The Well-Being of Children from Military Families

ABSTRACT
Since 2001, the rapid pace of deployments of military personnel who are parents has created additional concern for the emotional and behavioral health of their children. Repeated deployments create prolonged periods of uncertainty and an increased sense of danger on the part of children and at-home spouses. Children of all ages have higher rates of anxiety and depressive symptoms. Academic problems for children of deployed parents also occur more frequently. The psychological stress of both at-home and deployed parents is associated with the child’s level of emotional distress. Awareness of the possibility of greater challenges facing military families today is warranted to identify distress and referral to treatment. [Journal of Psychosocial Nursing and Mental Health Services, 52(4), 27-30.]

The well-being of children is important in any family unit and is usually associated with factors such as economic status, educational level, and family structure (including the presence or absence of parents) (Lopoo & Deleire, 2014). The well-being of children is no less

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important in military families, and since 2001, the family structures of approximately 2 million American children have been altered due to the “rapid tempo of operations” of the U.S. Armed Forces (Hosek, 2011, p. 41). Significant proportions of Active Duty and National Guard/Reserve personnel who serve in the U.S. Armed Forces are parents, and during these past 13 years of war, repeated deployments have created multiple separations between parents and children, particularly for soldiers (Hosek, 2011). Although improvements in communication (e.g., Skype, FaceTime) have allowed more frequent and synchronous communication between parents and children, the extraordinary operational pace of the Armed Forces has created new types of stressors for military families to bear.

The purpose of this article is to review the evidence regarding the influence of combat deployments on the children of military families. What behavioral and emotional adjustment problems do they experience? How have families been affected?

OVERVIEW OF U.S. MILITARY FAMILIES

There are approximately 2.25 million U.S. military members in the Active Duty and Reserve components (including the National Guard and Army Reserve); these service members have more than 3 million family-dependent members, including spouses, children, and sometimes adult dependents (e.g., elderly parents) (Office of the Deputy Assistant Secretary of Defense, 2012). More than half (53%) of military personnel are married. Approximately 44% of service members are single without children; 37% are married with children; 16% are married without children; and 7% are single with children. Thus, in 2012, 44% of military personnel had children compared to 40% in 2000. Of the approximate 2 million total children in 2012, 38% were between birth and age 5. Children ages 6 to 11 comprised 30% and adolescents ages 12 to 18 represented 25%. Only approximately 7% are between ages 19 and 22; those who are ages 21 and 22 must be enrolled as full-time students to qualify as dependents (Office of the Deputy Assistant Secretary of Defense, 2012).

PACE OF DEPLOYMENTS FOR FAMILIES

Repeated deployments have been common since the beginning of the current War on Terror sometimes called the “long war” (Lester et al., 2010, p. 310). Approximately 10% of military personnel have been deployed three or more times to Iraq and Afghanistan (Hosek, 2011). Prior to the World Trade Center attack in 2001, there was a different pattern of stress in military families. In the 1980s and 1990s, families of service members experienced symptoms of anxiety and depression during deployment periods (which were then infrequent); however, successful negotiation of the demands of military life was the rule rather than the exception (Kelley, 1994; Ursano, Holloway, Jones, Rodriguez, & Belenky, 1989). There were still some child adjustment difficulties due to absences of parents that included sadness, discipline problems, and attention-seeking behavior, but only transient rates of significant psychological symptoms were documented (Jensen, Martin, & Watanabe, 1996; Rosen, Teitelbaum, & Westhuis, 1993; Yeatman, 1981).

More recent evidence indicates a higher level of distress and psychiatric concerns on the part of family members. Simply stated, “A parent’s departure to fulfill military duties in uncertain and dangerous circumstances, as well as the return and reintegration following deployment, represent significant challenges to children” (Lester et al., 2010, p. 311). Lester et al. (2010) studied the influence of parental combat deployment and parental distress on the behavioral and emotional adjustment of children ages 6 to 12 in families who had a parent who was currently deployed or recently returned from deployment. They proposed that severity of child adjustment problems would be higher than community norms, be increased when either the at-home parent or active duty parent had psychological distress, and that problems were increased by cumulative combat deployments during the child’s lifetime.

Of the 171 Active Duty families studied at two highly combat-deployed bases, 126 were Army families and 45 were Marine families (Lester et al., 2010). The average number of deployments for the families was 2.1. From the 171 families, 272 children were evaluated for child behavioral problems, depression, and anxiety; their parents were evaluated for anxiety and depressive symptoms as well as trauma history.

Lester et al. (2010) found that children with recently or currently deployed parents showed significantly elevated levels of anxiety (p < 0.001) compared to community norms. However, on measures of child behavior and depression, there were no significant differences. Nevertheless, parental distress (either on the part of the at-home parent or recently returned parent) predicted higher levels of child depression and child behavioral problems. A longer length of combat-related deployments was also associated with more child depression and child behavioral problems. Lester et al. (2010) concluded that parental psychological distress was linked to child emotional and behavioral symptoms via impaired emotional availability and inconsistent care routines. There was a significant limitation to the study in that it was a cross-sectional study, and the authors
were unable to identify any reciprocal influence of child distress on parental distress; the investigators called for a future longitudinal evaluation of child and family adjustment across cycles of deployment.

