle, wondering: if and when a service member's unit will be activated, how long a deployment will last, if the service member will be safe, how to reorganize daily routines with a missing family member, if the service member will return, and if so, how he or she may be physically or emotionally affected. In this survey, active duty service members, veterans and military spouses were asked a variety of questions about their

- (1) level of stress
- (2) specific stressors both during and outside of deployments
- (3) help-seeking behaviors and preferences,
- (4) perceived support from their service branch, and
- (5) specific support services related to depression, suicide, and substance abuse.

Not all questions were asked of all respondents. For example, service members and veterans respondents were asked about PTS, PTSD, and TBI symptoms and their help seeking preferences related to these reported conditions. Active duty spouses and service members were asked specific questions about DoD services.

PERCEIVED LEVEL OF STRESS

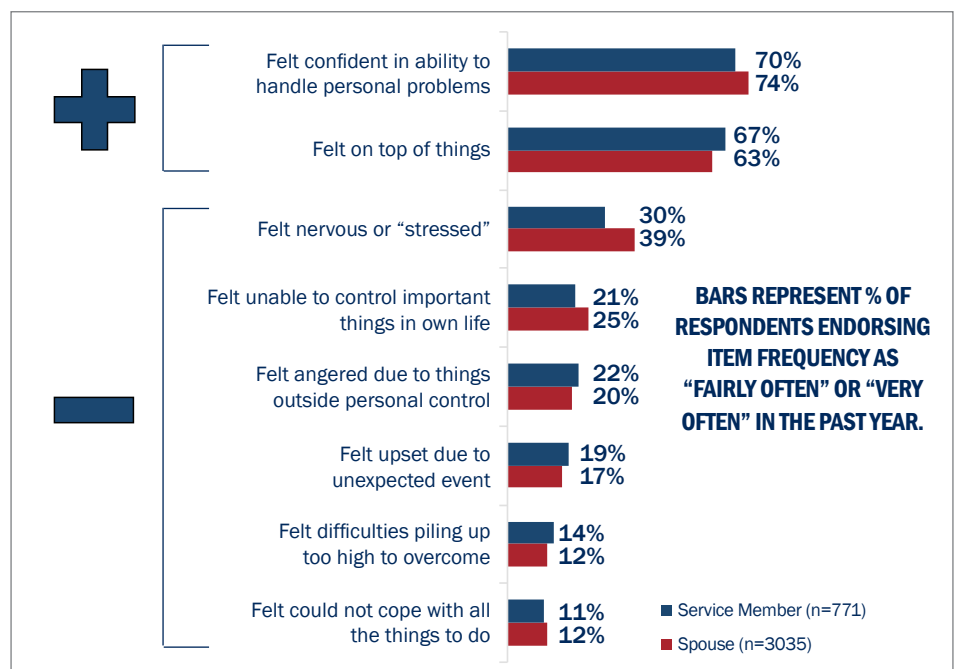
Research focusing on civilians has suggested that cumulative stress over time negatively affects mental health and wellness. Likewise, the ability to manage stress and successfully cope with adversity, change, or trauma is considered a protective factor for mental health symptoms.²⁴¹ The military lifestyle is dynamic and requires adaptability, resilience, and patience. Specific to those spouses and military families with children, one of the most robust findings in the military family research arena is the finding that the stress and coping of the at home or non-deployed parent impacts the coping and wellness of children.²⁴² For this survey, items from the Perceived Stress Scale (PSS),²⁴³ a standardized instrument that assesses respondents' perceived level of stress, were used to assess spouse and service member perception of life events over the past year.

While the majority of respondents reported they were coping well, there were many who reported that they had experienced stress on a consistent basis. The majority of survey

respondents (70% of service members and 74% of spouses) reportedly felt confident in their overall coping ability and “felt on top of things.” Conversely, nearly one-third (30%) of service members and more than one-third (39% of spouses reported feeling nervous or “stressed”. Somewhat smaller percentages of service member (21%) and spouse respondents (25%) endorsed they “felt unable to control important things in one's own life.”

Higher perceived stress is associated with poorer mental health.²⁴⁴ Providing primary prevention services or programs to help military family members manage stress, anticipate changes, cope with their emotions (e.g. moves, financial issues, deployments) could be extremely useful to those experiencing high levels of stress. These might include building social support, establishing connections with community resources, minimizing controllable stressors such as developing new skills, such as goal setting, parenting skills, or tangible skills like managing

Figure 40: Perceived Level of Stress



family finances.²⁴⁵ The use of a measure such as the PSS to determine whether programs and interventions are having an impact over time also could be useful in evaluating the effectiveness of outreach efforts and interventions. Additionally, research that identifies the impact of specific stressors and the impact of cumulative stressors on military families could be helpful in developing and targeting specific programs or interventions.

With this goal in mind, resilience models have been applied to the military population in recent years, with a focus on building coping skills, managing expectations, and being prepared for various military related events and cycles (e.g., the deployments cycle, preparing for military transition). The body of research on resilience supports models that embed various prevention strategies within the various systems in which military families participate (e.g., schools, health care, places of worship).²⁴⁶ Efforts that prepare spouses and family members for the stressors of military life such as preparing for moves, assistance with employment, and access to child care could be helpful in minimizing tangible stressors and help families manage the stressors associated with the military lifestyle before they become problematic or lead to depression, anxiety, or unsuccessful coping strategies. Likewise, primary prevention efforts should be targeted to improve sense of personal control and thus overall resilience.²⁴⁷

TOP STRESSORS

In order to better understand how some of the common stressors facing military families are perceived, respondents were asked a series of questions about stressors during their overall time in the military and were provided a list of potential stressors to choose from where they could select all the choices that applied, yielding the top stressors by percent of respondents. Respondents were asked about their biggest stressors associated with military life as well

as follow up questions identifying additional stressors. The answers from both questions were combined and duplicate answers were removed from the analysis. For each of these items spouses and active duty responses were compared.

STRESSORS RELATED TO TIME IN MILITARY

Several stressors were identified by large percentages of both service members and spouses including deployment/separation, financial stress, employment/work stress, and isolation from friends and family. Deployments/separations were noted as top stressors by 69% of spouse and 60% of service member respondents. Nearly half (49%) of both spouse and service member respondents endorsed financial issues as a top stressor during their time in the military.

More spouses reported stress having to do with parenting, children, and child care as compared to service members. A higher percentage of spouses (51%) also reported

stressors related to isolation and lack of social support as compared to 39% of active duty service members. Relationship/marital issues was endorsed as a stressor by a slightly higher percentage of service members (33%) as compared to spouses (27%). Finally, 23% of spouse respondents endorsed “lack of child care” as a stressor. These differences are consistent with previous findings which suggest that relationship issues are a top stressor among deployed service members and couples dealing with reintegration following deployments.²⁴⁸

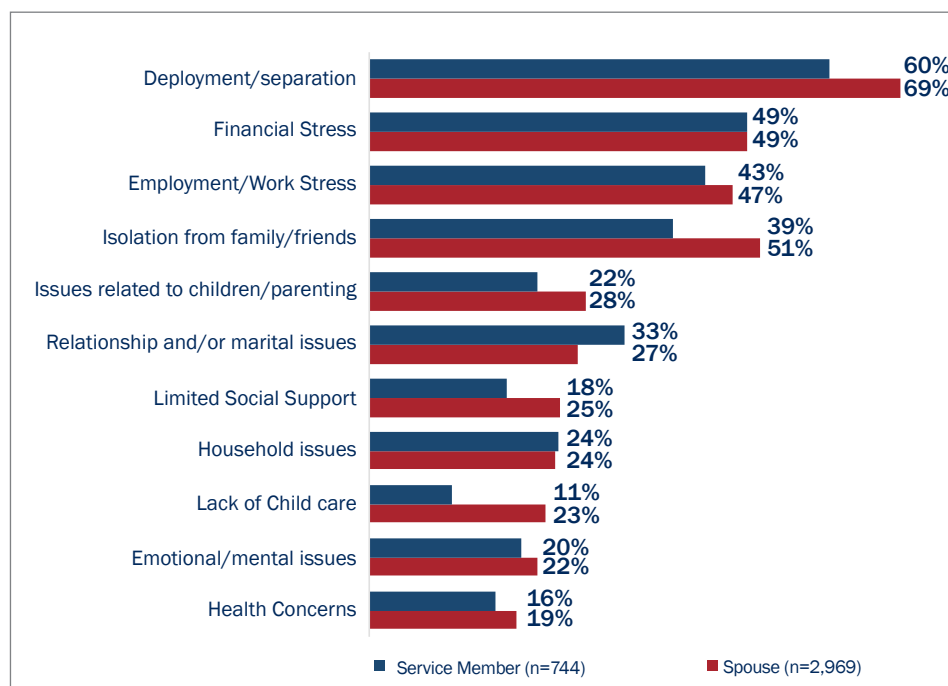
DEPLOYMENT

Stressors Specific to Deployment

Respondents were asked about their primary stressors during deployment as well as a follow up question identifying additional stressors. The answers from both questions were combined and duplicate answers were removed from the analysis. For spouses, top stressors included:

- (1) household responsibilities (42%)

Figure 41: Stressors Related to Time in Military



- (2) isolation and lack of social support (38%), and
- (3) child related issues (35%).

Service members also reported deployment related stressors including: isolation or lack of social support (38%), household responsibilities (34%), and personal emotional or mental health issues (28%).

The issues identified as stressors were in some cases different for service members and for spouses. For example, a higher percentage of service members (27%) reported financial issues as a stressor while only 17% of spouses noted this as a stressor. Likewise for marital and relationship issues the percentages were 28% for service members and 15% for spouses. However, a high percentage (38%) of both spouses and service members endorsed lack of social support as a stressor. This is notable as lack of social support is a risk factor for a number of mental health issues including depression, suicide, and substance abuse.²⁴⁹

Helping service members and their families cope and prepare for these multiple stressors has been the focus of a number of evidence-based programs and services. For example, the Home Base program is a partnership between the Red Sox Foundation and Massachusetts General Hospital. The program works to heal the invisible wounds of war, posttraumatic stress and traumatic brain injury, for post-9/11 veterans and military families. The program is engaged in clinical care, clinician and community education and research. Home Base is one of the only private sector clinics in the country completely dedicated to helping Post -9/11 vets and their families including those with less than honorable discharge status. Clinical care is provided without regard to insurance or ability to pay and family members can receive care prior to a veteran seeking care. This private public partnership between an academic medical center and major league baseball is supported by individual philanthropy and major foundations.²⁵⁰

Help Seeking and Use of Support Services during Deployment

Service member and active duty military spouse respondents were asked about their use of various support services during the most recent deployment and could select all the answers that applied to them (thus percentages will add up to more than 100). The majority of respondents reported using either (1) using informal support networks (40% of spouses and 19% of Service members) or (2) not seeking support during their most recent deployment (33% of spouses and 40% of service members). More respondents in this study chose informal support services such as family and friends (over official or formal support systems such as installation support groups (10% of spouses, 4% of service members). Online support forums were used by 13% of spouses and 3% of service members, whereas Military OneSource was used by 15% of spouses and 8% of service members. Twenty-one percent of spouses and 12% of service members reported accessing information on dealing with deployment. Consistent with previous survey findings, very few respondents (11% of spouses and 7% of service members) reported seeking counseling for support during deployment, and the highest percentages did not seek support at all. With regard to resources one spouse described one issue regarding accessing resources in her own words:

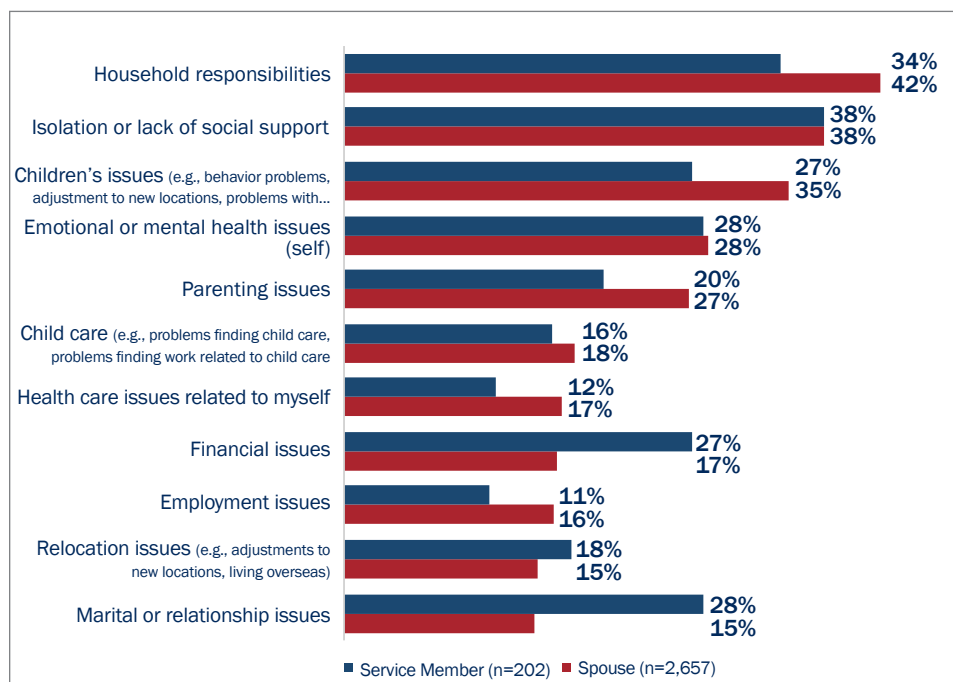
“...that we expect an irrational, distressed person to look up these resources... maybe we need to better educate family, community, and community concerning how to access the prevention resources on behalf of those in distress.”

—Army Spouse

Communication during Deployment

Frequency and quality of communication during deployment has been associated with improved family functioning.^{251 252} Researchers theorize that the frequency of communication may help improve the

Figure 42: Stressors Specific to Deployment



at-home spouse's general well-being²⁵³ by reducing family member feelings of uncertainty and their sense of loss.²⁵⁴ When this year's survey respondents were asked about frequency of communication during service member's last deployment, 92% of active duty spouses reported communicating with their deployed service member at least once per week, and 94% of deployed active duty service members reported communicating with their spouses at least once per week. The majority of active duty spouses in this survey reported being able to communicate frequently with their spouses during deployments, with 26% reporting that they communicated with their service members daily. Forty-seven percent were in touch with their service members a couple of times a week, and 12% reported communication once a week. Two-percent reported communicating less than once per month.

Infrequent communication during deployment can have a negative impact on not only spouse but also on adolescent well-being (e.g., increased anxiety due to worrying about what the deployed parent is doing or concerns over their safety).²⁵⁵ Little is known about how communication impacts younger children, and it is not clear how communication impacts the deployed service member. For example, it isn't clear how communication with family at home might impact the service members' ability to focus on mission critical tasks or if hearing about life at home is beneficial or distracting to the deployed service member. More research is needed to determine the differential impacts of communication on at home family members and those who are deployed. Evidence-based preventative outreach programs such as FOCUS emphasize the importance of well-planned, quality communications (e.g., pre-recorded DVDs of the deployed parent reading bedtime stories to children, professional facilitation and integration of family member constructed, "narratives" or stories of each member's deployment experience) as coping

tools that can improve family cohesiveness and mutual support.²⁵⁶

REPORTED SERVICE BRANCH SUPPORT FOR MILITARY LIFESTYLE ISSUES

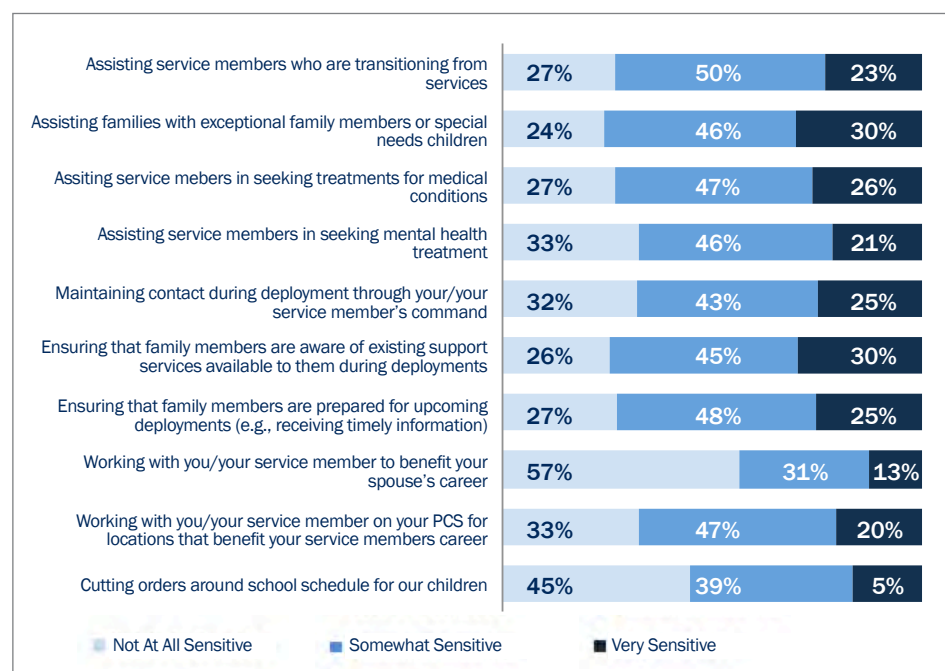
Active duty, spouse, and service member respondents were asked to rate their service branch's sensitivity on a scale ranging from "not at all sensitive" to "very sensitive" on a number of family-related issues including:

- (1) maintaining contact during deployment
- (2) transition
- (3) preparing families for deployment
- (4) spouse career
- (5) support for families with EFM or special needs children and
- (6) cutting orders around school schedules.

