

Military Veterans and Fatherhood: An Intergenerational Impact

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Abstract

Objective: To identify military veterans and administer the fatherhood profile (FP) survey. This study focuses on a sample of 201 military veterans to ascertain the intergenerational impact of relationships with their fathers. Methods: The veterans completed the veteran FP survey to gauge the life course status of their relationships with their father. Results: All were substance dependent, majority divorced and a significant minority (23%) reported exposure to Intimate Partner Violence (IPV) while rearing and (11%) in their own family relationships. Veterans reported a range of 19-30% involvement while rearing in the four fathering dimensions while 8% had no involvement with their fathers. Conclusions: This sample shows the benefit of fatherhood psycho-education, therapeutic services that examine male socialization, the intergenerational impact and highlights the need for more research.

Keywords: fatherhood, intergenerational, veterans, military, relationships

Background

Since the end of conscription and the creation of an all-volunteer military force in the 1970's, military family life has change dramatically. The intersection of military service and fatherhood are cornerstones of American family fabric and society. The impetus for Father's Day is over a century old. The concept was originated by Sonora Dodd. She was the daughter of a Civil War veteran. She was left to raise 6 children on a farm in Spokane, Washington. In 1966, the first presidential proclamation honoring fathers was issued by President Lyndon Johnson which designated the 3rd Sunday in June as Father's Day and in 1972, President Richard Nixon signed the public law that made it permanent (U.S. Census Bureau, 2014). On the 100th Anniversary of Father's Day, June 17, 2010, the President Barrack Obama called for the start of a new dialogue about fatherhood across the country. In 2010, President Obama's Responsible Fatherhood and Healthy Families initiative was launched and in 2012 the Promoting Responsible Fatherhood report and plan was unveiled. As an outgrowth multiple agencies, programs and forums were created. Former Secretary of Veterans Affairs Eric K. Shinseki, a retired general stated, "In the Army, we have manuals that tell us how to do just about everything," but what we don't have is a manual that tells you how to be a good father."

Statement of the Problem

About 44% of active duty military members are parents and most of them are fathers while 38% of members of the guard and reserve that have children (U.S. Department of Defense, 2011). Military spouses and children now outnumber service members by a ratio of 1.4 to 1 (Clever and Segal, 2013). There are over 70 million fathers in the United States (U.S. Census Bureau, 2014) and a significant minority is households with military veteran fathers.

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A father's role is an important aspect of family functioning that can be rewarding, challenging, arduous, continuous and unrelenting throughout the life course. Recent studies indicate aggression toward others is a significant problem reported by up to one-third of OIF/OEF war veterans (Elbogen et al., 2012). The study also determined that other factors not related to military service, including growing up in a violent home life and a prior history of substance abuse also raised the risk that veterans will commit crimes (Elbogen et al., 2012). The majority of participants in the fatherhood study were non-combat veterans. The impact of military service may be linked to problems of negative fatherhood family functioning, substance abuse, IPV, trauma-related issues and a myriad of complex readjustment for some veterans. Service members injured in combat return home with life-altering injuries: amputation, traumatic brain and spinal injuries, optical and auditory, disfigurements, and psychological problems, result in significant medical and financial challenges that increase the risk of substance use disorders (Savitsky, Illingworth, DuLaney, 2009).

The current demands of military service may negatively increase the risk of substance use disorders (Elbogen et al., 2012). Multiple tours of duty, improvements in body armor and medical advances may result in additional exposure to Post-Traumatic Stress Disorder (PTSD) and other trauma (e.g. military sexual trauma or childhood) as well as increase the likelihood of surviving injuries that once would have been fatal. PTSD is a mental health disorder caused by exposure to an event that yields psychological distress (Cavanaugh, 2001). The length of deployment has been linked to increased severity of IPV (McCarroll, J., et.al, 2000). Deployment has a profound impact on fathering which is itself a complex, dynamic, rewarding and challenging, but is relatively unexplored. A fabric not previously explored is that of military-related psycho-social problems and the underlying impact of intergenerational fatherhood.

Research Questions

1. What kinds of relationships did veterans have with their fathers while growing up?
2. What intergenerational influences and/or factors can be identified?
3. What impact does military service have on fatherhood?
4. What kinds of psycho-social problems do veterans have?

