

# USC School of Social Work

*Center for Innovation and Research  
on Veterans & Military Families*



## INCREASING UNDERSTANDING OF INFANTS AND YOUNG CHILDREN IN MILITARY FAMILIES THROUGH FOCUSED RESEARCH

KATHLEEN MULROONEY  
DORINDA SILVER WILLIAMS

Over the past decade, servicemembers and their families have endured multiple and extended deployments as part of the nation's ongoing involvement in Operation Enduring Freedom (OEF) / Operation Iraqi Freedom (OIF) (Shanker, 2008). For many of these families, the separations and uncertainties of wartime deployment have been overlaid with injury and loss. As of July 2010, more than 71,000 U.S. service members had been wounded during their OEF/OIF deployment; and approximately 7,000 servicemembers had been killed (icasualties.org, 2010). Psychological injuries such as post-traumatic stress disorder (PTSD) and other mental health issues have also been prevalent among combat-deployed servicemembers. In fact, the estimated rates of PTSD appear higher for combat-deployed servicemembers than in the general U.S. population (U.S. Department of Veterans Affairs, 2007). Psychological distress may be overlaid with other troubling conditions such as traumatic brain injury (TBI) (American Psychological Association, Presidential Task Force on Military Deployment Services for Youth, Families and Service Members, 2007; Kennedy et al., 2007; Schell & Marshall, 2008; Vasterling et al., 2006); physical injury (Grieger et al., 2006); substance use (Dedert et al., 2009); anger or hostility (Jakupcak et al.,

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2007); and chronic pain (Kline et al., 2010). This combination of physical and mental health issues impact not only on the service member themselves but their family relationships as well.

### The Impact of Deployment on Young Children and Their Families

There has been significant concern over the impact of these extended and repeated combat deployments on families (American Psychological Association, 2007; Chartrand & Siegel, 2007; McFarlane, 2009). Although military families are largely recognized as a robust and resilient population (Cozza, Chun, & Polo, 2005), the extraordinary stressors associated with combat deployment-related separation, physical injury, psychological injury, and uncertainty may place even the strongest families at risk for destabilization or compromised functioning.

Until recently, the examination of the effects of combat deployment on military families have been largely limited to a small number of studies involving Vietnam veterans. While these studies help to demonstrate relationships between veterans' psychological injuries and difficulties in child/family outcomes (Glenn, Beckham, Feldman, Kirby, Hertzberg, & Moore, 2002; Gold, Taft, Keehn, King, King, & Samper, 2007; Kulka et al., 1990; Rosenheck & Fontana, 1998), much of this research was conducted years after the veteran's return (Jakupcak et al., 2007), potentially limiting the application of the studies to today's sociopolitical landscape.

In the past several years, additional studies have emerged that focus specifically on military families and children in the context of OEF/OIF. Although sparse, this emerging literature examines the reintegration experience of today's military families strug-

gling with the emotional wounds of combat experience. (Gewirtz, Polusny, Khaylis, Erbes, & DeGarmo, 2010; Gorman et al., 2010; Lester et al., 2010; Sayers et al., 2009). In one of the first studies to examine active duty fathers' post-deployment psychological health in relation to their child's emotional health, Lester et al. (2010) found that fathers' PTSD symptoms were predictive of childhood depression, as well as children's internalizing and externalizing behaviors. In another study, the authors found that veterans' PTSD upon reunification was associated with feeling like a guest in one's home (Sayers, Farrow, Ross & Oslin, 2009). Furthermore this study noted that, of those veterans with children, there was an association between the veteran's PTSD and his perception of his child being fearful or not warm towards him. Findings from another recent study suggest a relationship between post-deployment parental PTSD and impaired parenting (Gewirtz et al., 2010).

While these studies have contributed tremendously to our understanding of the effects of combat deployment on military families, the data is largely circumscribed to the experiences and outcomes of school-aged children's health and well-being (Chandra et al., 2010; Flake, Davis, Johnson, & Middleton, 2009; Lester et al., 2010). Caution must be taken in extrapolating or interpreting these study outcomes to infants and toddlers who, based on their limited developmental capacity, are completely reliant on parents and caregivers to help them make sense and meaning of the events that are swirling around them (Cozza and Lieberman, 2007).

