

Military Families

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ABSTRACT:

The United States Military has been around since 1775 and has continued to develop (History). With the development of the military came the development of military families. Individuals in the military face ever changing challenges in their career and many of these challenges have a large effect on their families. Being a military family can have many positive and negative effects that will be examined further. This presentation will explore the history, education, lifespan, and stressors that military families face; along with looking at health care disparities and policies that impact military families' way of living. Additionally, a large focus will be spent looking at how PTSD affects military families and the increasing rates of suicide in military officials.

HISTORY

- The United State Military was created on June 14, 1775.
- Formed by The second Continental Congress.
- Contained the 13 unified American colonies.
- (History)

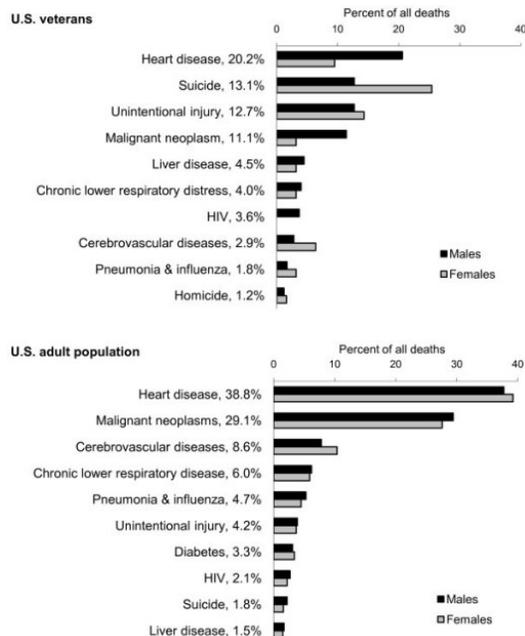
EDUCATIONAL PRACTICES/BELIEFS:

- Military children have little stability as far as school and peers. They must draw on family to learn most values and traditions (2020).
- Active duty and Selected Reserve members of the military are eligible for the GI Bill. The GI Bill covers the cost of college and university tuition for military members (Army Education Benefits).

FAMILY STRESSORS AND PROBLEMS:

- 17.2% of spouses smoke cigarettes, 36.3% partake in risky drinking, and 7.3% participate in problem drinking (Trone et al., 2018).
- Deployment and redeployment leads constant family dynamic changes and increased family stressors (Mancini et al., 2020).

LIFESPAN:



Davis, L. (2011). *Ten leading causes of death in 10,361 U.S. veterans and the U.S. adult population during 1993-2002. Military veteran mortality following a survived suicide attempt, photograph, Philadelphia, PA, USA: BMC public health.*

Wrap-up:

While there are no hereditary risks that come with military families, there are risks that come with individuals involved in the military. Major risk factors associated with military families are anxiety, family structure changes, and relocation; while a major stressor related to being a veteran is PTSD. Protective factors include government agencies and programs designed to benefit military families including education, medical/dental care, paid vacation, travel discounts, and their own Veteran Affairs hospitals. Culturally competent nursing care for these families involves a wide range of clinical environments needed to be able to assess early signs of stress, create opportunities to address stress related functional changes, and account for the impact of stress injuries in treatment planning.

ETHNOPHARMACOLOGY/

ETHNOGENETIC CONSIDERATIONS:

- With military families, there are no Ethnopharmacology/Ethnogenetic specific concerns due to this cultural group being multi-ethnic and multi-racial.

HEALTH CARE DISPARITIES:

- “Multiple studies document the relationship between lower military rank, lower educational levels, and lower socioeconomic status with higher rates of PTSD” (Nayback, 2008).
- Veterans do not seek help for health problems because they feel personal health is not a priority.
- Veterans do not acknowledge significant symptoms and suffering when health care is available.
- Veterans feel ashamed of (or not acknowledging) imperfections and do not seek health care.

PTSD: POST TRAUMATIC

STRESS DISORDER

- PTSD related to the Vietnam War: It is estimated that 30 out of every 100 (or 30%) of Vietnam Veterans have had PTSD in their lifetime.
- PTSD related to Military Sexual Trauma (MST): It is estimated that 55 out of 100 women (55%) and 38 out of 100 men (38%) have experienced sexual harassment when serving in the military.
- PTSD has become a frequent issue regarding those who serve in the military, so it is essential that nurses understand how to care for them.
- (U.S. Department of Veterans Affairs, 2018)

References:

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