Target Population

The target population was male veterans with a diagnosis of substance dependence and/or IPV problem and an interest in fatherhood services.

Introduction

Over the last couple decade's research and knowledge on fathering in general has increased. However, very little is known about current or discharged military veteran fathers. The purpose of the study was to explore and describe the intergenerational impact of military veteran's relationships with their fathers through the four key fathering dimension areas of engagement, consistency, awareness and nurturing. Veterans ascertained their level of closeness with their fathers within the above dimensions and developed a sense of the father's influence and impact. The participants in the study were age 44, all substance dependent, all males, 62% divorced (53% of their parents divorced), 29% never married, 11-23% exposed to intimate partner violence (IPV) rearing, 47% homelessness episodes, had a high school education (45%), college (36%) and served honorably in the Army (51%). The greatest gift a father can offer his children is that of life example and so life course theory is examined as a possible explanation to outcomes. Those that witness IPV and a pattern of substance abuse may be prone to replicate the paternal pattern (Roberts, A., et.al. 2010; Linder and Collins, 2005).

Fathers need to be role models by demonstrating good behavior and judgment, admitting when they are wrong, teaching children and instilling a moral code. The concept of family togetherness is an age-old tireless tradition that appears lost in intergenerational translation, modern fast-paced world and needs re-embraced for a quality sense of belonging. To underscore, fathering is a lifelong obligation and achieved through example, affirmation, reliability, guidance and support. Across the Veterans Administration (VA) system there has been increased efforts to involve family members in the care of veterans (Glynn, 2013). In addition all VA's offer family consultation, couples and family therapy, and family education or family psycho-education services; especially for veterans with PTSD (U.S. Department of Veterans Affairs, Veterans Health Administration, 2008). However, fatherhood services and program were not targeted and remain a gap.

There are a handful of VA's providing some level of fatherhood services, like the Butler, PA and Baltimore, MD. These fatherhood services vary in length and are provided via a psycho-educational group format that provides a holistic perspective for veteran. The treatment includes improving relationships with the children and grandchildren through psycho-education group work. The participants provide each other support in their efforts to reconcile, enhance and strengthen a viable and reliable fathering presence in the lives of their loved ones. In the context of treatment, fatherhood experiences remain a clinical and research gap (McMahon, Winkel, & Rounsaville, 2008); especially with military veterans. Hence, effective fatherhood groups are predicated on a foundation of trust that encourages self-reflection, personal sharing, peer support, and ongoing growth. Fathering services at VA are provided in conjunction with substance abuse, homeless and/or IPV programs.

Screening and Services

All of the veterans were identified in a community residential treatment program that provided substance abuse and IPV treatment. Veterans completed a psycho-social assessment and then the FP survey by the social worker. The social worker reviewed the FP with the veterans for accuracy. Veterans then were introduced to the open-ended psycho-education fathering group. The fatherhood group provided a safe place for veteran to discuss relationships with their fathers and vent their feelings and frustrations. The fatherhood group not only revealed the status of relationships with their fathers, but their own fathering and relationships with their children and generated discussions on parenting, reconciliation, guilt, remorse and for a significant minority the issue of child support arrears. Overall, each group was geared to enhance cognitive, behavioral, emotional, attitudinal, beliefs, recovery and renew values about themselves, families and fathers. A cornerstone of each group is active participation, verbalizing non-violence, using appropriate language, engagement and abstinence, a desire to change, the recognition of respect for partner's equality, men's sustained recovery efforts and peer support input is a valuable cohesive group dynamic that promotes accountability and responsibility.

Methods

The study sample (n=201) participants were comprised of discharged military veterans from all service branches. The participants completed the FP survey. The FP gathered socio-demographics, incorporated questions about the veteran's fatherhood level, marital status, military history, housing situation, medical, substance abuse, IPV, psychiatric status and also responded to 32 FP statements (yes/no). These statements were equally distributed and based on the fathering dimensions of engagement (togetherness), consistency (modeling behavior), awareness (development) and nurturing (encouragement) to gauge the veteran's relationship level with their father. The aggregate FP statements established the relationship level as an average and by separate dimension. Participants also were able to ascertain their own fathering status, talk about the impact of male socialization from their fathers and with their own children, and identify psycho-social problems and stressors.

