Deployment of Military Mothers: Supportive and Nonsupportive Military Programs, Processes, and Policies

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ABSTRACT   Military mothers and their children cope with unique issues when mothers are deployed. In this article, we present mothers' perspectives on how military resources affected them, their children, and their caregivers during deployment. Mothers described beneficial features of military programs such as family readiness groups and behavioral health care, processes such as unit support, and policies on length and timing of deployments. Aspects that were not supportive included inflexibility in family care plans, using personal leave time and funds for transporting children, denial of release to resolve caretaker issues, and limited time for reintegration. We offer recommendations for enhanced support to these families that the military could provide.

INTRODUCTION   The deployment of military women with children is a growing phenomenon. In September 2011, there were 214,098 women in the active and 118,781 women in the reserve components and 72,790 women in the National Guard, representing from 15% to 20% of all active and reserve members. Moreover, as of May 2009, 272,453 female service members have served in Iraq, Afghanistan, and the Middle East since 2001. Moreover, more than 40% of military women have children.

Studies have examined the effects deployments have had upon military mothers and their children. Although many adapt well, some mothers and their children may experience effects such as separation anxiety, inadequate maternal role functioning, poor emotional functioning, depression, and anxiety. Similarly, studies focusing on children report that some children may experience adjustment and behavioral problems, depression, and sadness.

Based on these studies identifying the effects of deployment on mothers and their children, this particular study was conducted to explore the process by which deployed military mothers maintained relationships with their children across the deployment cycle. The study used a qualitative research approach, grounded theory, which collects personal perspectives on human interactions to identify social processes involved in the phenomenon under study—in this study, relationships between deployed mothers and their children.

Thirty-five active duty and reserve component women, who had been deployed to Iraq or Afghanistan and who had children, aged 12 or younger, participated in an interview structured around the stages of deployment.

The mothers highlighted positive and negative experiences that were directly related to military programs, processes, and policies. Some of the mothers commented on how these military procedures were very supportive to them and their families during deployment, whereas others commented that several procedures were not supportive or even detrimental. In this article, we focus on the military mothers' perspectives of those military programs, processes, and policies that affected them, their children, or their caregivers and present recommendations for enhanced support of military mothers.

MILITARY PROGRAMS, PROCESSES, AND POLICIES   The mothers repeatedly mentioned how sources of support within their environment—units, family readiness groups, and behavioral health resources—were critical to the well-being
of the children, caregiver, and themselves. The mothers acknowledged that they could not ensure the well-being of their children or themselves on their own during their deployment. They relied on military resources to facilitate a successful adaptation to the deployment for themselves and their children. In addition, they addressed how military processes and policies governing family care plans, relocation of children, reintegration time, length of deployments, and postpartum deployment exclusions affected them. It should be noted that all of the mothers were very committed to their military service and the opportunity to serve their country in a deployed environment. As one mother stated, "I love my children and I thank God every day that he allowed me to have them and I also thank God every day that he allows me to wear this uniform. I wouldn't take anything back because I think that my children are going to be stronger because of it."

**Supportive Military Resources**

Mothers identified military programs, such as family readiness groups and behavioral health care options, as especially supportive during their deployments. Many mentioned how significant the family readiness groups were for assisting them and their children and caregivers. Positive aspects included availability of family activities, maintenance of routine communication with families, and presentation of classes on issues related to deployment (i.e., availability of community resources and managing family separation and reintegratation).

In terms of behavioral health care, the mothers commented on the increase in the number of behavioral health resources and the option to access such resources through a variety of means. The mothers indicated that they could access care not only through the traditional hospital clinic setting but also through other sources such as Military Family Life Consultants who are available to all military members and their families for counseling related to deployment issues. In addition, the mothers verbalized that immediate access to behavioral health care was available by dialing a hotline or through the Internet by using sources such as Military One Source.

A majority of mothers (71%) commented that unit support was significant during deployment. Mothers indicated that support measures, such as pre- and postdeployment briefings focusing on what families should expect, were beneficial for allaying fears of the unexpected. Classes regarding the transition back into the household and reestablishment of relationships and routines were helpful, particularly for mothers whose children were in a different household while they were deployed. As one mother stated,

They gave us classes when we redeployed and a big part was, "Don't come home and try to instantly change things." So I thought of how I would manage that with my daughter of not trying to immediately change everything. I applied it to my daughter with keeping her in the same environment where she felt the most comfortable and it helped.

