Understanding the Impact of Deployment on Children and Families

Findings from a Pilot Study of Operation Purple Camp Participants

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EXECUTIVE SUMMARY

Operation Enduring Freedom (Afghanistan) and Operation Iraqi Freedom (OEF and OIF) have been uniquely characterized by deployments that are often repeated and extended. Research has documented that servicemembers experience significant stress during deployment, and that a substantial minority experience mental health problems. Servicemembers, however, are not the only ones affected by deployment. Many have spouses, children, and other family members. Family members may also experience significant stress related to deployment of their loved ones. Yet to date there is little information regarding the extent to which children and families have been affected, or how deployments may influence child and adolescent behavior or mental health. Further, we do not know how caregivers at home during deployment fare, how they perceive the impact of the deployment on their children, and whether experiences differ for families of active component vs. reserve component personnel. Understanding how family members fare during and after servicemembers’ deployment is critical for assessing the need for programs to serve these families and to design them appropriately. In order to help children with their parent’s deployment, the National Military Family Association (NMFA) developed Operation Purple Camp (OPC), a summer camp program that children with a deployed parent attend free of charge. In this pilot study, we surveyed families attending this camp to learn more about the experiences of deployment.

Methods

To address this research gap, this study sought to assess the functioning and wellness of children of deployed military personnel. Our study objectives were:

1. To describe the functioning and well-being of children of deployed military personnel over time (baseline and 3 months follow-up), from the perspectives of the child and home caregiver
2. To compare the potential differences in the effects of deployment on functioning and well-being of children by service component (active versus reserve) and deployment status
3. To describe the reasons for attendance and benefits of OPC, from the view of child and caregiver

In August 2007, we conducted baseline, self-administered written surveys with children attending OPC. We visited five camps in five states. The baseline survey was administered on-site before the start of camp activities with children and their home caregivers. In addition, we administered a short, end-of-camp survey assessing youth satisfaction with the camp (at the end of the week-long camp in August 2007). In late November 2007, we mailed follow-up surveys to these children and their caregivers. The baseline and follow-up surveys queried children and caregivers about current health, behavior and functioning, experience of potentially stressful life events, communication with the deployed parent, views on the impact of deployment, and reasons for attending the camp. In addition, we
also administered an end-of-camp satisfaction survey to obtain information on the camp experience, what aspects of Operation Purple Camp worked well, and what could be improved.

In the following sections, we briefly describe key findings. This study offers critical information on the impact of deployment on the well-being of servicemembers’ children and families. Findings should be interpreted judiciously because it is a relatively small study and the sample is not representative of all military families who have had a family member deployed.

**Key Findings**

**Caregiver Perspective.** Overall, caregivers for children of a deployed parent reported levels of child emotional and behavioral difficulties that were higher than those reported by parents/caregivers in the general population (National Health Interview Survey, 2001). Active component caregivers reported a higher level of challenges with child behavior than reserve component caregivers did. This finding highlights a possible target for intervention. Caregivers from active component families may benefit the most from assistance in addressing child behavioral and mental health needs. On the other hand, reserve component caregivers may need support with respect to their own mental well-being, as they reported slightly more mental health difficulties. During deployment, reserve component caregivers cited more child disengagement, and more challenges with financial well-being. Active component caregivers often conferred more responsibilities on the child (e.g., care of siblings), and these caregivers described having more home responsibilities as well.

**Children’s Perspective.** Children reported that the deployment(s) influenced and somewhat altered the typical behavior of their home caregiver. This experience varied by deployment status and service component. Children from reserve component families identified more difficulties with parent readjustment after that parent returned from a deployment. Likewise, children of active component personnel expressed more anxieties about their home caregiver during deployment and cited trouble with school work. Children of reserve component families reported more trouble from interacting with peers and teachers, who had limited understanding of their deployment experience.

**Impact of Operation Purple Camp.** We also assessed camp participants’ reasons for attending the camp and the benefits of attendance. We found that children and caregivers were interested in camp for the opportunities to meet other military children, gain independence, and enjoy recreational activities. Children and caregivers perceived camp to be highly beneficial, and most families anticipated returning to camp in the following year, thus providing critical support for this type of program.
Conclusion

The findings indicate that children and home caregivers are having difficulties dealing with deployment and programs such as Operation Purple Camp are critical in helping families confront these challenges. While this is a pilot study with limited sample size, our analysis highlights key areas for further investigation. Additional research should explore how family relationships are affected by deployment and reintegration and what social supports and resources can be provided to help home caregivers maintain the household (e.g., paying bills) and care for children who may be experiencing behavioral and emotional difficulties. The differences in child and caregiver experience by component also merit further exploration. It is unclear whether family-level factors that can vary by service component may help to explain dissimilar perspectives on child behavior. A follow-up study should further assess the mental health needs of both child and caregiver, given the stressors identified in our analysis. A longitudinal study with a larger, more representative sample would allow us to examine how functioning and well-being changes over the course of the deployment cycle.