### **The Exceptional Nature of the Very Young Child**

The development of young children unfolds within the context of their primary relationships. Attachment theory posits the notion that babies who feel safe, secure, and emotionally nourished are able to focus their energies on their developmental tasks. Parents who provide consistent, attuned caregiving are able to serve as a secure base from which their children may venture forth and explore their world. From these earliest experiences and relationships, babies draw meaning about themselves and

others, shaping their perceptions of the world and establishing their emotional road maps. These working models can have lasting implications, affecting how that child will navigate relationships and experiences throughout his lifespan (Bowlby, 1988). In this respect, the health and well-being of a young child is largely contingent on the health and well-being of the important adult(s) in his or her life. Consequently, infants and toddlers may be particularly vulnerable to situations and events which contribute to family members' distress and, ultimately, may compromise caregiver availability and responsiveness.

Early childhood is a period of tremendous opportunity and vulnerability, marked by the most rapid brain growth after birth in human life. During the first three years of life, the mapping of the brain and nervous system is profoundly impacted by relational and environmental factors, including the quality of the caregiving milieu. The overlay of central nervous system and biological development with relational factors creates complex patterns of neurophysiological wiring that is heavily influenced by everyday experiences and interactions. In this respect, early experiences, mediated by parents and caregivers, help structure the very architecture of the brain (Schechter et al., 2004; Siegel, 2009).

The emotional cycle of deployment consists of several stages including predeployment, deployment, sustainment, redeployment and post-deployment or reintegration (Pincus et al., 2001). Each stage offers unique stressors that may result in a range of emotions from anxiety and depression to pride, relief, or even ambivalence. Infants and toddlers may be particularly vulnerable to the stressors associated with their family's deployment experience due to their limited coping skills and strong dependence on the adults in their lives (Cozza & Lieberman, 2007). Young children do not yet have the language, emotional regulatory capacity, or coping skills to effectively express and moderate strong emotions. These immature cognitive structures and regulatory systems increase their dependence on the adults in their lives to help them navigate stressful events (Cozza and Lieberman, 2007). Separation from the military

parent, disruptions to the family's structure and routines, parental distress associated with deployment-related loss and uncertainty, and compromised parent-child interactions can place a young child at risk for problematic developmental or relational outcomes (Cozza & Feerick, 2011; Gorman, Fitzgerald, & Blow, 2010).

### **Understanding Potential Risks for Child Maltreatment**

Studies investigating child abuse and neglect in relation to deployment-specific parental distress have yielded mixed findings. According to the U.S. Department of Defense (DoD), the rate of child abuse and neglect, decreased from fiscal year 2000 to 2009 (Department of Defense, 2009). However, according to DoD Family Advocacy records, the number of reported child deaths in military families related to abuse and neglect has doubled in roughly the same time period (Tilghman, 2011). In a study by Gibbs, Martin, Kupper, and Johnson (2007), the authors found a 42% higher rate of child maltreatment when the active duty parent was deployed, versus not deployed. In a 2008 study investigating the rates of child maltreatment in Army families from 1990-2004, McCarroll, Fan, Newby, and Ursano (2008) examined data from the Army Central Registry and found that, while the rate of child abuse decreased from 1990 to 2004, the rate of neglect increased from 2000 to 2004, reaching its highest level in 2004.

These discrepancies in child maltreatment data warrant additional studies that account for differences in reporting and tracking systems for military and veteran families. Findings from such studies, including longitudinal data, could inform programs that are targeted to prevent, or ameliorate, the effects of child maltreatment associated with deployment-related parental stress (Hillson & Kuiper, as cited in Gibbs et al., 2007). Interventions which strengthen overall functioning within the military or veteran parent-child relationship as a means of promoting parental protectiveness, positive perceptions,

and positive affect towards the child may be studied as therapeutic protective strategies to deter child maltreatment (Lieberman & Van Horn, 2008).

Young children constitute a large percentage of military families. According to the 2009 Demographic Report published by The Office of the Deputy under Secretary of Defense, 42% of the children of active duty servicemembers are between the ages of birth to 5, with more than 350,000 children age 3 years or younger. In spite of these substantial numbers, there remains a dearth of research focused specifically on the experience of the youngest child in the context of military specific stressors and challenges. The "call to action" (Arata-Maiers & Stafford, 2010) to the research community represents an important opportunity to promote resilience in young children and their families through research.