Results

The average age is 44, all substance dependent, 56% white males; 43% black males, 62% divorced, 55% high school educated, 47% homeless past with a significant minority jobless, child support arrears and receiving VA and/or Social security disability pensions. The majorities (75%) of these men were raised during the 1970's but minorities are Persian Gulf veterans. In examining fatherhood, it is important to look at the intergenerational, social and historical times in which fathers reared their children. The men in the study were being raised by their fathers in the generations that span from the Vietnam War baby boomers to the Persian Gulf in times of a vast amount of social, cultural and political climates. The participants reported that their fathers spanned the generations from World War II, Korean and Vietnam. Seventy-two percent of the participant's fathers were military veterans. This may suggest an additional fatherly and familial influence of a propensity to serve and join the military.

According to Tolbize, the baby boomers (1946 to 1964) are save the world, protested against power, self-improvement types, and value driven. Fathers during this time period in history enacted the role of the good provider. Second, generation X (1968 to 1979) are the garage door codes, latch-key kids who grew up street-smart but isolated, often with divorced or time-starved dual-career parents. They are entrepreneurial, independent, and eager to make marriage work and "be there" for their children. Third, generation Y (1980 to 1999) are value driven, entrepreneurial, cyber kids. They are flexible, confident, and less process focused. Last, the millennials (2000–present) are optimistic, idealistic, patriotic, team players.

They are delaying marriage and parenting. Millennials are the 9/11 generation and action-oriented. This role is being challenged today by the evolving role of military mothers during deployment, women serving on active duty, guard, and reserves and mothers in the workforce. Fathers of all these generations continued the pursuit of the American dream. Part of this dream was an escape from urban inner city to suburbs and rural America. Fathers during these time periods enacted the role of the good provider, forsaking involved types of fathering and hence an impact on rearing and the development of children. This study found that one of the highest reported aspects of fathering was the breadwinner role and financial support. The breadwinner role is a stage of fathering. In addition to this stage of fathering, fathers are seen as a moral teachers, gender role model and nurturing (Lamb, 2010). In fact, among families where only the father works and about two-thirds are in dual-earner families (Parker and Livingston, 2016). Thus, fathering then leads a veteran to express his masculinity and male identity based upon his perception from rearing.

Table 1: Fathering Dimensions (n=201)

Participant Responses Individual Dimension
Engagement 59(29%)
Consistency 60(30%)
Awareness 39(19%)
Nurturing 43(21%)

Only 43% always lived with their father growing up and only 34% of the participants reported they were close to their fathers. The majority (54%) of the parents divorced while participants were growing up and the average age at the time of the divorce was 10 years. A divorce is a life event that has a negative and lingering toll towards modeling a healthy relationship. It is difficult to discern the connection between the participants divorce and their parent’s divorcing. However, veterans are three times as likely to be divorced as those who have never served (Hogan and Seifert, 2010). Also, in terms of modeling, 58% identified with religion, yet only 32% attended religious services on a regular basis. Table 1 above represents the aggregate percentages of fathering role by dimension areas. Veterans had an average of 25% involvement in the dimension areas while 8% had no involvement with their fathers. An analysis of the all dimensions revealed an average of 25% involvement. Further analysis of each dimension: engagement (29%) and consistency (30%), awareness (19%) and nurturing (21%) involvement levels. These results yield greater fathering engagement and consistency vs. less awareness and nurturing involvement. Hence, the participant’s majorities in the study reported that their fathers never read to them; never helped with homework or rarely showed an interest in their homework. The results indicate that these fathers were not very emotionally or physically available to their children. Most of the participants reported their never told them they were loved; never comforted them when they were upset, and never hugged them. Despite this emotional distant kind fathering, 33% of the participants reported they loved their father.

Table 2: IPV Exposure and IPV Type by Percentage

Percentage	IPV Exposure	Percentage	IPV Type
20(11%)	Non-physical	42(23%)	Physical

There were no significant differences in fathering between men who reported IPV and those who were non-violent. However, a significant majority of the participants and their parents were divorced. It is then unclear if IPV contributed to this outcome or if other variables such as parental substance abuse, male socialization or military services were factors. The highest reported type of IPV was physical abuse. Table 2 above represents a minority had intergenerational transmission of IPV exposure as 11% reported being exposed to non-physical abuse while 23% reported physical discipline by their father. Thirty-three percent of the participants had IPV problem. Male children who witness IPV are more likely to use IPV in adulthood (Roberts, A., et.al. 2010) and children who were abused are more likely to use IPV in early adulthood (Linder and Collins, 2005).

