



## Associations over time between wartime deployment, parental burnout and child adjustment

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### ABSTRACT

Military deployment places significant stress on families, yet little is known about its effects in contexts where both deployed and non-deployed family members face ongoing threat. This longitudinal study, conducted during the first seven months of the Israel–Hamas War, investigated how spousal deployment interacts with parental burnout and child emotional and behavioral problems, and whether parental burnout moderates this relationship. The study included 123 Israeli mothers (Mean age = 39.11, SD = 6.10) of children aged 5–18 years (Mean age = 8.47, SD = 3.32), 35 of whom had partners deployed to reserve duty during the war (28%). Participants completed measures of parental burnout and child adjustment at two time points: one month and seven months after the outbreak of the war. Results indicated that at baseline, mothers whose partners were deployed reported significantly higher levels of parental burnout and child's behavioral and emotional difficulties. Over time, parental burnout remained stable in the deployed group but increased among mothers with non-deployed partners. Importantly, parental burnout moderated the association between deployment status and child adjustment, such that deployment was significantly associated with child difficulties only when parental burnout was high. These findings underscore the critical role of parental emotional well-being in shaping child outcomes during armed conflict. Parental burnout emerges as a key factor that can moderate the link between deployment and children's mental health and should be a central target in family-based support strategies during times of war.

### 1. Introduction

Parenting is one of the most rewarding yet demanding roles in adulthood, with far-reaching implications for parents' mental health and overall well-being (Nelson et al., 2014; Nomaguchi and Milkie, 2020). Parents must continually balance the competing demands of caregiving, employment, and household management, often under considerable emotional and practical strain. These challenges are influenced by multiple factors, including the child's characteristics, parents' psychological resources, the availability of childcare and social support, and the degree of partner involvement (Fang et al., 2024). Periods of heightened caregiving demands, such as those marked by crisis, uncertainty, or prolonged stress, can intensify these pressures, amplifying imbalance in well-being and heightening vulnerability to emotional exhaustion and burnout (Griffith, 2022). Within this context, military deployment represents a particularly salient stressor for

families, as it poses risks to the mental health and adjustment of all family members and is associated with elevated parental stress, greater child emotional and behavioral difficulties, increased healthcare utilization, and a higher risk of maltreatment (Creech et al., 2014; Trautmann et al., 2015).

The Military Family Stress Model (Gewirtz et al., 2018) offers a useful framework for understanding how military deployment affects family functioning and children's outcomes. This model posits that the stressors accompanying military deployment, including separation, uncertainty, and increased demands on the non-deployed parent, as well as trauma-related symptoms of the deployed individual, can disrupt parenting, ultimately influencing children's behavioral and emotional problems. Crucially, the impact of deployment is not uniform and depends on how well families adapt to these challenges, particularly in terms of parental emotional functioning and caregiving capacity. Recent extensions of the Military Family Stress Model framework incorporate a

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“recovery capital” perspective, emphasizing the internal and external resources that help families buffer the psychological impact of deployment-related stressors, or, when such resources are lacking, exacerbate that stress (DeGarmo and Gewirtz, 2018).

Parental burnout, a phenomenon characterized by overwhelming exhaustion related to one’s parental role, emotional distancing from children, and a sense of inefficacy (Mikolajczak et al., 2019; Roskam et al., 2017), is one such internal risk factor that may undermine child adjustment. This is particularly relevant for spouses of deployed individuals, who often face heightened and prolonged stress during deployment. Studies show that these spouses are at increased risk for anxiety, depression, and secondary traumatic stress (Lapp et al., 2010; Mansfield et al., 2010), which may undermine parental sensitivity and consistency, increasing the likelihood of child emotional and behavioral problems (Cunitz et al., 2019; Keeling et al., 2015). The burden of solo parenting, managing household tasks, disrupted communication, and fear for the partner’s safety contributes to burnout risk (Allen et al., 2011; Connelly et al., 2024). The reintegration phase after deployment also poses challenges, as families must adjust to new dynamics and cope with the emotional toll of separation and combat exposure (Faber et al., 2008). Together, these findings underscore parental burnout as a potential result of military deployment.

