Children of Deployed National Guard Troops: Perceptions of Parental Deployment to Operation Iraqi Freedom

J. Brian Houston, PhD; Betty Pfefferbaum, MD, JD; Michelle D. Sherman, PhD; Ashley G. Melson, BA; Haekyung Jeon-Slaughter, PhD; Michael W. Brand, PhD; and Yana Jarman, DO

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CME EDUCATIONAL OBJECTIVES

- Assess what is known about how deployment affects children of military personnel.
- 2. Evaluate how children perceive and think about the experience of having a parent deployed to active combat.
- Choose suggestions for how clinicians and family members can help children cope with having a parent deployed to active combat.

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Dr. Houston; Dr. Pfefferbaum; Dr. Sherman; Ms. Melson; Dr. Jeon-Slaughter; Dr. Brand; and Dr. Jarman have disclosed no relevant financial relationships.

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EDUCATIONAL OBJECTIVES OVERVIEW

War is hell, and some members of the military experience more hell than others. Some survive the hell of combat while others become scarred, changing who they are and how they react to and interact with the world. For those who physically survive, the hell of war can persist in their heads and brains. For those who experience traumatic brain injuries (TBI), the hell of war compounds their problems. For those with families, deployment can disrupt their parenting and adversely impact their children. And for those who have fought in recent wars, reliable data about posttraumatic stress disorder (PTSD) and its aftermath are crucial for understanding what leads to PTSD.

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he Global War on Terrorism (GWOT) began immediately following the September 11, 2001 terrorist attacks and has included two main operations: Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF) in Iraq.¹ Since their beginning, these operations have been sustained by significant numbers of troops. For example, in April 2008, 162,400 troops were stationed in Iraq, including 27,900 National Guard or Reserves.² When taking into consid-

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eration the number of troops currently training for deployment, rotating in and out of the theater, or backfilling for deployed troops, the number of troops involved in GWOT efforts is actually much higher than the often reported number of "boots on the ground;" in 2007 an average of 320,000 soldiers were participating in GWOT activities at any one time.1 As of late 2007, more than 450,000 National Guard and Reserve troops had been deployed to Iraq and Afghanistan, representing approximately 38% of all troops deployed to these two operations.³ Troop deployments to Iraq and Afghanistan have been 12 or 15 months in length,² and many service members have had multiple deployments in support of the GWOT.⁴ For example, 204,000 Army soldiers⁵ and more than 104,000 National Guard and Reserve service members⁶ have been mobilized more than once for operations related to the GWOT.

Extended and multiple combat deployments for so many troops can place a strain on not only the service members but also on the children and families left behind. However, although "having a primary caretaker deployed to a war zone for an indeterminate period is among the more stressful events a child can experience,"7 not enough is known about how children view the combat deployment experience, particularly related to the current Iraq and Afghanistan operations (though see work by Huebner and colleagues^{8,9}), and even less is known about how deployment is viewed by children of National Guard troops. This research begins to address this gap in knowledge by interviewing children of National Guard service members to examine what children think about the experience of having a parent deployed to combat.

EFFECT OF PARENTAL DEPLOYMENT ON CHILDREN

Much of what is known about how deployment impacts children has resulted from studies conducted during Operation Desert Storm in 1991 and from recent research beginning to address the impact of the GWOT on children. Research has found that children with a deployed parent may exhibit increased anxiety, ¹⁰ sadness, ^{10,11} depression, ¹² behavior or disciplinary problems, ^{11,13,14} and somatic complaints. ¹⁴ Medway and colleagues found a strong relationship



As of late 2007, more than 450,000 National Guard and Reserve troops had been deployed to Iraq and Afghanistan.

between distress in the spouse of a deployed soldier and the behavioral problems in children.¹³ Families of deployed troops report more family life stressors than families of non-deployed soldiers, 12 and child maltreatment rates are greater for military families with a deployed family member compared with families whose service member is not deployed.¹⁵ Seventy percent of Army spouses expected to have problems coping with an Army deployment that lasted more than 1 year, 16 and one-fifth of spouses of soldiers deployed to the GWOT said their oldest child coped poorly with the solider being away from home.¹⁷