In an attempt to explain the intergenerational impact on fathering Baron Straus’s Cultural Spillover and Life Course theories are discussed. First, according to Baron Straus’s theory of Cultural Spillover, “when any given culture (including a subculture) tends to endorse the use of violence to approved ends, then the greater the likelihood that this “legitimization of violence” will be generalized to other spheres of life where the use of violence is less socially approved” (Bradley, 2007).

Military and veteran cultures are separate and distinct, but overlap. Both have traditional roots in a male dominated cultures and views of family life. Second, is Life-course theory which is an important approach to understanding a veteran fathers' individual and familial developmental impact through life transitions, stages and paths. Life course theory addresses both micro and macro systems and examines individual, family, and community intersections from a social and historical perspective. The veteran makes choices and actions based on circumstances and opportunities. Some of these choices, such as substance abuse, IPV, legal, divorce, etc. may then have roots in the male rearing and have a life course ripple.

Therefore, there are explanations for predictors that can be translated into planned change behavioral prediction (Benda, 2004). For instance, veteran participants were all substance dependent and divorced with a minority also having homeless episodes and IPV problems. The veteran would be motivated for change to not relapse and also be violence free in their personal relationships. A life course trajectory and transforming choice may then be to a healthier lifestyle and recovery orientation. Hence, treatment and services for should be directly aimed at exploration of and commitment to a specific set of goals, values, beliefs, and behavioral patterns (Benda, 2004). Thus, clinically, to acknowledge for these men in therapy that their deficit of fathering may be related to how they were raised was deemed to be therapeutic and effective for acceptance and engagement in the concept of fathering. This acknowledgement of their male socialization is necessary to develop the skills for renewed fathering and hence building or re-building healthy fathering relationships.

The results of the study indicated that the participants who always lived with their fathers growing up had very different kinds of father involvement than those subjects who did not. The presence of a father in a child's relationship is comprised of affective, behavioral, and cognitive/perceptual elements that are central to a son's feelings about the father, his physical relationship with the father, and the adult child's perception of the father's involvement with him (Krampe and Newton, 2006). Men who always lived with their fathers reported them more nurturing, more involved in one-on-one activities, more involved in their school work, less abusive, more of a moral role model, and more assessable than men who grew up not living with their fathers. A father's consistent presence is an important factor for their life course development and serves as a foundation for their fathering style.

Other findings of the study indicated that the only difference between fathers who had a college education and those with a high school education was that fathers with higher education were more likely to be seen as the male role model by the men in the study. They were more likely to take their children to church, pray with them, talk about God, say grace at mealtime and teach their children right from wrong. Those fathers that were more negatively involved with the men in the study suffered in some major ways. They were more likely to be psychiatrically hospitalized as an adult, report being depressed, have suicidal thoughts, and take prescribed psychiatric medication. Another focus of this study was to explore factors that would lead to low or high father involvement. The determinant factors were: reporting a close relationship with the father, being raised by the father, always living with the father and whether or not the parents divorced. Based on these findings, the stable presence of father remaining in the child's life indicates a higher level of involvement and a closer relationship with their fathers.

Case Example

John enlisted in the Navy to serve his country, like his father did to serve in Vietnam. His father was an Army combat veteran. His parents divorced when John was an age 15. John gained employment skills and earned educational benefits. He incurred a shoulder and back injuries while serving during the OEF/OIF era. He sustained both medical and mental health injuries. He continues to receive treatment for these medical problems, but he also coped with depression and combat PTSD. He attended almost 2 years of college, was employed, got married and had 2 children. All the while he continued to struggle with the lingering pain from his injuries. He started abusing his pain medications and mixed with alcohol became addicted to both. His addiction grew worse rapidly. He reported that his father was an alcoholic and suffered from combat PTSD. He became abusive to his wife and was soon separated within a year of marriage. He found himself associating with nefarious types and started selling drugs as well. He lost his family, house, car, dog, furniture and finances. He realized he was out of control when he was arrested and sent to jail. He recognized that he needed help, but still wasn't ready to surrender. While jailed the corrections counselor asked him if he was a veteran during classification.

