

Technical Abstract: Children of Military Fathers with Post Traumatic Stress Disorder
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Background: 17% of combatants returning from Iraq report symptoms of Post Traumatic Stress Disorder (PTSD). 44% of active duty military in the USA have children (<18) meaning that many who return unwell are fathers. We know that parental mental health influences outcomes for children throughout their lifetime. Much has been written about the effect of maternal psychopathology on children, but little is known about how father's mental health problems may impact upon a child's development, or about the specific effects of the unique psychopathology of PTSD (Post Traumatic Stress Disorder).

Primary Aim: Aim 1) To examine the relationship between paternal PTSD and children's emotional and behavioural difficulties on the Strengths and Difficulties Questionnaire (SDQ). **Primary Hypothesis:** Paternal PTSD is associated with a two-fold increase in the frequency of emotional and behavioural difficulties on the Strengths and Difficulties Questionnaire in children. **Secondary Aims: Aim 2)** To examine the relationship between paternal PTSD and children's anxiety disorders on the Screen for Child Anxiety and Related Disorders (SCARED). **Aim 3)** To determine if prominent emotional numbing symptoms of PTSD place children at special risk of emotional and behavioural difficulties and anxiety disorders. **Aim 4)** To examine the relative contribution of a) paternal PTSD and b) other key variables including paternal deployment, marital quality and maternal mental health to children's difficulties. **Aim 5)** To compare the rates of emotional and behavioural difficulties in military children of fathers with PTSD and without PTSD to rates in the general population.

Study design: Sample: This study compares child outcomes for fathers with PTSD to fathers without PTSD and is based at a single centre ([King's Centre for Military Health Research, UK](#)). The sample will be drawn from an existing large military cohort representing tri-service regular and reserve UK Armed Forces personnel, upon whom we have already collected longitudinal data. The sample for this study consists of a random sample of 250 male Armed Forces personnel with PTSD who have 1 or more children aged 3-16 years, and who have consented to follow-up, and a comparison group of 250 who score <40 on the PCL. **Measures:** We will use the Strengths and Difficulties Questionnaire (SDQ) as a measure of emotional and behavioural disturbance in children. We will collect SDQ data from 4 sources; the father, mother, child aged over 11 years and the class teacher who knows each child best. We will use the Screen for Child Anxiety Related Emotional Disorders (SCARED) and the Mood and Feelings Questionnaire-short version (MFQ) as a supplementary outcome measure. Parental mental health will be assessed using The Primary Care Evaluation of Mental Disorders and the Post Traumatic Stress Disorders Checklist (PCL). We will also assess key potential confounders such as paternal deployment history, family structure, marital quality, and maternal mental health. We will examine various measures of parenting skills and parental involvement to understand further the mechanism of the effect. **Procedure:** All biological children belonging to the index father and any other children who live in the same house as the index father aged 3-16 years will be included in the study. Fathers will initially be approached by letter, followed by a structured interview delivered by telephone. At interview, consent to approach the mother of the child will be sought. Mothers will be contacted by letter, and they will be invited to opt in to the study by returning a reply slip and to consent on behalf of children aged 11-16 years. After consent from the primary care giver, we will write to the nominated teacher for each child explaining the study and asking them to complete the SDQ, and we will contact children. **Relevance:** First, family issues have been shown to be of key importance for recruitment and retention. Second, such research will provide valuable benchmark information to the military and/or public health bodies about the frequency and associations of emotional and behavioural difficulties in children which will assist in planning appropriate service provision.. It may also be possible to identify if certain children are especially at risk (for example because of their age, which would allow interventions to be targeted). Finally, by developing further our understanding of the mechanism through which paternal psychopathology exerts its effects on children, it will be possible to guide the development of preventative interventions for service personnel and their families. For service personnel and their families, the study will help individuals and families to understand better the consequences of having a family member with PTSD and will lead to a greater understanding of the factors which increase the risks of negative outcomes when a father is unwell. This will help families and individuals to understand better what might 'make a difference' in terms of preventing negative outcomes and protecting children and family life.