



# **THE HOMEFRONT: FAMILY WELL-BEING AND MILITARY READINESS**

**Edited by Sanela Dursun, Samantha Urban and Waylon H. Dean**



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Samantha Urban  
and  
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# FOREWORD

Serving one's country comes at a personal cost, a cost that members of the Canadian Armed Forces willingly accept. This is the hallmark of a professional military, and our members' unwavering commitment obliges us to provide support programs and policies that reflect the unique needs of our members and their families, and that also mitigate the challenges associated with the military lifestyle. I consider family members part of the Defence Team, and as the Commander of Military Personnel Command, I am and will continue to be a strong advocate of policies and programs that support the well-being of members and their families. I also believe in making decisions informed by objective and evidence-based research. Fortunately for our members and their families, the Canadian Armed Forces is a world leader in military personnel research and analysis. *Family Well-Being and Military Readiness* exemplifies both this commitment to our members and their families, and to high-quality, evidence-based research.

This book discusses a range of complex and challenging factors that affect the well-being of military families. As we know, family well-being depends on a number of determinants including income, the community a family lives in, social structures, power relationships, the social services a family has access to, employment opportunities, access to adequate housing, and a general sense of safety and security, to name a few. Perhaps more than in any other segment of Canadian society, the interaction between work and family strongly influences the lifestyle of members and their families, thus making families part of the military culture and organization. The demanding operational tempo of the last twenty years has placed tremendous strain on Canada's military families, therefore the awareness and understanding of the effect of military life on families has become even more important. This publication illustrates how the well-being of military families has had a real impact on organizational effectiveness.

This volume highlights significant research on military family well-being by researchers across Director General Military Personnel Research and Analysis, Defence Research and Development Canada-Toronto, as well as our partners in the wider academic community. The chapters cover topics across the spectrum of family well-being, including marital functioning, spousal income and employment, work-life conflict, military children's well-being, coping with post-traumatic stress disorder, and the family's impact on retention and attrition. As such, I strongly recommend *Family Well-Being and Military Readiness* for all military leaders and service providers. It contributes to our understanding of the effects of the military lifestyle on families, and thus to our commitment to their well-being.



C.T. Whitecross  
Lieutenant-General  
Commander Military Personnel Command



# INTRODUCTION

## Family Well-Being and Military Readiness

*Sanela Dursun*

The family patterns of Canadian military personnel have changed since the 1970s, the most notable being the dramatic increase in the number of married military members. Following the promulgation of the *Canadian Human Rights Act* and the *Charter of Rights and Freedoms* in the 1980s, the Canadian Armed Forces (CAF) removed the age eligibility requirements for entry, leading to a rise in older recruits who are often already married (or in a common-law relationship) when they join the CAF.<sup>1</sup> The proportion of married and common-law recruits in the CAF has increased from 6% in 1968 to 16% in 1996, and then to 23% in 2015. Overall, as of March 2016, 62% of the CAF population was married.<sup>2</sup>

The Canadian military has also been involved in more multinational peacekeeping and humanitarian missions over the last two decades. Recently, the combat operations in Afghanistan and Iraq have increased the danger associated with military service. The increased likelihood of CAF members having families combined with the increasing number and danger of deployments has made family separation an important stressor for CAF members. It is difficult for them to adjust to military life,<sup>3</sup> for example when they prepare to manage life in the absence of a spouse, but the increase in the number of married members means that more families must contend with the heightened stress of dangerous missions.

In addition to the changes in the CAF demographics and the existing deployment pressures on CAF personnel, significant changes have occurred in the way Canadian families function, especially with regard to gender roles. Although women still generally hold a disproportionate share of the responsibility for raising children, men increasingly share this role.<sup>4</sup> A switch from the traditional complementary roles – where men assumed bread-winning responsibilities and women were the primary caretakers for children – to more symmetrical roles in which men and women can be equally involved in earning and caring, has increased the importance of fathers in the day-to-day lives of children.<sup>5</sup> These changing norms can lead to tension between military work requirements and a member's home responsibilities.<sup>6</sup>

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Changes in social norms also include an increase in dual-earner/dual-career families. As more women with children work outside of the home, the traditional nuclear family is changing to include new roles and role exchanges between men and women.<sup>7</sup> Often, the spouses of military members are left to manage day-to-day family responsibilities in addition to their work outside of the home. But frequent relocation and separation due to deployments compromise a military spouse's ability to develop and maintain a career, thus contributing to tension between family life and military life.