He was to soon be connected with the VA and diverted into a substance abuse rehabilitation program, but never made it there. He was bonded out and within 2 weeks relapsed on drugs. He tested positive with a urinalysis screen and was rearrested for violating his probation and remanded back to the jail. Within a few months of being incarcerated he was given a second diversion chance with his probation officer's permission and court ordered to the drug rehabilitation program. He successfully completed the program, but was not ready to go home to his wife and children. So, although a strain on the family he decided to reside at an Oxford House for more sobriety time. John has been drug-free for almost a year now, is working to reconcile with his wife, be a responsible Dad, obtained employment, has a car, is back in college and would like to purchase a home. He is still serving probation and acknowledges if he does not comply with probation, the Court will impose sanctions and he will return to jail losing all he has gained.

Literature Review

In review of available literature on fathers, the majority exists on non-veterans, scant on military fathers and none on veteran fathers. Military service and life course theory are tied to global life choices explore and have similarities. Both combine factors such as age, gender, race, culture, crime, marital status, historical, lifelong health, and socioeconomic status resulting in ascribed and achieved attainment (MacLean and Elder, 2007). Military service is dependent on the era and the timing of service. Veterans of different eras have different experiences, transition and are impacted differently. For instance the conscription war eras of WWII, Korea and Vietnam are different than the non-conscript all volunteer era of the Persian Gulf wars. MacLean and Elder focused on the impact of the change from a conscript military to an all-volunteer force. Military service also developmentally impacts career, family, education, employment choices and the transition to adulthood over various stages (Kelty, Kleykamp and Segal, 2010). Young men and women are made more responsible members of their communities as a result of their service. After the military there is a transition and connection to family formation, marriage, parenthood and family structure based upon military culture and its effect from male-dominated institution.

For those in substance abuse programs, the focus is treatment but also their relationships with their children and status as fathers. Veterans have confusing roles as to the concept of fatherhood, manhood, feelings of guilt, inadequacy, and how to reconnect with children, especially daughters (Arenas and Grief, 2000). Under the umbrella of family violence are IPV; this remains to be one of the most serious and complex public health concern faced by women (Centers for Disease Control and Prevention, 2009). IPV is physical violence, sexual violence, psychological violence, or the threat of physical or sexual violence by a current or former spouse (Centers for Disease Control and Prevention, 2014). Further, according to Dekel and Goldblatt (2008), reviewing intergenerational transmission of PTSD in families of war veterans from father to son. The research found that the least one that affected families was the one with war vets who suffered from PTSD (Dekel, Goldblatt, 2008). Next, IPV is much more prevalent in relationships that are comprised of at least one partner in the U.S. armed forces (Dekel, Goldblatt, 2008).

Table 3: Participants by Military Service Branch

Branch	Percentage	No.
Army	51	103
Navy	24	48
Marines	14	28
Air Force	9	18
Coast Guard	1	4
Totals	100	201

Next, the majority of the participants in the study had substance abuse, co-occurring disorders, IPV, legal issues, 47% homeless episodes and unresolved relationship problems with their fathers. Many substance dependence and homeless veterans are single men from disadvantaged backgrounds, who served overseas, only to return home and learn that the war traveled back with them in the form of anxiety, depression, flashbacks, drug dependence and legal issues (Mares, 2004). Veterans face other challenges when trying to overcome obstacles: prolonged separation from traditional supports such as family and close friends; highly stressful training and occupational demands that can affect their personality.

Self-Esteem and ability to communicate with people in the civilian sector after their separation from military service; and non-transferability of some military occupational specialties into the civilian work force. Veterans often perceive that their homeless state is directly related to their military service, but military service itself does not substantially increase the risk for becoming homeless among veterans (Mares, 2004). In addition, other characteristics such as lack of family support, access to social supports, stable partner relationships, and low income represents additional barriers that promote homelessness (Mares, 2004). Many veterans link their homelessness, IPV, PTSD, substance abuse and legal episodes with their military service. The risks appear to be family rearing, background, access to support system and personal characteristics. Hence, the impact of fathering may also represent a factor and risk.