Responses from spouses and active duty service members were examined together and separately. When examining the combined

responses of active duty service members and spouses, service branch was "very sensitive" to the following issues: ensuring family awareness of supports available during deployments (30%), assisting families with exceptional family members or special needs children (30%). The percentages of active duty service members and their spouses who perceived their service branch as "not at all sensitive" to these issues were as follows: working with the family on PCS locations (33%), maintaining contact during deployment (32%), cutting orders around children's school schedules (45%), and assisting service members in seeking mental health treatment (33%). For both spouses and service members, these trends ("very sensitive" and "not at all sensitive" ratings) were consistent when respondents were broken down and compared across service branches (Army, Navy, Air Force, Marine Corp, and Coast Guard). When service members (active and veteran) were examined separately 72% reported their service branch was "not at all sensitive" to their spouses career.

Figure 43: Service Branch Sensitivity to Family Needs



RELATIONSHIP QUALITY AND WELLBEING

This year, of the respondents who reported having sought mental health counseling in the past year, 20% (n=247) reported they had received marital/couples counseling specifically, and of those who utilized this service, 69% perceived the counseling as either “helpful” or “very helpful.” Previous research on marital satisfaction within military couples has drawn inconsistent results. Some researchers have found that service members who were deployed had a lower risk of ending their marriages as compared to service members who did not deploy or deployed fewer days.²⁵⁷ At the same time, according to the DoD’s 2012 Demographic report “across all service branches, the estimated percentage of divorces in 2012 is higher compared to 2000 for both officers and enlisted members across all service branches, but the 2012 percentages are lower than the 2011 percentages.”²⁵⁸ Similar to the 2011 statistics, the enlisted Army service members had the greatest increase in percentage of divorces (+1.5%), followed by the Navy (1.3%). From 2011 to 2012, Air Force officers experienced the greatest decrease (-.3%) in divorces, although overall the DoD across service branches saw a -2% decrease in divorce rates. According to the 2013 M-HAT-9 report (mental health advisory team), among a sample of junior enlisted soldiers, relationship problems with spouses were one of several major risk factor for a variety of behavioral health issues with the indicators being most closely related to those considering a divorce or separation and those who endorse “yes” or “unsure” to the question of whether infidelity was a problem in their marriage.²⁵⁹

To assess relationship satisfaction, this year’s survey included items from the Couples Satisfaction Index (CSI),²⁶⁰ a 4- item measurement that employs a five-point scale to reflect relationship satisfaction. Choices on the scale ranged from “Extremely Unhappy” to “Perfect.” This scale is comprised of four

items that examine the degree of happiness, whether the relationship is “warm and comfortable,” “rewarding,” or “satisfying.” For these items the scale ranged from “not at all” to “completely true.” The majority of spouses (80%) and service members (76%) in this year’s survey reported being “extremely happy,” “very happy,” or “happy” with their relationship. The majority (96-98%) of both groups (which included those who answered “a little true” agreed that their intimate partner relationship was warm and comfortable, rewarding, and satisfying. The remaining 20% of spouses and 23% of service members reported being either “a little,” “fairly,” or “extremely unhappy” in their relationship. For this subset of couples, there are several options provided by the

DoD that focus on relationships. Currently, marriage retreats, classes, and services are primarily provided by the Chaplain Corps (e.g., Strong Bonds), but there are additional family-focused and evidence-based programs have been initiated in recent years to help promote more general resilience among families. For example, Families Overcoming Stress (FOCUS) is an evidence-based program, administered and developed through University of California, Los Angeles (UCLA) and offered at multiple military installations for both Marine and Navy families. The program is designed to support and increase resilience and communication within military families.²⁶¹



RECOMMENDATIONS FOR MENTAL HEALTH AND WELLNESS

- Federal entities such as the DoD and VA can utilize and collaborate with informal support networks (e.g., military commands, installation specific resources, and nonprofits) to support formal networks and existing services (e.g., MTF, Military OneSource, MFLC).
- The DoD and VA can support evidence-based programs that focus on building resilience
- Engage the civilian community in providing social networks for military families across schools, churches, and other community-based organizations.
- Increase community capacity and military cultural competence initiatives (e.g., utilize military spouse mental health professionals, add military components to university curricula, and provide incentives to professionals who complete evidence-based training on working with service members, veterans, and military families).
- Incentivize training in military cultural competence for community based mental health professionals by providing free or low cost continuing education for mental health professions.
- State governments can develop policy that encourages university based mental health and medical training programs to include military oriented components in their curriculum.

MILITARY FAMILY DOMESTIC VIOLENCE

Currently, the DoD counts each incident of domestic violence that is reported to the Family Advocacy Program (FAP) at each installation. Cases that are initially reported through the civilian justice system are not necessarily included in these statistics if FAP is not involved, so the numbers likely under-represent the total number of domestic violence cases involving military personnel and family members.²⁶² In 2012, for example, there were 19,277 reported incidents of domestic violence (among married couples) of which 8,386 (45%) met criteria to be entered into the service central registries.ⁱ

While the DoD collects some relevant data on gender, rank, age and substance use, without information on other potential military oriented risk factors such as length and number of deployments, mental health history, or other relevant factors (e.g., history of violent or aggressive behavior, exposure to violence, prior history of substance abuse, problems with managing anger or controlling behavior) it is hard to determine whether there are unique risk factors that are

specific to this population.²⁶³ Risk factors for domestic violence in general include substance abuse, self-medicating, access to weapons, and availability of personal firearms.²⁶⁴ Demographic differences in the data collected by military and civilian reporting systems limit the ability to compare those statistics across military and civilian systems. However, a study conducted by the CDC in 2013 compared military and civilian interpersonal violence rates and found there that there were no significant differences in the lifetime prevalence of physical violence among wives of active duty men who had been deployed during the three years prior to the survey compared to wives whose spouses had not been deployed.²⁶⁵

In this year's survey, respondents were asked three questions from a standardized screening instrument used in primary care settings to identify incidents of domestic violence.²⁶⁶ Among this year's survey respondents (n=3839), a majority of spouses (91%) and service members (86%) reported feeling safe in their current relationship (specifically, domestic violence

in a marital relationship). However, 8% or 244 spouses and 12% or 83 service members reported feeling threatened in their current relationship. One percent of service members and spouses reported they had experienced physical violence (defined as, "being hit, kicked, punched or otherwise hurt by a significant other in the past year"). However, when asked about harassing or verbal abuse (defined as "being called demeaning names, being threatened, or being humiliated"), out of 3836 responses, 13% of spouses and 19% of service members reported they had experienced their spouse harassing them verbally either "seldom" "sometimes." or "often" Conversely, 85% of spouses and 78% of service members reported "never" experiencing this treatment by their spouse.

Respondents on this year's survey who endorsed having experienced incidents of domestic violence were also asked if they had reported the incident and those who did not report the incident(s) were asked why. Interpretation of domestic and interpersonal violence numbers is complicated for both military and civilian communities. The number of respondents on this question was 41, notably lower than the responses on most questions across the survey. The low number of respondents on this question likely reflects one (or a combination) of several things:

- (1) a relatively low number of domestic violence cases are occurring, accurately reflected
- (2) the low numbers reflect a reluctance to report domestic violence and the low numbers underrepresent the true percentage of domestic violence cases that are occurring, or
- (3) the sample does not accurately reflect the overall population so the number/percentage of cases is either an under- or over-representation of the population.

That said, domestic violence is typically underreported both within civilian and military populations and determining the



ⁱ Cases that were considered "substantiated" were determined by a board to have likely occurred and to have likely involved domestic abuse; the term was not intended as a legal term, and effective August 21, 2007 is no longer used by the DoD as per DoD instruction 6400.01.

accuracy of these number is particularly complicated.

The gender distribution of this group of respondents included 78% females and 22% males, and a combined 85% indicate they did not report the most recent incident of domestic violence. Concerns about their spouses career and losing financial support or benefits were the top reasons cited for not reporting, indicated by 36% of spouses and 33% of service members, respectively. Additionally, 50% of service members and 32% of spouses endorsed “other” reasons for not reporting. Some responded that they did not report because they “did not feel it was necessary” or attributed the incident to “PTSD” or “baby blues.”

In general, fear, concerns about safety, and economic issues are among the many issues that frequently influence a victim’s decision to report domestic violence. Within the military community where the rate of spouse unemployment (affecting economic independence for family members) exceeds the average civilian rate (using data from 2012, active military spouses unemployment rate was three times higher than their civilian counterpart and made 38% less).²⁶⁷ Accordingly, this may be one significant factor within this population, and the economics may influence a victim’s decision whether or not to report. In addition to fearing violence, the military family member also may fear that reporting and enacting administrative and/or judicial procedures that may result in the military member losing a percentage of his pay either through a reduction in rank or in some cases loss of career altogether. Finally, there also may be long or a short-term punishments that may or may not be received positively by the victim.²⁶⁸ While there are specific benefits that ameliorate the impact of such pay losses, victims may or may not be aware of those benefits (e.g., transitional compensation available to spouses and children of service members who have been separated or sentenced to a forfeiture



of all pay and allowances due to domestic abuse. To be eligible, the victim must have been living in the home of and married to the service member) and the various administrative, disciplinary, or judicial measures can inadvertently serve as a deterrent to victims’ reporting. Additionally, command involvement, if perceived by the victim to be biased because of the dual roles a commander might play (e.g., as both work supervisor and arbiter of punishment) may send the message to victims that the service members’ voice will be heard above their own or they may fear that the command may collude with the abuser.

While examining the relationship between PTSD and domestic violence was beyond the scope of this report it is important to note that while most persons diagnosed with PTSD are not violent, researchers have found a relationship between PTSD and/or TBI diagnoses, violent behavior, and interpersonal violence. The presence of PTSD or TBI increases the risk and danger of interpersonal violence. For example, Monson and her colleagues (2009) reported that “male veterans diagnosed with PTSD are more likely” to be physically aggressive with their families than veterans

without such a diagnosis.²⁶⁹ Given this relationship and the relatively high number of service members and veterans with PTSD, “gatekeepers” (e.g., primary care doctors, front line leaders, chaplains, counselors, family advocates) who have face-to-face contact with couples and or victims within the military setting should be trained on domestic violence, risk factors in general, and recognize PTSD is one of many risk factors for committing interpersonal or domestic violence; This precise training in fact was required through a DoD instruction in 2007.²⁷⁰ In addition, collecting information on deployment history, mental health, and history of violence to name a few, also would help the DoD identify the specific and unique risk factors relevant to domestic violence as they relate to the military population.²⁷¹

“Better access to local mental health professionals (i.e. counselors –LPC, LMHC, LCPC, LCMHC) who had specific prevention in trauma/crisis intervention for military service members and their families [is needed], as well as better sexual assault survivor services for those who want to make an outcry without the risk of retaliation.”

—Marine Spouse

MILITARY SEXUAL TRAUMA

To assess the potential impact of one aspect of such training, this year's active duty service member respondents were asked about receiving training related to "Military Sexual Trauma" (MST, "the term used by the VA to refer to experiences of sexual assault or repeated, threatening acts of sexual harassment."²⁷² It should be noted that the DoD does not use this terminology (military sexual trauma) and instead uses the terms sexual assault or sexual harassment and reports each type of incident separately. For the purposes of this survey however, the term MST was

used (and a definition was provided), and out of 185 service members, a majority (64%) reported receiving MST training directly through their command, and 76% rated this training as "good" or "average." Out of 132 service members who received training, 71% reported they felt better prepared to prevent MST or assist a peer in coping with MST as a result of the training. Such results would seem to support continued educational outreach efforts in this subject area. Program evaluation that assesses whether such training is having the intended impact could help determine whether such efforts are successful.



DOMESTIC VIOLENCE AND MILITARY SEXUAL TRAUMA (SEXUAL ASSAULT/HARASSMENT) RECOMMENDATIONS

- The DoD can ensure there is awareness, training, and implementation of DoD directives outlining installation policies and procedures on Domestic Violence (DoD Instruction Number 6400.06).
- Within the DoD, provide training on the differences between restricted and unrestricted reporting options as well as training on both military and civilian protective orders to ensure leadership awareness of options for victims regarding.
- The DoD can ensure training on MST, domestic violence, reporting requirements for relevant personnel (e.g., clergy, primary care physicians) to include stalking (not currently addressed in the DoD instruction).
- The DoD can work together with community-based organizations, prosecutors, and law enforcement on a local level to ensure Memoranda of Understanding (MOU) are consistently used across installations to encourage coordination of services, proceedings, and information sharing within DoD, and with community-based organizations off installations working with military victims of domestic violence and sexual trauma.
- The DoD, VA, nonprofits, primary care physicians, and all front-line providers can work to ensure family safety is prioritized at all levels of military leadership including the command and installation level when domestic violence is identified
- The VA can implement a standardized protocol for screening, assessing, and intervening on behalf of domestic violence victims and perpetrators within the VA system of care.

Behavioral Health

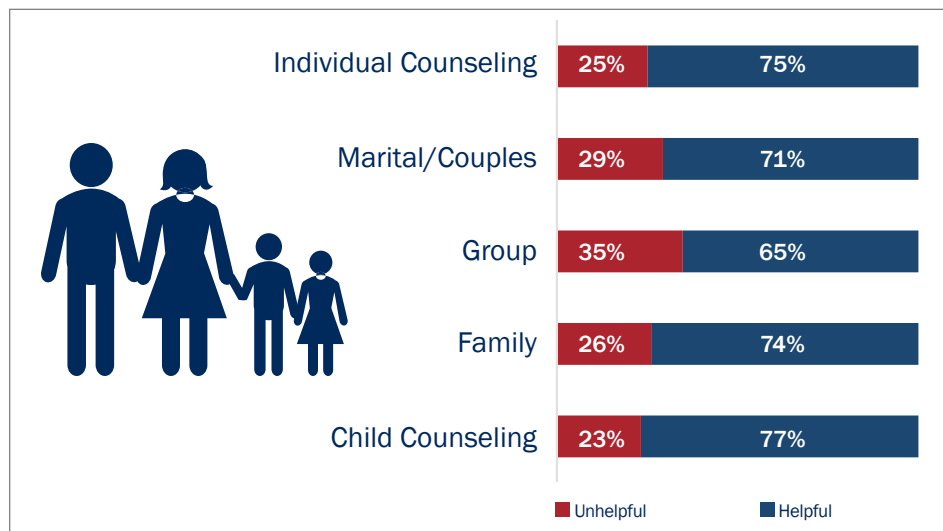
ACCESS TO AND UTILIZATION OF BEHAVIORAL HEALTH CARE

Although the capacity of the VA to provide mental health care has increased in recent years, there are still significant gaps in the VA's ability to provide quality and timely mental health care as recent events at the Phoenix VA have highlighted.²⁷³ Likewise, there also are gaps in community-based mental health care where there are not enough trained providers available to provide the necessary care. These gaps translate into a notable unmet need for mental health care for service members, veterans, and their families.²⁷⁴ Such gaps in services are both a public health issues as well as a national security issues, to the extent it impacts present or future readiness, retention, or recruitment. In addition, only a small minority of individuals who report having symptoms such as PTSD or major depression actually seek care from a provider for their symptoms. A recent report, for example found that only 53% percent of returning troops who met criteria for PTSD or major depression had sought help from a provider for these conditions in the past year.²⁷⁵

TYPE OF COUNSELING RECEIVED

Thirty percent of this year's survey respondents (all spouses and service members) reported they had received some type of mental health counseling for themselves or family including children in the past year. The most common type of therapy sought was individual therapy (79% of service members and 66% of spouses) followed by therapy sought for a child/children. For all types of counseling (individual, marital/couples, group, family, and child counseling), the majority of respondents reported they had sought help from a civilian versus military provider.

Figure 44: Helpfulness of Mental Health Services Received



more respondents endorsed a preference for seeing civilian as opposed to military mental health providers.

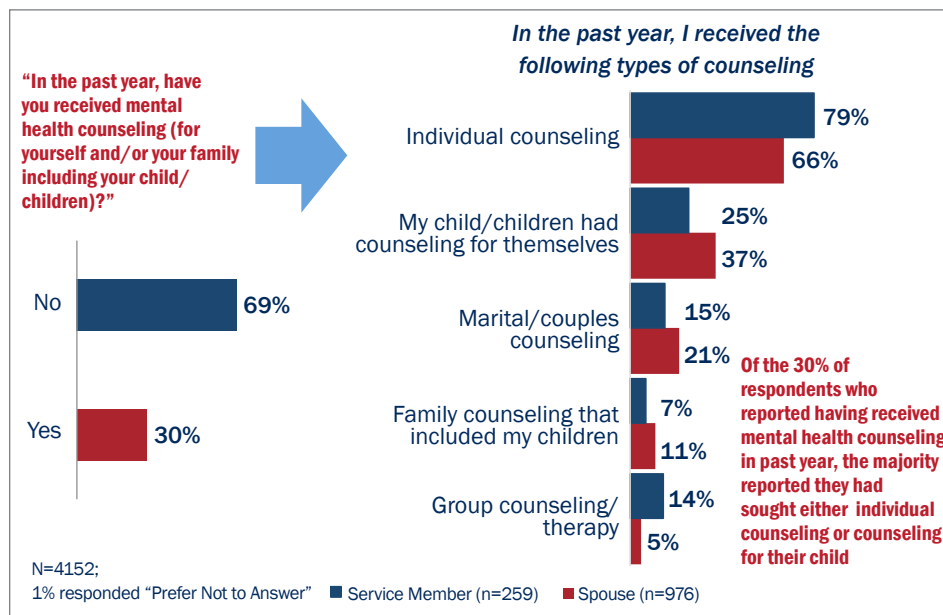
“The VA doesn’t have the manpower to deal with these veterans. My husband is lucky to see his therapist once a month, maybe twice. Others report the same. One visit a month is not going to help things get better, in fact I believe it is making it worse.”
—Navy Spouse

Fifty-one percent of spouses and 45% of service members reported they were either “not very comfortable” or “extremely uncomfortable with seeking help for emotional issues from a military provider. When seeking emotional support services from a military provider, the top preferences for service members included primary care doctors or MTF (24%), clergy/chaplains (18%), and the VA (20%). Military spouses also reported that they would seek support from their primary care doctors (26%), Military OneSource (16%), and chaplain/clergy (14%). The Department of Veterans Affairs (VA) was much more likely to be utilized by service members (veteran and active duty) than spouses where only 1% reported they would use the VA.