The changes in CAF missions, in members' family patterns, in gender roles, and in other social and economic trends have prompted the Canadian military to modify its strategies for attracting and retaining service members. Recognizing the importance of the family, the military has adopted the slogan "We recruit a member, but retain a family." In keeping with this change in focus, personnel research in the military began to look at how the military's impact on family life affects organizational outcomes, such as recruitment and retention.

## Military Life and Organizational Outcomes

As noted earlier, family issues were not as much of a concern for the military prior to the 1980s because the vast majority of its members were single. The saying "If the military wanted you to have a wife, it would have issued you one" expressed the spirit of the times. Families were simply expected to adapt and to support service members unconditionally in their efforts to accomplish the mission.<sup>8</sup> By the late 1980s, however, Segal could characterize both the military and the family as "greedy" institutions that competed with each other for the service member, leading to tremendous demands placed on members and their families that would ultimately affect organizational outcomes.<sup>9</sup>

The greediness of military institutions imposes challenges for families that would be unimaginable in most civilian occupations, including frequent separations, relocations, risk of injury or death of the military member, long hours, changing work schedules, isolation from civilian society, and an overarching culture that is still strongly masculine (i.e., valuing hierarchy, dominance, power and control of emotions).<sup>10</sup> Military leaders have recognized the growing importance of the family, which has triggered an interest in how family-related factors might be associated with the military's effectiveness. The key outcomes of organizational effectiveness include organizational commitment, morale, operational readiness, and turnover intention.<sup>11</sup> Over the years, research has shown that family well-being influences these outcomes.

*Organizational commitment* is defined as "the relative strength of an individual's identification with and involvement in a particular organization."<sup>12</sup> Strongly committed military personnel report higher job satisfaction,<sup>13</sup> adjust more readily to military life, report higher levels of psychological well-being,<sup>14</sup> and are less likely to indicate an intention to leave the military.<sup>15</sup> Finally, highly committed members also exhibit higher task-related knowledge,<sup>16</sup> suggesting a link between commitment and the objective indicators of operational effectiveness. Some empirical evidence also links



family support variables and the work commitment of military personnel.<sup>17</sup> It has been shown, for example, that work commitment is the result of gratification received from several sources, including one's job and family. Married service members who believed that their children and spouses adjusted well to organizational demands reported greater family support for their military career. This in turn led to increases in levels of organizational commitment from service members.<sup>18</sup>

*Morale* can be conceived as both an individual and collective phenomenon.<sup>19</sup> Morale may be a state of mind for an individual (e.g., dedication, willingness to sacrifice) or a group (e.g., collective enthusiasm for achieving goals). Individual morale (also termed "professional morale") involves appraisals of the self, such as confidence and pride, whereas group morale involves aspects of group readiness, teamwork and effectiveness.<sup>20</sup> As with organizational commitment, some evidence shows that service members' morale is influenced by their spouse's attitudes toward the military.<sup>21</sup> One study showed that spousal perceptions of unit leadership have a significant impact on a soldier's personal morale. Among junior enlisted soldiers, this influence turned out to be indirect: a spouse's attitudes toward her husband's unit influenced his perception of a satisfactory interface between the army and the family, which in turn influenced his morale. But officers were more directly influenced by their spouse's attitudes.<sup>22</sup>

*Operational readiness* is defined as the degree to which an individual is psychologically prepared to deploy and conduct operations, and to withstand the mental challenges of an operation which includes separation from family and other support groups.<sup>23</sup> In this regard, the level of preparedness of an individual member's family to deal with the rigors of a deployment is also considered a part of operational readiness.<sup>24</sup> Even though a few studies demonstrate a link between family factors and readiness, attempts to identify the family factors that influence readiness have been limited and inconsistent.<sup>25</sup> Still, we can see an intuitive connection between a member's psychological preparedness to deploy and their family's well-being.

*Turnover intention* has been the focus of considerable research, particularly in the military environment.<sup>26</sup> Several U.S. studies have found that personal concerns, such as marriage and relationships with children, influenced re-enlistment decisions.<sup>27</sup> The spouse's preference and support for the service member's career and re-enlistment seems to have an important impact on the member's intention to remain in the service.<sup>28</sup> Further, other research has shown that the perceived unit support to family issues has a direct effect on the soldier's commitment.<sup>29</sup>

A recent CAF study examined the influence of spousal support to military members, not only on members' personal well-being, but also on organizational outcomes, such as organizational commitment, morale and turnover intentions. It found that all of the spousal support variables (i.e., satisfaction with relationship, perceived spousal support, and spousal support for the member's career) were related to the member's psychological well-being and satisfaction with life. In turn, both psychological well-being and satisfaction with life were associated with morale and organizational commitment, suggesting that both personal and organizational well-being may be fundamental to the full functioning of military personnel.<sup>30</sup>