In addition, unit contact of caregivers was perceived as very supportive by the mothers. The contact reassured the mothers that someone was checking to make sure that their children and caregiver were doing well.

The policies identified by the mothers as being supportive during their deployments included those referencing how many days after delivery of a newborn or adoption of a child that a service member is eligible to deploy and the policies addressing length of deployments. Fifty-one percent of the mothers supported delaying deployment for 1 year following birth or adoption of a child. Reasons cited included breastfeeding, bonding, and postpartum physical changes. As one mother stated, "I don't think that nursing mothers should deploy for at least a year. As far as attachment, a year is really key [to allow the mother to bond with her child]."

Seventeen percent of the mothers mentioned the length of deployments. The mothers were appreciative of and praised the military efforts to reduce the length of deployments. The current deployment length for the Army is 9 months, for the Air Force 6 months, and for the Navy 6 to 7 months based on the unit deployment cycle. Reserve and National Guard tour lengths are the same as active duty. However, these are dependent on the mission and the need for the specialty designation of the service member.

In addition, the military has reduced the length of deployments for medical specialties. For example, for service members in the Nurse Corps and Medical Corps, deployments are limited to 6 months. This was particularly relevant as females comprise a majority of the service members in the Nurse Corps and a significant portion in the Medical Corps. In addition, a majority of these females are also mothers. "Specifically for the Nurse Corps, I really appreciated that they changed the policy and that a six month tour is enough. If it's just a six month tour, it is easier to make it work."

**Nonsupportive Military Resources**

Although the mothers indicated that family readiness groups and behavioral health care resources were beneficial, they also identified aspects of these two programs that were not supportive. A few of the mothers commented that the family readiness groups did not provide supportive services for nontraditional caregivers. The information and resources were typically structured for nonactive duty mothers whose husbands were deployed and did not address issues that applied to other types of caregivers such as a male spouses or grandparents. As one mother stated, "Everything is so focused on the guy going; on dad going, and the briefings are about what the female spouse does who stays behind."

In addition, a few of the mothers stated that their working spouses were usually unable to attend many of the family readiness group activities, which were scheduled during the week during work hours. As one mother stated, "Our system is not set up to support husbands and even more, to support working husbands. Some of the stuff that was going on was
often during the day and during the week. Well, that’s not anything that he could do [attend].”

As perhaps relevant to other military service members, the stigma surrounding behavioral health and the perceived threat to a military career prevented some of the mothers from seeking care. One mother, who was a health care provider, described how she could be placed on a command report if she sought behavioral health care. She indicated that typically, as a staff member, if she seeks a particular type of health care, she may be placed on a command report to inform the senior leadership of her situation. The mother feared that the publication of her seeking behavioral health care would be viewed as negative by the senior leadership and detrimentally affect her career. In addition, she was concerned that the issue might become known among her peers and superiors since people with access to the report could disseminate the information to others.

If someone from the hospital was seen [by behavioral health], they would be on a 24-hour report and discussed by the command. I don’t want to be discussed by the command and in front of my peers . . . There’s reluctance because of that. That needs to be changed to protect the privacy. Knowing that [your behavioral health information is on a command report] is not going to encourage people to seek assistance. It was a barrier for me.

Similarly, although unit support was reported as beneficial, some of the mothers identified aspects of unit processes that were not supportive. Failure to contact caregivers, lack of support for attached personnel, and denials to release deployed service members to resolve significant caretaker issues were highlighted as negatively impacting the mothers’ deployments. Direct contact of the caregiver by unit personnel was not a universal standard across the mothers’ assigned units. In some cases, when the primary caregiver was the male spouse of the deployed mother, the units did not contact the caregivers. These mothers perceived that the units may have believed that the male caregivers did not need as much care would be viewed as negative by the senior leadership and detrimentally affect her career. In addition, she was concerned that the issue might become known among her peers and superiors since people with access to the report could disseminate the information to others. After leaving, many of the commanders would find another caregiver and were extremely worried about the welfare of their children. When they requested leave to return to find another caregiver, many of the commanders would not allow the mothers to depart. As one mother stated, “Although my mother-in-law said, ‘Yeah I’ll take the kids for as long as they need me to,’ stuff happens that might make her unable to do it and I shouldn’t be punished because somebody else’s life has changed. I’m over in a warzone trying to figure out now where are my kids going to go and trying to coordinate all that when [what I wanted to say was] just send me home and give me time to get stuff in order.