As stated prior 47% of the participants have homeless episodes and a minority struggled with child support arrears. Thus, to increase homeless veteran efforts to reconnect with their children a pilot partnership was forged between the VA, Health and Human Services, and the American Bar Association (The White House, 2012). The pilot, helps homeless veterans gain permanent housing, assists them in meeting their child support obligations, and connects them with programs that offer employment and supportive services (The White House, 2012). Children who grow up with having a military father may go through numerous periods of time of separation from their father. These periods of separation are usually for deployments and/or training missions and can last for a few short months to a year. Table 3 above represents the breakdown of participants by military branch.

Discussion

The returning military and discharged veteran father may experience readjustment problems related to PTSD, IPV, substance abuse, mental health and maladaptive decision-making, which impact their fathering, family stability and well-being. Veteran father's post-deployment report significant levels of stress related to reconnecting with children need for support with family reunification and coping skills for co-parenting and temperament (Walsh, 2014). As one response to the identified need a program called Support to Restore, Repair, Nurture and Grow (STRoNG) was created. STRoNG is a group intervention to enhance positive parenting among military families with young children. STRoNG is a short-term (10-week) multifamily parenting group intervention. Strong focuses on parent mental health, with a focus on the post-deployment reunification phase, which includes fathering (Walsh, 2014).

Efforts to prevent PTSD and aggression have had limited success (Feldner, 2007). Feldner, reviewed PTSD prevention programs that target persons, including veterans at risk for being exposed to a traumatic event or who have been exposed to a traumatic event and subsequent IPV problems. However, only a couple VA IPV programs have outcome data. The study (Craig, Robyak, Tororsian & Hummer, 2006) addressed a gap in the research literature on IPV with heterosexual male batterers by evaluating whether or not self-reported attitudes about partner abuse and sexist beliefs could be modified over time as a result of participation. Irritability and increased tendencies for aggression are a symptom that arises post-deployment (Milliken, 2007).

Implications for Fatherhood Practice & Programs

Clinical providers should include session(s) within substance abuse, IPV and homeless programs on fathering. This would begin to address their fathering and stimulate baseline corrective action. This may be enhanced by developing a separate fathering group with 6 goals:

1. A focus on increasing self-awareness of men's relationships with their own fathers;
2. Help them self-evaluate the positives and negatives of their father's fathering, as well as what they missed; and what they want to transmit to their own children;
3. Critically self-evaluate the impact of their substance abuse and/or military deployments on their children
4. Increase empathy for any familial or paternal deprivation;
5. Explore how their behavior, thinking and belief systems impacts their children;
6. Help them construct a positive paternal identity.

Limitations

There were some limitations of the study. First, the study was only open to male veterans. The programs were veterans were recruited also only accept male veterans in their substance abuse and IPV programs. It would be interesting for future research direction to modify the study to only include female veterans and then compare both samples. Second, the fathers of the participants were 72% veterans and 38% non-veterans.

It would be interesting to analyze and compare the results of veterans vs. non-veteran participant fathers. Last, a sub-analysis of combat veterans with PTSD versus non-PTSD may be explored as well.

Conclusion

Overall, the findings added to the current body of fatherhood knowledge and provided specific insight into military veterans and fatherhood. The presence, involvement and connectedness of fathers are a critical factor across the veteran's life course and providing example and a foundation for future generations. The causal associations between military veteran's service and fatherhood, intergenerational transmission of psycho-social problems like IPV, substance abuse, divorce, and other characteristics is generally unknown and not researched. The risk factors, like homelessness, cannot be conclusively determined from these data. The study supports the value of identifying the status or veterans' relationships with their fathers, ascertaining current participant fathering and incorporating fatherhood psycho-education and therapeutic value of services into substance abuse and IPV treatment. More stand-alone veteran fatherhood program should also be explored. Fatherhood is an important component in overall family stability and functioning. Fatherhood should not only be explored for discharged veterans, but active duty returning from deployment, reserves and National Guard as well. A future study should examine the veteran's relationship with their daughters to identify intergenerational transmissions. This study informs practitioners of veterans' fatherhood not previously examined. Further, it would enhance cultural competence for all clinical providers to understand the dynamics of fathering and male socialization. Fatherhood has therapeutic value for treatment settings and may reduce negative parental recidivism, relapses in irresponsible behaviors, increase overall family functioning and enhance relationships with dependents.

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