Although previous research describes the potential for child and family stress resulting from having a parent or spouse deployed, little is known about how such deployments affect the families of National Guard or Reservist troops.⁷ The impact of deployment on the children of National Guard and Reservist troops is particularly important, given the large numbers of these soldiers deployed in support of the GWOT.1 The impact of deployment on National Guard families may be particularly great because National Guard families are typically not integrated into military life, may not be completely aware of available military support, and live in communities (as opposed to military bases) that may not provide specific support for issues arising from having a family member deployed. 4,7,8,18,19 Consequently, National Guard children may experience deployment in isolation.20 A National Military Family Association survey found that Army National Guard and Reserve families reported experiencing more stress about length of deployment than did families of active duty troops.¹⁸ Finally, the deployment length for National Guard service members is often longer than the reported 15 months because National Guard members typically require several months of training before being sent to the theater, causing their total separation from family to be closer to 18 months.¹⁸

This research focuses on children of National Guard troops in order to begin exploring the impact of some of these realities on children's thoughts and feelings about deployment. In addition to recognizing the possible differences in experiences between children of active duty and National Guard troops, this article also acknowledges the differences in deployment phases and the need to understand each phase and its specific challenges.¹⁹ Therefore, this article specifically focuses on child percep-

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tions of one phase of deployment, the predeployment training phase, a time in which the parent has left home to complete training for an upcoming deployment, but has not yet left the country.

METHOD

Participants were children of National Guard troops who were scheduled to be deployed to Iraq in the near future. Child participants were recruited from the Oklahoma National Guard. Oklahoma National Guard leadership formally endorsed this project through a letter of support. National Guard staff facilitated recruitment of the research sample by sending an invitation letter to the homes of National Guard soldiers who would be deployed in the near future describing the study and providing information for interested families about how to contact the study coordinator. Flyers advertising the study were also distributed and posted at various National Guard facilities and functions. Recruitment letters and flyers indicated the study would help researchers understand the impact of deployment on children and families for the purpose of developing better support and services for the children and families of deployed troops. Parents who were interested in the study contacted the research coordinator, who in turn scheduled an interview with any interested child in the family between the ages of 6 and 18 years. Before participating in the interview, the child participants and their nondeployed parent completed a consent or assent form approved by the University of Oklahoma Health Sciences Center Institutional Review Board.

The portion of the interview that is described here was part of a larger assessment process and consisted of several open-ended questions that were answered by the child participants. The open-ended questions focused on child perspectives of their parent's deployment. Exact questions are provided in the results section. Our interview was administered by a trained and supervised bachelor's-level research

coordinator. The interview was completed in writing by older children while the research coordinator verbally asked the questions to younger children and transcribed their answers in the interview packet. Child participants received a \$20 gift card to compensate them for their time participation. A referral for mental health services was made for any parent or child indicating a need or desire for counseling services or support related to deployment.

Participants

The children interviewed for this research all had fathers who were out of state training for deployment to Iraq at the time of the interviews. Therefore, while each child's father was not yet in Iraq, he was not at home. For most practical purposes, and especially from the child's perspective, the deployment had begun, even though the soldier had not yet reached foreign soil or active combat. Twenty-four children participated in the study, including 15 (63%) boys and 9 (37%) girls. Fifty-eight percent (n =14) of the children reported their racial and ethnic background as white, 21% (n = 5) as black, 17% (n = 4) as American Indian, and 4 % (n = 1) as Hispanic. The child participants represented 14 different families. Seven children had no siblings participating in the study, while 17 children did have a sibling in the study. Fifty percent of the children participating were between 6 and 9 years (n = 12), 33% were between 10 and 13 years (n = 8), and 17% were between 14 and 17 years (n = 4).

RESULTS

Responses to all questions are described below. For each question, both common and uncommon responses are reported. Important clinical issues emerging from a review of all the questions are presented in the discussion section.