## Introduction

The organizational outcomes described above – organizational commitment, morale, operational readiness and turnover intention – are key components of the military's organizational effectiveness.<sup>31</sup> In the past decade, optimizing these outcomes within the CAF has become even more pressing because of the higher operational tempo. There is a strong intuitive case and some empirical evidence that family factors influence organizational outcomes, and therefore further research on the impact of the demands of military service on members and their families is needed to clarify these factors and identify emerging patterns.

The CAF has recognized the role families play in enabling operational effectiveness and acknowledges that the unique nature of military life often requires family members to subordinate their own needs and desires to military demands – this alone makes military families deserving of respect and the best support possible. While the support to families has improved significantly in recent years, family policies require renewed attention to determine the appropriate level of support and to make adjustments accordingly. By first understanding the dynamic pattern of relations between members and their families, we can then develop programs and interventions to promote the well-being of military spouses and to facilitate their adaptation to the military lifestyle.

The first step in creating effective interventions and support mechanisms for military families is a comprehensive understanding of the challenges they face. This volume presents research addressing these unique challenges, including family stressors related to military employment (e.g., postings, separations), marital instability, relationship distress, spousal employment, children's well-being, and operational stress injuries.

In the first chapter, Pickering presents a literature review on how military personnel balance their work and personal lives, outlining the impact of work–life conflict on the member, their family, their teammates, and the organization as a whole. In addition, she assesses the role that quality-of-life policies and programs play in recruiting and retaining military members.

Chapter 2 examines the role of family in the retention and attrition of military personnel. Laplante and Goldenberg discuss the results of the CAF Retention Survey and the CAF Exit Survey, both of which were created to understand CAF members' decisions to stay or leave the organization. The authors conclude that the demands associated with military employment, including work–life balance, postings and geographic instability, the effects of separation due to training and deployment, and various other impacts, such as those on military spouses' employment, have notable effects on CAF members' decisions to stay or leave the organization.

In Chapter 3, Wang and Aitken present findings on the relationship between military spousal resiliency and the various types of social support in the CAF. They conclude that many spouses demonstrate a high level of resiliency despite a number of unique challenges associated with the military lifestyle. The results also reveal that spousal

resiliency is highly correlated with the formal social support received from military organizations. These findings highlight the importance of strengthening formal social support (i.e., institutional support from the CAF) to enhance spousal resiliency.

In Chapter 4, Urban and Wang examine how the unique characteristics associated with being in a military family impact the employment and income of civilian spouses. The authors focus on spousal motivations for working and the impact of language requirements, deployments and postings on spousal employment. They argue that spousal employment is not always compatible with the military lifestyle, yet CAF families have had to embrace – like most of the general population – the dual-income family model.

Chapter 5 discusses the use of social media among military spouses. Wang examines the differences in the use of social media among different generations of military spouses and discusses the implications of such differences in the development of military family support programs.

Wood and colleagues in Chapter 6 describe the experiences of CAF spouses following the deployment reunion. The authors stress the influence of attachment on marital functioning and adjustment to their partner's deployment.

In Chapter 7, Skomorovsky and Bullock examine the stressors and resources that affect the well-being of children in CAF families. The authors show that although lengthier and more frequent deployments, frequent relocation, single-parent military families, and at-home parents' poor well-being have a profound impact on children's well-being, effective coping strategies and responsive at-home parents can protect children against the impact of military stressors.

Chapter 8 looks at another aspect of children's well-being. Cramm, Tam-Seto, and Ostler discuss the impact of military life on the school performance and engagement of children from military families. The authors outline the implications for schools and for students from Canadian military families.

Chapter 9 examines the impact of intimate partner violence on the spouses of CAF members. Skomorovsky, LeBlanc, and Humeny assess the role of intimate partner violence in the psychological well-being of spouses and the patterns of help-seeking behaviours among these victims.

In Chapter 10, Norris, Cramm, and Smith-Evans review literature on the relationship between military service and the well-being of the families of military veterans. The authors conclude that traumatic brain injury and post-traumatic stress disorder (PTSD) emerge as key focal points within the research on the well-being of veterans and their families. In addition, the authors explore the pathways to resilience for the families of military veterans and the protective factors that have emerged along the way.

