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## 9.1 Working with Military Families

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## What is a Veteran Family?

The Veteran family structure includes immediate family members related by blood, marriage, or adoption to a Veteran of the U.S. armed forces, including one who is deceased (Figure 9.1a)



**Figure 9.1a**

*Composition of a Veteran Family*

**Source**

Corporation for National and Community Service, 2013

### **What happens to families after their spouses are discharged from the military?**

Mixed feelings, including happiness and excitement about the return of a loved one, may compete with distressing realities and adjustments of transitioning to civilian life. Many families have built a solid connection to their military community and identity and have greatly benefited from the military structure and support systems (The National Child Traumatic Stress Network, n.d.). Spouses assume volunteer duties, which, on occasion, can be as time-consuming as full-time employment. In some situations, working wives quit their jobs to fulfill

these volunteer expectations. One role that is expected of senior spouses is overseeing junior spouses. However, they could feel the pressure and criticism from a higher rank's wife above them if they are not fulfilling their volunteer role as expected (Harrell, 2001). Since military families relocate frequently, many military spouses find emotional support from other military spouses (Harrell, 2001).

There is an ample body of evidence to the psychological effect that war has on service members, Veterans, and their families. Long hours away from their families working and training, frequent geographic relocations, recurrent exposure to traumatic combat experiences, and the pain of an injury or loss represent significant challenges for military and Veteran families. Also, the emotional consequences of deployment (e.g., post-traumatic stress disorder, traumatic brain injury (TBI), sleeping problems, substance use, and the stress of long separation) affect the entire family system (Borah & Fina, 2017; Campbell & Renshaw, 2013). Some families lack adequate support to transition and can be homeless as they try to readjust and cope with the emotional consequences of deployment (The National Child Traumatic Stress Network, n.d.).

Veterans' challenges, such as physical disabilities, impaired cognitive functioning due to TBI, or behavioral changes associated with PTSD, could be overwhelming for Veteran families despite their strength and resilience capacity. Veterans experiencing PTSD symptoms find parenting and other intimate family relationships to be more difficult. Veterans might struggle with emotional connections, communication, and control of anger episodes. It may be challenging for them to balance hypervigilance while trying to promote their children's independence.

Additionally, the Veteran may be coping with substance abuse involving prescription medications, nicotine, or alcohol. Substance use, PTSD, and depression are linked to elevated risk for suicide (The National Child Traumatic Stress Network, n.d.).

Even though fear of stigma could be one reason for a Veteran's decision not to seek mental health services, there are other possible explanations. Many Veterans have difficulty adjusting to being at home and reintegrating into their families, workplaces, and communities (Figure 9.1b).



**Figure 9.1b**  
*Challenges Faced by Veterans to Reintegrate into Civilian Life*  
**Source**  
*Pajak, 2016*

They learned a mindset for surviving in a war zone. Now that they are at home or work, some strategies learned are not helpful. Knowing their location in the war zone at all times may be seen as controlling when at home. The aggressiveness needed in the war zone may be inappropriate at home, especially when families expect a different interaction style. Family members may misinterpret this behavior as PTSD when, in reality, this level of intensity works in the combat zone. The lack of emotion may be seen as anger or detachment at home. Being at home requires an unlearning process to acclimate successfully. Veterans experiencing a problematic transition may feel misunderstood and decide to separate from their families and communities. The result may lead to unhealthy or illegal behaviors (Danish & Antonides, 2013).

## Impact on Military/Veteran's Spouses

Understanding the risks and resiliency from the Military/ Veteran partners' perspective is essential. Military life, on many occasions, can strain their marital relationships. Spouses reported the stressful experience of regular time apart due to deployment, separation, and long working hours, creating feelings of isolation, abandonment, and being second to the “mission first” culture (Borah & Fina, 2017).

Many spouses' manifest feelings of frustration with their partners' denial of problems or waiting to seek treatment, which creates marital distress for the spouse. In contrast, for other spouses, these marital stressors may lead them to develop stronger relationship skills (Borah & Fina, 2017).

Military spouses tend to communicate and rely on each other more when the service member is absent, allowing them to cultivate stronger social and emotional attachments. However, they may feel the loss of this social network during their spouse's retirement, resulting in higher levels of transitional difficulty (Figure 9.1c) (Harrell, 2001).



**UNSUNG HEROES:  
THE IMPACT OF  
VETERAN SPOUSES**

VETERAN SPOUSES' STRUGGLES  
AND SACRIFICES ARE OFTEN  
OVERLOOKED

**Veterans Spouses**

- May experience challenges related to their own health and veterans' health (e.g. PTSD, TBI, depression or anxiety)
- May have lost their veteran to combat or suicide
- The Veteran partner has a physical injury or trauma-related illness that can affect their relationship and overall family functioning.
- The partner may have assumed the role of primary caregiving support for their injured veteran.
- They can experience a lack of social support when they are not part of the military family

**Figure 9.1c**  
*Unsung Heroes: The Impact of Veterans Spouses*

During active duty, policies and benefits such as health care, childcare, and educational programs support military families. However, Veteran family members lose convenient access to these services and benefits that are only available to active military families (The National Child Traumatic Stress Network, n.d.).

Other challenges experienced by spouses/partners of Veterans include mental illness, interpersonal violence, and trouble in readjusting to new roles within the family. Depression and anxiety both during and after deployment are common among spouses/partners, and these disorders may worsen if the Veteran spouse has a physical injury resulting from combat (The National Child Traumatic Stress Network, n.d.).