### **Research and Resilience Initiative**

ZERO TO THREE, a national non-profit organization focused on the well-being of infants and toddlers, recognized the scarcity of studies specifically examining military-specific stress from the perspective of youngest child. In 2010, through support of the Iraq Afghanistan Deployment Impact Fund of the California Community Foundation, Military Family Projects launched an initiative entitled Research and Resilience. As part of this initiative, two interdisciplinary expert workgroups were convened at the ZERO TO THREE headquarters in Washington, D.C., to address the following objectives:

• Explore research questions that might generate increased knowledge relevant to military families with young children;

• Share extant research that has addressed military family and early childhood issues;

• Discuss useful methodologies for addressing research questions;

• Address critical ethical issues inherent to conducting research on behalf of military families and children;

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- Promote cultural competence in facilitating research on behalf of military families; and,
- Identify challenges in facilitating the research, as well ways to mitigate these challenges.

### **Recommendations For Conducting Future Research Focusing on Young Military Children**

The Research and Resilience workgroup articulated several key recommendations for researchers and practitioners around developing future studies which would highlight the experiences of young children and their families through deployment and post-deployment circumstances.

1. Explore existing data and, when feasible, embed research into practice so that families are benefiting from program services, as well as serving as research respondents.
2. Explore community participatory approach raising awareness of today's military families with young children. Through this approach, researchers would seek to engage both military and civilian communities and encourage investment in research and evaluation.
3. Increase cultural competence in regards to both military culture and to the diversity within military cultures. Create the understanding that family traditions and child rearing practices are best understood within the cultural context in which they occur.
4. Work collaboratively across disciplines using both military and civilian expertise.
5. Research should not be limited to military installations and medical centers only but should also engage civilian communities as well particularly in studying the implications of military-related life events for veteran, National Guard, and Reserve families with young children.
6. The workgroup called for identification of public health implications of research for babies, toddlers, and their families.
7. Finally, researchers and policymakers need to recognize the importance of program evaluation components and insure inclusion of such elements for all new program efforts.

### **Conclusions**

Despite the fact that a high proportion of OEF/OIF families have infants and young children, there is a dearth of research that focuses specifically on this early childhood population. Exploratory and evaluative studies, both cross-sectional and longitudinal, are critical to informing evidence-based policies and practices that best serve military families and their young children. As an increasing number of servicemembers return home to their families and communities, the call to action to facilitate rigorous and ethical research is extended beyond the military community. Both military and civilian providers, researchers, and policy-makers are strongly encouraged to generate a strong, empirically-based knowledge base that will benefit young children of military and veteran families now and in the years to come.

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#### **AUTHOR BACKGROUND**

**Kathleen Mulrooney, MA, LPC**, is the Assistant Director of Military Family Projects at ZERO TO THREE. She is a licensed professional counselor with more than 25 years of clinical, training, and supervisory experience, specializing in infant and preschool mental health. She was among the original cadre of consultants to the Coming Together Around Military Families® initiative in 2007 and now works full time with Military Family Projects providing program oversight, supervision, training, and consultation. She is also currently involved in the research division of Military Family Projects.

**Dorinda Silver Williams, MSW, LCSW-C**, is the director of Military Family Projects at ZERO TO THREE. As a licensed clinical social worker, she has worked primarily with the military population and also has experience with early childhood parent education, home visitation, and family violence. Ms. Williams was one of the seminal staff responsible for the creation, implementation, and expansion of Coming Together Around Military Families® ZERO TO THREE initiative supported by the U.S. Department of Defense. Ms. Williams headed the research division at Military Family Projects and is responsible for implementing the Research and Resilience initiative.



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The views expressed in this policy brief are those of the author and do not necessarily represent the views of the USC Center for Innovation and Research on Veterans & Military Families (CIR) or collaborating agencies and funders.

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#### FOR MORE INFORMATION

**Phone:** (213) 821-3600

**Email:** [cir@usc.edu](mailto:cir@usc.edu)

**Website:** <http://cir.usc.edu>

**Facebook:** <http://www.facebook.com/USC.CIR>

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