In the final chapter, Norris and Smith-Evans describe the experiences of spouses of CAF veterans diagnosed with PTSD. Based on the in-depth interviews with eight

## Introduction

female spouses of male CAF veterans diagnosed with PTSD, the authors identify key practices and processes that facilitate resilience in spousal relationships where the veteran-partner is living with PTSD.

Understanding the dynamic pattern of relations between members and their families is requisite to developing programs and interventions to promote the well-being of military spouses and to facilitate their adaptation to the military lifestyle. The CAF has recognized the role families play in enabling operational effectiveness and acknowledges that the unique nature of military life often requires family members to subordinate their own needs and desires to military demands – this alone makes military families deserving of respect and the best support possible. While support to families has improved significantly in recent years, family policies require renewed attention to determine the appropriate level of support and to make adjustments accordingly. We hope this volume will contribute to that renewal and to the CAF's continued commitment to military families.

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# CHAPTER 1

## Work–Life Conflict Among Military Personnel: Impact on Individual and Organizational Outcomes

*Donna Pickering*

Military members strive to meet the conflicting demands arising from being a member of the military and being a son or daughter, a spouse or partner, or a parent. This chapter looks at the struggle to balance the many facets of their lives as well as the impact it has on the member, their family, their teammates, and the organization as a whole. In order to address these important issues, we will discuss the types of conflicts affecting the balance of work and life demands. Also, work–life conflict in the military will be examined. Finally, the consequences of work–life conflict will be considered, along with the role that quality-of-life policies and programs play in recruiting and retaining military members.

### What is Work–Life Conflict?

Individuals can experience a variety of challenges when trying to balance their work and personal lives. In general, four types of work–life conflict have been identified. The first type occurs when the time used to fulfill the requirements of one role makes it difficult to meet the requirements of another role (i.e., time-based conflict).<sup>1</sup> With a fixed number of hours in a day, more time spent at work or with family and friends results in the less time available for the other activity. The second type of conflict occurs when the specific activities or behaviours required in one role make it difficult to meet the requirements of another role (i.e., behaviour-based conflict).<sup>2</sup> An example is a parent's attendance at a military training exercise interfering with their ability to attend their child's first music recital. In strain-based conflict, the third type, the strain associated with one domain (i.e., work or interpersonal) carries over to the other.<sup>3</sup> For example, an individual comes home from work in an irritable mood, which causes turmoil in their interactions with their family members. Researchers have more recently proposed a

fourth type of conflict, energy-based conflict.<sup>4</sup> The energy requirements for one's work or family role limit the amount of energy available for the other role;<sup>5</sup> for instance, when an individual comes home tired from work and has a limited amount of energy available to play with his/her children or engage in social activities with family and friends.

The direction of the conflict is another aspect of work-life conflicts. Work-to-life conflict occurs when work interferes with an individual's personal life,<sup>6</sup> and life-to-work conflict occurs when an individual's personal life conflicts with their work life.<sup>7</sup> The terms work-to-family conflict and family-to-work conflict have been used in some literature on this topic in place of work-to-life and life-to-work conflict. Nonetheless, the broader concepts that encompass an individual's personal life (including their family life) will be used in this chapter because these terms better capture the experiences of partnered and single military personnel.

## Work-Life Conflict in the Military – An Environmental Scan

Many military personnel experience work-life conflict. In recent large scale surveys, members of the Australian Defence Force (ADF), CAF, and New Zealand Defence Force (NZDF) have been asked to rate the extent to which “my work schedule often conflicts with my personal life,” an indication of work-to-life conflict.<sup>8</sup> Forty-two percent of CAF members, compared with 43.2% of the NZDF and 54.2% of the ADF, indicated dissatisfaction with the extent to which work conflicts with their personal lives.<sup>9</sup> Thus, conflicts between work and personal life affect roughly 4 or 5 out of every 10 military members.

In addition to these findings, it is important to note that over the last few years, work-life conflict has consistently appeared among the top three issues of dissatisfaction as reported by CAF members.<sup>10</sup> More specifically, across twelve iterations of the Your Say Regular Forces Survey, about one third (i.e., 34.8%) to one half (i.e., 48.0%) of CAF personnel said they were dissatisfied with how often their work schedule conflicts with their personal lives.<sup>11</sup> Overall, the findings from this research clearly demonstrate that work-life conflict is an issue experienced by military personnel.

## Consequences of Work-Life Conflict

Work-life conflict has a number of negative consequences for military personnel. Work-life conflict can negatively impact individual military members, their families, the people they work with, and the military more generally.