Parental burnout has been found to predict harsh parenting and increased emotional and behavioral problems in children as documented in several investigations (Chen et al., 2022; Kerr et al., 2021; Woine et al., 2024; Yuan et al., 2022). Importantly, prior research has highlighted that children’s adjustment in contexts of war and displacement depends strongly on parental functioning. Studies from recent conflicts, such as the Ukraine–Russia war, show that parental mental health is one of the strongest predictors of children’s emotional and behavioral problems (Martsenkovskiy et al., 2024; McElroy et al., 2024). These findings underscore the dual vulnerability of families facing both direct exposure to danger and increased caregiving demands, making parental well-being a key determinant of children’s resilience in wartime. Building on this evidence, the current study focuses on parental burnout as a specific mechanism that may explain why some families adapt more effectively than others under deployment-related stress.

Drawing on the Military Family Stress Model (Cheng et al., 2024; Gewirtz et al., 2018), which emphasizes the role of parenting-related processes in shaping children’s outcomes, we propose that the impact of deployment on child behavioral and emotional problems may vary according to the level of parental burnout experienced by the at-home parent. Specifically, elevated parental burnout may intensify the emotional and behavioral challenges children face during a parent’s deployment, as the remaining caregiver may struggle to meet parenting demands. Thus, we propose extending the Military Family Stress Model to account for parenting-related processes not just as mediators (e.g., Gewirtz et al., 2018), but also as moderators of the impact of wartime deployment on child adjustment.

### 1.1. The study context

The current study took place in Israel during the first 7 months of the Israel–Hamas War that followed the October 7th 2023 attack by Hamas on Israel. The attack led to the mass mobilization of Israeli military reservists. According to the Israel Defense Forces, approximately 100,000 reservists were parents of dependent children, leaving large numbers of families without a co-parent (Israel Defense Forces, 2024). In the present study, we use the term deployment to refer to Israeli reservists who were called to active duty during the war. Israel presents a unique context for studying the effects of deployment on families. Unlike in the U.S., where military service is voluntary and military personnel represent just about 1% of the population, reserve duty in Israel is mandatory for many citizens, and mobilization often occurs without prior preparation. As a result, families, particularly spouses of reservists, are less accustomed to

long-term separations and the psychological toll associated with deployment (Braun-Lewensohn and Bar, 2017).

Additionally, during the Israel–Hamas war, the entire population of Israel was under threat (regardless of deployment status), as missile attacks originating from Gaza as well as from Lebanon (via Hezbollah), and Yemen (via Houthi proxies) targeted and thus directly affected civilians (Human Rights Watch, 2025; Lahav and Ben-Ezra, 2024; Zerach, 2024). This “dual threat” of both personal danger and spousal absence due to deployment created a high-risk context that has not yet been studied (Gewirtz et al., under review). To our knowledge, this is the first study to examine parental burnout over time in the context of deployment during a war on the home front. Although the study focuses on Israeli families, the processes it addresses are broadly relevant across contexts in which parents experience prolonged separation due to military service or armed conflict – such as in Ukraine and among military families worldwide. To capture the diverse ways in which wartime deployment affects family functioning, we included parents of children spanning a wide age range. While parenting demands vary across developmental stages, war-related stressors such as safety threats, spousal absence, and disrupted routines can challenge parents regardless of child age. This broader approach provides a more comprehensive understanding of parental burnout and child adjustment during conflict and contributes to a wider perspective on how families adapt to military-related separation and chronic threat across different cultural and geopolitical settings.