Greatest Difficulties of Deployment

The child participants were asked, "What is the hardest thing about de-

ployment for you?" Fifteen of the children mentioned that their father's absence was the most difficult aspect of deployment, citing things like their dad being gone, not seeing their father, missing him, or not being able to talk to him as being most difficult. Two children said their father's absence made them feel lonely, and one child reported feeling sad. Three children reported specific activities they missed doing with their fathers (playing catch, going to the park, playing baseball and soccer, having fun, fixing stuff around the house, roughing around, eating). Only two children said that increased family responsibilities were the most difficult part of deployment ("being alone here taking care of my family" and "taking care of the babies — I have to help"). One child, a 6-year-old girl, said that the most difficult part of deployment was "that my daddy sometimes has to kill people and run away from their bullets and my mom not getting him at home or to help her." Another child mentioned difficulty at school, "some of [the people at school] don't care, and they say stuff without thinking, saying bad things about the war and about the soldiers." One child denied having difficulty with deployment, "I'm not sad anymore, I'm never sad now. I was sad at first, but not now."

Missing the Deployed Parent

Child participants were asked what they missed most about their deployed parent. Most children cited a specific example of something they missed, such as wrestling together, playing sports, playing with Barbies, or working on homework together. Other children reported missing something about their father's personality, such as his sense of humor, his "bright spirit," his presence, or his outgoing personality. One child identified a coping strategy for times when he missed his father: "sometimes I put his hat on to feel better."

Greatest Worries about Deployment

Child participants were asked, "What worries you most about having your dad deployed?" Eleven children said that their father getting hurt was their biggest worry. Four children responded that their dad dying or not coming back was their biggest concern. One child was most worried about someone hurting a member of their nondeployed family while their father was away, and two other children were most concerned about how everyone was doing at home while their father was gone. Three children reported no worries, and six children did not know. One child who had been through a previous deployment said, "No worries, because he went when I was little and he came home safe and brought us presents, so this time I know he'll come home safe."

Changes since Deployment

Child participants were asked, "What changes have you had to make in your life because of the deployment?" Seventeen of the participants said the biggest change was increased responsibility around the house, including helping with chores or looking after siblings. Two children mentioned having less time to play was the biggest change, and six children reported no changes in their lives.

One child reported positive changes, noting that "everything's going to be easier in life because he's going to fight for our rights." In contrast another child said that "I have to try harder in school so I don't let him down. Also, the attitudes around the house have changed a lot, "My mom and sister get upset more easily, so I have to be sensitive." The oldest child in this sample indicated that the biggest change was in the child's new role having to help support the family business:

"I am ... going to start trying to work a lot to help. I'll work for (my Dad's) business to keep it up and make it a fulltime job. They shouldn't send people with little kids and who are older. He had to give up things."

Positive Aspects of Deployment

The child participants were asked, "Are there any positive things about deployment?" Three of the children did not know if there was anything positive about deployment, and eight children reported that there was nothing positive about having a parent deployed. Ten of the children said that it was positive their father was fighting for their rights, serving the country, or helping the world. These children often reported being proud of their fathers. As one child said, "Anybody in the Army is a hero, so now he's even more of a hero." A few children also considered the future reunion with their father to be a positive aspect of deployment. One child said that, "When we see him next we'll be happier to see him, and we'll be proud."

Long-term Change

Child participants were asked, "How do you think the deployment will change you long-term?" Thirteen of the children said they didn't know. Almost all (11 out of 14) of the children younger than 11 years did not know how deployment might change them long term. Overall, three children thought the deployment would not change them. Three children reported possible long-term emotional reactions to deployment (anger, sadness, and depression), and one child said he got into more fights as a result of the deployment.