Military processes identified by the mothers as not supportive for facilitating deployment included family care plans, relocation of children to caregivers, and reintegratation time. Prepared by single and dual-military parents, a family care plan is a written document that specifies who has been designated to care for children when parents are deployed. If the family care plan is incomplete, in that the information does not provide evidence of a safe and effective care plan for the children, a service member will be provided 30 to 120 days to correct the deficiencies. If the service member fails to resolve the deficiency, a bar to reenlistment or involuntary separation proceedings may be initiated.

Although the mothers confirmed that family care plans were critical both for the units and themselves for deployment, they also indicated that family care plans continue to be an issue because of the detrimental consequences associated with not being able to find an adequate caregiver. Several commented on awareness of other military mothers who had been forced to leave the military service when they could not find a caregiver for their children for potential deployments.

However, some mothers did comment that based on their military experiences, they had been assigned to units that would work with single and dual-military mothers to develop reasonable resolutions to caregiver issues. As one mother stated, “It also depends on your leadership. We’ve had women that have had extenuating circumstances and the leadership will do what they can because you always have to have somebody stay back. You’ve got to have a rear detachment. We would always go out of our way to make sure that they got to stay back until their circumstances improved.
For single mothers, relocation of children to the caregiver was another issue. Pre- and postdeployment, single mothers needed to transport their children and the children's belongings to and from their caregivers—frequently a relative, who was usually located several hundred miles away from the mother's residence. To relocate the children, the mothers were required to use leave time and incurred the costs of transportation. Furthermore, additional costs were incurred if the children's personal belongings needed to be shipped. Thus, the establishment of alternative caregiving posed financial hardships and a loss in leave time. One mother commented, “As single moms, it was extremely challenging due to the whole burden of movement or getting them set up on your own.”

Finally, some of the mothers (26%) commented on the limited time allowed for reintegration activities such as (a) reestablishing relationships and routines with children, (b) readjusting to life back in the United States and at home, and (c) confronting and dealing with physical and psychological issues. Although not unique to females, this issue was relevant for these women as mothers are typically the ones responsible for domestic affairs. The mothers articulated that they needed additional time to readjust to being a mom, a wife, a professional, and numerous other roles. As one mother stated,

I didn’t have time to adjust because I had to go into that role as a full-time soldier, professional, mom, wife, and all the other requirements that were waiting for me. We had our redeployment break for a couple of weeks but it just wasn’t enough because I never felt like I had that time to adjust … I think for moms it’s a little different because when I came back, for instance, the house was not the way I wanted it. They had changed things around. And they were expecting me to just kind of pick up where they left off. And the kids had a different set of rules and I had to adjust to that. It was like a year of my life had been carved out and I had to redefine my identity as a mother, as a wife, and then continue to do my work, my mission.

**DISCUSSION**

In the larger study, through open, axial, and selective coding, an emerging theory was developed around the core construct “preserving the sacred bond.” Moreover, social processes, defined as evolving actions and interactions over time and space within a context, were identified. Across the deployment trajectory, the four processes were normalizing strategies, establishment of social support systems, balancing, and distancing and relinquishing control. However, additional findings from the qualitative data identified military programs, processes, and policies that were relevant to the mothers during their deployment.