### The current study

This study provides a longitudinal perspective on the psychological stressors of military-related separation (i.e., parental burnout) during wartime, in families directly exposed to the impact of war. The longitudinal design of this study allows for the examination of changes in parental burnout, which is a dynamic condition that can evolve over time in response to prolonged stress, shifting caregiving demands, and changes in family structure and support (Roskam et al., 2017). Building on and extending the Military Family Stress Model (Gewirtz et al., 2018), we hypothesized that:

1. Spouses of deployed individuals would report higher levels of parental burnout and greater child behavioral and emotional difficulties than spouses of non-deployed individuals both concurrently and longitudinally (6–8 months later; Time 2).
2. Parental burnout would moderate the association between partner deployment and child adjustment outcomes. Specifically, we expected that higher average levels of parental burnout would amplify the link between spousal deployment and children’s emotional and behavioral difficulties, whereas lower burnout would attenuate this association.

### 2. Method

This is a part of a larger study that measured risk and resilience factors for parents during war (Keleynikov et al., 2023), thus only relevant data are included here. Although some Israeli women were mobilized, no male participants reported a female partner in service, and no same-gender couples participated. Therefore, this study focused solely on mothers whose male partners were either deployed or not deployed.

#### 2.1. Participants

The sample included 123 mothers (Mean age = 39.11, SD = 6.10) of children aged 5–18 years (Mean age = 8.47, SD = 3.32). All participants were married, Jewish, and in heterosexual partnerships. Most held an academic degree (95%) and reported average or above-average household income (81%). Among them, 35 mothers (28%) reported that their

partner had been deployed during the war. The average duration of deployment was 180.57 days ( $SD = 111.59$ ). An independent samples  $t$ -test showed no significant background differences between the groups, except for number of children and religiosity level. Spouses of reservists reported having more children and identified as more religious (see Table 1).

## 2.2. Procedure

The study was approved by the Institutional Review Board of the Faculty of Education, University of Haifa. Eligible participants were parents of at least one child between the ages of 5 and 18. The selected age range was based on the age appropriateness of the Child Behavior Checklist (CBCL), which was used to assess child emotional and behavioral difficulties in this study. Parents with more than one child in the target age range were asked to complete the survey with reference to the child they perceived as having the greatest difficulty coping with the war. This approach was intended to minimize participant burden while capturing meaningful variation in children's adjustment. Parents were recruited between November 10–25, 2023 (T1) through social media platforms, including parenting-focused Facebook groups and WhatsApp networks. All participants completed an online survey via Qualtrics and received a 40 NIS (approximately \$10) gift voucher for participation at each wave. A total of 577 parents completed the survey at T1. Although the study was not originally designed as longitudinal, participants were asked whether they would be willing to be contacted for future follow-up and 340 participants (59%) agreed. Between May 6 and July 10, 2024, those participants were invited to complete a follow-up survey (T2), and 261 (77%) of them responded. Participants provided separate informed consent at each time point. To enhance data validity, the survey included an attention-check item, and only participants who passed this attention check were retained. No two-parent households were represented in the data, as only mothers were included in the analytic sample. To ensure comparability between mothers whose partners were deployed vs. not deployed, the sample was limited to mothers in heterosexual partnerships. Thus, we excluded: 65 parents of children under 5, 51 fathers, 20 single mothers, and 2 whose partners were deployed only after T1. This resulted in a final analytic sample of 123 mothers who met all inclusion criteria and completed both waves (see supplementary materials for CONSORT chart).

## 2.3. Measures

**Demographics:** Participants reported their age, education level, household income relative to the national average, number of children,

**Table 1**  
t-test for independent samples.

	Partner not deployed <i>N</i> = 88	Partner deployed <i>N</i> = 35	<i>t</i> (DF = 121)	Cohen's D	<i>P</i>
Age	39.32 (6.05)	38.60 (6.27)	0.59	.09	.558
Household income	3.58 (1.16)	3.31 (1.26)	1.12	.19	.266
Education	3.59 (0.62)	3.71 (0.46)	-1.21	.14	.229
Religious identification	1.44 (0.77)	1.89 (0.90)	-2.56	-0.55	.013
Number of children	2.51 (1.06)	3.10 (1.40)	-2.46	-0.32	.015
Child's age	8.48 (3.30)	8.46 (3.42)	0.03	.03	.976
War-exposure (T1)	1.38 (1.61)	1.34 (1.39)	0.14	.03	.889
War exposure (T2)	1.43 (1.62)	1.57 (1.50)	-0.44	-0.09	.661

**Note:** Bold results are significant; war exposure questionnaire detailed below; Participants reported on one child.

and one of their children's age. They were also asked whether their partner had been deployed since October 7, 2023, and if so, for how many days.