One child thought the experience would bring her closer to her father, "It will make me miss him so much, but it will make us closer." However, another child thought the separation would be problematic for his relationship with his father, "I think it will make my relationship with my dad a little bit less because it's an on and off situation, sometimes we get to talk, sometimes we don't." One

child thought he would become more empathetic, "If some of my friends get deployed or if their dads get deployed later, I'll know better what it's like." Another child thought he might be stronger as a result of this experience, "Being without a parent for a year changes you, it's possible I'll get stronger." Finally, one child simply acknowledged the immediate challenges ahead, responding to the question with only, "It will just be a really hard year."

Learning from Deployment

Child participants were asked, "What have you learned from the experience of having a parent deployed?" Five children reported that they learned about what their father was doing, and that it was a good thing or helpful to America. Five children reported learning nothing, and two children did not know what they learned. Five children said they learned they had to help their mom around the house. For example, a 6-year-old girl said she learned that "now I have to be big and help my mommy more with [her 5-year-old brother] and [8-month-old sister] so mommy doesn't cry." Another child said she had to help her mom "so my mom doesn't get stressed" and another because "it'll make mom's life easier."

A 10-year-old girl said she learned "that I'm stronger than I look because I'm dealing with my dad being gone." A 6-year-old girl said she had learned about "peace and patience." An older boy said that he had learned about the media and politics. Another child who had been through a previous deployment reported learning that:

"(Dad's) not doing this because he's trying to get away from us or because he doesn't love us anymore, but because he does love us. That's what I thought it was the first time he got deployed, and now I know it's not true."

Finally, one child learned, "that some things you just can't decide, so

you have to stay strong. I get through it with God, friends, and my family," and another child admitted, "Sometimes life can really suck."

Other Comments

In addition to the specific questions asked, at the end of the interview child respondents were asked if they had anything else they wanted to say about deployment. Thirteen of the children had nothing else to say. Many of the children who did answer talked about the importance of having friends to talk to about the situation, especially children who had also experienced having a parent deployed. One girl said that:

"It helps to talk to my friends. I have one friend whose dad is also in the National Guard. I also talk to my mom and family and that helps. It would help to have other kids who go through the same thing, more than just one friend."

Another child said that, "It would help to see other kids who are going through the same things, and get to talk to them about it. We have one friend whose dad is already there, and it helps to talk to her."

DISCUSSION AND IMPLICATIONS FOR CLINICAL PRACTICE

Several lessons for helping children with deployed parents emerged from this research. The first is that having a parent deployed to an active combat zone can be a major challenge for children and their families. Many of the children interviewed here exhibited concern and worry about the safety of their deployed parent and of their families remaining at home. The uncertainty about what will happen to their parent and family as a result of this experience is a major component of the deployment experience for children. Huebner and colleagues frame this uncertainty in terms of ambiguous loss, writing that children with a deployed parent exhibit "a sense of 'loss' of an important person who provided security and assistance." Ambiguous loss was evident in our interviews with the children, and the ambiguity was typically related to unease about what the deployment would mean for the children and families long-term.

Second, the displacement experience created a new burden for both the



Some of the children reported being proud of their fathers as a result of understanding deployment in these terms.

children interviewed and their families. Although the children reported that the hardest part of deployment was missing their deployed parent, the biggest change in these children's lives was an increase in household responsibilities. A few of the children noted that they had to take on these added responsibilities to keep Mom from crying, or to reduce Mom's stress, or just to make Mom's life easier. Therefore, although not asked about it directly, some of these children divulged that they were aware of the emotional impact of deployment on their nondeployed parent and internalized a responsibility to act in a way that would attenuate that emotional reaction.

Third, some of the children we interviewed exhibited clear ideas about the purpose of the parent's deployment to Iraq. These children mentioned that their fathers were fighting for America's rights, making the world safer, helping others, or being brave. Some of the children reported being proud of their fathers as a result of understanding deployment in these terms. Having a sense of meaning related to the deployment experience may be beneficial for children of service members. Although the research conducted here provides no evidence of better health or behavior for children who were able to describe some purpose associated with their parent's deployment, intuitively it seems better for children and families to collectively develop a rationale for why a difficult situation like deployment is taking place. The importance of meaning making for children of deployed soldiers has been suggested elsewhere⁹ and based on these interviews would be a recommended clinical strategy when working with military children and families. Clinicians should also explore whether the meaning that children and their families have constructed to address deployment is routinely challenged by classmates, friends, or the media. For example, if children find meaning in their parent's deployment through a belief that the deployment is making the world safer and their parent is doing noble work, and these children in turn hear classmates say the war is bad or hear on television that the war is making the world less safe, these challenges to the child's worldview may be particularly disconcerting and so they should be explored in clinical interactions.

