



Impact of deployment on military families with young children: A systematic review

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ARTICLE INFO

Article history:

Received 1 April 2015

Revised 28 May 2015

Accepted 1 June 2015

Keywords:

Child mental health

Health disparities

Mental health

Military families

Parenting

Review of literature

Systematic review

Veteran

Young children

ABSTRACT

Background: More than 40% of children in military families are <6 years old, a period when children are most dependent on their parents' physical and emotional availability.

Purpose: This systematic review describes the impact of deployment since 9/11 on the mental health of military families with young children, evaluates evidence-based interventions for military parents with young children, and identifies gaps in the science limiting our ability to support the needs of these families.

Methods: Databases were reviewed from 2001 to 2014 using preferred reporting items for systematic reviews and meta-analyses approach; 26 studies met review criteria.

Results: Deployment was associated with increased parent stress, child behavior problems, health care utilization, and child maltreatment. Few studies tested interventions or focused on racial/ethnic minority or veteran families. A number of methodological limitations are noted.

Conclusions: More research using multiple methods, stronger designs, and more diverse samples is needed to understand and address the needs of military families with young children.

Cite this article: Trautmann, J., Alhusen, J., & Gross, D. (2015, ■). Impact of deployment on military families with young children: A systematic review. *Nursing Outlook*, ■(■), 1-24. <http://dx.doi.org/10.1016/j.outlook.2015.06.002>.

Introduction

Nearly two million children in the United States have at least one parent in the military (Department of Defense [DoD], 2012). After the terrorist attacks of September 11, 2001, military personnel suddenly faced long and frequent deployments to combat environments in Iraq, Afghanistan, and other Middle East and Southwest Asian countries (Defense Manpower Data Center, 2014; Westat, 2010). Children experience

stressful effects from these deployments, and military parents struggle to reestablish their connection into civilian and family life when returning home from combat (Card et al., 2011; Lester & Flake, 2013).

A recent systematic review by Creech, Hardley, & Borsari (2014) evaluated 42 studies on the effects of deployment on parenting and children and adolescents. The results of that review highlighted the pervasive and negative impact of deployment and reintegration on children's mental health. Specifically, children in military families have significantly more

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<http://dx.doi.org/10.1016/j.outlook.2015.06.002>

mental health problems including anxiety, depression, externalizing behavior problems, suicidal ideation, and substance use (Chandra, Martin, Hawkins, & Richardson, 2010; Creech et al., 2014). However, few studies evaluated in their review focused on military families with young children, a significant gap given that more than 40% of military children are <6 years old (DoD, 2012).

Young children are most dependent on their parents' physical and emotional availability for establishing and maintaining a sense of safety and security and have limited ability to comprehend their military parents' lengthy absence (Chartrand, Frank, White, & Shope, 2008). Moreover, the rapid pace of development that occurs during the first 5 years of life can make it especially difficult for deployed parents to re-engage. It is not uncommon for returning parents to reunite with a child who is not only very different from the one they left but who has no memory of their parent and no relationship from which to draw on for providing nurturance and discipline (Defense Department Advisory Committee on Women in the Services, 2004). Thus, military-connected families with young children may be a highly vulnerable population with different needs than those with older children (Osofsky & Chartrand, 2013).

Building on the previous literature, the purposes of this focused systematic review are to (a) describe what is known about the impact of deployment on the mental health of military families with their young children (from birth to the age of 5 years), (b) evaluate the state of the science regarding evidence-based parenting interventions for military families with young children, and (c) identify important gaps in the science that limit our ability to fully support the needs of parenting families in the military. Given evidence of mental health disparities in the military and the general population (Institute of Medicine [IOM], 2010; Saha et al., 2008; Williams & Mohammed, 2009), we also examine the extent to which there may be differences in behavioral and mental health outcomes of military parents and young children across racial/ethnic and socioeconomic groups.

Background

Although it is well understood in the general population that children's well-being is integrally tied to the health and well-being of their parents (Deater-Deckard, 2004; Earls & Carlson, 2001), there are two important assumptions underlying this review. First, military families face unique life circumstances associated with military service that place greater burdens on them than those on families in the general population. These circumstances across multiple wars and during peacetime have been well documented (Isay, 1968; Kelley, 1994; Rosen, Durand, Westhuis, & Teitelbaum, 1995). A second assumption is that compared to earlier

generations, military parents serving in Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), and Operation New Dawn (OND) have grappled with heavier burdens associated with more frequent and lengthier deployments to combat zones (Baiochi, 2013). Therefore, we focus specifically on research published since September 11, 2001. To provide context for this review, we begin with a brief overview of these wars and highlight the implications for mental health of military families with dependent children.

The Impact of OIF/OEF/OND on the Mental Health of Parents

The 9/11 terrorist attacks in New York, Washington DC, and Pennsylvania acted as the catalysts for a renewed sustained war effort and frequent, lengthy deployments to Southwest Asia for military personnel and subsequently their families (Defense Manpower Data Center, 2014). More than 2.5 million military personnel were deployed in support of OIF or OEF comprising 3.5 million individual deployments (Defense Manpower Data Center, 2014; DoD, 2012). Deployments to these hostile environments are associated with increased mental health disorders for military parents, including posttraumatic stress disorder (PTSD; Hoge, Auchterlonie, & Milliken, 2006; Tanielian & Jaycox, 2008). Indeed, poor mental health is among the most common complaints among veterans, with more than 55% of OEF/OIF/OND veterans served within the Veterans Administration (VA) system receiving a mental health diagnosis (US Department of Veteran Affairs, 2013).

An estimated 44% of the military personnel deployed to Iraq or Afghanistan since 2001 are parents (DoD, 2010). Research supports that the longer the deployment during these wars, the more likely the military member's family would experience a range of difficulties affecting their dependent children, such as PTSD, depression, sleep disorders, marital stress, and divorce (Negrusa, Negrusa, & Hosek, 2014; Tanielian & Jaycox, 2008). In addition, veterans from these wars struggle with accessing medical care related to their service, including mental health services and report great difficulty reintegrating into civilian and family life (Hoge et al., 2006; Tanielian & Jaycox, 2008).

Ethnic and Racial Disparities within the Military

More than one third of U.S. military personnel self-identify as an ethnic or racial minority (DoD, 2012). Compared to white, non-Hispanic military personnel, those from racial and ethnic minority backgrounds, are disproportionately represented in enlisted ranks (and thus receive lower military salaries) and often have less education (DoD, 2012). Although all military personnel have equal access to health care, ethnic and racial health disparities among U.S. military personnel have been reported (Bibb, 2001; Blow et al., 2004; Hatzfeld, LaVeist, & Gaston-Johansson, 2012). Service members who perceive racial discrimination often

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