**War-exposure:** This questionnaire, adapted from the Political Life Events Scale (S lone and Hallis, 1999), consisted of 9 dichotomous (yes/no) items. It comprised two subscales: five items reflecting direct war exposure (e.g., "I was injured during the war", "I have been displaced due to the war") and four items assessing indirect exposure (e.g., "Someone close to me was killed during the war"). The scale was originally developed and validated in Israel (S lone and Hallis, 1999). As there is no theoretical basis to assume that experiencing one type of war-related event would be associated with experiencing others, we did not compute internal consistency for this measure.

**Parental Burnout:** Burnout was assessed using the 23-item Parental Burnout Assessment (PBA; Roskam et al., 2017). Mothers rated how often they experienced items such as "I feel completely exhausted by my role as a parent" on a 7-point scale (1 = never, 7 = every day). Scores above 86.3 indicate clinical burnout (Brianda et al., 2023). Internal consistency was excellent in both time points (T1:  $\alpha = 0.97$ ; T2:  $\alpha = 0.98$ ).

**Child Emotional and Behavioral Problems:** Child maladjustment was assessed using parents' reports on three subscales from the Child Behavior Checklist (CBCL; Achenbach, 1991): Aggressive Behavior, Anxiety/Depression, and Somatic Complaints. The original CBCL includes 113 items in eight subscales; however, to reduce participant burden, this study used only the 43 items comprising the aggressive behavior, anxiety/depression and somatic complaints subscales. Parents rated each item based on their child's behavior over the past few months using a 3-point scale. The Aggressive Behavior subscale includes 18 items (e.g., "Argues a lot"), the Anxiety/Depression subscale contains 13 items (e.g., "Cries a lot"), and the Somatic Complaints subscale comprises 12 items (e.g., "Tires easily without a good reason"). A total score was calculated by summing all items, based on high inter-subscale correlations. At both time points, the internal consistency was high for each subscale (T1: Aggressive Behavior  $\alpha = 0.93$ ; Anxiety/Depression  $\alpha = 0.97$ ; Somatic Complaints  $\alpha = 0.80$ ; T2: Aggressive Behavior  $\alpha = 0.91$ ; Anxiety/Depression  $\alpha = 0.85$ ; Somatic Complaints  $\alpha = 0.86$ ), as well as for the combined total score (T1:  $\alpha = 0.91$ ; T2:  $\alpha = 0.94$ ).

## 2.4. Data analysis

Analyses were conducted in SPSS 26. A repeated-measures ANOVA was conducted to examine group differences over time. Specifically, parental burnout and child symptoms were analyzed at T1 and T2, with partner deployment (deployed vs. non-deployed) included as a between-subjects factor. A hierarchical regression tested whether parental burnout moderated the association between T1 deployment and T2 child symptoms. All the variables were mean-centered. Noteworthy, given the strong correlation between parental burnout scores across the two time points ( $r = 0.83$ ), indicating substantial stability, a composite parental burnout score was created by averaging z-standardized burnout scores at T1 and T2. Given their potential relevance to parental burnout, child age, number of children in the family, and war exposure were included as covariates in all analyses to account for differences in caregiving demands and stress exposure across families. Baseline (T1) child symptoms were also controlled for, with all covariates entered in Step 1 of the analyses. T1 deployment and parental burnout composite score were entered in Step 2. The interaction term was entered in Step 3. To examine the robustness of our findings, we conducted a sensitivity analysis restricted to mothers of children aged 5–12 years [ $n = 104$  (85%)], reflecting the age range most represented in the sample. This analysis tested whether the observed effects were consistent when excluding parents of adolescents. The pattern of results remained unchanged, supporting the stability of the findings. Full results from this analysis are presented in the Supplementary Materials.

