

# Affects of Deployment on Family and Children

## National Center for Mental Health Promotion And Youth Violence Prevention Report

### Pre-deployment:

- Affect on children
  - They feel a sense of disruption in security, safety and order in their life
  - Pre-Deployment can magnify a child's fears of not receiving adequately care from their parents
  - They fear their deployed parent will not return home

Children may experience a magnitude of emotions and exhibit stressful behavioral changes, such as (Pivar):

- Inconsolable crying
  - Clinging to their parents
  - Increased fearfulness
  - Nightmares or other sleep disturbances
  - Uncharacteristic tantrums
  - Behavioral or personality changes, such as becoming withdrawn, moody, or sad
  - Uncharacteristic anxiety, evidenced by, for example, increased irritability, somatic symptoms (stomach aches, headaches), eating much more (or less) than usual, nail biting, fidgeting, or hyperactivity
- Children ages of three and five, with a parent deployed to a war zone tend to exhibit more behavior problems than their peers without deployed parents
    - Anxiousness
    - Depression
    - Withdrawal
    - Externalizing behaviors
      - Attention problems and aggression
  - More than two million children in the U.S. have had a parent deployed to Iraq or Afghanistan
    - 40% are younger than five years old

## **Deployment:**

- With the military parent deployed families must learn how to adapt to their new lives
  - Remaining parent must assume all roles and responsibilities and explain them to the children
  - Children must be given support and reassured
- Children and youth may exhibit some of the following signs of stress (Deployment):
  - Unexplained crying or tearfulness
  - Increased irritability
  - Resistance to role changes
  - Anger toward the at-home parent
  - Increased anger in general
  - Withdrawing from people or becoming very quiet
  - Sleep difficulties or disturbances (such as intermittent wakefulness or bad dreams)
  - Eating difficulties or changes in eating patterns
  - Fear of new people or situations
  - A rise in complaints of stomachaches, headaches, or other illnesses
  - Problems at school (such as a drop in grades, not wanting to go, or general complaining)
  - Acting-out behaviors (i.e., trouble at school, at home, and with the law)
  - Low self-esteem and increased self-criticism
  - Loss of enthusiasm for usual interests and hobbies
  - All children are likely to worry about their deployed parents' safety, and young children in particular may have difficulty understanding why their dad or mom is gone
- Girls showed an increase in acting out and disruptive behavior when the parent was deployed
- Children may be relied on to complete common household chores
- The at-home parent might also be less emotionally available to help their children cope
- Parental fears may consciously or subconsciously trouble children and youth, as children are often very perceptive to the anxiety experienced by the parent at home
- A recent Pentagon survey of more than 13,000 active-duty troops found that children between 6 and 13 years old are most affected by their parents' deployment

## **Post-Deployment:**

### **Children**

- Once a family member returns home children may believe everything will return to normalcy, and then may feel disappointed and angry if hi/her expectation don't become a reality
- Children may need time to adjust
- Children may continue to experience anxiety even after the deployed parent returned home
- In the case of multiple deployments, the homecoming is only temporary and frustrating to children
- Children may experience different emotions upon the return of the deployed veteran:
  - Toddlers may be afraid of the returning parent, hide from them and be slow to come to them
  - Preschoolers (3-5 years) may experience feelings of guilt over the separation and be scared
  - Children age 6-12 may require a lot of the returning service members time and attention
  - Teenagers may be temperamental and may appear not to care
  - Children of all ages may feel they have not lived up to your expectations or standards
  - They could feel a sense of allegiance to the partner who remained
- Boys have more trouble after the deployed parent returned due to a feeling of reduced independence and increased structure in the family life
- Children whose parents have deployed for a total of 19 months or more have modestly lower (and statistically different) achievement scores compared with those who have experienced less or no parental deployment

### **Spouse**

- Soldiers may want to take back all the roles/responsibilities they had before they left
  - They may feel as if they are walking on egg-shells and are responsible for the service member's actions
  - They may try to fix the veteran
  - Sexual intimacy may be awkward and difficult at first
  - Feels a responsibility to keep children quiet when around the veteran
- Spouse may lose independence and responsibilities they had gained during the soldier's deployment

