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Adolescent Well-Being in Washington State Military Families

PUBLICATION: *American Journal of Public Health* (2011); 101(9), 1676-1682.

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KEYWORDS: Military families, adolescents, parental deployment, health and well-being, Washington state

RESEARCH HIGHLIGHTS:

- As of 2007, over 1.8 million U.S. children had at least one parent serving in the military. Adolescents with parents in the military may be a particularly vulnerable population due to the stressors of parental absence, increased responsibilities at home after parental deployment and media exposure to the violent consequences of war.
- This study is one of the first population-based quantitative studies to focus on how adolescents' quality of life is affected by the Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) conflicts. Researchers found that as a population, adolescents with deployed parents were more likely to report binge drinking than those with civilian parents.
- In terms of outcomes, adolescent girls with parents deployed to combat were found to be at risk of depressed mood and suicidal thoughts, while adolescent boys with deployed parents were at increased risk of impaired well-being, including depressed mood, thoughts of suicide and low quality of life overall.

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ABSTRACT:

Objectives: We examined associations between parental military service and adolescent well-being.

Methods: We used cross-sectional data from the 2008 Washington State Healthy Youth Survey collected in public school grades 8, 10 and 12 (n=10606). We conducted multivariable logistic regression analyses to test associations between parental military service and adolescent well-being (quality of life, depressed mood, thoughts of suicide).

Results: In 8th grade, parental deployment was associated with higher odds of reporting thoughts of suicide among adolescent girls (odds ratio [OR]=1.66; 95% confidence interval [CI]=1.19, 2.32) and higher odds of low quality of life (OR=2.10; 95% CI=1.43, 3.10) and thoughts of suicide (OR=1.75; 95% CI=1.15, 2.67) among adolescent boys. In 10th and 12th grades, parental deployment was associated with higher odds of reporting low quality of life (OR=2.74; 95% CI=1.79, 4.20), depressed mood (OR=1.50; 95% CI=1.02, 2.20), and thoughts of suicide (OR=1.64; 95% CI=1.13, 2.38) among adolescent boys.

Conclusions: Parental military deployment is associated with increased odds of impaired well-being among adolescents, especially adolescent boys. Military, school-based, and public health professionals have a unique opportunity to develop school- and community-based interventions to improve the well-being of adolescents in military families."

Implications

FOR PRACTICE

In this population-based study of adolescents in Washington state, researchers found parental military service to be significantly related to the well-being of adolescents. The authors point out that these results are consistent with previous research showing higher rates of stress among children of deployed parents than those with civilian parents. For adolescent females in eighth grade, those with deployed parents were more at risk of depression and suicidal thoughts, while adolescent males with deployed parents were more at risk of impaired well-being in terms of all outcomes examined. Gender differences in adolescent well-being may be explained by possible gender-based differences in media exposure, responsibilities at home and relationships with parents upon reintegration. Since boys watch more television and play more violent video games, as shown by previous research, they may have greater exposure to media that highlights the violent consequences of war. Boys may also face more challenges in reconnecting with parents emotionally after deployment, and may have difficulty renegotiating family roles upon the deployed parent's return. Gender differences in the way adolescents respond to reduced supervision may also account for differences in well-being, as boys may be more likely to participate in high risk behaviors such as drinking and drug use. As many of the findings indicate gender-based differences in coping with deployed parents, school and community-based therapists in areas with a high military population should develop gender-based interventions for adolescents. In addition, educators and community agencies currently involved with military families should work together to create and implement interventions. Counselors, educators and community agencies should create targeted, potentially gender-based adolescent interventions as a first step, with boys being the priority due to their significantly higher risk of reporting low quality of life, depressed mood and thoughts of suicide.

FOR POLICY

These findings indicate a need for policies focused on adolescents in military families. Adolescents with military parents, especially adolescent boys with parents who have been deployed to combat, tend to have more negative effects on well-being compared to adolescents with civilian parents. Since almost 40% of active duty soldiers are married and have children, this research has policy implications for a significant portion of the military population. With the help of policy makers, military and public health professionals will have a unique opportunity to both develop and enhance interventions that can improve the well-being of adolescents in military families. Policy initiatives should focus on providing funding and resources for school and community counselors in areas with large military populations to further the development of gender-based and age appropriate interventions, as well as those focused on teaching adolescents and families to manage emotional difficulties and relationships with parents throughout the deployment cycle.

FOR FUTURE RESEARCH

As this study was based in Washington, which has the sixth largest active duty population in the U.S., these findings are only generalizable to other states with large populations of active duty, National Guard and Reserve personnel with similar demographics. Researchers should aim to collect longitudinal data in future studies, as the cross-sectional data in this study cannot be used to infer causation or temporal relationships between periods of parental deployment and adolescent well-being. The data in this study was also self-reported, which may have resulted in underreporting of behaviors such as drug use and drinking, as well as inaccuracies in the reporting of parental combat status. Future studies should also control for several variables that were not included in this analysis, including the timing and duration of parental deployment, frequency of deployment, whether both parents were deployed, deployment experiences of parents and type of military service. Researchers should also examine outcomes by socioeconomic status, as factors such as parental education, income and occupation may affect which social support systems are in place for adolescents with deployed parents, and therefore, adolescents' outcomes in terms of health and well-being. This study was only able to use maternal education as a proxy for socioeconomic status (SES), however future studies should include additional factors. Use of these social support systems, and school or community-based resources, may also differ by gender, which should be explored in further research as well.

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