### 3. Results

#### 3.1. Correlation analysis

**Table 2** presents correlations between demographic variables, deployment, parental burnout, and child symptoms across time points. War exposure correlated with T1 parental burnout. Deployment status correlated with T1 parental burnout and child symptoms, but not with T2 outcomes. Parental burnout and child symptoms were stable over time and strongly correlated at both time points.

**Note:** \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ ; deployment status: 0 = not deployed; 1 = deployed

#### 3.2. Group differences

Using the clinical cutoff for parental burnout established by [Brianda et al. \(2023\)](#), 17% of mothers whose partners were deployed met criteria for severe parental burnout at Time 1, compared to only 7% in the non-deployed group. At Time 2, the prevalence of severe parental burnout remained the same in the deployed group but increased to 9% in the non-deployed group. We hypothesized that spouses of deployed individuals would report higher levels of parental burnout and greater child behavioral and emotional difficulties at both time points.

To test Hypothesis 1, concerning differences between spouses of deployed and non-deployed partners, we conducted a  $2 \times 2$  mixed ANOVA with Time (T1, T2) as a within-subjects factor and Partner Deployment (deployed vs. non-deployed) as a between-subjects factor (see **Table 3**). First, regarding the parental burnout results, the Time main effect was not significant, whereas the Deployment main effect was. This indicates that across time points mothers with deployed partners reported higher burnout than those without deployed partners. Importantly, the Time  $\times$  Deployment interaction was significant. Follow-up paired comparisons showed that burnout increased from T1 to T2 in the non-deployed group ( $M\Delta = -4.15$ ,  $SE = 2.03$ ,  $p = .043$ ) but remained stable among deployed spouses ( $M\Delta = 3.97$ ,  $SE = 3.21$ ,  $p = .219$ ).

Moving forward to children behavioral and emotional difficulties, the Time main effect was not significant, indicating no overall change from T1 to T2. The Deployment main effect was significant. That is, across time points, children of deployed parents showed higher levels of symptoms on the CBCL than children of non-deployed parents. The Time  $\times$  Deployment interaction was nonsignificant, suggesting similar stability of symptoms across groups. Model-based pairwise comparisons confirmed that the level of child's symptoms did not change over time in neither group (non-deployed  $M\Delta = -0.047$ ,  $SE = 0.070$ ,  $p = .498$ ; deployed  $M\Delta = 0.060$ ,  $SE = 0.110$ ,  $p = .589$ ).

#### 3.3. Moderation analysis

Hierarchical regression analysis was conducted to test the hypothesis that parental burnout would moderate the relationship between partner deployment status and T2 child outcome, while controlling for child age, the number of children in the family, war exposure and baseline child's behavioral and emotional problems, see **Table 4**. All variables were

**Table 3**  
ANOVA repeated measures of Parental burnout and child's symptoms.

Effect	Parental burnout			Child CBCL		
	F (1121)	p	$\eta^2$	F (1121)	p	$\eta^2$
Time	1.04	.963	.008	0.21	.649	.002
Partner Deployment	4.55	<b>.035</b>	.036	5.29	<b>.023</b>	.042
Time $\times$ Partner Deployment	5.58	<b>.020</b>	.044	1.13	.291	.009