Spouses/partners of Veterans who developed PTSD or other wounds of war may feel helpless and isolated. This can put them at risk for depression and anxiety, which may affect their ability to parent effectively. Parents of wounded Veterans may struggle to find the help they need. Occasionally, they must care for their grandchildren (The National Child Traumatic Stress Network, n.d.). If the Veteran has a traumatic brain injury, it affects the entire family.

### **Children of Military / Veterans**

Having a parent being deployed can have a negative effect on children's mental health and behaviors. Research shows that children with a deployed parent, either at Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (EOF), have experienced higher rates of depression and acute stress reactions. If the parent has post-traumatic stress disorder, there are higher chances of children having emotional problems (Pajak, 2016). Children who assume a parenting role while their parent has been deployed may miss age-appropriate activities, which can affect their development (Pajak, 2016).

Veterans whose children have mental health problems are prone to have higher rates of depression, anxiety, and other indications of mental health issues and lower satisfaction with their family and social relationships (Pajak, 2016). Therefore, family communication is a significant protective factor for children's psychological and behavioral responses to parental

deployment. Other factors include participation in school and after-school activities and support from the military community (Pajak, 2016).

When military families move from a base to a civilian neighborhood, children often feel isolated since they can no longer identify themselves with the military lifestyle. However, moving does not have to be a negative experience per se. By preparing them for the move in advance, having open communication, and maintaining a positive attitude, parents can help their kids cope with relocation challenges. Parents should talk with their children about the move and the challenges they might encounter. A great strategy is to involve children in the process so they can feel they are in control of their lives. For adolescents, the most challenging part of relocating is leaving friends behind. Older children and teenagers can feel very isolated after moving to a community where they do not have a group of friends. Breaking into new friend groups can be challenging (Ehmke & Ehmke, n.d.).

### **How the Veterans' Injuries Impact Families**

If the Veteran returns home with a traumatic brain injury (TBI), it affects the entire family. However, if the Veteran has a TBI but no physical injuries, the family can be particularly challenged in understanding why the Veteran is experiencing difficulties without visible physical impairment. Family members usually manifest high levels of anxiety and depression during the years following a TBI. Spouses often feel isolated and trapped in a marriage where their emotional needs are unmet (Headway, n.d.). On occasion, spouses become caregivers for their Veteran spouse. Their roles as marriage partners have shifted, as do the relationships with their care recipients, who have changed, often suddenly and unexpectedly, because of their military service. Intimate partner violence (IPV) is a severe public health concern that affects active-duty military and Veteran couples just as frequently as civilian couples (Hinton, 2020).

Children frequently experience emotional problems while trying to cope with the problematic behavior of a parent with a brain injury. Their needs are often neglected, which can negatively impact their performance at school (Headway, n.d.).

When a Veteran has post-traumatic stress disorder (PTSD), their symptoms also affect family and friends. People with PTSD who survived a trauma may have difficulties maintaining close

relationships with their family and friends. Their PTSD symptoms may affect their sense of trust, communication, and problem-solving, which may affect their sense of trust, communication, and problem-solving, which may affect the way partners respond to the trauma survivor (US Department of Veterans Affairs, 2023). According to research, Veterans with PTSD may have intimacy problems. They share less of their thoughts and feelings, and they have trouble with the closeness, friendship, and sexual aspects of their relationship; lower sexual interest can lead to dissatisfaction with the relationship. Intimacy may be affected when one partner experiences a traumatic event that results in a severe emotional injury. As a result, the quality of the marital relationship, satisfaction and spousal support is negatively affected (Solomon et al., 2014).

### **Veteran and military-related mental health stigma and how it affects health seeking behaviors.**

Mental health stigma (MHS) poses a significant barrier to seeking help, engaging in care, and completing mental health treatment. It is related to negative attitudes about psychological health care.

There are two components of stigma:

- ◆ Public stigma: the concern about how others view mental health problems
- ◆ Self-stigma or internalized stigma: one's own detrimental personal beliefs about people with mental illness. Those with internalized stigma are often most reluctant to pursue mental health care since they perceive the lowest benefits from mental health treatment. Self-stigma can lower self-esteem and can affect people's motivation to seek treatment.

Research suggests that many service members in need of care are unlikely to seek help or follow up with psychological referrals compared to medical referrals (McGuffin et al., 2021).

Mental health stigma in the military is deep-rooted in the military culture and is associated with the need to handle problems on their own (Kaplan, 2019). Traditional attitudes common in military groups include the value of independence, self-reliance, competition, power, strength,

and emotional control, values that often consistent with the masculine gender role identity. Even though recent outreach and education efforts by the military and VA have begun to change this culture, traditionally, military groups tend to abstain from mental health services (McGuffin et al., 2021).

To illustrate, the most common stigmatizing thoughts of service members who participated in a research study conducted by McGuffin et al. (2017) were "My unit leadership might treat me differently," "I would be seen as weak," "Members of my unit might have less confidence in me," "It would harm my career," and "There would be difficulty getting time off from work for treatment."

People who have experienced or witnessed a traumatic event and experience stress reactions, such as Veterans, may be hesitant to seek mental health care. Concerns about re-experiencing traumatic events and avoidance of the reminders of such events pose a barrier to psychological healthcare engagement (Kaplan, 2019).

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