Numerous programs such as family readiness groups and behavioral health care options, processes such as unit support, and policies referencing length of deployments were regarded as beneficial. In addition, the mothers were highly appreciative of current military regulations that allow mothers of newborns or newly adopted children to defer deployment for up to 1 year if operationally feasible. However, aspects of some of these resources and others were viewed by mothers as negatively impacting their deployment. Mothers reported that the support services provided by family readiness groups were not relevant or accessible for non-traditional types of caregivers and working caregivers. Family readiness groups need to seek collaboration with working and nontraditional caregivers, such as male spouses or grandparents, to gain insights on their issues and to create a family support system that facilitates effective support of these types of members.

A few of the mothers highlighted that potential stigma and lack of confidentiality deterred them from seeking behavioral health care, and evidence supports that the gap may be attributed to the stigma associated with seeking behavioral health care and communication among unit leadership staff regarding the behavioral health care needs of the individual. Unit leadership needs to assure service members that seeking behavioral health care will not negatively affect their career unless the problem is of such a severity that it impacts duty. In addition, unit leadership needs to explain to service members that although confidentiality cannot be guaranteed, all efforts to protect confidentiality under existing regulations will be followed.

Failure of units to contact and support local and distant caregivers was also reported as an issue. Family readiness is a unit’s responsibility. However, although military regulations state that units should maintain contact with families, this is more an obligation than a mandatory requirement and may not be occurring across all units. Units must recognize that families are seeking contact and that communication encourages dialogue and the identification of issues and level of awareness of available services.

In reference to geographically dispersed caregivers, the military has established an integrated system in which these caregivers have access to home installations and to family support networks in their local communities. However, this process is not comprehensive, and units need to be more efficient in routinely contacting these families, identifying and addressing issues, coordinating with local support services, and following up with families.

Family care plans posed problematic issues secondary to the perception of potential detrimental career implications. Unit commands need to be more proactive and facilitate the completion of such plans by assessing the mother’s support system and assisting her with necessary tasks to ensure the establishment of a safe and effective family care plan. In addition, single and dual-military mothers need to be counseled regarding the necessity of an appropriate caregiver situation during times of deployment and the career consequences if such a situation is not established. Finally, the military services need to reevaluate this policy for assisting mothers with childcare arrangements during deployment.

For single mothers, relocation of children to the caregiver was another issue. Regulations indicate that service members...
Deployment of Military Mothers

are responsible for transporting children to their guardians. However, the mother must use her own leave time and funds. Placement of these mothers on a temporary duty travel status to transport the children and provision of funding for the transportation of the children and their belongings would eliminate these hardships.

Some mothers highlighted that deployed mothers need to be provided leave when significant issues arise with their caretakers such as the inability of the caretaker to continue to provide care for the children. Although the majority of the mothers indicated that their units would usually allow the mother to return, a few of the mothers reported that this was not a standard across all units because of intervening variables, such as the effect on the mission of the unit. However, deployed units need to be cognizant that arrangements for placement of child(ren) with a new caregiver is a very critical issue requiring the presence of the mother, and that all possible efforts to facilitate the mother’s release to resolve such issues should be pursued.

Although several mothers highlighted that their units provided sufficient time for reintegration, some mothers commented that the time was too limited for readjustment. For example, a single mother may need additional time for she needs to find a home, have her car and household goods released from storage, travel to pick up her children, and to reestablish her children in local schools and day care. Therefore, units need to assess the reintegration needs of the individual and provide a plan that incorporates sufficient time to address all of the needs.

Service members who are also mothers are continuing to increase within the military services. They are keys to the success of military units. As an all-volunteer force, the military needs to remain an attractive employer to service members who become parents. The military has been at the forefront of many social changes like integrating troops and putting minorities in leadership positions. Similarly, with service members who are mothers, the military needs to address issues that are unique to them and establish or adapt programs, processes, and policies to support mothers, their children, and caregivers during deployment. The military’s commitment to support mothers is a valuable investment, for, in turn, the mothers will remain loyal, competent, and dedicated members of their units. Furthermore, retention of these mothers is of immeasurable value, when you compare their training and experience with that of a new service member—a costly endeavor.

ACKNOWLEDGMENT

This research was funded by the TriService Nursing Research Program ($103,000), Uniformed Services University of the Health Sciences (USUHS), USUHS Grant No. HU0001-09-1-TS05, USUHS Project No. N09-P02.

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Deployment of Military Mothers