**Note:** Bold results are significant; deployment status: 0 = not deployed; 1 = deployed.

**Table 4**  
Hierarchical regression.

	$\beta$	t	p	95 % CI
<b>Step 1</b>				
Child's age	-0.015	-0.204	.838	[-0.16, 13]
Number of children	-0.001	-0.013	.990	[-0.15, 0.15]
War exposure	-0.017	-0.226	.821	[-0.16, 0.13]
T1 CBCL	.640	8.928	<b>.000</b>	[.50, 0.78]
<b>Step 2</b>				
Child's age	.015	.204	.839	[-0.13, 0.16]
Number of children	.035	.463	.644	[-0.12, 0.19]
War exposure	-0.057	-0.772	.442	[-0.20, 0.09]
T1 CBCL	.567	7.357	<b>.000</b>	[.41, 0.72]
Parental burnout	.211	2.670	<b>.009</b>	[.06, 0.38]
Spouse deployment status	-0.032	-0.427	.670	[-0.40 0.26]
<b>Step 3</b>				
Child's age	-0.020	-0.279	.781	[-0.16, 0.12]
Number of children	.034	.467	.641	[-0.11, 0.18]
T1 parental burnout	-0.017	-0.242	.809	[-0.16, 0.13]
T1 CBCL	.523	6.995	<b>.000</b>	[.38, 0.67]
Parental burnout	.011	0.106	.916	[-0.19 0.21]
Spouse deployment status	-0.005	-0.032	.974	[-0.32, 0.31]
Deployment X parental burnout	.476	3.121	<b>.002</b>	[.17, 0.78]

**Note:** Bold results are significant; deployment status: 0 = not deployed; 1 = deployed.

mean centered. In Step 1, child age, the number of children in the family, war exposure, and T1 child's behavioral and emotional problems were entered into the model, which accounted for 40.5% of the variance in T2 child's behavioral and emotional problems,  $F(4, 118) = 20.12$ ,  $p < .001$ . Only baseline child's behavioral and emotional problems score was a significant predictor. In Step 2, the addition of parental deployment status and parental burnout composite score (mean of T1 and T2 scores) yielded a significant increase in explained variance,  $\Delta R^2 = 0.034$ ,  $\Delta F(2, 116) = 3.54$ ,  $p = .032$ . Among these predictors, parental burnout was a significant positive predictor of T2 symptoms, while deployment status was not. In Step 3, the interaction term between deployment and burnout was added to the model. This step significantly improved the model,  $\Delta R^2 = 0.044$ ,  $\Delta F(1, 115) = 9.74$ ,  $p = .002$ , bringing the total variance explained to  $R^2 = 48.3\%$ . The interaction term was statistically significant, suggesting that the relationship between deployment status and child symptoms at T2 was moderated by the level of parental burnout. A simple slopes analysis was conducted examining the effect of deployment status on child's behavioral and emotional problems at T2 at different levels of parental burnout (-1 SD, mean, +1 SD). Results

**Table 2**  
Pearson correlations.

	M	SD	1	2	3	4	5
1. Deployment status	0.50	0.34					
2. War exposure	0.50	0.34	-0.00				
3. T1 Parental burnout	31.76	31.72	.24**	.19*			
4. T2 Parental burnout	33.66	33.98	.12	.13	.83***		
5. T1 Child's symptoms	1.14	0.74	.23*	.10	.40***	.31***	
6. T2 Child's symptoms	1.15	0.85	.14	.05	.39***	.38***	.636***

indicated that when parental burnout was low or mean, there was no link between spouse deployment and child's symptoms (Low:  $b = -0.23$ , SE = 0.20,  $p = .261$ ; Mean:  $b = -0.06$ , SE = 0.17,  $p = .714$ ). However, when parental burnout was high, there was a significant link between spouse deployment and child's symptoms ( $b = 0.45$ , SE = 0.20,  $p = .027$ ).

#### 4. Discussion

While existing literature highlights the impact of parental deployment on children's behavioral and emotional difficulties, little is known about parenting and child adjustment in deployment contexts where the home front is itself exposed to ongoing conflict (Gewirtz et al., under review). Guided by the Military Family Stress Model (Gewirtz et al., 2018), this study aimed to address this gap by examining the longitudinal relationship between spousal deployment and children's behavioral and emotional problems, while considering varying levels of parental burnout. First, our findings show that at Time 1, parents in the spouse-deployment group reported higher levels of parental burnout and child behavioral and emotional problems. Over time, parental burnout remained stable among spouses of deployed reservists but increased in the comparison group of mothers with at-home spouses. Children's symptoms did not change over time in either group. Finally, the interaction analysis revealed that the association between spouse deployment and child difficulties was only significant at high levels of parental burnout.