In many locations, it is very difficult to access counseling services for family members. There is often a wait. Civilian counselors often do not understand the needs of military families, and they often don’t understand the military culture.
—Army Spouse

Across all types of therapy, respondents reported a preference for civilian providers. Yet few providers have specialized knowledge of the military culture. A number of efforts directed towards increasing community capacity have developed over recent years to address this knowledge gap. For example, Star Behavioral Health Providers (SBHP) has created a registry of licensed mental health professionals who have completed

Figure 45: Types of Counseling



MILITARY VS. CIVILIAN PROVIDERS AND PERCEIVED HELPFULNESS

Respondents who reported they had received mental health counseling were asked to indicate whether the service/s they had received were helpful. Regardless of the

type of therapy (individual, group, couples, family, and child) or whether respondents reported having seen a military or civilian provider, the majority of respondents indicated the services they had received were “helpful.” For each type of therapy,

a series of trainings designed to help them understand, assess, and counsel members of the military. One focus of those training is the provision of evidence based treatments. SBHP began in Indiana as a partnership of the National Guard, the Department of Mental Health, the Military Family Research Institute, and the Center for Deployment Psychology, and is now offered in multiple states. SBHP training is open to providers in any network, and the first two levels of training are open to all interested community members. Partner organizations include Give an Hour (GAH), which provides opportunities for mental health professionals to donate time to providing therapy to members of the military community.²⁷⁶ Star Behavioral Health is an excellent example of partnership between the state and federal government, the university community, nonprofits, and the military and is a concrete example of how to make military related mental health care more accessible at the local level.

HELP-SEEKING BEHAVIOR

There are a variety of resources available to service members and families including community based resources, online support groups and forums, specially training mental health providers, and official DoD websites. The multitude of resources available can be overwhelming particularly when families are changing locations, trying to determine if they prefer military or civilian providers, and determining if specific branch related services are warranted.²⁷⁷ Resource and provider preferences appear to be related to the type of support sought (general military information versus more generalized help or support for emotional issues). Respondents were asked about help seeking around

- (1) information pertaining to the military and
- (2) help for emotional issues.

When seeking information pertaining to the military, respondents indicated they were most likely to seek out information from official DoD sources or from their military command. The majority of spouses (64%) and service members (59%) reported being most likely to seek information from official Department of Defense (DoD) sources or from their military command. Both spouses and service members also reported seeking information informally from friends and family.

“SO many spouses afraid to go get help for their own mental health problems or their marriage problems because they are so afraid it will hurt their service members’ career.”
—Air Force Spouse

Respondents were asked where they would seek emotional support or assistance if they needed help separate from a spouse or child. The majority of spouses (86%) and service members (71%) reported they would seek support informally from friends and family networks. Service members were more likely than spouses to seek emotional support from their doctor. When willing to seek help from a therapist or counselor,

the majority of spouses (68%), active duty service members (50%), and veterans (58%) expressed a preference for a civilian provider over a military provider. Active duty service members (n=195) were compared to their veteran counterparts (n=558) in terms of where they would be mostly likely to seek services for an emotional issues. Twenty-six percent of veterans indicated they would prefer the VA and (25%) reported they would prefer their primary care doctor or a MTF, while 16% preferred clergy or chaplain. More service members reported they would seek help from a chaplain (24%) followed by 21% who reported they would seek help from their primary care doctor or MTF. Fourteen-percent reported they would use Military OneSource or an MFLC (11%).

Military spouses (n=2575) and veteran spouses (n=419) were compared in terms of their preferences for seeking help for emotional issues. The highest percentages of both groups indicated they would seek help from their primary care doctor or a MTF. Nearly identical percentages reported they would seek help from Military OneSource (which is technically only available to veterans and

Figure 46: Help for Emotional Issues, Service Member and Veteran Comparison

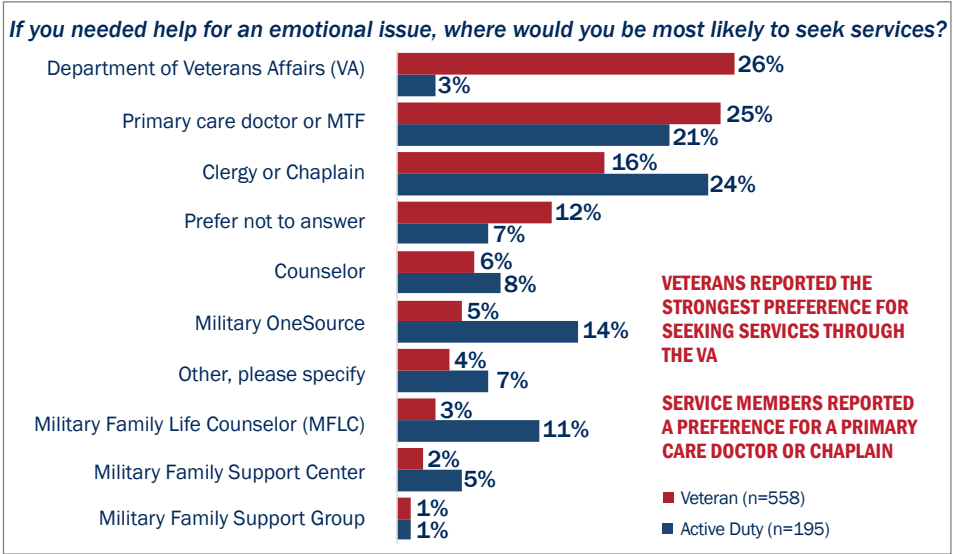


Figure 47: Active Duty and Veteran Spouse Help Seeking for Emotional Issues

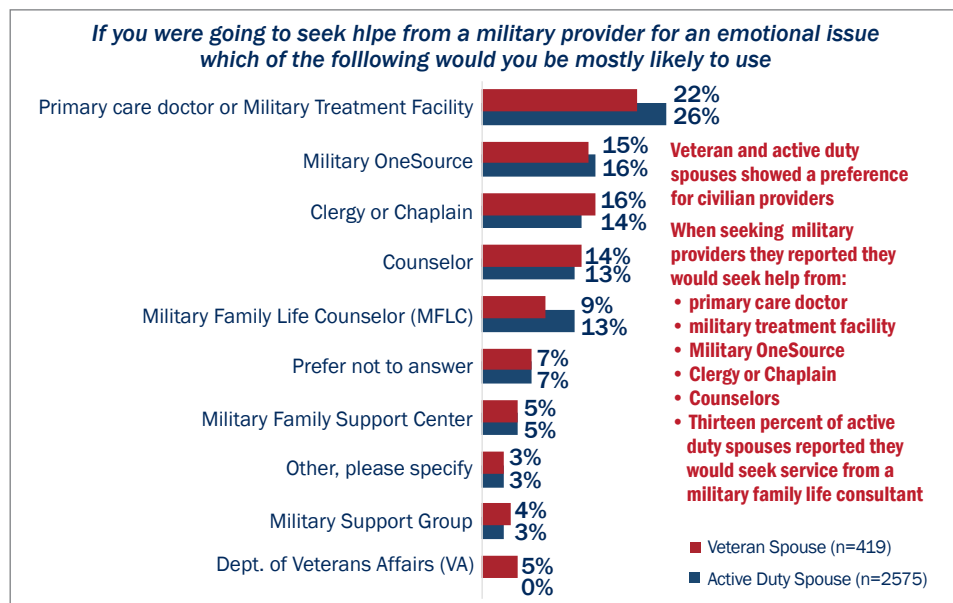
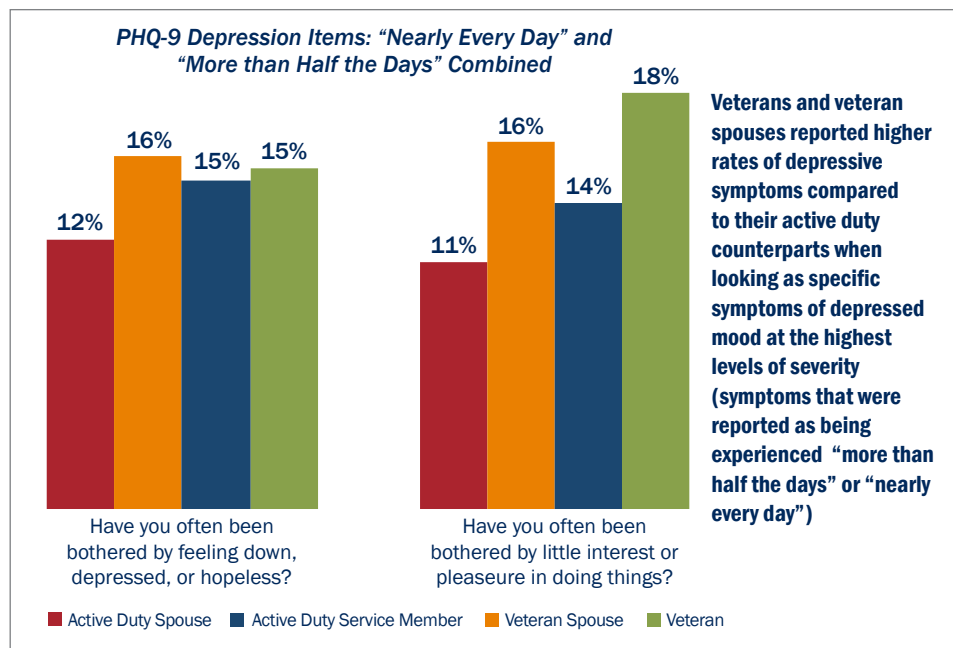


Figure 48: Depression Symptoms Comparison



their families 180 days after and honorable military discharge),²⁷⁸ clergy or chaplains, and counselors. Finally, 13% of active duty spouses as compared to 9% of veteran spouses reported they would seek help from a MFLC.

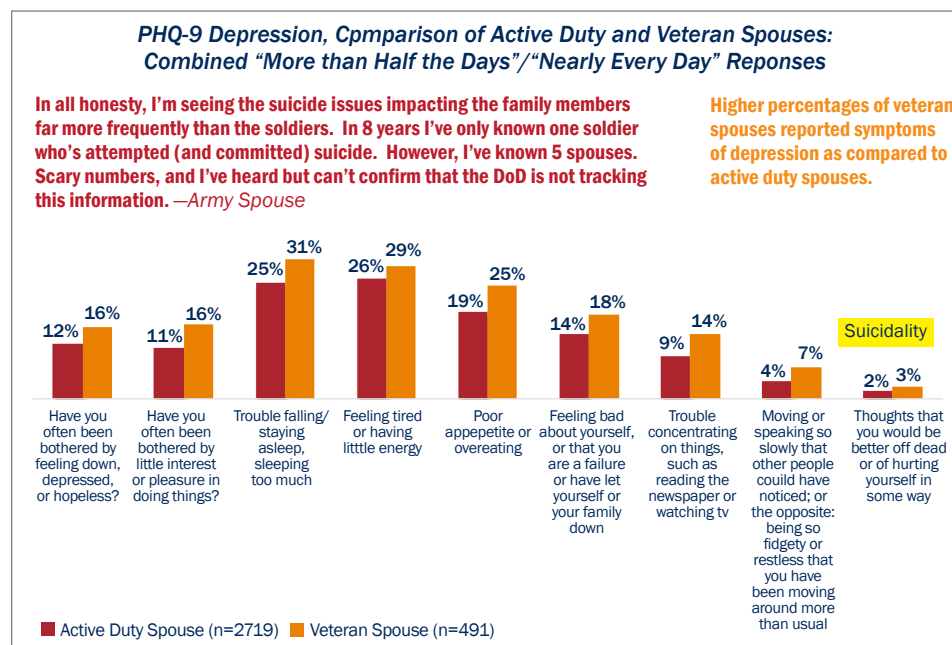
DEPRESSION

In 2012, an estimated 16 million adults aged 18 or older in the U.S. had at least one major depressive episode in the past year. This represented 6.9 percent of all U.S. adults.²⁷⁹ Depression is nearly twice

as likely in women, and for both genders, 1 in 5 experience depression at least once in their lifetime. Within the general population some of the subgroups most at risk for depression include: persons 45-64 years of age, women, blacks, Hispanics, non-Hispanic persons of other races or multiple races, persons with less than a high school education, those previously married, individuals unable to work or unemployed, and persons without health insurance coverage.²⁸⁰ Within the military population specifically, service members, veterans, and their families experience unique emotional challenges as well as more significant stressors such as exposure to trauma, severe injuries, or even lengthy separations, which could potentially contribute to depression. Depression can lead to sadness, or withdrawal from friends, families, and colleagues as well as other more severe symptoms of depression such a hopelessness, lack of interest in daily activities, or thoughts about killing or harming oneself.²⁸¹ Previous research on military spouses during deployments has shown that depression tends to increase with the frequency and length of deployments.²⁸² There also is evidence that depression is associated with other conditions such as substance abuse, PTSD and mild TBI (mTBI).²⁸³

The Patient Health Questionnaire-9 (PHQ-9) is a standardized nine-question measure used to screen for depression.²⁸⁴ Questions from the PHQ-9 were used to compare individual depression symptoms across the various subgroups (active duty, veterans, active duty spouses, and veteran spouses) including suicidal ideation. For each item on the measure, respondents could choose one of the following responses “not at all,” “several days,” “more than half the days,” and “nearly every day.” They also could choose not to answer. The PHQ-9 is normally used to evaluate depression symptoms experienced in the previous two weeks, but for purposes of this survey,

Figure 49: Depression, Active Duty Spouse and Veteran Spouse Comparison



respondents were asked about symptoms experienced during the past 12 months.

Active duty and veteran responses were compared on the PHQ-9 as were active duty spouse and veteran spouse responses. Across most symptoms examined, with the exception of suicidal ideation (veteran percentage was slightly higher, this is discussed below), veteran and active duty respondents were nearly identical for most depressive symptoms. However, across every symptom, higher percentage of veteran spouses reported depressive symptoms as compared to active duty spouses. Two specific symptoms of depression, sometimes used as a screen for clinical depression, were examined separately.²⁸⁵ For those two items (see figure 48) percentages ranged from 12% to 18%, depending on the subgroup (active duty spouse, veteran spouse, and active duty service member, veteran). Mental health providers who are attuned to not only service member and veteran mental health but also spouses' mental health will be better equipped to help these families

manage their emotions and help them develop coping skills. Given the slightly higher percentages seen for veteran spouses, it also may be helpful to better understand factors that impact their coping and mental health during the transition from military service where the limited research that has been conducted primarily focuses on the transitioning service member.

ACTIVE DUTY, VETERAN, AND MILITARY FAMILY SUICIDE

Several factors consistently appear to relate to suicide in both military and civilian populations. For example, two-thirds of people who have made suicide attempts have a history of depression, one-third have visited a primary care doctor in the ninety days prior to making a suicide attempt, and a large proportion report having had some difficulties with a relationship in the month prior. Access to firearms or other lethal means also appears to be a contributing factor.²⁸⁶ Within the military population,

veterans appear to be at higher risk for attempting and completing suicides as compared to their active duty counterparts. Recent research conducted through the Army STARRS project reported that 13.9% of non-deployed soldiers from a large random sample had considered suicide in their lifetimes. In the same study, among soldiers who had attempted suicide nearly 60% were associated with pre-enlistment disorders such as substance abuse, anxiety disorders, disruptive behavior disorder, or mood disorders.²⁸⁷ Little is known about the suicide rates for military spouses or other military family members because this information has never been systematically tracked or reported.²⁸⁸

In all honesty, I'm seeing the suicide issues impacting the family members far more frequently than the soldiers. In 8 years I've only known one soldier who's attempted (and committed) suicide. However, I've known 5 spouses. Scary numbers, and I've heard but can't confirm that the DoD is not tracking this information.

