Commentary

Children of Military Veterans: An Overlooked Population

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The *Social Policy Report* on military youth by Stephen J. Cozza, Richard M. Lerner, and Ron Haskins provides an excellent overview of existing knowledge about the experience of military children, both generally and in response to parental deployment. As summarized therein, most children are resilient and do well. The authors call for more developmental research to understand this unique culture and to guide the development of appropriate prevention and intervention models. Further, Cozza et al. call for funding and dedicated efforts for the evaluation of such interventions, an appeal that has been expressed several times over the past several years regarding military/veteran family services (e.g., American Psychological Association, 2007; Institute of Medicine, 2014).

Rigorous developmental research and evaluation of programs for children of active duty, Reserve, and National Guard personnel are vital; however, there is another growing population of children whose needs are generally overlooked, namely the children of veterans. When service members leave the military, they transition to a veteran status; this change involves not only the service member, but his/her entire family as well. The needs and experiences of the children of veterans have been relatively neglected; the paucity of research hampers the development of appropriate programming and policy.

The process of transitioning out of the military differs considerably across families. Some parents will have served an entire career while others will be early in their vocational trajectory. Some discharges will be due to the parent's choice and may be planned, while others may be unexpected, unwanted, due to an injury or due to reductions in force. Thus, each family's experience of transitioning from service member to veteran status and their associated emotions are unique.

Regardless of the reason for and course of the discharge, everyone in the family undergoes considerable changes. Military children may have lost access to specialized military programming, child care, and an established peer support group; the civilian community often has fewer structural supports and may be less attuned and responsive to the military family culture. Children may be affected by the parent's loss of a stable income and potential challenges in securing suitable employment. Although many veterans are eligible for healthcare through the Veterans Affairs Healthcare (VHA) system, family members may have lost healthcare coverage.

Very little research has been conducted on either parenting or child functioning in the VHA system, likely in part due to the VHA's clear focus on caring for veterans and the restrictions on doing research with children in the VHA system (requirement of a waiver from the chief of research and development at VA Central Office). However, the small amount of available work suggests that some veteran parents may struggle in this role and do not feel that the VHA system is responsive to their needs as parents. Research at the Philadelphia VHA found that of the 199 veterans referred for mental health evaluation, 25% said their children were "afraid of" or were "not warm to" me and 37% felt "unsure of my role in the family" (Sayers, Farrow, Ross, & Oslin 2009). Another recent study using a conve-

nience sample of 147 mental health treatment-seeking veterans at one VHA medical center found that VHA staff rarely asked about parenting needs or provided support surrounding parenting (Tsai, David, Edens, & Crutchfield, 2013).

Looking specifically at veterans with PTSD, older research with Vietnam era samples found that these parents report more parenting and child behavior problems, endorse the use of moderate and severe aggression in parenting, report poorer family adjustment, and have poorer parent-child adjustment and problem solving than veteran parents without PTSD (Davidson & Mellor, 2001; Jordan et al, 1992; Leen-Feldner, Feldner, Bunaciu & Blumenthal, 2011). Longitudinal research with Army National Guard fathers from a brigade combat team found that increases in PTSD symptoms were associated with greater perceived parenting challenges at one year post-deployment (Gewirtz, Polusny, DeGarmo, Khaylis & Erbes, 2010). Further, in a study of civilians, parents with PTSD were three times more likely than parents without PTSD to report that at least one of their children was experiencing both anxiety and depression (Leen-Feldner et al., 2011).

Thus, the course of the transition from a military child to a veteran child is unknown; our ability to extrapolate from the current knowledge and promising programs for military children to the experiences and needs of veteran children is uncertain. Research is sorely needed to study these veteran children to shape our ability to promote positive youth development, to prevent difficulties, and to ameliorate problems once they arise. As Cozza et al. describe in their report, this task of supporting military (and then veteran) children requires creating caring communities. The VHA healthcare system is a major source of support for veterans, and many dedicated community organizations at all levels are working hard to provide services for children and all family members. The VHA system has grown and enhanced its ability to provide family-based services over the past decade, but such services vary considerably across site and usually must be in support of the veteran's treatment plan. Although the VHA piloted free drop-in child care services at three medical centers in 2011 (U.S. Department of Veterans Affairs, 2011), it is unknown if expansion of such programming will occur. Most VHA facilities do not provide child-focused services and most VHA providers do not have specialized training in working with children. VHA does not systematically assess if veterans have children, so the demographics of parenthood and veterans' children are unknown. Without such basic information, our ability to be responsive to the needs of these parents and their children, both within the VHA system and more broadly, is limited.

To meet broader family needs, some VHA medical centers are forging excellent collaborations with community partners. Many VHA providers explore referral options in their communities so as to connect children and other dependents with specialized services. A few sites have created innovative programs, such as the Unified Behavioral Health Center for Military Veterans and Their Families, a collaboration between the Northport VAMC and the private North Shore-LIJ Health System; this unique model includes staff from both facilities who work under one roof to collaborate in providing services for everyone in the family (http://www.northshorelij.com/hospitals/location/unified-military-vet-location). Other VHA staff are partnering with community family/child mental health experts to learn and then implement evidence-based treatments, such as the After Deployment: Adaptive Parenting Tools (ADAPT) Program (Gewirtz, Pinna, Hanson, & Brockberg, 2014), which is currently being provided by VHA staff at the Minneapolis VHA. While these joint ventures are very promising in addressing the needs of the entire family, it is important to note that these collaborations are the exception, not the norm, in VHA facilities.

With possible downsizing and the pending ending of the conflicts in the Middle East, it is possible that more service members will be transitioning out of the military and into civilian life. As we support these most deserving adults, we must also understand the strengths, needs, challenges and experiences of their children—a mission that will require explicit funding, research, policy and dedication. As children of veterans are more likely to enlist in the military themselves, dedicating these resources now will strengthen our future military and our country more broadly.

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Stephen J. Cozza (Col, U.S. Army, Retired) is a graduate of the United States Military Academy at West Point, New York and Professor of Psychiatry at the Uniformed Services University. He retired from the U.S. Army in 2006 after 25 years of military service. He currently serves as the Director, Child and Family Program/Associate Director, Center for the Study of Traumatic Stress, USUHS. Dr. Cozza's professional interests have been in the areas of clinical and community response to trauma, and the impact of deployment and combat injury, illness and death on military service members, their families and their children. Dr. Cozza highlights the experiences of military families through national and international professional presentations and scientific writing. He is principal investigator on several congressionally funded grants examining the characteristics of child neglect in military communities, the impact of parental combat injury on children and families, the effectiveness of a family-based intervention with combat injured families, as well as the impact of U.S. military service death on surviving family members. Dr. Cozza serves as a scientific advisor to several national organizations that focus on the needs of military children and families.

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