### *Impact on Health and Well-Being*

Conflict associated with balancing the demands of one's work and personal life can be a source of stress for military members. In particular, work-to-life conflict is related to a variety of stress-related outcomes. For example, work-life conflict has been found to



be related to poorer psychological health in the form of depression, physical symptoms and complaints, including poor appetite, fatigue, nervous tension, and elevations in blood pressure.<sup>12</sup> These findings come from research assessing the relationship between work–life conflict and the health and well-being of employees across a wide variety of occupations.<sup>13</sup> Although the military as an occupational group was not included in this research, the results should not be affected by the nature of the specific occupations or terms of service looked at, as the analysis focused on the relationship between work–life conflict and well-being more generally.

Ensuring the health and well-being of military members is important. The benefits of having healthy employees is reflected in research showing that they are more efficient, more effective, and are better able to manage stress than their less healthy counterparts.<sup>14</sup> Employees who are sick and continue to work may not be as productive and able to contribute to their full ability even though they are at work.<sup>15</sup>

One large-scale study assessed the impact that work–life conflict has on the physical and psychological health of civilian and military Department of National Defence (DND) employees.<sup>16</sup> DND employees with high work-to-family conflict (i.e., work conflicting with family demands) reported more stress, job burnout (i.e., feeling exhausted, cynical, having reduced professional efficacy), and depression than employees with low work-to-family conflict.<sup>17</sup> One dimension of work–life conflict, high role overload (i.e., having too many tasks or too many expectations associated with one’s roles), was related to increased absenteeism due to mental or emotional exhaustion.<sup>18</sup> Overall, the findings of this research suggest that the work–life conflict experienced by members of the military can impact their health and well-being. Future research should explore possible long-term health-related effects associated with chronic work–life conflict using a longitudinal research design.

### ***Impact on Military Families***

Until recently, most research in the area of military work–life conflict has focused on the impact it has on the military member. Researchers have begun to broaden the scope of their research to include the impact that work–life conflict has on military families. This may be due to the increased operational tempo experienced over the past ten years by various militaries (including Canada, the United States, and the United Kingdom) as a consequence of various long-term military operations. In keeping with this increased focus on military families, two Canadian studies have been undertaken to assess the impact of work–life conflict caused by an increased personnel tempo on the health and well-being of CAF spouses and partners. A third study focused on the impact of military life on CAF children.

In the context of these areas of research,<sup>19</sup> we refer to “personnel tempo” as the pace of military life due to the frequency of operational deployments, training exercises, relocations due to postings, and the long and varied work hours of military members. Not surprisingly, the more military spouses and partners reported that the military interfered with their family life, the less life satisfaction they reported, the poorer the

## Chapter 1

quality of their marital relationship, and the lower their level of psychological well-being.<sup>20</sup> Higher levels of military interference in family life were also related to higher levels of depression and physical symptoms reported by military spouses and partners.<sup>21</sup> A more recent study on military-related stressors experienced by CAF spouses and partners yielded similar findings.<sup>22</sup> CAF spouses and partners who reported higher levels of conflict between military and personal life also reported higher levels of depression and lower levels of psychological well-being.<sup>23</sup>

A recent study focusing on the impact of military life on CAF children was also the first Canadian study to address this issue from the perspective of the child.<sup>24</sup> This research involved asking 85 military children, ranging in age from 8 to 13, about their experiences with a parent in the CAF. Results of this research indicated that 55% of the children studied had experienced one to five relocations, and 71% had experienced a parent deployed one to five times.<sup>25</sup> Although not considered work–life conflict in the typical sense of the term, findings from this research clearly demonstrate the impact that the military member’s working life can have on the day-to-day functioning of their children. For example, CAF children frequently reported deployment-related disruptions to their day-to-day routine.<sup>26</sup> Relocations were also reported as being disruptive to their daily routines in that the children were not able to communicate with friends and could not participate in extracurricular activities.<sup>27</sup> This social isolation could negatively impact their well-being, for example, through the loss of support networks, and contribute to them feeling lost.<sup>28</sup>

As evidenced by these research findings, a military lifestyle (i.e., deployments, relocations, military training, and long or varied work days) can be disruptive to the day-to-day functioning of military families. However, trying to create a better work–life balance for military members and their families can be challenging because the frequency and duration of these types of activities are typically out of a member’s control. In spite of this, resources can be provided to military members and their families (e.g., access to emergency child care when required) to better enable them to manage the work–life conflicts that arise.