—Army Spouse

In recent years, much has been written about the rate of service member and veteran suicide. A RAND study focused on military suicide found that "in 2008, close to 12% of active-duty military personnel reported having seriously considered suicide in the past."²⁸⁹ Statistics suggest that the rate of suicide within the military has increased steadily since 2008.²⁹⁰ According to the 2012 DoDser, covering January-December, 2012, there were 319 suicides among Active component Service members and 203 among Reserve component Services members (Reserve (n = 73); National Guard (n = 130) in 2012.²⁹¹

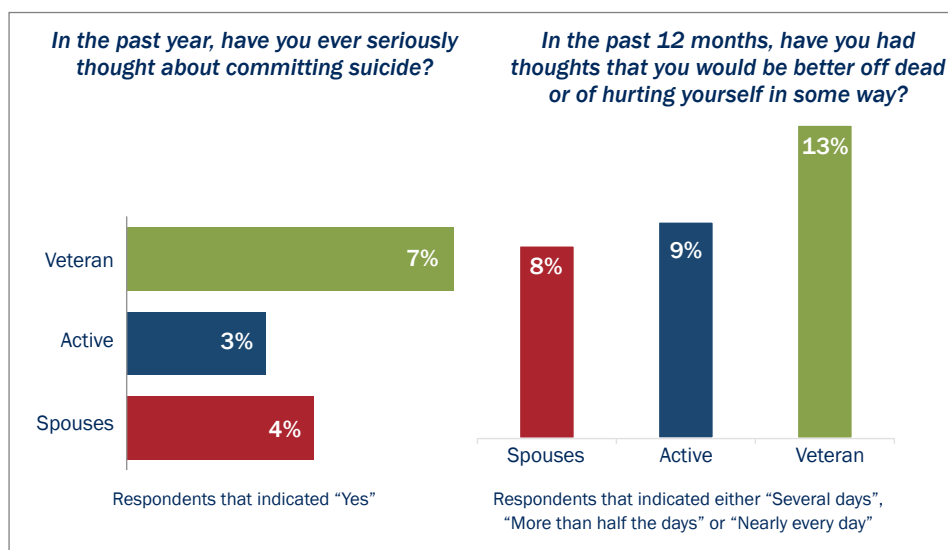
According to the 2012 DoDser, out of the completed active duty suicides in 2012, the most common psychosocial stressors associated with these suicides include family/relationship issues (40.6%), administrative/legal issues (32.5%), workplace/financial issues (32.1%).

Twenty three percent reported a history of substance abuse and 13.55 indicated a history of prior self-injury. Sixty-one percent had accessed physical, mental, or other support services in the 90 days prior to the suicide event. Thirty-three decedents (10.4%) had histories of abuse victimization and 42 (13.2%) has histories of abuse perpetration. There also was an inverse relationship between suicide and level of education with the highest rate observed for service members with an alternative high school certification (e.g., GED).²⁹²

When the VA examined suicide data from 21 states, they calculated that an estimated 22 veterans per day had died from suicide in the calendar year 2010.²⁹³ Among veterans, mental health difficulties have been associated with financial difficulties such as not having enough money to cover basic needs. Those with post-deployment adjustment problems were also more likely to experience substance abuse, suicidal behavior, and aggression as well as criminal arrest and homelessness.²⁹⁴ Like their civilian counterparts veterans previously diagnosed with mental health conditions are at higher risk for suicide. However, previously established risk factors for suicide may be particularly salient for OEF/OIF veterans. While psychiatric conditions are generally associated with increased risk for suicide, and this association is almost twice as strong for OEF/OIF veterans (especially those with Substance Use Disorders, Depression and Schizophrenia).²⁹⁵

For this survey, active duty, veteran, and military spouse respondents were asked two questions specific to suicidal ideation and suicidal thoughts in the past year. The first question regarding suicide was from the National Comorbidity Study related to suicidality in the past 12 months, and were asked “Have you ever seriously thought about committing suicide?”²⁹⁶ Second, respondents were also asked a question from the PHQ-9, and standardized

Figure 50: Suicidal Ideation Comparison



measure of depression which asked “In the past year have you had thoughts that you would be better off dead or hurting yourself in some way?” Respondents were then asked to select from the following choices: “not at all,” “several days,” “more than half the days,” “every day,” or “prefer not to answer.”²⁹⁷ Those respondents who reported having some suicidal thoughts in the past year, were asked about the services sought and how helpful those services were. Finally, all respondents were asked to provide a rating of the DoD’s handling of the issue of service member suicide. The findings from these questions are discussed below.

“I have personally experienced when a service member verbalized to me (as a health care provider) that they felt depressed or felt very concerned about their personal safety. As I was instructed, these patients are then referred on to behavioral health. I have seen instances where these service members had to wait up to 1 month (approximately 30 days) before they could be seen by behavioral health.”

—Army Spouse

First, when asked about serious thought about suicide in the past year the percentages were as follows: for veterans (7%), active duty service members (3%) and spouses (4%). Second, 13% of veterans 9% of service members and 8% of spouses reported they had ‘thoughts that [they] would be better off dead or hurting [themselves] in some way [in the past year].’ These numbers reflect the combined percentages of respondents in each sub-category that reported suicidal ideation “several days,” “more than half the days,” or “nearly every day.” These differences in percentages across the two questions asked, suggest that the way these questions are asked matters. The percentages show that (1) a higher proportions of veterans reporting suicidal ideation as compared to their active duty counterparts, and (2) the specificity in how a question is asked (e.g., the time period covered, the duration of symptoms, the seriousness of symptoms) impacts the answer that is obtained. In a primary care setting, for example, understanding these nuances could be important in determining the need for further assessment or treatment.

SUICIDE SUPPORT SERVICES USED AND DOD RESPONSE

First, for those expressing suicidal ideation, respondents were asked about the services utilized. Second, all respondents (with the exception of “other” non-spouse family members) were asked about the DoD’s response to suicide and for their recommendations for improving suicide services within the DoD. All spouses, veteran, and active duty service members were asked to rate the DoD’s response to active duty suicides (n=3966). Three percent of service members and 2% of military spouses rated the DoD’s response as “excellent,” and 73% of service members and 68% of military spouses rated it as “poor” or “fair.” Respondents (n=50 service members; n=118 spouses) who reported suicidal ideation, in the past year, were asked about their use of suicide support services. The highest percentage of both spouses and services members either sought help from family or friends (28% of service members and 41% of spouses) or

they did not seek help at all (38% of service members and 34% of spouse). Determining why care was not sought would be helpful so that barriers to care can be minimized.

Thirty- eight percent of service members reported they had sought counseling and 29% of spouses reported the same. Likewise both service members and spouses reported seeking help from their primary care provider (20% and 24% respectively). Spouse respondents also reported using Military OneSource (11%) whereas only 2% of service member reported using this resource. Conversely, a higher percentage of service members reported they had used a Suicide Hotlines (2% of spouses and 16% of service members). Likewise, 6% of service members and 13% of military spouses used online resources. Other resources included as choices were non-profits and military family life consultants, both of which were used by 5% or less of respondents (both service members and spouses). It is worth noting that one of the well-known crisis lines, the Veterans Crisis

line, is available to military family members as well as active duty service members. Active duty service members as well as their families may not realize that this option is available when they are in crisis simply because the name implies that it is not. Some re-branding of this service that identifies it as accessible to all military family members and active duty service members might increase the utilization and ensure that the service is sought when it is needed most.

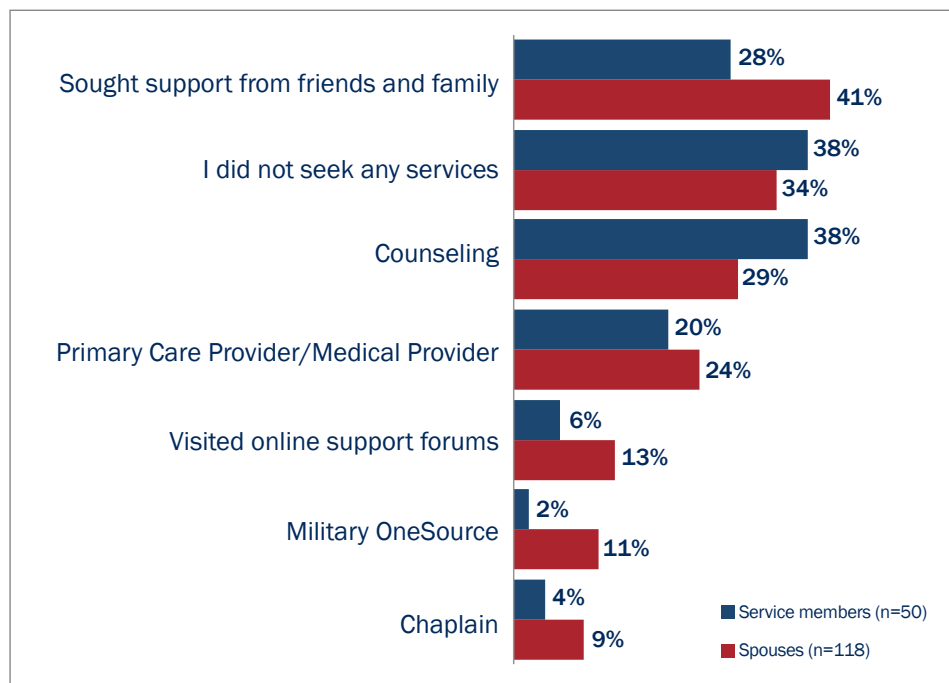
“I wish that there were more liaisons that people could talk to possibly face-to-face to discuss suicide so there is not such a taboo about it. We need the ability for service members to feel safe to report and not risk their command finding out. Everyone is so scared that they will kick you out of the military because of the slightest infraction that people don’t seek help.”

—Air Force Spouse

TRACKING MILITARY FAMILY SUICIDES

This recent report issued by the DoD proposed that military family suicides be tracked through the existing Dependent Enrollment Eligibility Reporting System (DEERS) system (database where military dependents are enrolled as eligible for Tricare). The specific recommendations from that report will be under review in the upcoming year. Currently there is no standardized mechanism that has been established within the DoD to track military family member suicide.²⁹⁸ The 2012 and 2013 Blue Star Family survey findings, show respondents reported suicidal ideation at 10% and 9% respectively.^{299 300} In previous years, suicide questions asked respondents about lifetime suicidal ideation whereas this year asked about suicidal ideation in the past year. Based on these numbers, military family suicide be monitored and tracked, thus enabling a more comprehensive examination of the problem, identification of primary prevention needs, and targeted resource allocation.³⁰¹

Figure 51: Suicide Support Services



“In all honesty, I’m seeing the suicide issues impacting the family members far more frequently than the soldiers. In 8 years I’ve only known one soldier who’s attempted (and committed) suicide. However, I’ve known 5 spouses. Scary numbers, and I’ve heard but can’t confirm that the DoD is not tracking this information.”

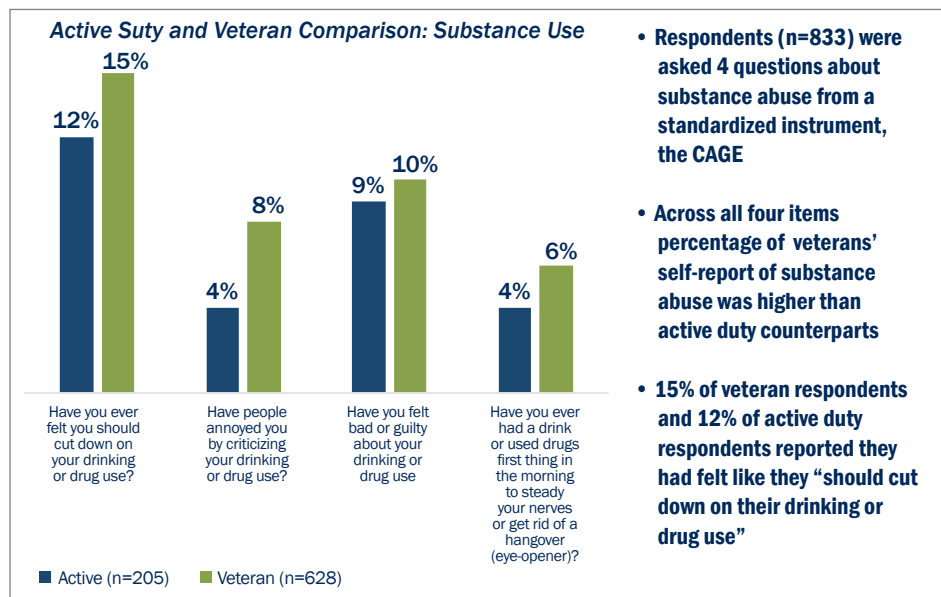
—Army Spouse

In 2014 the DoD issued a report to determine the feasibility of tracking and reporting military family suicides. While tracking military family suicides is recommended to determine the extent of the problem, it should be noted that suicide is considered preventable. Moreover, depression is considered a precursor to suicidal behavior. Thus, screening, assessment and treatment of depression, adjustment disorders, and other mental health conditions among military family members also is recommended at the primary care level so that those conditions can be treated and suicidal acts can be avoided. Finally, leadership and peer training, recognition, and understanding of depression among military family members seems warranted to encourage timely treatment and intervention among families.³⁰²

SUBSTANCE ABUSE

Substance abuse is associated with a number of other problematic behaviors including legal problems, relationship problems, as well as work and employment difficulties. Similar correlations are seen with relation to substance abuse and domestic, interpersonal, and other types of violence.³⁰³ According to DoD’s 2012 suicide report, among those who had attempted suicide in the past year, 28.5% were associated with substance use.³⁰⁴ Among veterans, the prevalence of substance abuse problems is higher than the general population,³⁰⁵ and there is a correlation between PTSD, TBI diagnosis,

Figure 52: Suicide Support Services



and substance abuse.³⁰⁶ Data from the 2011 National Survey on Drug Use and Health show that men aged 18 or older have almost twice the rate of substance dependence as adult women.³⁰⁷ In the present sample, 98% of spouses were female, and 62% of active duty/veterans were male, while 37% were female. Among veteran respondents, 77% were male and 22% were females.

Active duty and veteran respondents (n=833) were asked four questions about their drinking and drug use in past year, from a standardized assessment instrument, the CAGE (Cut-down, Annoyed, Guilty, Eye-opener).³⁰⁸ Across all four items, veterans’ self-report of substance use was higher than active duty counterparts. Fifteen percent of veterans and 12% of active duty service members felt they “should cut down on (their) drinking or drug use.” Eight percent of veterans and 4% of active duty service members reported people have annoyed them by criticizing their drinking or drug use. Ten percent of veterans and 9% of service members reported feeling bad or guilty about their drinking or drug use. Six percent of

veterans and 4% of service members had ever had a drink or used drugs first thing in the morning to steady their nerves or get rid of a hangover (“eye opener”).

TRAUMATIC BRAIN INJURY (TBI)

“Invisible wounds” such as mTBI and Posttraumatic stress disorder (PTSD) have become hallmarks of the Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) conflicts. They have been the focus of research, programs, and mental health policy for service members, veterans, and their families.³⁰⁹ Survey respondents were asked about TBI and PTSD symptoms as well as the services sought for each. Additionally, respondents were asked about PTS or posttraumatic stress (symptoms related to trauma exposure which while problematic, may not be diagnosable as PTSD such as having nightmares or flashbacks but not other PTSD symptoms).

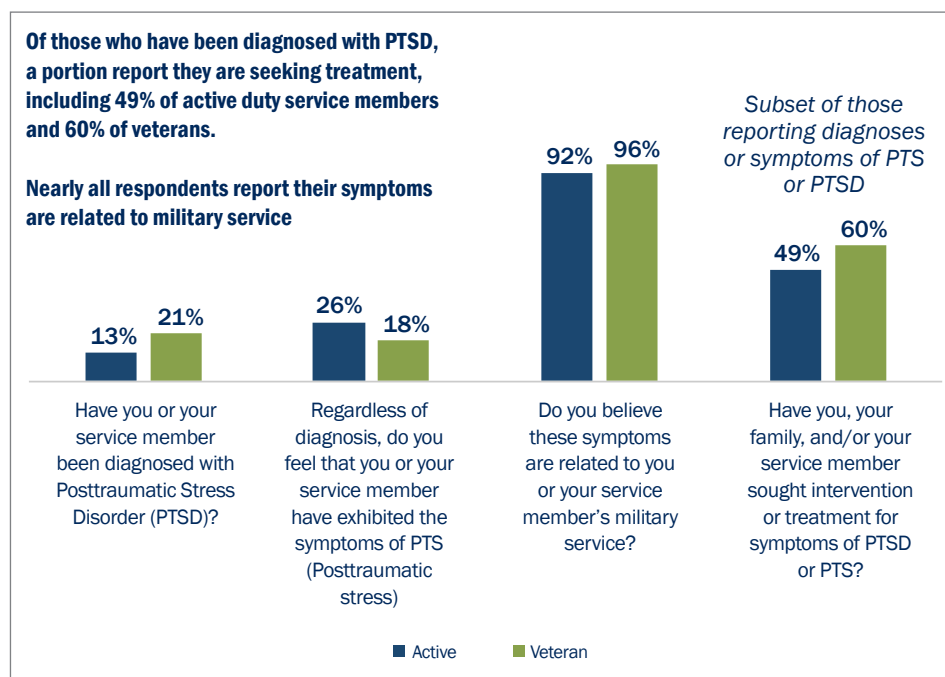
Mild TBIs (mTBI) are caused by a bump, blow, or jolt to the head or, in the case of a severe TBI, a penetrating head injury,

which disrupts the normal function of the brain. Exposure to improvised explosive device (IED) attacks is a common cause of mTBI among OEF and OIF veterans. As of February 2013, the Defense Medical Surveillance System (DMSS) and Theater Medical Data Store (TMDS) showed that there have been a total of 219,921 mTBIs within the DoD worldwide between 2000 and 2012, accounting for 82% of all traumatic brain injuries.³¹⁰ Five percent of active duty service member respondents reported having been diagnosed with a TBI. The sample was further broken down into not only active duty spouses (5% of whom reported TBI) but also veterans and veteran spouses, 6% and 13% of whom reported a TBI diagnosis for either themselves or their service member. Four percent of service member respondents reported that they had exhibited symptoms of a TBI, regardless of diagnosis, also consistent with last year's survey results. The largest percentage of respondents who reported actually receiving a TBI diagnosis for either themselves or their service member represented veteran spouses (13%). Veteran spouses (5%) were also most likely to report they or their service member had exhibited TBI symptoms regardless of diagnosis. Previous estimates show a 19% prevalence of mTBI among those deployed in OIF and OIF conflicts.³¹¹