In another study, participants were sampled via the National Military Family Association, which represents families from the deployed forces of all four services, including the National Guard and Reserves. Chandra et al. (2010) conducted telephone interviews with 1,500 children from military families, ages 11 to 17, and their caregiver parents, who were almost all mothers. The authors measured multiple indicators of child well-being including academic engagement, problem behaviors, emotional difficulties, and deployment-related difficulties.

In general, both children and caregivers reported high rates of emotional and behavioral disturbances. Again, as reported above, rates of anxiety disorders were much higher in children from military families (30%) than comparison groups of children from non-military families (9% to 15%) (Chandra et al., 2010). Further, academic problems were also reported at a higher rate in the families of deployed parents as well as problem behaviors (e.g., fighting, drinking), which became worse with increasing age. Interestingly, peer function improved with increasing age.

Not unexpectedly, the positive mental health of the caregiver was significantly associated with higher levels of child academic engagement and lower levels of emotional difficulties (Chandra et al., 2010). These mothers also reported that their older children had more difficulties during deployment, with girls reporting more challenges than their male counterparts, especially during the reintegration period after the active duty parent returned home. Older children of both genders had trouble getting to know the parent again due to adjustments to the deployed parent rejoining the household routine. A protective factor emerged: Families who lived in military housing at the time of the interviews reported that their children had fewer problems during deployment than families who lived off-base (Chandra et al., 2010).

Adolescents from California military families were the focus of another study. The well-being and suicidal ideation of adolescents were measured in a subsample in the 2011 California Healthy Kids Survey (CHKS; N = 14,299) (Cederbaum et al., 2013). A subsample (n = 1,305) of seventh-, ninth-, and 11th-grade California adolescents was identified as having military connections. Family deployment history (i.e., number of times a parent was deployed over the past 10 years) as well as the mental health measures that were part of the CHKS were queried via paper-and-pencil survey during one class session at school. Specific mental health measures included suicidal ideation (a single-item yes/no question), a sad or hopeless yes/no question, and 12 items that pertained to well-being and depressive symptoms, rated on a 5-point scale, with higher scores indicating less well-being.

The study showed depressive symptoms were only slightly higher for those with a military parent (24% compared to 23% for no parent in the military) (Cederbaum et al., 2013). However, rates of suicidal ideation were higher among those with a parent in the military (25%) compared with those with no parent in the military (19%). As the number of deployments rose, those adolescents reporting two or more deployments had a 34% increase in the odds of suicidal ideation compared with those with no parental deployment experience. Finally, there was a 15% increased likelihood of depressive symptoms among adolescents who reported one parental deployment. Those who had two or more family deployments expe-
rienced a 41% increase in depressive symptoms compared with adolescents who experienced no deployments within their families. Cederbaum et al. (2013) concluded that being associated with a military family decreased the overall well-being of these California adolescents by 21%.

**PSYCHIATRIC-MENTAL HEALTH NURSING IMPLICATIONS**

In 2013, the American Academy of Nursing initiated its “Have You Served?” campaign to make nurses and other health care providers aware of Veterans’ unique health risks (American Academy of Nursing, 2013). This is a worthwhile effort, but perhaps there should also be a “Has Your Parent Served?” campaign for children of military families. Specific areas to address might be (a) the number, length, and nature of deployment (combat-related or otherwise); (b) whether there were complicating post deployment health issues (e.g., posttraumatic stress disorder), substance abuse, unemployment, domestic violence, or traumatic brain injury; (c) a review of each family member’s health; and (d) the status of the family as a whole as well as the family’s overall level of functioning. Psychiatric-mental health nurses can also screen for child anxiety and depressive symptoms by asking about sleep, patterns of relating, and academic performance. For adolescents, peer relationships, academic difficulties, suicidal ideation, and risky behaviors regarding substance use and sex would help identify the need for referral to treatment.

The well-being of military personnel and those close to them is an important concern, as it affects the Armed Forces’ military readiness and ability to defend our country. The demographics of our Armed Forces have changed in the past two decades such that a larger proportion of service members have families. Although the war in Afghanistan seems to be winding down as of 2014, the toll of mental health problems will predictably rise for some years to come. Future operations must consider the influence of multiple deployments on family members. Increasing awareness of the stressors on military families in both military and civilian communities is warranted.

**REFERENCES**


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The authors have disclosed no potential conflicts of interest, financial or otherwise. The views expressed in this article are those of the authors and do not reflect the official policy or position of the Department of the Army, Department of Defense, or the U.S. Government. Opinions, interpretations, conclusions, and recommendations herein are those of the authors and are not necessarily endorsed by the U.S. Army.

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