

Combat-Injured Service Members and Their Families: The Relationship of Child Distress and Spouse-Perceived Family Distress and Disruption

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SUMMARY: Combat-related injuries can have a significant impact, not only on Service members, but also on their families and children. The relationships between family pre-deployment distress, child post-injury distress, Service member injury severity, and family post-injury disruption were examined. Higher family pre-deployment distress and family post-injury disruption, but not injury severity, were associated with greater child post-injury distress.

KEY FINDINGS:

- Spouses who reported high deployment-related family distress prior to a combat-related injury also reported high child distress after the injury.
- Spouses who reported high family disruption after the injury were more likely to report high child distress, even after controlling for deployment-related distress.
- Service members' combat injury severity was not associated with child distress.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Conduct routine screenings of family distress during the deployment cycle and refer at-risk families to appropriate services
- Educate Service members about the effects combat-related injury can have on families during post-deployment trainings (e.g., spouse and military member briefings)
- Offer workshops for youth of injured Service members that provide social support, monitor child and family distress, and provide resources about concerns raised by youth

IMPLICATIONS FOR POLICIES:

Policies could:

- Encourage collaboration between agencies and programs serving military families that could aide in the identification of distressed and at-risk families throughout the deployment cycle
- Continue to develop and maintain evidence-based programs that educate injured Service members about reintegration, interaction, and communication within families after a deployment-related injury
- Recommend education for professionals working with military families around the possible effects of combat injury on Service members' families

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METHODS

- Spouses of combat-injured Service members were recruited during routine clinical evaluations 1-12 weeks postinjury at two military medical centers, between June 2006 and May 2008.
- Spouses completed semi-structured interviews about Service members' injuries and the impact on the family and child, specifically distress and disruption.
- Relationships between family pre-deployment distress, child post-injury distress, injury severity, and family post-injury disruption were examined.

PARTICIPANTS

- Participants included 41 spouses (M = 29.6 years, SD = 7.7) of male, combat-injured Service members (M = 29.9 years, SD = 8..5).
- Service members were injured during deployment to Iraq (92%) or Afghanistan (8%), were primarily Active Duty (89%), and had mostly moderate to severe injuries (93%).Military branch data were not provided.
- Service members' most common injuries were multitrauma (78%), amputation (32%), and traumatic brain injury (24%).

LIMITATIONS

- Spouses' report of family distress and disruption, child distress, and injury severity could have been biased by their own distress and level of functioning.
- Families who agreed to participate may have differed from those who did not, including having differing levels of distress, disruption, or Service member injury severity.
- Other untested variables (e.g., child social or academic difficulties, recent moves, parent mental health status) could have influenced results.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Conduct a longitudinal study to understand how child distress changes at each stage of deployment and long-term post-injury
- Investigate whether spouses and children of injured Service members have access to and awareness of services, programs, and/or practitioners prepared to support their unique needs and challenges
- Examine how parent distress and parent mental health concerns may impact child's distress following Service member injury



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