POSTTRAUMATIC STRESS (PTS) AND POSTTRAUMATIC STRESS DISORDER (PTSD)

PTS, or symptoms of trauma, can occur after someone experiences a traumatic event such as combat, assault, or disaster, but PTS does not constitute an official psychiatric diagnosis. While such symptoms may not rise to the level of a diagnosis they can still cause distress for those experiencing them. PTSD on the other hand, is a psychiatric diagnosis and constitutes a specific combination of

Figure 53: PTSD, Service Member and Veteran Comparison



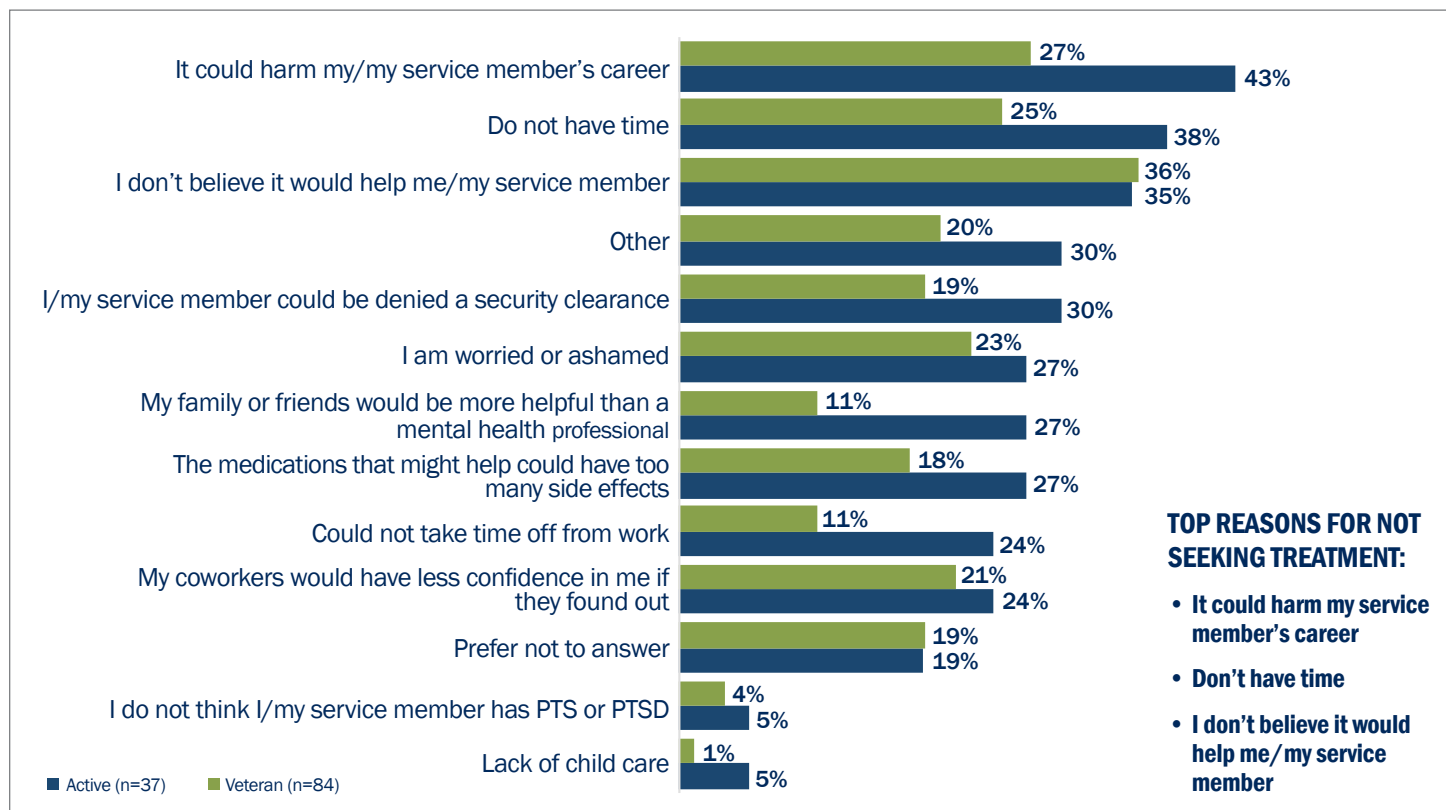
symptoms lasting for a specific period of time.³¹² In this survey, 13% of active duty service members and 21% of veterans reported having a PTSD diagnosis. When asked about PTS *symptoms*, 26% of active duty and 18% of veterans reported symptoms of PTS regardless of diagnosis. Previous estimates of PTSD among OIF and OEF service members range from 13% to 20%.³¹³ Of those reported having been diagnosed with PTSD, only a portion report they are seeking treatment, including 49% of active duty service members and 60% of veterans. Nearly all (92-96%) report their symptoms are due to military service.

Respondents who reported symptoms of PTSD were asked about their use of support services from military and civilian providers. For treatment of PTS/PTSD, among active duty service members and veteran respondents (n=121), there was a preference for civilian providers, especially among active duty service members. This preference could reflect a true desire to seek care from a civilian or it also may be a

reflection of career-related concerns about seeking treatment from a military provider. Specifically, 43% of active duty service members and 18% of veteran respondents expressed a preference for civilian providers. Veteran respondents reported being less likely to seek treatment than their active duty counterparts. Fourteen percent of both active duty of veteran respondents reported that they or their family would seek intervention or treatment through a military provider for symptoms of PTSD or PTS. One-fifth of service member (20%) respondents indicated for treatment of PTS/PTSD, they would prefer a peer who had been through similar experiences either in addition to or instead of a provider, providing some evidence supports for the DoD and VA efforts to provide peer-based intervention services for persons diagnosed with PTSD.

“Because my servicemember doesn’t drink, do drugs, or harm me the military says he doesn’t have PTSD. Though he has had nightmares and flashbacks. But

Figure 54: Reasons for Not Seeking Treatment, PTS/PTSD



because he isn't spiraling out of control with substance problems or violence he gets nothing."

—Army Spouse

Previous research has shown that stigma is one of the top reasons military service members do not seek mental health services.³¹⁴ Those respondents who indicated that they had been diagnosed with PTS/PTSD or who reported that they had exhibited the symptoms of PTS but had not sought treatment (From the active duty respondents: 49% indicated they sought treatment while 51% did not; from the veteran: 60% indicated they sought treatment while 38% did not) were asked to select reasons why. Over 1/3 (35% of service members and 36% of veterans) indicated their reason for not seeking treatment for PTS/PTSD was because

they "did not believe it would help." When compared, veterans and service members showed slightly different reasons for not seeking treatment. For example, a higher percentage of *service members* as compared to *veterans* endorsed items related to work, such as concerns about being denied a security clearance (30% vs. 19%), not having time (38% vs. 25%), and not being able to take time off from work (24% vs. 11%). However, both veterans (23%) and active duty service members (27%) reported they were worried or ashamed and both indicated concerns that co-workers would think less of them. Finally, a much higher proportion of active duty service member (27%) reported concerns that medications might have too many side effects as compared to 18% of veteran respondents who reported

this concern. These results suggest that while both service members and veterans experience stigma, active duty service members may also experience work-related treatment barriers. These barriers may be perceived or real. Regardless, it appears these barriers may impact whether or not treatment is sought.

It is important to note that stigma associated with shame or embarrassment about seeing treatment differs from barriers to seeking treatment which might include access to care issues that preclude someone from seeking treatment who might otherwise.³¹⁵ These numbers suggest that more work is needed to help service members and veterans understand the potential benefits of seeking treatment. Some resources have been developed to socialize service members, veterans, and

their families to treatment information specific to PTS and PTSD. For example, the Defense Centers of Excellence (DCoE) have developed a suite of clinical support tool designed to help service members, family members, as well as providers understand the various evidence-based treatment specific to PTS/PTSD.³¹⁶

“I believe that the mental health services provided to service members need to be expanded. Currently, with the large number of PTSD cases, it is difficult for soldiers with other mental health problems to be given a prompt appointment through the behavioral health provided on post.”

—Army Spouse

I just wish the DoD would do more to reach out to service members and family members to make sure they know the options available to them and help decrease the stigma associated with seeking help.

—Army Spouse

Within the military and veteran population, a significant percentage of service members (both active duty and veteran) and spouses are reported either diagnosed or suspected TBI and PTS in their service member or veteran. Overall, it appears programs, services, and providers are underutilized although there was a preference for non-military providers. Efforts to remove treatment barriers (confidentiality concerns, stigma, child care availability, and work schedule flexibility) should be supported across all leadership level. Likewise, through both policy and implementation of best practices, barriers to care should be minimized or removed wherever possible (i.e., ensuring that service members are able to take time off from work to attend appointment, ensuring mental health care is normalized and receiving mental health care is reinforced and not punitive) to ensure that military

service members, veterans, and their families receive seamless access to care regardless of where they live or which system of care they choose to use. Universities who work to build in military oriented programmatic components into their training of counselors, mental health clinicians, and primary care physicians can help build community capacity going forward. Likewise, professional organizations can work together with policy makers to expand initiatives that provide training to practicing

providers to expand the network of care in communities. The American Psychological Association for example has worked to build in many military oriented trainings as part of its annual conventions in recent years. Likewise, the American Association of Marriage and Family Therapists, has worked with the VA to expand services to include Marriage and Family Therapists.³¹⁷



RECOMMENDATIONS

FOR SUPPORTING MILITARY FAMILY MEMBERS' MENTAL HEALTH AND WELLNESS

- The DoD and VA can practice primary prevention across the military health system and recognize the important role of primary care physicians in identifying mental health problems among active duty service members, veterans, and military spouses.
- The DoD, VA, and community-based providers can work to identify vulnerable military families and provide timely intervention and seamless access to care.
- The DoD can systematically track and report military family suicide.
- Disseminate information about and provide evidence based treatments for PTSD, TBI, Substance Abuse, and Depression in DoD, VA, and community-based settings.
- The DoD and VA can engage community-based stakeholders at the local level (local government, religious leaders, nonprofits, universities, philanthropists, and business leaders) to improve access to care for veterans, service members, and military families.
- The DoD and VA can leverage university research programs and engage public and private partners to develop programs, conduct pragmatic research, and disseminate evidence-based findings to stakeholders in the military community.

Information Not Covered Elsewhere · ★ · ★ · ★ · ★ · ★ ·



The final question on the survey, “Do you have any additional comments or suggestions regarding military family issues that you feel have not been addressed in this survey?” allowed participants to discuss any topic they chose. The results of the qualitative coding for the 676 responses yielded about 100 different codes. The most prevalent among them, however, was the concept that cutting military pay and benefits is eroding confidence in military life and leadership at both the military and congressional levels. For example, a Marine Corps spouse said, “The military community is losing faith

in the ability of our leaders to take care of us and provide benefits and appropriate pay and resources. Please take steps to restore this confidence.” And a Coast Guard spouse said, “A year or two ago, I believe my responses would have been more optimistic. But after Congress’s actions, I am a lot more pessimistic. I am appalled that they would reconsider their promises to my husband and threaten his ‘benefits.’ Where I used to urge my husband to stay in service to, and likely beyond, 20 years, I am no longer confident in Congress keeping their promises to our family. I have a hard time recommending this lifestyle to people

thinking of joining if the pay and benefits are decreased.”

About 10% of respondents said they were concerned about cuts in military pay and benefits. Another 6.6% who responded to the question said they had lost faith in leadership at either the military or national level. Rounding out the top three most common responses to this question were frustrations with access to health care, which was communicated by 4.6% of the respondents to the question. Most answers were either comments on the survey itself, or specific examples of personal frustrations with military life.

Conclusion · ★ · ★ · ★ · ★ · ★ ·



Changes in the national security priorities have ripple effects on military families that were evident in the responses of this year's survey participants. For example, military spouses were asked about their lives, and uncertainty was noted as one of their top five concerns. Across veterans, service members, and spouses, pay and benefits, changes in retirement, transition, and concerns about employment after service were key concerns and high numbers of both veterans and service members acknowledged the divide between the military and civilian world. Since this survey was administered, sequestration and subsequent budget cuts have led to deployment cancellations and delays, and reductions in force mean that some service member are effectively being 'fired' from the service. Likewise, significant problems in the VA system of care have come to light and confidence in that system will need to be restored. As readers review this report, we encourage readers to keep these current events in mind as they

interpret the survey findings.

That said, the broad context for military families is both dynamic and ambiguous. As policy makers order changes at the federal level, military families and service members wait to see how those changes affect them. While the DoD and nonprofits have worked to better understand the military community in the past decade-plus of war, troop drawdowns and diminishing federal resources are quickly changing the landscape. The confluence of these factors will require critical thinking, thoughtful allocation of resources, creative collaboration at the local level (such as those introduced by the First Lady's Joining Forces initiative), and perhaps most importantly, partnership between government, nonprofit, and private sectors.

Perhaps it is the continual and intense level of adaptability that has consistently encouraged respondents to report that civilians do not understand the service or sacrifices made by military families. After all, these demands have pushed

the bounds of resiliency that are perhaps comparable only for few segments of the general population. This survey is intended, in part, to bridge the perceived gap between the military community and the general population by providing concrete information about the unique aspects of military life and by highlighting the contributions of the military service culture to American life.

BSF challenges the readers of this report to use these results to align their resources and "do more with less" just as military service members and their families have done both in operations and on the home front. One of the biggest challenges we face as a country is supporting our military community both so that our all-volunteer force remains a sustainable alternative, and so that a generation of service members, veterans and military family members are both empowered and encouraged to share their sense of service, adaptability, and civic mindedness with the nation and within local communities.

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BSF AND IVMF WOULD LIKE TO ACKNOWLEDGE THE HELP OF THE FOLLOWING SUBJECT MATTER EXPERTS:

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- **Siobhan Casey**, Senior Advisor, Child Care Aware® of America
- **Andia Dinesen**, VP Communications and Operations Association of Military Banks of America
- **Vivian Greentree, Ph.D.**, Senior Vice President First Data, Head of Military and Veterans Affairs
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- **Shelley MacDermid Wadsworth, Ph.D.**, Military Family Research Institute at Purdue University
- **Keith D. Renshaw, Ph.D.**, Associate Professor, George Mason University
- **Stacey Smith, Ph.D.**, Director of Research and Evaluation, Military Child Education Coalition
- **Terri Tanielian, MA**, Senior Social Research Analyst, RAND Corporation
- **Glenna Tinney**, Senior Advisor, Military Advocacy Program, Battered Women's Justice Project
- **Barbara Van Dahlen, Ph.D.**, Founder and President, Give an Hour



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Works Cited • ★ • ★ • ★ • ★ • ★ •



- ¹ Noonan, M.P. (2013, November 11). Bridging the civilian-military divide. *US News and World Report*. Retrieved from www.usnews.com/opinion/blogs/world-report/2013/11/11/understanding-the-civilian-divide-on-veterans-day
- ² Zezima, K. (2014, May 30). Everything you wanted to know about the VA Scandal. *The Washington Post*. Retrieved from <http://www.washingtonpost.com/blogs/the-fix/wp/2014/05/21/a-guide-to-the-va-and-the-scandals-engulfing-it/>
- ³ Department of Defense. (2013). *2012 Demographic Profile of the Military Community* (Updated in 2013). Retrieved from http://www.militaryonesource.mil/12038/MOS/Reports/2012_Demographics_Report.pdf
- ⁴ Ibid.
- ⁵ Sue, V. M., & Ritter, L., (2007). *Conducting Online Surveys*. Thousand Oaks, CA: Sage, 44.
- ⁶ Saldana, J. (2007). *The Coding Manual for Qualitative Researchers*. London: Sage, 70-73.
- ⁷ Ibid.
- ⁸ Lindlof, T. R., & Taylor, B.C., (2011). *Qualitative Communication Research Methods*. Thousand Oaks: Sage, 269. Mitchell, J.C. (1983). Case and Situation Analysis. *Sociological Review*, 31, 187-211.
- ⁹ Weston, C. et al. (2001). Analyzing interview data: The development and evolution of a coding system. *Qualitative Sociology*, 24, 381-400.
- ¹⁰ MacQueen, K., et al. (2008). Team-based codebook development: Structure process and agreement. *Handbook for Team-based Qualitative Research*. Lanham, MD: Alta Mira Press, 119-135.
- ¹¹ U.S. Census Bureau. (2013). *Household Income 2012 American Community Survey Briefs*. Retrieved from <http://www.census.gov/prod/2013pubs/acsbr12-02.pdf>
- ¹² Department of Defense Demographic Report, 2013.
- ¹³ Military Compensation and Retirement Modernization Commission. (2014). Retrieved from <http://www.mcrmc.gov/index.php/about>
- ¹⁴ Ibid.
- ¹⁵ Zezima, K. (2014)
- ¹⁶ Clever, M. & Segal, D. R. (2013). The demographics of military children and families. *The Future of Children*, 23(2), 13-40.
- ¹⁷ Ibid.
- ¹⁸ Ibid.
- ¹⁹ Pincus, S., House, R., Christensen, J., & Adler, L. (2001). The emotional cycle of deployment: A military family perspective. *Journal of the Army Medical Department*, 615-623.

