Responding to the Needs of Children of Veterans

The Problem:

- Children of veterans are affected by their parents’ deployment, trauma, and substance abuse. An estimated 30-35% of veterans are affected by trauma and substance abuse. These are family conditions directly affecting other members of the family. Secondary trauma affecting the entire family has been documented among returning veterans, along with higher frequency of family stress and violence.

- Children of veterans are, for most federally supported programs, not eligible recipients of veterans' services; mental health and substance abuse prevention and treatment are not provided to children of veterans. Most VA programs serve only veterans themselves. There are no standardized screening or assessment forms used by the VA to determine the services needs of children of veterans.

- In contrast, extensive services from the Department of Defense (DoD) are available to children in military families on active duty. Family advocacy programs, schools, child care, and other services have been expanded in response to the needs of younger active duty service members with children.

- There is no accurate number of the total number of children of veterans of recent conflicts who are separated from service. Since 9/11, more than 60% of all those who served in Iraq and Afghanistan have left the service. The DoD has extensive information about dependents, which is essentially “erased” when service members separate and acquire veteran status. Several VA forms ask for information about dependents, which is not aggregated or distributed for state or local use.

- VA data indicates that 22% of veterans receive their mental health care outside the VA system (2005 data). The percentage varies from state to state, with the rural states having the greatest percentage of veterans who get care outside the system. The need to supplement VA resources with state and local services is obvious; the VA cannot accomplish this task on its own. To respond to the needs of veterans' children would require supplementing VA resources with state and local services; The VA cannot accomplish this task on its own.

- Most state and local agencies that serve veterans in the general population (such as child support and child welfare) do not collect information about veterans’ status; there is typically no “box on the form” to determine how many veterans are in these agencies’ caseloads.

- Pending reductions in force could add a large number of newly separated veterans with families to these total; these may include veterans with problems that led to their designation for separation.
Resources

• A growing number of national and local non-profit agencies have begun to address the gap in services to veterans' children. Organizations that advocate for veterans and military families are aware of the gaps in services to children of veterans.

• Efforts are under way in both the DoD and the VA to improve data collection across the two systems, with the potential to improve the accuracy of estimates of the total number of children of veterans separated from service.

• State policy academies sponsored by the VA, Substance Abuse and Mental Health Services Administration (SAMHSA), and other agencies have included the services needs of children of veterans in their discussions, though few of the states have yet developed systems of care and networked services for these children.

• Local networks of services for veterans and their families have emerged in some locations, including San Diego, Orange County, Los Angeles, San Antonio, North Carolina, and other communities.

• Hopeful signs include the potential impact of the Affordable Care Act and the 2008 parity legislation in expanding treatment and aftercare services for veterans and their families beyond the resources available from the VA. But it will require specialized outreach to ensure that lower-income veteran families are connected with these new services and funding streams.

• The more than 100 veterans' treatment courts have the potential to address the needs of the children of these veterans and to establish links to the 350 family drug courts where the two sets of courts overlap.

• A number of academic institutions have begun training graduate students in social work and other disciplines, including some veterans, in the competencies and perspectives required to work with this population. Research in these institutions has begun to document the needs of children of veterans.

Based on these needs and resources and a series of ongoing meetings with members of public and private agencies in this field, a consensus has emerged:

• The number of children of veterans must be better documented so that the scale of the problem can be better understood.

• The needs of children of veterans must be better screened and assessed so that agencies can respond effectively to those needs.

• Networks of state and local agencies, linked to the VA and the military services, should be supported in providing services to children of veterans who are affected by their parents’ deployment.