One factor that needs to be considered when assessing the resources required by military families is family type (i.e., a single-parent military family, a two-parent family with one civilian spouse or partner, or a two-parent family with both parents in the CAF). The majority of military work–life conflict research does not take this factor into account. There may be differences in the resources (i.e., types and amounts) required by different types of military families to achieve better work–life balance. This issue needs to be addressed in future research.

### ***Impact on Team Members***

Research looking at work–life conflict typically focuses on the impact it has on the individual experiencing the conflict. However, recent research has expanded beyond this narrow scope to include the impact an individual’s work–life conflict has on their team members. One such study looked at whether the work–life conflict of one

employee related to his/her level of work engagement (i.e., energy, dedication, and absorption in one's work) and job burnout (i.e., feeling exhausted, cynical, having reduced professional efficacy) and also to that of a team member.<sup>29</sup> Research participants consisted of 1,430 constabulary officer dyads (i.e., a constable and a team member).

Findings from this research have expanded on those obtained in previous studies by revealing that the family-to-work conflict (i.e., family conflicting with work) of an employee can have a negative impact on their teammate's performance. It was found that when an employee reported higher levels of family-to-work interference, not only did they experience higher levels of job burnout and lower levels of job engagement, but so did their teammate.<sup>30</sup> In addition, when an employee reported higher levels of family-to-work interference, the teammate had an increased number of sick-leave days and a stronger intention to change jobs.<sup>31</sup> As noted by the authors of the study, their research only examined the impact that one team member's work-life conflict had on another. Extrapolating these findings to a military context, it is likely that the impact of the military member's family-to-work conflict would be experienced most profoundly by individuals working quite closely and interdependently with the individual in a smaller, more cohesive group over an extended period of time (e.g., during a deployment). This is an area of research worth further investigation. When taken together, the findings from this research and those that follow suggest that the consequences of work-life conflict can be substantial for the organization.

### ***Impact on Productivity***

The military should be concerned about the impact of work-life conflict on productivity. Findings from a study of U.S. working parents indicate that approximately one third experience stress related to the concern for the welfare of their children.<sup>32</sup> This apprehension is heightened in the case of parents who work longer hours and who have older children, or for parents whose children spend more time unsupervised.<sup>33</sup> The result is lost productivity for businesses and organizations.<sup>34</sup> This lost productivity is exemplified in a variety of ways ranging from minor work disruptions to lower overall job satisfaction.<sup>35</sup> It is estimated that stress experienced by employees costs businesses between \$50 billion and \$300 billion U.S. a year in lost productivity.<sup>36</sup>

A similar argument regarding reduced productivity due to the stress associated with the challenge of balancing work and family life can be applied to a military context. Military members may be concerned about their families while in garrison or on deployment, but does this concern negatively affect their work performance? Some evidence suggests that it does. It has been theorized that quality-of-life issues, such as work-life conflict, negatively impact the job performance of military personnel by interfering with their ability to stay focused on their tasks.<sup>37</sup> For instance, findings from a study on work-life stress and its relationship to health and organizational morale during deployment found that one quarter of CAF members often wondered whether their spouses have more than they can manage.<sup>38</sup> Being distracted by concerns about one's family may not only have negative consequences for the military member but may also contribute to poorer productivity.

### ***Impact on Retention***

Aside from poorer productivity, work–life conflict is also related to issues of retention and attrition. One reason put forth in the research about why military members would consider leaving the military is to achieve greater work–life balance. For example, findings from the CAF Exit Survey, collected from individuals voluntarily leaving the CAF, found that family issues (i.e., time available to spend with one’s family and the effect of postings on the CAF member’s ability to maintain family stability and their partner’s or spouse’s employment) were the main reason in their decision to leave.<sup>39</sup> Further, results from a recent large-scale study on retention in a variety of at-risk CAF occupations found that the most commonly mentioned external reason for leaving the CAF within five years was family issues (other than health).<sup>40</sup> In addition, the more individuals reported being satisfied with their work–life balance, the less they reported having intentions to leave the CAF in the next three years.<sup>41</sup> Finally, the more work–life balance individuals reported having, the more they identified with the goals of the CAF and indicated that they wanted to remain with the CAF.<sup>42</sup>

There are a few factors that may impact the relationship between work–life conflict and attrition. One factor that needs to be considered is the years of service in the military. Attrition is more an issue at the beginning and near the end of an individual’s military career.<sup>43</sup> Conflicts between work and family most often arise at the outset of a military member’s career when they are receiving initial training, because this is a time when members and their families are adjusting to a military lifestyle.<sup>44</sup> In addition, when a member becomes eligible to retire from the military, work–life factors can influence decisions regarding whether to leave the military immediately or to continue for a few more years. This issue can arise due to the recent change in the terms of service from twenty to twenty-five years.<sup>45</sup> In order to retain experienced CAF personnel, DND has offered a five-year extension to eligible individuals who have completed 20 years of service under the original 20 years of service agreement.<sup>46</sup> Such members have a decision to make regarding when to leave the CAF. They may have a desire to spend more time with their families and thus decide to release as soon as they become eligible. Other individuals may desire to continue working in the paid labour force but at a job with fewer demands on their time, thus affording them greater work–life balance. This desire for greater work–life balance can influence their decision about when to leave the CAF.