- ²⁰ Pew Research Center. (2011, October). *The military-civilian gap: War and sacrifice in the post-9/11 era*. Washington, D.C. Retrieved from <http://www.oc-cf.org/document.doc?id=872>
- ²¹ Manning, J.E. (2014). *Membership of the 113th Congress: A Profile*. Congressional Research Service. Retrieved from <http://fas.org/sgp/crs/misc/R42964.pdf>
- ²² Gates, R.M. (2010, September). *Lecture at Duke University*. Duke University. Durham, North Carolina. Retrieved from : <http://www.defense.gov/speeches/speech.aspx?speechid=1508>
- ²³ Pew Research Center, 2011.
- ²⁴ Ibid.
- ²⁵ Gibson, J.L., Griepentrog, B.K, & Marsh, S.M. (2007). Parental influence on youth propensity to join the military. *Journal of Vocational Behavior*, 70(3), 526.
- ²⁶ Lawrence, G. H., & Legree, P. (1995). *Military enlistment propensity: A review of recent literature*. Alexandria, VA: US Army Research Institute for the Behavioral and Social Sciences, 4.
- ²⁷ Reichheld, F. (2003). The one number you need to grow. *Harvard Business Review*. Retrieved from <http://hbr.org/2003/12/the-one-number-you-need-to-grow/>
- ²⁸ Ibid.
- ²⁹ Reichheld, F. and Markey, R. (2011). *The ultimate question 2.0: How net promoter companies thrive in a customer-driven world*. Boston, Massachusetts: Harvard Business Review Press.
- ³⁰ Ibid
- ³¹ The White House. (2014, June 20). *Op-Ed by President Obama on the 70th anniversary of the GI Bill*. Retrieved from <http://www.whitehouse.gov/the-press-office/2014/06/20/op-ed-president-obama-70th-anniversary-gi-bill>
- ³² Military.com Education, *Post-9/11 GI Bill overview*. Retrieved from <http://www.military.com/education/gi-bill/new-post-911-gi-bill-overview.html>
- ³³ Saad, L. (2014). *Most veterans are satisfied with GI Bill education benefits: American veterans in transition*. Washington DC: Gallup Inc. Retrieved from <http://www.gallup.com/poll/172082/veterans-satisfied-bill-education-benefits.aspx?ref=image>
- ³⁴ Congressional Business Office. (2013). *Options for reducing the deficit: 2014-2023*. Washington DC. Retrieved from <http://www.cbo.gov/sites/default/files/cbofiles/attachments/44715-OptionsForReducingDeficit-3.pdf>
- ³⁵ U.S. Census Bureau. (2014). *The diversifying electorate– Voting rates by race and Hispanic origin in 2012*. Retrieved from <https://www.census.gov/prod/2013pubs/p20-568.pdf>
- ³⁶ U.S. Department of Veterans Affairs. (July 2014). *VA Benefits Administration, Regional Benefits Offices*. Retrieved from <http://benefits.va.gov/benefits/offices.asp>
- ³⁷ U.S. Department of Labor, Bureau of Labor and Statistics. (2014, February). *Volunteering in the United States 2013*. Retrieved from www.bls.gov/news.release/volun.nr0.htm
- ³⁸ U.S. Department of Veterans Affairs. (2007) *Veteran Population Projections Model (VetPop 2007)*, Table 2S. Office of the Actuary.
- ³⁹ Clever, M and Segal D.R., 2013.
- ⁴⁰ Military.com, *Military Transition GPS Overview*. Retrieved from <http://www.military.com/military-transition/new-transition-gps-overview.html>
- ⁴¹ U.S. Department of Veterans Affairs E-Benefits Portal. Retrieved from <https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal>
- ⁴² Disabled American Veterans. Retrieved from <http://www.dav.org/veterans/>
- ⁴³ Veterans of Foreign Wars. Retrieved from <http://www.vfw.org/NVS/>
- ⁴⁴ The American Legion. Retrieved from <http://www.legion.org/help/claimsassistance>
- ⁴⁵ Harrell, M. C. and Berglass, N. (2012, June). *Employing America's Veterans: Perspectives from business*. Center for a New American Security, Military Veterans and Society Program. Retrieved from www.cnas.org/files/documents/publications/CNAS_EmployingAmericasVeterans_HarrellBerglass.pdf
- ⁴⁶ Ibid.
- ⁴⁷ U. S. Department of Labor, Bureau of Labor Statistics. (2014). *Employment Situation of Veterans – 2013*. Bureau of Labor Statistics. Retrieved from http://www.bls.gov/schedule/archives/all_nr.htm#VET
- ⁴⁸ Prudential Financial, Inc. (2012). *Veterans' Employment Challenges: Perceptions and experiences of transitioning from military to civilian life*. Retrieved from <http://www.prudential.com/documents/public/VeteransEmploymentChallenges.pdf>
- ⁴⁹ Ibid.
- ⁵⁰ Ibid.
- ⁵¹ Ross, C.E. and Mirowsky, J. (1995). Does employment affect health? *Journal of Health and Social Behavior*, 36(3), 230-243.
- ⁵² Repetti, R. L., Matthews, K. A., & Waldron, I. (1989). Employment and women's health: Effects of paid employment on women's mental and physical health. *American Psychologist*, 44, 1394-1401.
- ⁵³ Allen, P., Billings, L., Green, A., Lujan, J., & Armstrong, M. L.. (2012). Returning Enlisted Veterans–Upward (to) Professional Nursing. *Journal of Professional Nursing*, 28, 241-246
- ⁵⁴ Hope, J. B, Oh, B., & Mackin, P. C. (2011). *Factors affecting entrepreneurship among veterans*. Washington, DC: US Small Business Administration, Office of Advocacy.
- ⁵⁵ U.S. Department of Labor, 2014.
- ⁵⁶ Ibid
- ⁵⁷ Ibid
- ⁵⁸ Kleykamp, M. (2013). Unemployment, Earnings, and Enrollment among Post 9/11 Veterans. *Social Science Research*, 42(3), 836-851.
- ⁵⁹ Lang, K and Weinstein R. (2012). *Evaluating Student Outcomes at For-Profit Colleges* (NBER Working Paper No. 18201). Retrieved from the National Bureau of Economic Research website: <http://www.nber.org/papers/w18201>
- ⁶⁰ Cellini, S. (2012). For-Profit Higher Education: An Assessment of Costs and Benefits. *National Tax Journal*, 65(1), 153-180.
- ⁶¹ U.S. Department of Veterans Affairs. GI Bill Comparison Tool. Retrieved from http://www.benefits.va.gov/gibill/comparison_tool/about_this_tool.asp
- ⁶² United States Senate. (2014, July 30). *Is the new GI Bill working? For-profit colleges increasing veteran enrollment and federal funds*. Washington, D.C.: Health, Education, Labor, and Pensions Committee, Majority Committee Staff Report. Retrieved from <http://www.harkin.senate.gov/documents/pdf/53d8f7f69102e.pdf>
- ⁶³ Ostovary, F. and Dapprich, J. (2011). Challenges and opportunities of Operation Enduring Freedom/Operation Iraqi Freedom veterans with disabilities transitioning into learning and workplace environments. *New Directions for Adult and Continuing Education*, 2011(132), 67-73.
- ⁶⁴ Osborne, N.J. (2014). Veteran Ally: Practical Strategies for Closing the Military-Civilian Gap on Campus. *Innovative Higher Education*, 39(3), 247-260.

- ⁶⁵ U.S. Department of Defense. (2014). *Annual report to congressional defense committees on plans for the department of defense for the support of military family readiness: Fiscal year 2013* (4-CA6A13F). Retrieved from: http://www.militaryonesource.mil/12038/MOS/Reports/FY2013_Report_MilitaryFamilyReadinessPrograms.pdf
- ⁶⁶ Petraeus, H. (2012). *Financial fitness forum: Building bridges between the financial services industry and the department of defense*. Washington DC: Consumer Financial Protection Bureau, Office of Service Member Affairs.
- ⁶⁷ Joo, S. H., & Grable, J. E. (2000). Improving Employee Productivity: The Role of Financial Counseling and Education. *Journal of Employment Counseling*, 37(1), 2-15.
- ⁶⁸ Petraeus, 2012.
- ⁶⁹ Department of Defense, 2012, Suicide Event Report.
- ⁷⁰ White, L. and Rogers, S. J. (2000). Economic Circumstances and Family Outcomes: A Review of the 1990s. *Journal of Marriage and Family*, 62, 1035-1051.
- ⁷¹ Simons, R. L., Whitbeck, L. B., Melby, J. N., & Wu, C-I. (1994). Economic pressure and harsh parenting. In R. D. Conger & G. H. Elder, Jr. (Eds.), *Families in troubled times: Adapting to change in rural America* (pp. 207-222). New York: Aldine de Gruyter.
- ⁷² White, L. and Rogers, S. J., 2000.
- ⁷³ These results are consistent with the participants who responded to the Defense Manpower Data Center (DMDC) Status of Force Survey of Active Duty Members (SOFSA) 2002-2012 who described their overall financial conditions as "tough to make ends meet" or "in over your head."
- ⁷⁴ FINRA Investor Education Foundation (2012). *Financial capability in the United States: 2012 report of military findings*. Retrieved from http://www.usfinancialcapability.org/downloads/NFCS_2012_Report_Military_Findings.pdf
- ⁷⁵ U.S. Department of Defense, 2014, Annual report to congressional defense committees on plans for the department of defense for the support of military family readiness: Fiscal year 2013.
- ⁷⁶ Petraeus, H, 2012.
- ⁷⁷ Blue Star Families, Department of Research and Policy. (2012, May). *2012 Military Family Lifestyle Survey: Findings and Analysis*. Washington, D.C. Retrieved from <http://www.scribd.com/doc/141215832/Comprehensive-Report2012>
- ⁷⁸ Blue Star Families, Department of Research and Policy. (2013, May). *2013 Military Family Lifestyle Survey: Findings and Analysis*. Washington, D.C. Retrieved from <http://www.scribd.com/doc/141215832/Comprehensive-Report2013>
- ⁷⁹ FINRA, 2012.
- ⁸⁰ Ibid.
- ⁸¹ Lusardi, A. (1999). Information, expectations, and savings for retirement. In Henry Aaron (ed.) *Behavioral Dimensions of Retirement Economics*, 81-115. Washington DC: Brookings Institution Press and Russell Sage Foundation.
- ⁸² Taylor, D. (2007). *Poll: Are you saving for retirement?* Retrieved from http://www.bankrate.com/bnm/news/retirement/Oct_07_online_retirement_poll_a1.asp
- ⁸³ Deloitte Center for Financial Services. *Meeting the retirement challenge: Deloitte Center for Financial Services Retirement Survey 2012*. Retrieved from http://www.deloitte.com/assets/Dcom-UnitedStates/LocalAssets/Documents/FSI/US_FSI_MeetingtheRetirementChallenge_022613.pdf
- ⁸⁴ Petraeus, H. (2014, March). *Complaints received from service members, veterans, and their families: A snapshot by the Office of Service member Affairs*. Washington, DC: Consumer Financial Protection Bureau, Office of Service member Affairs. Retrieved, http://files.consumerfinance.gov/f/201403_cfpb_snapshot-report_complaints-received-servicemembers.pdf
- ⁸⁵ Consumer Financial Protection Bureau. *Additional resources for servicemembers, veterans, and their families*. Retrieved July 17, 2014, from <http://www.consumerfinance.gov/servicemembers/additionalresources/>
- ⁸⁶ Ibid.
- ⁸⁷ Carlyle, E. (2014, May 20). 9.7 million Americans still have underwater homes, Zillow says. *Forbes*. Retrieved from <http://www.forbes.com/sites/erincarlyle/2014/05/20/9-7-million-americans-still-have-underwater-homes-zillow-says/>
- ⁸⁸ Defense Travel Management Office. *Basic allowance for housing (BAH)*. Retrieved from <http://www.defensetravel.dod.mil/site/bah.cfm>
- ⁸⁹ Blue Star Families, 2011, 2012, 2013. Retrieved from <http://bluestarfam.org/Policy/Surveys>
- ⁹⁰ Harrell, M. C., Lim, N., Werber, L., & Golinelli, D. (2004). *Working around the Military: Challenges to Military Spouse Employment and Education*. Santa Monica, CA: Rand.
- ⁹¹ Lim, N., Golinelli, D., & Cho, M. (2007) *"Working around the Military" Revisited: Spouse Employment in the 2000 Census Data*. Santa Monica, CA: RAND
- ⁹² Harrell, M. C., Lim, N., Werber, L., & Golinelli, D., 2004.
- ⁹³ Ibid.
- ⁹⁴ Castenada, L.W. and Harrell, M. (2008). Military spouse employment: A grounded theory approach to experiences and perceptions. *Armed Forces and Society*, 34(3):389-412.
- ⁹⁵ Ibid.
- ⁹⁶ Scarville, J. (1999). *Spouse Employment in the Army: Research findings Research Report 1555* (AD A222-135). Alexandria, Va.: U.S. Army Research Institute for the Behavioral and Social Sciences.
- ⁹⁷ Booth Bradford, M.W. Segal, D. & Bell, B. (2007). *What we know about military families: A 2007 update*. Caliber. Retrieved from <http://mwrbrandcentral.com/HOMEPAGE/Graphics/Research/whatweknow2007.pdf>
- ⁹⁸ Bourg, C., & Segal, M. W. (1999). The impact of family supportive policies and practices on organizational commitment. *Armed Forces and Society*, 25(4), 633-652.
- ⁹⁹ Lakhani, H. (1995). Reenlistment intentions of citizen soldiers in the U.S. Army. *Armed Forces & Society*, 22(1), 117-130.
- ¹⁰⁰ Heaton, P. & Krull, H. (2012). *Unemployment among post-9/11 veterans and military spouses after the economic downturn*. Retrieved from http://www.rand.org/content/dam/rand/pubs/occasional_papers/2012/RAND_OP376.pdf
- ¹⁰¹ Department of Defense, 2013, 2012 Demographic Profile of the Military Community
- ¹⁰² Maury, R. & Stone, B. (2014) *Military spouse employment report*. Institute for Veterans and Military Families and Military Officer Association of America. Retrieved from http://vets.syr.edu/wp-content/uploads/2014/02/MilitarySpouseEmploymentReport_2013.pdf
- ¹⁰³ Ibid.
- ¹⁰⁴ Harrell, M. C., Lim, N., Werber, L., & Golinelli, D., 2004.
- ¹⁰⁵ Heaton, P. & Krull, H., 2012.
- ¹⁰⁶ Wilmoth, J. M., & London, A. S. (2013). *Life course perspectives on military service*. New York: Routledge.
- ¹⁰⁷ Harrell, M. C., Lim, N., Werber, L., & Golinelli, D., 2004.

