

## An Examination of Family Adjustment Among Operation Desert Storm Veterans

**PUBLICATION:** *Journal of Consulting and Clinical Psychology* (2008); 76(4), 648-656

**PUBLICATION TYPE:** Peer-Reviewed Journal Article

**KEYWORDS:** Combat, post-traumatic stress disorder (PTSD), family, veterans

### RESEARCH HIGHLIGHTS:

- War-zone deployments are stressful for military families, and service members often report concerns about family readjustment issues. Issues with family readjustment can negatively impact active duty personnel, resulting in lost work days, physical and emotional stress, and increased rates of disability.
- Researchers found that combat exposure in male and female veterans from Operation Desert Storm (ODS) was associated with higher PTSD symptoms, which were linked to poorer family adjustment. Combat exposure was also directly linked to poorer family adjustment among female veterans, but not for male veterans.
- Further research should examine the potential pathways leading to family adjustment difficulties among female veterans, which is an increasingly important issue as both the number of women in the military and combat exposure among female service members increases.

**AUTHORS:** Casey T. Taft, Ph.D.; Jeremiah A. Schumm, Ph.D.; Jillian Panuzio, Ph.D.; Susan P. Proctor, DSc

### ABSTRACT:

“This study examined interrelationships among combat exposure, symptoms of posttraumatic stress disorder (PTSD), and family adjustment in a sample of male and female Operation Desert Storm veterans (N =1,512). In structural equation models for both male and female veterans, higher combat exposure was associated with higher PTSD symptoms, which in turn were associated with poorer family adjustment, although these indirect effects did not reach statistical significance. The model for female veterans evidenced a significant direct negative association between combat exposure and family adjustment when it statistically accounted for PTSD symptoms. When the relative impacts of separate PTSD symptom groupings were examined, those reflecting withdrawal/numbing symptoms and arousal/lack of control symptoms significantly and indirectly accounted for the negative effects of combat exposure on family adjustment. Study findings indicate a number of possible pathways through which war-zone deployments negatively impact military families and suggest several avenues for future research.”

## Implications

### FOR PRACTICE

This article examines the relationship between combat exposure, PTSD symptoms and family functioning and is the first published article to examine these interrelationships among ODS veterans. In both male and female veterans, the authors found that combat exposure was highly correlated with PTSD and poorer family adjustment. Symptoms of withdrawal, numbing, arousal and lack of control among veterans were found to indirectly account for the impacts of combat exposure on family adjustment, while avoidance and self-persecution were unrelated to family adjustment. Combat exposure also negatively predicted family adjustment in light of PTSD symptoms for women, but not for men, indicating the importance of examining additional pathways for family adjustment issues for women in particular. Male veterans were more likely to experience symptoms of withdrawal and numbing, while female veterans were more likely to experience symptoms of lack of control and self-persecution. Family-based interventions targeting observed symptoms of PTSD could be greatly beneficial to ODS veterans; for example, veterans with symptoms of withdrawal and emotional numbing may benefit from interventions aimed at reducing avoidance of trauma-related cues and developing conflict management skills. For veterans with high symptoms of arousal, lack of control and self-persecution, programs should focus on relaxation and management techniques.

### FOR POLICY

With an increasing number of women entering the military and exposure to combat, it is important to develop policies and procedures that guard against potential family adjustment issues. PTSD rates for female veterans were twice those of male veterans, which may be attributable to higher rates of childhood trauma and other stressors. It is essential that the military identify women with early childhood trauma and create and fund support programs for these veterans, as they may be more susceptible to post-combat PTSD. Since there are differences in how male and female veterans experience PTSD, policy makers may need to fund the development of gender-specific treatment and intervention programs for veterans with PTSD. For male veterans, interventions may be most beneficial if they are focused on reducing withdrawal and numbing symptoms. Interventions for female veterans should emphasize reducing lack of control and self-persecution symptoms.

### FOR FUTURE RESEARCH

Researchers should continue to explore the interrelationships among combat exposure, PTSD and family adjustment to further the development of intervention and prevention programs. More specifically, future studies should focus on the prevalence of PTSD in female veterans, as well as their experiences with PTSD symptoms and treatment. Both male and female veterans from recent military conflicts may experience family adjustment problems in a variety of ways, so future studies should examine the links between difficulties with family adjustment and the indirect effects of psychological and emotional disturbances, which tend to be highly comorbid with PTSD. Non-military stressors should also be included in future studies, as pre-deployment familial difficulties may impact the trajectories of military families to impact the level of difficulty that service members experience with family adjustment.

### AUTHOR INFORMATION

**Casey T. Taft, Ph.D.**

Staff Psychologist  
National Center for PTSD  
VA Boston Healthcare System  
Associate Professor of Psychiatry  
Boston University School of Medicine  
casey.taft@va.gov

**Jeremiah A. Schumm, Ph.D.**

Cincinnati VA Medical Center

**Jillian Panuzio, Ph.D.**

University of Nebraska-Lincoln

**Susan P. Proctor, DSc**

Boston University