The Military Family Stress Model suggests that spouse military deployment might disrupt parenting, ultimately influencing children's behavioral and emotional problems. Building on this framework, we hypothesized that parental burnout would moderate the association between spousal deployment and children's symptoms. Our results supported this assumption, and follow-up analyses revealed that the association between spousal deployment and child difficulties was significant only when parental burnout was high. In other words, the impact of deployment on children's adjustment was contingent on the burnout levels of the at-home parent, highlighting parental burnout as a key risk factor in the context of military-related family stress. Parents with low levels of burnout may be better able to maintain emotional availability, consistent discipline, and responsive caregiving despite the stressors associated with deployment (Ren et al., 2024).

These protective parenting behaviors can serve as a buffer for children, reducing their emotional and behavioral vulnerability, especially in high-risk contexts (Griffith, 2022; Ren et al., 2024). This interpretation aligns with the strained parenting and emotion regulation model (Keleynikov et al., 2023) which suggests that high parenting demands can deplete emotional resources, lead to parental burnout, and potentially result in poorer child outcomes. These results emphasize the broader relevance of parental emotional well-being for children's adjustment across diverse high-stress contexts. Noteworthy, although both partner deployment and direct war exposure are substantial stressors, neither uniquely predicted children's difficulties. This pattern suggests that it is not the exposure to deployment or wartime conditions that directly drives child maladjustment, but rather the (non-deployed) parent's psychological depletion and reduced emotional resources in response to these stressors which are associated with child outcomes.

Another notable finding of the current study is the high, and stable, levels of parental burnout reported by spouses of deployed parents. While prior research in Western countries such as the United States, Canada, Poland, France, and Belgium has found that parental burnout affects approximately 5–8% of parents (Roskam et al., 2021), and rates among non-deployed spouses in our study ranged between 7% and 9%, and the prevalence among spouses of reservists was markedly higher, reaching 17% at both time points. Supporting previous findings (e.g., Chemerys et al., 2025), these results highlight that ongoing war and spousal deployment represent significant risk factors for parental burnout. The current findings, combined with known prolonged and

negative consequences of parental burnout (Mikolajczak et al., 2019), underscore the urgent need for targeted prevention efforts to support the well-being of parents navigating the dual threat of partner deployment and war exposure.

Another noteworthy finding concerns the different changes in parental burnout observed across the two groups. While levels of burnout among mothers whose partners were deployed to reserve duty remained consistently high, but stable, over time, mothers in the non-deployed group showed a significant increase in burnout. One possible explanation is that, during the war, the Israeli government provided targeted support for spouses of reservists, such as refunds for childcare, vacations, and access to mental health services, while no comparable support was offered to other parents (IDF Reserve Support Center, n.d.). It is important to recognize that Israel has been facing a prolonged and intense conflict, which places considerable strain on all parents, not only those whose partners are serving in the reserves. The external support provided to the reservist group may have helped prevent a further increase in burnout levels, though it is noteworthy that their levels remained elevated and did not decline over time. These findings suggest that support programs aimed at reducing parental burnout should not be limited to families of deployed reservists but should be extended to all parents living under prolonged wartime stress, in order to prevent increasing burnout and promote family resilience more broadly.