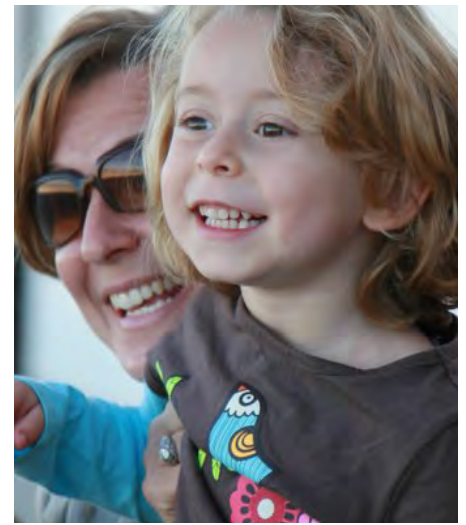
- ¹⁰⁸ Ibid.
- ¹⁰⁹ Booth, 2007.
- ¹¹⁰ Segal, M. W & Harris, J. J. (1993). Army Families and Personnel Retention. In M.W. Segal and J. Harris (Eds.), *What we know about Army families* (pp. 15-22). U.S. Army Research Institute for the Behavioral and Social Science, Alexandria, VA, Special Report 21. [NTID ADA # 271 989]
- ¹¹¹ Orthner, D. K., & Bowen, G. L. (1990). *Family adaptation in the military*. U.S. Army Research Institute for the Behavioral and Social Sciences.
- ¹¹² Career Spark. Retrieved from <https://www.mycareerspark.org/#/>
- ¹¹³ Harrell, M. C., Lim, N., Werber, L., & Golinelli, D., 2004.
- ¹¹⁴ Maury, R. & Stone, B., 2014.
- ¹¹⁵ Lim, N., Golinelli, D., & Cho, M., 2007.
- ¹¹⁶ Maury, R. & Stone, B., 2014.
- ¹¹⁷ Harrell, M. C., Lim, N., Werber, L., & Golinelli, D., 2004.
- ¹¹⁸ U.S. Bureau of Labor Statistics. (2012). *Employee Tenure Summary*. Washington, D.C.: United States Department of Labor. Retrieved from <http://www.bls.gov/news.release/tenure.nr0.htm>
- ¹¹⁹ Blue Star Careers. Retrieved from <http://bluestarfam.org/resources/blue-star-careers>
- ¹²⁰ Pew Research Center. (2013). *Breadwinner Moms, Mothers Are the Sole or Primary Provider in Four-in-Ten Households with Children; Public Conflicted about the Growing Trend*. Pew Research Social & Demographic Trends. Retrieved from <http://www.pewsocialtrends.org/2013/05/29/breadwinner-moms/>
- ¹²¹ Bureika, R., M. Reiser, S. Salvucci, B. Maxfield, R. Simmons. (1999). *Effective strategies to assist spouses of junior enlisted members with employment: Analysis of the 1997 survey of spouses of enlisted personnel* (DMDC Report no. 99-007). Arlington, Va.: Defense Manpower Data Center.
- ¹²² Lim, N. and Golinelli, D. (2006). *Monitoring Employment Conditions of Military Spouses*. RAND Corporation. Retrieved from http://www.rand.org/pubs/technical_reports/TR324.html
- ¹²³ U.S. Census Bureau. (2013). *Household income: 2012, American community survey briefs*. Retrieved from <http://www.census.gov/prod/2013pubs/acsbr12-02.pdf>
- ¹²⁴ U.S. Department of Treasury, U.S. Department of Defense. (2012, February). *Supporting our military families: Best practices for streamlining occupational licensing across state lines*. Retrieved from http://www.defense.gov/home/pdf/Occupational_Licensing_and_Military_Spouses_Report_vFINAL.PDF
- ¹²⁵ U.S. Census Bureau. (2013). *Who's minding the kids? Child care arrangements: Spring 2011*. Retrieved from <http://www.census.gov/prod/2013pubs/p70-135.pdf>
- ¹²⁶ Floyd, M. & Phillips, D. A. (2013). Child care and other support programs. *The Future of Children*, 23(2), 79-98.
- ¹²⁷ Department of Defense, 2013, 2012 Demographic Profile of the Military Community
- ¹²⁸ Ibid.
- ¹²⁹ National Accreditation for the Education of Young Children. (2014). *Lessons from military child care*. Retrieved from <https://oldweb.naeyc.org/ece/2001/03.asp>
- ¹³⁰ Floyd, M. & Phillips, D.A., 2013.
- ¹³¹ Child Care Aware of America (2013). *Parents and the high cost of child care*. Retrieved from <http://usa.childcareaware.org/sites/default/files/Cost%20of%20Care%202013%20110613.pdf>
- ¹³² Ibid.
- ¹³³ Ibid.
- ¹³⁴ Floyd, M. & Phillips, D.A., 2013.
- ¹³⁵ Lester, P. & Flake E. (2013). How wartime military service affects children and families. *Future of Children*, 23(2), 121-142.
- ¹³⁶ Lester, P. & Flake E., 2013.
- ¹³⁷ Ibid.
- ¹³⁸ Department of Defense, 2013, 2012 Demographic Profile of the Military Community
- ¹³⁹ MacDermid Wadsworth, S. M., Lester, P., Marini, C., Cozza, S., Sornborger, J., Strouse, T., & Beardslee, W. (2013). Approaching family-focused systems of care for military and veteran families. *Military Behavioral Health*, 1(1), 31-40.
- ¹⁴⁰ Waliski, A., Bokony, P., & Kirchner, J. E. (2012). Combat-related parental deployment: Identifying the impact on families with preschool-age children. *Journal of Human Behavior in the Social Environment*, 22(6), 653-670.
- ¹⁴¹ Chandra, A., Lara-Cinisomo, S., Jaycox, L. H., Tanielian, T., Burns, R. M., Ruder, T., & Han, B. (2010). Children on the homefront: The experience of children from military families. *Pediatrics*, 125, 16-25.
- ¹⁴² American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ¹⁴³ Swedean, S., Gonzales, M., Zickefoose, B., Bush, A., Davis, J., Elrod, D., & Hsieh, D. (2013). Recurrent headache in military-dependent children and the impact of parent deployment. *Military Medicine*, 178(3), 274-278. Retrieved from, <http://dx.doi.org/10.7205/MILMED-D-12-00171>.
- ¹⁴⁴ Cozza, S.J., Holmes, A.K., Van Ost, S.L. (2013, June 27). Family-Centered care for military and veteran families affected by combat injury. *Clinical Child Family Psychology Review*, 16(3), 311-321. Retrieved from http://www.cstsforum.org/assets/media/documents/Panelists_Papers/Cozza,%20Holmes%20Van%20Ost.2013.pdf
- ¹⁴⁵ Chandra et al., 2010.
- ¹⁴⁶ Milburn, N. & Lightfoot, M. (2013). Adolescents in wartime US military families: A developmental perspective on challenges and resources. *Clinical Child and Family Psychology Review*, 16(3), 266-277.
- ¹⁴⁷ Chandra et al., 2010.
- ¹⁴⁸ Milburn and Lightfoot, 2013.
- ¹⁴⁹ Gilreath, T.D., Cederbaum, J.A., Astor, R.A., Benbenishty, R., Pineda, D., & Atuel, H. (2013). Substance use among military-connected youth: The California Healthy Kids Survey. *American Journal of Preventive Medicine*, 44(2), 150-153.
- ¹⁵⁰ Osofsky, J. D. & Chartrand, M. M. (2013). Military children from birth to five years. *The Future of the Children*, 23(2), 61-77.
- ¹⁵¹ Cederbaum, J.A., Gilreath, T.D., Benbenishty, R., Astor, R.A., Pineda, D., DePedro, K.T., Esqueda, M.C., & Atuel, H. (2013, September 13). *Well-Being and suicidal ideation of secondary school students from military families*. Retrieved from <http://buildingcapacity.usc.edu/research/Well-Being%20and%20Suicidal%20Ideation%20of%20Secondary%20School%20Students%20From%20Military%20Families.pdf>
- ¹⁵² Acion, L., Ramirez, M. R., Jorge, R. E., & Arndt, S. (2013). Increased risk of alcohol and drug use among children from deployed military families. *Addiction*, 108(8), 1418-1425.



- ¹⁵³ Millegan, J., Engel, C., Liu, Xian, & Dinneen, M. (2013). Parental Iraq/Afghanistan deployment and child psychiatric hospitalization in the U.S. military. *General Hospital Psychiatry*, 35(5), 556-560.
- ¹⁵⁴ Lowe, K. N., Adams, K. S., Browne, B. L., & Hinkle, K. T. (2012). Impact of military deployment on family relationships. *Journal of Family Studies*, 18(1), 17-27.
- ¹⁵⁵ Seigel, B. S., Davis, B. E. & The Committee on Psychosocial Aspects of Child and Family Health and Section on Uniformed Services. (2013). Clinical report: Health and mental health needs of children in US military families. *Pediatrics*, 131(6).
- ¹⁵⁶ Chandra et al., 2010.
- ¹⁵⁷ Osofsky, J. D. & Chartrand, M. M., 2013.
- ¹⁵⁸ Military OneSource. *The New Parent Support Program*. Retrieved from http://www.militaryonesource.mil/parenting?content_id=266691
- ¹⁵⁹ Ross, A.M. & DeVoe (2014). Engaging military parents in a home-based reintegration program: A consideration of strategies. *Health & Social Work*, 39(1), 47-54.
- ¹⁶⁰ National Alliance on Mental Illness (NAMI). (2012). *Parity for Patriots: The mental health needs of military personnel, veterans, and their families*. Retrieved from http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Public_Policy/Policy_Reports/ParityforPatriots.pdf
- ¹⁶¹ American Academy of Pediatrics. (2014). *Comments of the American Academy of Pediatrics*. Retrieved from http://www.autismspeaks.org/sites/default/files/docs/gr/aap_letter_on_fy13ndaa.pdf
- ¹⁶² Kudler, H. & Porter, R. (2013). Building communities of care for military children and families. *The Future of Children*, 23(2), 163-185.
- ¹⁶³ United States Government Accountability Office (2013, April). *Defense Health Care: TRICARE multiyear surveys indicate problems with access to care for non-enrolled beneficiaries*. Report to Congressional Committees. Washington, D.C.: GAO- 13/364. Retrieved from <http://www.gao.gov/assets/660/653487.pdf>
- ¹⁶⁴ Schweinhart, L., Montie, J., Xiang, Z., Barnett, W., Belfield, C. R., & Nores, M. (2005). *Lifetime effects: The High/Scope Perry Preschool study through age 40*. Ypsilanti: High/Scope Press.
- ¹⁶⁵ Giedd, J.N., Shaw, P., Wallace, G., Gogtay, N., & Kenroot, R.K. (2006). Anatomic brain imaging studies of normal and abnormal brain development in children and adolescents. In D. Cicchetti & D.J. (Eds), *Developmental psychopathology, second edition, volume two: Developmental neuroscience* (pp. 127-188). Hoboken, NJ: Wiley Publishers
- ¹⁶⁶ Mission Readiness: Military Leaders for Kids. (2009). *Ready, willing and unable to serve: 75 percent of America's young adults cannot join the military: Early education is needed to ensure national security*. Retrieved from <http://cdn.missionreadiness.org/NATEE1109.pdf>
- ¹⁶⁷ Mission Readiness, 2009.
- ¹⁶⁸ Department of Defense, 2012.
- ¹⁶⁹ Military Child Education Coalition. (2014). *Who are our military-connected children?* Retrieved from <http://www.militarychild.org/student-identifier>
- ¹⁷⁰ Clever, M. and Segal D.R., 2013.
- ¹⁷¹ Military Interstate Children's Compact Commission. (2013). *Guide for parents, school officials and public administrators*. Retrieved from http://mic3.net/pages/resources/documents/ParentGuideApr2013_000.pdf
- ¹⁷² Military Child Education Coalition, 2014.
- ¹⁷³ Military Interstate Children's Compact Commission, 2013.
- ¹⁷⁴ Virginia General Assembly. (2013). *HB 1497 Public school interscholastic programs; participation by students in military families*. Retrieved from <http://lis.virginia.gov/cgibin/legp604.exe?131+sum+HB1497>
- ¹⁷⁵ Astor, R., Pedro, K., Gilreath, T., Esqueda, M., & Benbenishty, R. (2013). The promotional role of school and community contexts for military students. *Clinical Child and Family Psychology Review*, 16, 233-244.
- ¹⁷⁶ Esqueda, M. C., Astor, R. A., & De Pedro, K. (2012). A call to duty: Educational policy and school reform addressing the needs of children from military families. *Educational Researcher*, 41(2), 65-70.
- ¹⁷⁷ Zullig, K., Koopman, T., Patton, J., & Ubbes, V. (2010). School climate: Historical review, instrumental development, and school assessment. *Journal of Psychoeducational Assessment*, 28, 139-152.

- ¹⁷⁸ Military Child Education Coalition, 2014.
- ¹⁷⁹ USA4Military Families. (2014). *ISSUE 9: Create state-wide memoranda of understanding between the DoD and the state child welfare agency to standardize relationships*. Retrieved from http://www.usa4militaryfamilies.dod.mil/MOS/f?p=USA4:ISSUE:0:::P2_ISSUE:10.
- ¹⁸⁰ Fenning, P., Harris, A., & Viellieu, L. (2013). Supporting the school success of children from military families: The role of the school psychologists. *The School Psychologist*, 67(3), 16-24.
- ¹⁸¹ Williams, B. (2013). Supporting middle school students whose parents are deployed: Challenges and strategies. *The Clearing House: A Journal of Educational Strategies, Issues, and Ideas*, 86(4), 128-135.
- ¹⁸² MHN Government Services. (2014). Military & Family Life Counseling (MFLC) Program. Retrieved from https://www.mhngs.com/app/programsandservices/mflc_program.content
- ¹⁸³ Military K-12 Partners. (2014). *School Liaison Officers*. Retrieved from <http://www.militaryk12partners.dodea.edu/resources.cfm?colld=liaison>
- ¹⁸⁴ Aronson, K., Perkins, D. (2013). Challenges faced by military families: Perceptions of United States Marine Corps school liaisons. *Journal of Child and Family Studies*, 22(4), 516-525.
- ¹⁸⁵ Department of Defense, 2013, 2012 Demographic Profile of the Military Community
- ¹⁸⁶ Military One Source. (2014). *The Exceptional Family Member Program*. Retrieved from http://www.militaryonesource.mil/efmp/overview?content_id=269174.
- ¹⁸⁷ Matson, J., & Konst, M. J. (2013). What is the evidence for long term effects of early autism interventions. *Research in Autism Spectrum Disorders*, 7(3), 475-479.
- ¹⁸⁸ Department of Defense. Military Community and Family Policy. Office of Community Support for Military Families with Special Needs. (2013). *Department of Defense Exceptional Family Member Benchmark Study: Final Project Report*. Retrieved from http://www.militaryonesource.mil/12038/MOS/ResourceGuides/EFMP_Benchmark.pdf
- ¹⁸⁹ Tricare. (2014). *Extended Care Health Option*. Retrieved from <http://www.tricare.mil/echo>
- ¹⁹⁰ Jansen, D. (2014). *Military medical care: Questions and answers*, (p. 14-15). Retrieved from <http://fas.org/sgp/crs/misc/RL33537.pdf>
- ¹⁹¹ West Virginia University Project Team. (2013). *Medicaid and military families with children with special healthcare needs: Accessing Medicaid and waived services*. Retrieved from http://www.militaryonesource.mil/12038/MOS/EFMP/EFMP_MedicaidReport.pdf
- ¹⁹² American Academy of Pediatrics. (2014). *Comments of the American Academy of Pediatrics*. Retrieved from http://www.autismspeaks.org/sites/default/files/docs/gr/aap_letter_on_fy13ndaa.pdf
- ¹⁹³ United States Department of Health and Human Services, Centers for Medicare & Medicaid Services, Center for Medicaid and CHIP Services (CMCS). *Early and Periodic Screening, Diagnostic, and Treatment*. Retrieved from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>
- ¹⁹⁴ Office of the Secretary of Defense. (2014). *Report to Congressional Defense Committees: Study on health care and related support for children of members of the armed forces* (2014) HHR 4310, NDAA Conference Report for FY 2013, 112-705, Sec. 735 Retrieved from: <http://www.tricare.mil/tma/congressionalinformation/downloads/>
- ¹⁹⁵ American Academy of Pediatrics, 2014.
- ¹⁹⁶ Ibid.
- ¹⁹⁷ Centers for Disease Control and Prevention, *Autism Spectrum Disorder (ASD)*. Retrieved from <http://www.cdc.gov/ncbddd/autism/treatment.html>
- ¹⁹⁸ Matson, J., & Konst, M. J. (2013). What is the evidence for long term effects of early autism interventions. *Research in Autism Spectrum Disorders*, 7(3), 475-479.
- ¹⁹⁹ Department of Health & Human Services. (2014, July 7). Clarification of Medicaid Coverage of Services to Children with Autism. Baltimore, Md.: Centers for Medicare & Medicaid Services. Retrieved from <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-07-14.pdf>
- ²⁰⁰ Centers for Disease Control and Prevention, 2014.
- ²⁰¹ Department of Defense. Office of the Secretary. (2014, June 16). *Notice of a comprehensive demonstration project for all Applied Behavior Analysis (ABA), including the tiered-model of ABA, for all TRICARE beneficiaries with Autism Spectrum Disorder (ASD)*. (79 FR 34291). (2014-14023). Retrieved from <https://www.federalregister.gov/articles/2014/06/16/2014-14023/comprehensive-autism-care-demonstration>
- ²⁰² West Virginia University Project Team, 2013, p.4.
- ²⁰³ Office of the Secretary of Defense, 2014, Report to Congressional Defense Committees: Study on health care and related support for children of members of the armed forces.
- ²⁰⁴ West Virginia University Project Team, 2013.
- ²⁰⁵ American Academy of Pediatrics. (2014). *Comments of the American Academy of Pediatrics*. Retrieved from http://www.autismspeaks.org/sites/default/files/docs/gr/aap_letter_on_fy13ndaa.pdf
- ²⁰⁶ West Virginia University, 2013.
- ²⁰⁷ Farrell, A. F., Bowen, G. L., & Swick, D. C. (2014). Network supports and resiliency among U.S. military spouses with children with special health care needs. *Family Relations*, 63(1), 55-70.
- ²⁰⁸ Gibson et. al, 2007.
- ²⁰⁹ Lawrence & Legree, 1995.
- ²¹⁰ Ramchand, R., Tanielian, T., Fisher, M. P., Vaughan, C. A., Trail, T. E., Epley, C. & Ghosh-Dastidar, B. (2014). *Hidden Heroes: America's Military Caregivers*. Rand Corporation.
- ²¹¹ Ibid.
- ²¹² National Caregiving Alliance. (2009). *Caregiving in the U.S.* Retrieved from http://www.caregiving.org/pdf/research/Caregiving_in_the_US_2009_full_report.pdf
- ²¹³ Ramchand, et al., 2014
- ²¹⁴ Rich, M. (2014, July 8). Parallel caregiver crises, military and civilian. *The Hill*. Retrieved from <http://thehill.com/blogs/congress-blog/healthcare/211453-parallel-caregiver-crises-military-and-civilian>
- ²¹⁵ Kime, P. (2014, April 10). Senate bill would expand benefits for caregivers. *Army Times*. Retrieved from <http://www.armytimes.com/article/20140410/NEWS/304100049/Senate-bill-would-expand-benefits-caregivers>
- ²¹⁶ Ramchand et al., 2014.