# Estimated Cost to Society to Treat PTS, Depression and Traumatic Brain Injury

- Average VA outlay of outpatient mental health care: **\$500 to \$2,000** per veteran
- Annual cost to treat Traumatic Brain Injury (TBI):
  - Mild Up to \$32,000 per case
  - Moderate/Severe From \$268,000 to \$408,000
  - Estimated cost of roughly 2,700 TBI cases treatment to date \$591 to \$910 million
- Post Traumatic Stress (PTS) and Depression costs:
  - Lost productivity and direct medical care costs two year after deployment \$6.2 billion
  - Treatment cost per veteran \$25,000+
- Consequences of not treating PTS and Depression:
  - Substance abuse
  - Suicide
  - Marital problems/Divorce
  - Unemployment
  - Incarceration
  - Homelessness
- The impact on society will be much greater if our veterans go untreated
  - Lack of treatment is not good for the veteran or the general population
- 57% of veterans do not seek help for these injuries due to:
  - Stigma associated with injuries
  - Lose of peer confidence or trust in the field
  - Possible lack of promotion
  - Lost confidence in abilities by Commanding Officer

# Suicide

- In Post-Vietnam veterans have committed more suicide than were killed by the enemy:
  - Killed by enemy 58,000+
  - Suicide 120,000 to 240,000
- 22 veterans commit suicide daily
  - Seven percent of the attempts are successful
- Another 39 fail at the attempt of suicide on a daily basis
  - 11 percent of those who don't succeed on the first attempt try again within nine months
- The suicide rate among the nation's active-duty military personnel eclipsed the number of troops dying in battle. January to June 2012 Pentagon figures:
  - Killed 124
  - Suicide 154
- In fiscal 2009, there were 1,621 suicide attempts by men and 247 by women who served in Iraq or Afghanistan, with 94 men and four women dying
- Suicide rates among veterans are approximately 3 times higher than in the general population

# Unemployment

- Veteran vs. non-veteran unemployment rate for age group 18 to 24:
  - Veterans 29.1
  - Non-veterans 17.6
- The unemployment rate for military spouses in June 2011 was 26 percent, according to Bureau of Labor and Statistics
- Veterans feel a sense of abandonment
- States with the highest rate of unemployed 9/11 veterans

State	Veteran Rate Senate Report	Non-veteran Rate Bureau of Labor
1. Michigan	29.4	10.3
2. Indiana	23.6	8.2
3. Minnesota	22.9	6.6
4. Montana	20.1	7.3
5. Tennessee	20.0	9.7
6. Kansas	17.2	6.6
7. Vermont	16.8	5.4
8. Connecticut	15.5	9.1
9. Nevada	15.2	12.1
10. New York	15.2	7.9

- Stigma associated with veteran unemployment:
  - Lack civilian credentials and/or education for the same 24/7 job they performed in the service
  - Lack of formal education
  - No way to describe their military skills in a way civilian employers understand or recognize
  - Post Traumatic Stress (PTS)
  - Traumatic Brain Injury (TBI)
  - Prejudice – the crazy vet stereotype
- The military spouse unemployment rate is approximately 26 percent – double the official national rate
- Wages gap of 25% between military spouses and their civilian counterparts

# Divorce

- Women in the military experience higher rates of divorce than men:
    - Army women had a divorce rate of 8.5 percent, compared with 2.9 percent for men in the Army
    - Female Marines divorced at a rate of 9.2 percent in 2008, while 3.3 percent of male Marines divorced
  - Less than 1 percent of the current population has served in Iraq and Afghanistan, contributing to the isolation they feel once they are home and make connecting with other veterans challenging.
  - Couples' contemplating divorce gain probability with each subsequent month a service member is deployed
  - The first 90 days after deployment are the most critical for military marriages
  - Frequent deployments and relocations attributed the rise in divorces
  - It's critical for military couples to establish healthy habits quickly as they struggle to reconnect and restructure their families
  - Long deployments require the spouse left behind to do the work of managing and raising a family alone
    - Divorce rate per deployments:
      - (1)> 65%
      - (2)>75%
      - (3)>90%
  - No long-term transition programs to alleviate the obstacles veterans face when they come home
  - Common Issues Related to Divorce:
    - A rushed transition to civilian life
    - Renegotiating roles, routines, relationship, and responsibilities
    - Comprehending both spouses have changed during deployment
    - The influence of post-traumatic stress disorder
    - Realizing and understanding that the priorities of one partner may not be a top priority to the other partner
    - Multiple-deployments makes it difficult getting reacquainted
- Long term separation creates an unhealthy demand for needs to be met.