##### 4.1. Strengths, limitations, and future directions

This study contributes to the growing literature on family functioning during armed conflict by focusing on the psychological experiences of Israeli parents and children during a period of intense wartime stress. However, several limitations should be acknowledged. First, all data were based on self-report measures, which may be subject to bias or inaccuracies in reporting. Notably, children's behavioral and emotional problems were assessed solely through parent report, a common approach in the field, but one that may be influenced by parental stress and perception. Future studies would benefit from incorporating multi-informant approaches, including teacher or child-reports, to provide a more robust assessment of child adjustment. In addition, the assessment of children's behavioral and emotional problems was limited by the use of only three of the eight standard subscales of the Child Behavior Checklist (CBCL). While these subscales captured core domains of child functioning, the omission of other key areas may have restricted our ability to fully characterize children's emotional and behavioral adjustment. A further limitation concerns the wide age range of children in the sample. Parenting demands and stressors likely differ between parents of preschoolers and those of adolescents, particularly in the context of war. For example, parents of toddlers and school-age children may primarily worry about maintaining routines, ensuring emotional stability, and managing children's exposure to distressing information. In contrast, parents of older adolescents, especially those approaching age 18 and therefore eligible for military recruitment, may experience an additional layer of fear and anticipatory anxiety related to their child's potential conscription and direct exposure to combat. Although we statistically controlled for child age and replicated all analyses in a subsample of parents with children aged 5–12 years, the heterogeneity in developmental stages remains a factor that may influence the expression and correlates of parental burnout. Future research should examine these processes separately for distinct child age groups to clarify potential developmental differences. A further limitation concerns our focus on a single target child. Parents were asked to report on one child only, as subsequent questionnaires referred specifically to that child. Although this approach reduced participant burden and improved data quality, it may not fully reflect family dynamics or variations in parental burnout and child adjustment across siblings. Moreover, we did not collect information regarding additional caregiving support (e.g., assistance from grandparents or other family members). Future research should consider examining the availability and quality of such support,

as it may serve as an important protective factor for parental well-being during wartime. Next, it is important to note that the association between parental burnout and child difficulties is likely bidirectional. Parents experiencing higher burnout may perceive or report their children's behavior more negatively. Conversely, children who display greater emotional or behavioral difficulties may, in turn, increase parents' sense of overload and contribute to higher burnout levels over time (Yuan et al., 2022). Although the study included two measures points, our analyses cannot determine the direction of influence between parental burnout and child difficulties. Future research could employ cross-lagged modeling to better capture the dynamic, bidirectional interplay between parental well-being and child adjustment. Finally, participants were mostly highly educated and reported above-average income. This relative homogeneity limits the generalizability of the findings, future research should aim to include more socioeconomically diverse samples to capture the full variability of parental experiences during wartime.

## 5. Conclusion

The current study demonstrates that in the context of wartime deployment, parental burnout is a key factor shaping children's emotional and behavioral adjustment. While spousal deployment alone was not consistently associated with child's emotional and behavioral difficulties, its impact was conditional on the emotional state of the caregiving parent. Specifically, the association between deployment and child difficulties emerged only when the at-home parent reported high levels of burnout. Furthermore, the persistently elevated rates of burnout among spouses of reservists and the rising burnout in non-deployed parents underscore the psychological burden of caregivers during prolonged conflict and emphasize the need of parents in support during such difficult times. Encouragingly, recent research shows that parental burnout can be effectively reduced through targeted intervention, specifically through group therapy programs (Brianda et al., 2020; Urbanowicz et al., 2023). These interventions aim to restore balance between parental stressors and resources, by working on key stressors (e.g., parental perfectionism, limited co-parental support) while strengthening core resources such as emotion regulation, stress-management skills and effective parenting practices. These findings offer hope that with appropriate support, parents can improve their well-being and better support their children during times of crisis.

## Ethics approval statement

This study was approved by the IRB committee of the Faculty of Education, University of Haifa (IRB approval 383/23).

#### Data availability statements

The dataset of the current study available in OSF: <https://osf.io/10.17605/OSF.IO/NVRXB>

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CRediT authorship contribution statement

**Mor Keleynikov:** Writing – review & editing, Writing – original draft, Resources, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Dana Lassri:** Writing – review & editing, Supervision, Resources, Investigation, Funding acquisition, Conceptualization. **Joy Benatov:** Writing – review & editing, Supervision, Resources, Investigation, Funding acquisition,

**Conceptualization.** **Noga Cohen:** Writing – review & editing, Supervision, Resources, Investigation, Funding acquisition, Conceptualization. **Reuma Gadassi-Polack:** Writing – review & editing, Supervision, Resources, Investigation, Funding acquisition, Conceptualization.

### **Declaration of competing interest**

The authors have no relevant financial or non-financial interests to disclose.

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