Another factor impacting the relationship between work–life conflict and attrition is whether the individual has a spouse or partner and children. Work–life conflict issues may be more of a concern for members who are married or have a partner, and in particular, for those with children. This is evidenced by findings from a survey of CAF Regular Force members who were voluntarily releasing.<sup>47</sup> The reasons provided for leaving included too much time away from family, a desire for increased family stability (i.e., “establishing roots” in a community), and the impact of postings on families (e.g., spouse/partner’s career, child’s education), all of which are challenges associated with balancing work and personal life.<sup>48</sup> These issues were found to be more of a concern for married or partnered members, especially those with children.<sup>49</sup>

In sum, the challenges military personnel experience balancing their work and personal lives can negatively impact their health, well-being, productivity, and retention within the CAF.<sup>50</sup> It can also impact the health, well-being, performance, and retention of individuals they work closely with on a regular basis.<sup>51</sup> This in turn can hinder the military's operational effectiveness. With all the time and resources military organizations invest in selecting and training personnel, retention of such highly skilled personnel should be of the utmost importance.<sup>52</sup>

## Importance of Quality-of-Life Policies and Programs

The Technical Cooperation Program member countries (Australia, Canada, New Zealand, the United Kingdom and the United States) are increasingly adopting family-friendly quality-of-life programs and policies (e.g., child care, maternity leave, parental leave) designed to assist military members and their families in managing the challenges associated with a military lifestyle. This approach not only benefits military members and their families but also militaries themselves. These programs enable members to work effectively and efficiently without being concerned for the welfare of their families because they know they are being taken care of by the organization.<sup>53</sup> The importance of such programs in recruiting and retaining personnel is also becoming more evident as a consequence of the increasing diversity of the populations (e.g., in terms of family type, ethnicity) that many militaries, including the Canadian, American, and British, are targeting for recruiting.<sup>54</sup> In addition, military members are becoming less tolerant of the limited control they have over their time – a problem that is typical of the military lifestyle.<sup>55</sup> Accordingly, to continue to attract high-quality recruits, militaries will have to continue to accommodate their needs,<sup>56</sup> one of which is the need for better work–life balance.

## Conclusion

It should be evident that striving to achieve some sort of balance between one's work and personal life is a challenge faced by many military personnel. The conflict between the work and personal domains can have negative effects on the health and well-being of the individual military member, their family, and their teammates. At an organizational level, this conflict can contribute to poorer productivity and a loss of investment due to the premature departure of a member struggling to deal with work–life conflict issues. Thus, working towards achieving a greater balance between work and life for military members and their families is an important issue that the military cannot afford to ignore.

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# CHAPTER 2

## Retention and Attrition of Military Personnel: The Role of Family and Perceptions of Family Support

*Joelle Laplante and Irina Goldenberg*

More than 50% of Canada's defence budget is spent on the most critical component of the CAF, personnel.<sup>1</sup> Attrition is particularly costly for the CAF because, unlike the general labour market, lateral entry into the CAF is not possible. Military service requires skills and knowledge that can only be acquired through military training. Military personnel must therefore be selected, trained, and promoted from within the organization.<sup>2</sup>

Military employment also comes with distinct challenges that affect the retention and attrition of military personnel. One of the main challenges is the impact on members' families.<sup>3</sup> In addition to the military member's risk of injury or death, military families face separation related to deployments or training, postings and frequent geographical relocation, spousal unemployment and underemployment, effects on children's education, and long and unpredictable duty hours.<sup>4</sup> These can influence attrition from the CAF as research shows that families can have a significant influence on a military member's decision to stay or leave the CAF.<sup>5</sup>

Indeed, research clearly indicates that family considerations are central to a CAF member's organizational commitment, retention and attrition. This chapter reviews recent research results from the CAF Retention Survey and the CAF Exit Survey, both of which were created to understand CAF members' decisions in regards to their continued employment with the CAF.