- 217 Ibid.
- 218 *Caregivers and Veterans Omnibus Health Services Act of 2010*, Pub. L. No. 111-163, 124 Stat. 1133.
- 219 Ibid.
- 220 Rich, M., 2014.
- 221 Kime, 2014.
- 222 Ramchand et al., 2014.
- 223 National Caregiving Alliance, 2009.
- 224 National Caregiving Alliance. (2010). *Caregivers of veterans: Serving on the homefront*. Retrieved from http://www.caregiving.org/pdf/research/2010_Caregivers_of_Veterans_FULLREPORT_WEB_FINAL.pdf
- 225 National Caregiving Alliance, 2009.
- 226 Wakefield, B. J., Hayes, J., Boren, S. A., Pak, Y., & Davis, J. W. (2012). Strain and satisfaction in caregivers of veterans with chronic illness. *Research in nursing & health*, 35(1), 55-69.
- 227 Griffin, J. M., Friedemann-Sánchez, G., Carlson, K. F., Jensen, A. C., Gravely, A., Taylor, B. C., ... & Van Houtven, C. H. (2014). Resources and coping strategies among caregivers of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans with polytrauma and traumatic brain injury. *Military Deployment and its Consequences for Families* (pp. 259-280). New York, N.Y.: Springer.
- 228 Ramchand et. al., 2014
- 229 Ibid.
- 230 Ibid.
- 231 Ibid.
- 232 Pew Research Center. (2013, February 14). *The Demographics of Social Media Users- 2012*. Retrieved from http://www.pewinternet.org/files/old-media/Files/Reports/2013/PIP_SocialMediaUsers.pdf.
- 233 Ibid.
- 234 Blue Star Families, 2012.
- 235 Blue Star Families, 2013.
- 236 Rainie, L., Smith, A., & Brenner, J. (2013, February 13). *Coming and Going on Facebook*. Pew Research Center. Retrieved from http://www.pewinternet.org/~media/Files/Reports/2013/PIP_Coming_and_going_on_facebook.pdf
- 237 Ibid.
- 238 Lester, P. & Flake E., 2013.
- 239 MacDermid Wadsworth, S. M., Lester, P., Marini, C., Cozza, S., Sornborger, J., Strouse, T., & Beardslee, W. (2013). Approaching family-focused systems of care for military and veteran families. *Military Behavioral Health*, 1(1), 31-40.
- 240 Huebner, A. J., Mancini, J. A., Wilcox, R. M., Grass, S. R., & Grass, G. A. (2007). Parental deployment and youth in military families: Exploring uncertainty and ambiguous loss. *Family Relations*, 56, 112-122 (p. 113).
- 241 Bartone, P.T. (1999). Hardiness protects against war-related stress in Army Reserve forces. *Consulting Psychology Journal: Practice and Research*, 51(2), 72-82.
- 242 Chandra, 2013.
- 243 Cohen, S., Kamarck, T., Mermelstien, R. (1983, December) A Global Measure of Perceived Stress. *Journal of Health and Social Behavior*, 24(4), 385-96. Retrieved from <http://www.psy.cmu.edu/~scohen/globalmeas83.pdf>
- 244 Green, S., Nurius, P.S., & Lester, P. (2013, January). Spouse psychological well-being: A keystone to military family health. *Journal of Human Behavior in the Social Environment*, 23 (6).
- 245 Ibid.
- 246 Lester, P. & Flake E., 2013.
- 247 Meredith, L.S., Sherbourne, C.D., Gaillot, S., Hansell, L., Ritschard, H.V., Parker, A.M., & Wrenn, G. (2011). *Promoting Psychological Resilience in the US Military*. Santa Monica, CA: RAND Corporation. Retrieved from http://www.rand.org/content/dam/rand/pubs/monographs/2011/RAND_MG996.sum.pdf
- 248 Pincus, et al., 2001.
- 249 Green, S., et al, 2013.
- 250 Rauch, P., program director, Family Support and Outreach Red Sox Foundation/MGH Home Base Program. Personal communication, Aug. 1, 2014.
- 251 Chandra, 2013.
- 252 Waynick, T., Frederich, P., & Scheider, D. (2005, October). *Enabling military families to survive the traumas of war*. Presentation at the 63rd meeting of the American Association of Marriage and Family Therapists, Kansas City, MO.
- 253 Tolhurst, N., Hawkins, S. A., & Borden, L. (2007). *Communication methods during deployment for military spouses, reach: Supporting families through research and outreach*. Retrieved from http://www.ncfr.org/sites/default/files/downloads/news/124-09-tolhurst_et_al_posterncfr.pdf
- 254 Huebner, 2007.
- 255 Ibid.
- 256 Lester, P., Mogil, C., Saltzman, W., Woodward, K., Nash, W., Leskin, G., Bursch, B., Green, S., Pynoos, R., Beardslee, W. (2011, January 18). Families overcoming under stress: Implementing family-centered prevention for military families facing wartime deployments and combat operational stress. *Military Medicine*, 176, 19-25. Retrieved from http://www.cstsforum.org/assets/media/documents/Panelists_Papers/Lester_Panel%20_FOCUS_Military_%20Medicine_2011.pdf
- 257 Karney, B. R., & Crown, J. S., 2007.
- 258 Department of Defense, 2013, 2012 Demographic Profile of the Military Community, p.51
- 259 Mental Health Advisory Team 9 Operation Enduring Freedom (OEF) Afghanistan (2013) Retrieved from http://armymedicine.mil/Documents/MHAT_9_OEF_Report.pdf
- 260 Funk, J. L. & Rogge, R. D. (2007). Testing the ruler with item response theory: Increasing precision of measurement for relationship satisfaction with the Couples Satisfaction Index. *Journal of Family Psychology*, 21, 572-583.
- 261 Focus. *Family Resiliency Training for Military Families*. Retrieved from <http://www.focusproject.org/>
- 262 Office of the Assistant Secretary of Defense for Readiness and Force Management. (2012, May 29). *DoD Child Abuse and Domestic Abuse Data Trends FY 2001-2011*. Retrieved from http://www.ncdsv.org/images/DoD_ChildAbuseAndDomesticAbuseDataTrendsFY2001-2011_5-29-2012.pdf
- 263 United States Government Accountability Office. (2010, September). *Military Personnel: Sustained leadership and oversight needed to improve DoD's prevention and treatment of domestic violence, Report to the Chairman, Subcommittee on National Security and Foreign Affairs, Committee On Oversight and Government Reform, House of Representatives*; (GAO-10-923). Retrieved from <http://www.gao.gov/new.items/d10923.pdf>
- 264 The Centers for Disease Control. (2013). *Intimate Partner Violence: Risk and Protective Factors*. Retrieved from <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html> risk fact



²⁶⁵ Black, M.C. & Merrick, M. (2013). *National Intimate Partner and Sexual Violence Survey Technical Report*. Retrieved from http://www.sapr.mil/public/docs/research/2010_National_Intimate_Partner_and_Sexual_Violence_Survey-Technical_Report.pdf

²⁶⁶ Ebell, M.H. (2004, May 15). Routine Screening for Depression, Alcohol Problems, and Domestic Violence. *American Family Physician*, 69(10), 2421- 2422.

²⁶⁷ Maury, R. & Stone, B. 2014.

²⁶⁸ Fairchild, C. (2011). Defense urged to create central domestic violence database. *Government Executive*. Retrieved from <http://www.govexec.com/defense/2011/10/defense-urged-to-create-central-domestic-violence-database/35233/>

²⁶⁹ Monson, C. M., Taft, C.T., & Freedman, S. J. (2009). Military-related PTSD and intimate relationships: From description to theory-driven research and intervention development. *Clinical Psychology Review*, 29(8), 707-714.

²⁷⁰ Department of Defense Instruction Number 6400.06. (2011). Domestic abuse involving DoD military and certain affiliated personnel. Retrieved from <http://www.dtic.mil/whs/directives/corres/pdf/640006p.pdf>

²⁷¹ Alliance of Military and Veteran Family Behavioral Health Providers. (2011). *Resource Guide for Military and Veteran Domestic Violence Program Staff*. Retrieved from <http://www.107aw.af.mil/shared/media/document/AFD-111012-005.pdf>

²⁷² United States Department of Veteran's

Affairs. *Military sexual trauma*. Retrieved from <http://www.mentalhealth.va.gov/mst-home.asp>

²⁷³ Zezima, K., 2014.

²⁷⁴ Hosek, J. (ed). (2011). *How is Deployment to Iraq and Afghanistan affecting U.S. Service Members and Their Families? An Overview of Early RAND Research on the Topic*. Prepared for the Office of the Secretary of Defense by the Rand Corporation. Retrieved from http://www.rand.org/content/dam/rand/pubs/occasional_papers/2011/RAND_OP316.pdf

²⁷⁵ Ibid.

²⁷⁶ The Military Family Research Institute at Purdue University. *Star Behavioral Health Providers*. Retrieved from <https://www.mfri.purdue.edu/programs/sbhp.aspx>

²⁷⁷ Weinick, R.M, Beckjord, E.B., Farmer, C.M., Martin, L.T., Gillen, E.M., Acosta, J.D. , ... Scharf, D.M. (2011). *Programs addressing psychological health and traumatic brain injury among U.S. Military Servicemembers and their families*. Prepared for the Office of the Secretary of Defense by the Rand Corporation. Retrieved from http://www.rand.org/content/dam/rand/pubs/technical_reports/2011/RAND_TR950.pdf

²⁷⁸ *Military OneSource eligibility*. Retrieved from http://www.militaryonesource.mil/counseling?content_id=268640

²⁷⁹ National Institutes of Mental Health (2012). *Major Depression Among Adults*. Retrieved from http://www.nimh.nih.gov/statistics/1MDD_ADULT.shtml

²⁸⁰ Centers for Disease Control and Prevention (2011). An estimated 1 in 10 U.S. adults report depression. Retrieved from <http://www.cdc.gov/features/dsdepression/>

²⁸¹ Ibid.

²⁸² Mansfield, A., J.S. Kaufman, S.W. Marshall, B.N. Gaynes, J.P. Morrissey, & C.C. Engel. (2010). Deployment and the use of mental health services among U.S. Army wives. *The New England Journal of Medicine*, 362(2), 101-109.

²⁸³ Institute of Medicine, Board on the Health of Select Populations (2013, March 26). *Consensus Report: Returning home from Iraq and Afghanistan: Readjustment needs of Veterans, Service Members, and their families*. Washington, DC: National Academies Press. Retrieved from <http://www.iom.edu/Reports/2013/Returning-Home-from-Iraq-and-Afghanistan.aspx>

²⁸⁴ Kroenke K., Spitzer R.L., & Williams J.B. (2003). The patient health questionnaire-2: validity of a two-item depression screener. *Med Care*, 41, 1284-92.

²⁸⁵ Spitzer R., Kroenke, K., Williams, J. (1999). Validation and utility of a self-report Version of PRIME-MD: the PHQ Primary Care Study. *Journal of the American Medical Association*, 282, 1737-1744.

²⁸⁶ Suicide Prevention Resource Center. *Suicide Prevention Basics*. Retrieved from <http://www.sprc.org/basics/about-suicide>.

- ²⁸⁷ Ursano, R.J., Colpe, L.J., Heeringa, S.G., Kessler, R.C., Schoenbaum, M. and Stein, M.B., (2014). The Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS). *Psychiatry*, 77(2) 107-119. Retrieved from <http://guilfordjournals.com/doi/pdf/10.1521/psyc.2014.77.2.107>
- ²⁸⁸ Department of Defense (2013, January 9). *Suicide and Military Families: A report on the feasibility of tracking deaths by suicide among military family members*. Retrieved from http://i.cdn.turner.com/cnn/2014/images/02/05/final_report.pdf
- ²⁸⁹ Ramchand, R., J. Acosta, R.M. Burns, L.H. Jaycox, C.P. Pernin. (2011). *The War Within: Preventing Suicide in the U.S. Military*. Santa Monica CA: RAND Corporation.
- ²⁹⁰ Luxton, D.D., J.E. Osenback, M.A. Reger, D. Smolenski, N.A. Skopp, N.E. Bush, & G.A. Gahm. (2011). *Department of Defense Suicide Event Report Calendar Year 2011 Annual Report*. Retrieved from http://www.t2health.org/sites/default/files/dodser/DoDSER_2011_Annual_Report.pdf
- ²⁹¹ National Center for Telehealth and Technology, Defense centers of Excellence for Psychological Health and Traumatic Brain Injury. (2012). *Department of Defense Suicide Event Report Calendar Year 2012*. Retrieved from http://www.t2.health.mil/sites/default/files/dodser_ar2012_20140306-2.pdf
- ²⁹² Ibid.
- ²⁹³ Kemp, J., & Bossarte, R. (2012). *Suicide Data Report, 2012, Department of Veterans Affairs Mental Health Services Suicide Prevention Program*. Retrieved from <http://www.va.gov/opa/docs/Suicide-Data-Report-2012-final.pdf>
- ²⁹⁴ Elbogen, E.B., Johnson, S.C., Wagner, H.R., Newton, V.M., J. Beckham, J.C. (2012). Financial well-being and post-deployment adjustment among Iraq and Afghanistan war veterans. *Military Medicine*, 177(6), 669-675.
- ²⁹⁵ Ilgen M.A., McCarthy J.F., Ignacio R.V., Bohnert A.S., Valenstein M., Blow F.C., Katz I.R. (2012). Psychopathology, Iraq and Afghanistan service, and suicide among Veterans Health Administration patients. *Journal of Consulting and Clinical Psychology*, 80(3), 323-330.
- ²⁹⁶ Kessler R.C., Borges G., Walters E.E. (1999). Prevalence of and risk factors for lifetime suicide attempts in the National Comorbidity Survey. *Archives of General Psychiatry*, 56(7), 617-26.
- ²⁹⁷ Kroenke et. al, 2003.
- ²⁹⁸ Department of Defense, 2013, Suicide and Military Families.
- ²⁹⁹ Blue Star Families, 2012.
- ³⁰⁰ Blue Star Families, 2013.
- ³⁰¹ Department of Defense, 2012, Suicide Event Report Calendar Year 2012.
- ³⁰² Mann, J.J., Apter, A, Bertolote, J., et. al. (2005). Suicide Prevention Strategies: A Systematic Review. *Journal of the American Medical Association*, 294(16), 2064-2074. Retrieved from <http://healthymarathon-county.org/staging/wp-content/uploads/Suicide-Prevention-Strategies-a-systematic-review.pdf>
- ³⁰³ Elbogen, E.B., Beckham, J.C., Butterfield, M.I., Swartz, M., Swanson, J. (2008, February). Assessing risk of violent behavior among Veterans with severe mental illness. *Journal of Traumatic Stress*, 21(1), 113-117. Retrieved from [http://www.cstsforum.org/assets/media/documents/general_readings/anger_and_violence/Elbogen%20et%20al.%20\(2008\)%20vets%20violence%20PTSD.pdf](http://www.cstsforum.org/assets/media/documents/general_readings/anger_and_violence/Elbogen%20et%20al.%20(2008)%20vets%20violence%20PTSD.pdf)
- ³⁰⁴ Department of Defense, 2012. *Suicide Event Report Calendar Year 2012*.
- ³⁰⁵ Blow, A.J., Ganoczy, D., Kashy, D.A., Marcus, S.M., Gorman, L., Kees, M., Valenstein, M., Fitzgerald, H.E., Chermack, S. (2013). Hazardous and family functioning in National Guard veterans and spouse postdeployment. *Journal of Family Psychology*, 27(2), 303-313. Retrieved from [http://www.cstsforum.org/assets/media/documents/general_readings/alcohol_and_substance_use/Blow%20et%20al.%20\(2013\)%20haz%20alc%20drinking%20fam%20func%2](http://www.cstsforum.org/assets/media/documents/general_readings/alcohol_and_substance_use/Blow%20et%20al.%20(2013)%20haz%20alc%20drinking%20fam%20func%2)
- ³⁰⁶ Elbogen et. al., 2012.
- ³⁰⁷ Substance Abuse and Mental Health Services Administration. (2014). *The TEDS Report: Gender differences in primary substance of abuse across age groups*. Retrieved from <http://www.samhsa.gov/data/2k14/TEDS077/sr077-gender-differences-2014.htm>
- ³⁰⁸ Ewing, J.A. (1984). Detecting Alcoholism: The CAGE Questionnaire. *Journal of the American Medical Association*, 252, 1905-1907.
- ³⁰⁹ Institute of Medicine. (2013, March 26). *Returning home from Iraq and Afghanistan: Readjustment needs of veterans, service members and their families*. Board on the Health of Select Populations. Retrieved from <http://www.iom.edu/Reports/2013/Returning-Home-from-Iraq-and-Afghanistan.aspx>
- ³¹⁰ Defense Veteran Brain Injury Center (2014). *DoD Worldwide Numbers for TBI*. Retrieved from <http://dvbic.dcoe.mil/dod-worldwide-numbers-tbi>
- ³¹¹ Tanielian, T., & Jaycox, L. H. (2008). *The Invisible Wounds of War*. Santa Monica CA: RAND Corporation. Retrieved from <http://www.rand.org/pubs/monographs/MG720.html>
- ³¹² American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ³¹³ Vasterling, J. J., Proctor, S. P., Friedman, M. J., Hoge, M. J., Heeren, T., King, L. A., & King, D. W. (2010). PTSD symptom increases in Iraq-deployed soldiers: Comparison with nondeployed soldiers and associations with baseline symptoms, deployment experiences, and postdeployment stress. *Journal of Traumatic Stress*, 23(1), 41-51.
- ³¹⁴ Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. (2004). Combat Duty in Iraq and Afghanistan, mental health problems, and barriers to care. *The New England Journal of Medicine*, 351(1), 13-22.
- ³¹⁵ Carrillo, E.J., Carrillo, V.A., Perez, H.R., Salas-Lopez, D. Natale-Pereira, A., Byron,, A.T. (2011). Defining and targeting health care access barriers. *Journal of Health Care for the Poor and Underserved*, 22(2), 562-575.
- ³¹⁶ Management of Post-Traumatic Stress Disorder and Acute Stress Reaction (2010). *DCoE PTSD Patient Tool*. Retrieved from <http://www.healthquality.va.gov/guidelines/MH/ptsd/>
- ³¹⁷ U.S. Department of Veterans Affairs. (2012). VA Adding Family Therapists and Mental Health Counselors to Workforce [Press release]. Retrieved from <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2303>





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