Lastly, the children participating in these interviews attested to the benefits of being able to discuss their situation with peers, but even more so, with peers who had also experienced or are experiencing the deployment of a parent. In fact, the lack of access to other children who have experienced a deployment in

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the family may be the clearest difference between children of National Guard families and children of active duty soldiers. For the latter group, living on a military base and being better integrated into military culture likely provides interaction with many peers in the neighborhood or at school who are experiencing similar situations. This may not be the case for National Guard children who live in communities that are not necessarily highly concentrated with other military families; in fact, their family may be the only one in the area experiencing deployment. Therefore, activities that can bring National Guard children together, such as summer camps or other recreational events, would provide excellent opportunities to put these children together with other children who share this experience. Although many of these opportunities exist, (eg, the U.S. Army's Operation Military Kids Summer Camp, the National Military Family Association's Operation Purple Summer Camp Program, state National Guard summer camps), not all children of deployed troops may be aware of these programs. Clinicians can help connect children and their families with existing programs. In addition to established programs, clinicians working with National Guard families might develop group sessions of deployed children so that these youth have an opportunity to share experiences and perspectives. Approaches such as these would benefit the children currently experiencing deployment. These approaches would likely be rewarding for children who have already gone through deployment as well, by allowing those who have experienced deployment to use what they have learned to help other children challenged by having a parent deployed.

LIMITATIONS AND FUTURE RESEARCH

There are several limitations to this research that should be noted. First, this

research dealt with only one National Guard unit from one state. The experiences of children whose parents are deployed through another National Guard unit or in another part of the United States may differ. Also, this study included a small number of participants. Future research should include larger numbers of children. This study also included only children who had a father

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other children who share
this experience.

deployed to Iraq and Afghanistan. Although this was not intentional, it does prevent us from exploring how having a mother deployed to combat might differ from how children perceive having a father deployed. Finally, this research focused on just one phase of deployment. Future research should examine subsequent phases of deployment and track child reactions over time. Such work will lead to nuanced understanding of the different issues and challenges that occur across the deployment timeline, which should inform the development of more effective strategies, interventions, and services for supporting children who have a parent deployed to combat.

A question that this research did not address, but should be explored in future research and by clinicians working with children and families of deployed soldiers, is what services are available to help with some of the added pressure and stress experienced by families of deployed service members. One of the biggest concerns about deployment and National Guard families has been that National Guard families are often not as integrated into military culture and may not be fully aware of military services. 4,7,8,18,19 Although National Guard or active duty services may be available to help with some of the causes of family stressors resulting from deployment, not all National Guard family members may be aware of these services. Availability, awareness, and utilization of military and community services should be explored in future research and in clinical interactions with military children and families.

