Multiple Deployments and Combat Trauma: Do Homefront Stressors Increase the Risk for Post Traumatic Stress Symptoms?


This study examined the role of homefront stressors (such as family or occupational problems) in PTSD symptoms prior to and after a new OEF/OIF deployment for 196 U.S. National Guard Soldiers. A pattern of chronic homefront stressors both pre and post deployment was associated with a higher risk of post-deployment PTSD symptoms.

Key Findings:
- Homefront stressors included marital problems, divorce/marital separation, problems with children, loss of job or business, and serious financial problems. Homefront stressors prior to the new deployment (Time 1) and post-deployment stressors (Time 2) predicted post deployment PTSD symptoms.
- When examined together, pre deployment homefront stressors no longer significantly predicted post deployment PTSD symptoms.
- Soldiers with both pre and post deployment homefront stressors showed the greatest risk of PTSD.

Implications for Programs:
- Programs for families could develop services to address both pre and post deployment homefront stressors.
- Developing programs to support Service members and their families in relationship functioning, parenting, financial wellbeing and employment domains may be useful.
- Programs that assist Service members in resolving marital and occupational vulnerabilities prior to and following deployment could be developed to improve resiliency to combat trauma.

Implications for Policies:
- Continued support for programs that target homefront stressors may be warranted, and evaluation of the impact of these programs may be helpful.
- Policies that allow access to interventions during deployment to deal with homefront stressors could be considered.

Avenues for Future Research:
- Longitudinal studies focusing on the post deployment period and homefront stressors may help assess the bidirectionality of homefront stress and PTSD symptoms; it is also important to include measurements prior to all deployments.
- To increase generalizability, it is important to replicate these findings with active duty Service members.
National Guard Soldiers filled out surveys prior to (Time 1) and after (Time 2) a 2008-2009 OEF/OIF deployment; only those who completed both surveys and experienced a deployment between Time 1 and Time 2 were included in these analyses.

- Measure of post traumatic stress symptoms, homefront stressors, previous (to Time 1) noncombat trauma, warzone stressors, and unit cohesion (at Time 2), and military preparedness (at Time 1) were assessed.
- Analyses of variance examined relationships between demographic and military characteristics with Time 2 PTSD symptoms and Time 1 and Time 2 homefront stressors.
- Hierarchical linear regression was used to test how sample characteristics and homefront stressors explained Time 2 PTSD symptoms.

196 National Guard Soldiers who had previously deployed for OEF/OIF and were preparing for a new deployment in 2008-2009.

- 86% male; 57% age 26-35, 31% 40 and older; 47% married, 38% never married; 53% with no children.
- 42% White, 26% Black, 24% Latino; 52% with some college, 28% with high school or less; 85% employed full time, 9% unemployed.
- 90% with 1 previous OEF/OIF deployment, 10% with more than 1 previous OEF/OIF deployment.

The sample consists only of National Guard Service members and findings may not generalize to other military branches.

- Attrition and lack of matching between Time 1 and Time 2 surveys could have biased the results.
- The time frame after deployments previous to Time 1 was inconsistent with some occurring 4 years prior.
- Only self-report measures of PTSD symptoms were used instead of the preferred and more rigorous clinical interview.

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### Research Design and Sample

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### Research Methods

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### Limitations

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### Implications

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☐ Not applicable because authors do not discuss implications

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## Overall Quality Rating

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