# Veteran Incarceration Statistics

- The number of incarcerated veterans out number the number of troops deployed in combat
- The veteran prison population has risen by more than 30% in the last five years
- The Bureau of Justice Statistics report that 9.3% of the total incarcerated population are military veterans
- The average annual cost of housing a prisoner is \$90,936 or \$249.14 per day

<b>Veteran Top Five Offenses</b>	<b>%</b>	<b>Abuse Symptoms</b>	<b>Totals</b>
Drug Possession	19.5	Depression	58%
Theft	07.5	Drug Present	55%
Drug Trafficking	06.2	Anxiety	54%
Domestic Violence	05.3	Violent Behavior	18%
Total:	42.9	DV Abuser Past	23%
		Suicide Thoughts	18%
		Suicide Thoughts	18%
		Receiving Stolen Property	04.4

## Veteran incarceration by branch of service %

<b>Branch of service</b>	<b>Federal Prisoners</b>	<b>State Prisoners</b>
Army	46	56
Navy	23	22
Air Force	18	9.0
Marine Corps	10	14
More than 1 Branch of Service	3	2

## Mean maximum sentence Length State Prisoners

<b>Offense</b>	<b>Veterans</b>	<b>Non-Veterans</b>
Violent	232 mos.	204 mos.
Homicide	326	308
Rape/Sexual assault	225	208
Robbery	221	198
Assault	164	138
Property	122	100
Drug	100	88
Public-order	6	74

## Veteran Federal Prisoners Mean maximum sentences

<b>Veterans</b>	<b>Non-Veterans</b>
138 mos.	127 mos.

# Education

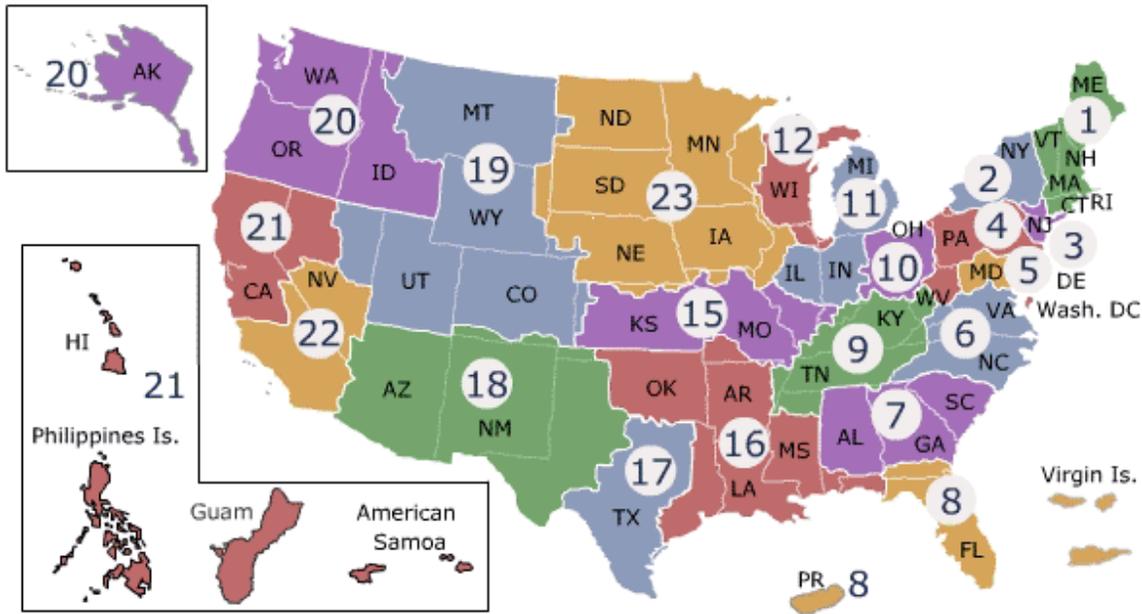
- More evidence-based treatment training for civilian, military and veteran health professionals to address the needs of our military service members
- Development and implementation of monitoring/tracking system to determine success and failure rate of treatment programs
- Weekend and 7-day programs are good in the short run, but fail to address issues such as crisis management, conflict resolution, marriage enrichment, communication and employment education/training that a long-term 28-day in-resident evidence-based program provides
- Benefits of long-term evidence-based treatment:
  - Allows veteran and family members to reintroduce themselves
  - Educates spouses and children on what to expect from the returning veteran
  - Teaches the veteran about the expectations of the spouse and children upon his/her return
  - Prepares the family members for role and responsibility changes that will take place
  - Prepares the veteran and spouse for role/responsibility changes
  - Educates family members on how to identify triggers
  - Provides coping skills
  - Best outcome of treatment is obtained through extended evidence-based treatment (Cahill)
- Programs that include effective and direct input, feedback and recommendations from the veterans and family members create a family friendly, open, yet secured and trusting/confidential environment
- Veterans and family members will respond with a positive and open-minded attitude to programs that include their contribution, versus one designed by and mandated by a government agency