REFERENCES

- 1. Congressional Research Service (CRS). The cost of Iraq, Afghanistan, and other Global War on Terror operations since 9/11. Washington, DC: CRS; June 23, 2008. Available at: http://www.fas.org/sgp/crs/natsec/RL33110.pdf. Accessed July 20, 2008.
- Congressional Research Service (CRS). U.S. forces in Iraq. Washington, DC: CSR; May 8, 2008. Available at: http://fas.org/sgp/crs/mideast/RS22449.pdf. Accessed July 10, 2008.
- Congressional Research Service (CRS). National Guard personnel and deployments: Fact Sheet. Washington, DC: CRS; January 17, 2008. Available at: http://www.fas.org/sgp/crs/natsec/RS22451.pdf. Accessed June 30, 2008
- 4. National Military Family Association (NMFA). Serving the home front: an analysis of military family support from September 11, 2001 through March 31, 2004. Alexandria, VA: NMFA;2004. Available at: http://www.nmfa.org/site/DocServer?docID=362. Accessed July 1, 2008.
- 5. Cavallaro G. The push for a deeper deployment pool. *Army Times*. June, 2008. Available at: http://www.armytimes.com/news/2008/06/army_deployequity_060708w/. Accessed June 15, 2008.
- Defense Science Board. Deployment of Members of the National Guard and Reserve in the Global War on Terrorism. Washington, DC: Office of the Under Secretary of Defense for Acquisition, Technology, and Logistics;2007. Available at: http://www. acq.osd.mil/dsb/reports/2007-11-National_ Guard_and_Reserve_in_the_Global_ War_ on Terrorism.pdf. Accessed June 10, 2008.
- Johnson SJ, Sherman MD, Hoffman JS, James LC, Johnson PL, Lochman JE, Magee TN, Riggs D. The psychological need of U.S.

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- military service members and their families: A preliminary report. American Psychological Association Presidential Task Force on Military Deployment Services for Youth, Families and Service Members. Washington, DC: American Psychological Association; 2007.
- 8. Huebner AJ, Mancini JA. Adjustments among Adolescents in Military Families when a Parent is deployed. West Lafayette, IN: Military Family Research Institute; 2005.
- Huebner AJ, Mancini JA, Wilcox RM, Grass SR, Grass GA. Parental deployment and youth in military families: exploring uncertainty and ambiguous loss. *Family Relations*. 2007;56(2):112-122.
- Kelley ML, Hock E, Smith KM, Jarvis MS, Bonney JF, Gaffney MA. Internalizing and externalizing behavior of children with enlisted Navy mothers experiencing militaryinducted separation. J Am Acad Child Adolesc Psychiatry. 2001;40(4):464-471.
- 11. Rosen LN, Teitelbaum JM, Westhuis DJ. Children's reactions to the Desert Storm deployment:

- Initial findings from a survey of Army families. *Mil Med.* 1993;158(7):465-469.
- Jensen PS, Martin D, Watanbe H. Children's response to parental separation during Operation Desert Storm. J Am Acad Child Adolesc Psychiatry. 1996;35(4):433-441.
- Medway FJ, Davis KE, Caferty TP, Chappell KD, O'Hearn RE. Family disruption and adult attachment correlates of spouse and child reactions to separation and reunion due to Operation Desert Storm. *Journal of Social and Clinical Psychology*. 1995;14(2):97-118.
- 14. Yeatman GW. Paternal separation and the military dependent child. *Mil Med*. 1981;146(5):320-322.
- Gibbs DA, Martin SL, Kupper LL, Johnson RE. Child maltreatment in enlisted soldiers' families during combat-related deployments. *JAMA*. 2007;298(5):528-535.
- U.S. Army Community and Family Support Center. Survey of Army families IV: highlights.
 2001. Available at: http://www.armymwr.com/ corporate/docs/planning/SAFIV SummaryRe-

- port.pdf. Accessed June 10, 2008.
- US Army Community and Family Support Center. Survey of Army families V: highlights. 2004/2005. Available at: http://www.armymwr. com/corporate/docs/planning/SAFV SummaryReport.pdf. Accessed June 10, 2008.
- 18. National Military Family Association (NMFA). Report on the cycles of deployment: an analysis of survey responses from April through September, 2005. Alexandria, VA: NMFA;2005. Available at: http:// www.nmfa.org/site/DocServer/NMFACyclesofDeployment9.pdf?docID=5401. Accessed June 15, 2008.
- Chartrand MM, Siegel B. At war in Iraq and Afghanistan: Children in U.S. military families. *Ambul Pediatr*. 2007:7(1):1-2.
- 20. Strategic Outreach to Families of all Reservists (SOFAR). The "SOFAR" guide for helping children and youth cope with the deployment and return of a parent in the National Guard or other Reserve components. Needham, MA: SOFAR: 2008.

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