# Homeless

- Principal cause of homelessness among veterans are:
  - Lack of income due to limited education
  - Lack of transmutable military skills to civilian work force
  - Job retention due to PTSD, substance abuse and behavioral problems
  - Poor social networking skills due to difficulty adjusting to civilian life
  - Lack of family and social support networks
- Only 7% of the general population served in the armed forces, yet veterans make up 26% of the homeless population
- 89% of the homeless veterans received an honorable discharge
- 76% suffered from alcohol, drug or psychological health problems
- Homeless amongst Vietnam-era veterans is greater than the number of soldiers who died during the war
- 154,00 veterans are homeless on any given night
- Veterans between the age of 21 to 29 represent the fastest growing population among the homeless
- Female veterans are twice as likely to be homeless as non-veteran females if poor
- The chances of a female veteran in poverty becoming homeless is three times that of non-veterans females
- California, Florida, New York, and Texas account for:
  - 50% of the homeless veterans across the country
  - 46% of the total homeless population
  - 32% of the U.S. population
  - 28% of the total veteran population
- Homeless shelter use of veterans:
  - Emergency shelters only      75%
  - Transitional Housing          20%
  - Combination of both          5%

# CHALENG Report

(Community Homelessness Assessment,  
Local Education and Networking Groups)



# VISN (Veterans Integrated Service Network)

## Number of Transitional Veteran-Specific Beds Available Additional Number of Beds Needed

VISN	Transitional Beds Available	Transitional Beds Needed	Homeless Veterans
<u>1</u>	1,032	396	2,927
<u>2</u>	201	59	1,815
<u>3</u>	528	260	6,526
<u>4</u>	668	404	2,654
<u>5</u>	292	260	2,062
<u>6</u>	423	455	2,269
<u>7</u>	614	260	5,729
<u>8</u>	733	655	8,690
<u>9</u>	592	111	2,218
<u>10</u>	257	140	2,363
<u>11</u>	555	424	4,397
<u>12</u>	593	84	1,983
<u>15</u>	321	460	2,798
<u>16</u>	924	373	7,346
<u>17</u>	799	765	5,420
<u>18</u>	592	400	4,772
<u>19</u>	437	435	3,279
<u>20</u>	761	469	8,714
<u>21</u>	739	440	12,771
<u>22</u>	2,542	525	13,847
<u>23</u>	450	450	3,978
<b>Total:</b>	<b>14,053</b>	<b>7,825</b>	<b>106,558</b>

# The following chart shows the number of emergency and permanent veteran-specific beds available and the additional number of beds needed

VISN	Emergency Beds Available	Emerg. Beds Needed	Permanent Beds Available	Perm. Beds Needed
<u>1</u>	75	485	1,368	1,790
<u>2</u>	0	86	347	307
<u>3</u>	294	40	1,932	245
<u>4</u>	161	324	790	520
<u>5</u>	318	102	405	669
<u>6</u>	40	430	638	705
<u>7</u>	53	165	984	535
<u>8</u>	25	935	1,321	1,260
<u>9</u>	30	105	831	265
<u>10</u>	48	220	628	450
<u>11</u>	195	379	810	806
<u>12</u>	0	114	420	494
<u>15</u>	70	371	432	549
<u>16</u>	6	297	1,458	525
<u>17</u>	20	793	507	825
<u>18</u>	40	235	435	470
<u>19</u>	47	245	693	710
<u>20</u>	153	434	1,051	890
<u>21</u>	36	308	879	1,410
<u>22</u>	242	500	2,454	1,450
<u>23</u>	90	377	595	490
<b>Total:</b>	<b>1,943</b>	<b>6,945</b>	<b>18,978</b>	<b>15,365</b>

<http://www.nchv.org/page.cfm?id=81>