# Relation Between Family Issues and Organizational Commitment and Retention: Results of the CAF Retention Survey

The CAF Retention Survey examines a range of work-related factors and their impacts on CAF members’ job satisfaction, engagement, commitment and retention intentions. The 2014 CAF Retention Survey, completed by 2,105 Regular Force members, asked respondents that indicated their intent to leave the CAF within the next five years to specify the three main organizational/internal and the three main personal/external reasons influencing their intentions. Greater geographic stability (22.0%) and issues related to postings (17.6%) were two of the four most commonly cited organizational reasons for intending to leave the CAF, as shown in Figure 2.1. These organizational issues have a significant impact on and are therefore closely related to family considerations. The effects of CAF life on children’s education (4.8%) and lack of support for family (3.3%) were also cited as organizational issues that influence the decision to leave.<sup>6</sup> Respondents who indicated that they had children living in their household (either part-time or full-time) were especially likely to cite the effects of service on children’s education (8.1%) and lack of support for family (4.3%) as reasons for leaving the CAF.

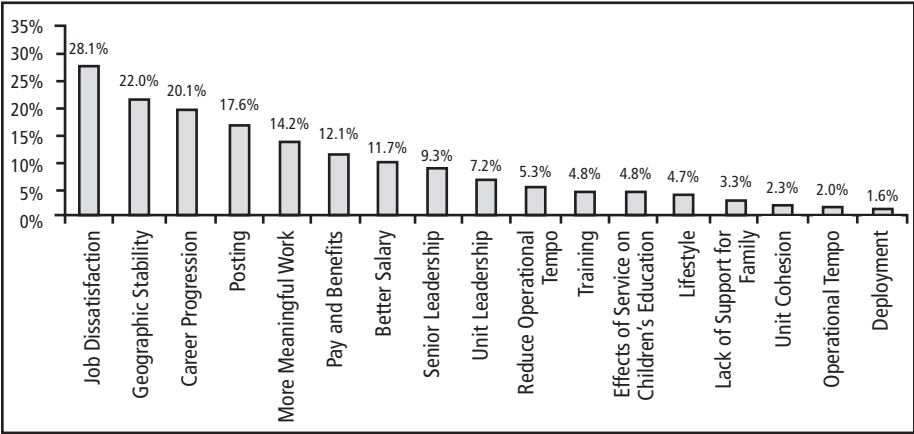


Figure 2.1: Main Internal Reasons for Leaving the CAF

Other than pension eligibility and retirement, some of the most commonly cited personal reasons for intending to leave the CAF within five years were related to family. These included family’s wishes that the member leave the CAF (7.5%) and other family issues (7.1%), as illustrated in Figure 2.2.<sup>7</sup>

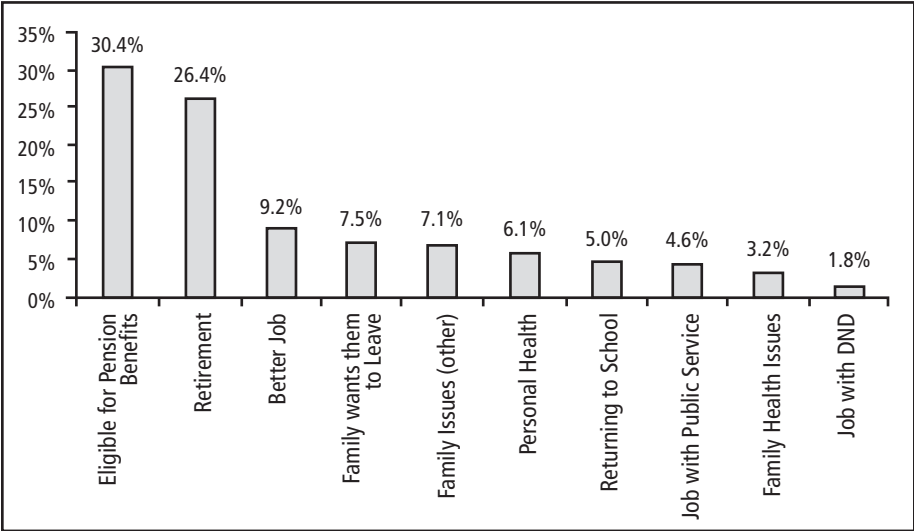


Figure 2.2: Main External Reasons for Leaving the CAF

Analyses were also conducted to examine the extent to which work and organizational issues central to the family, such as work–life balance, postings, deployments and perceptions of family support were associated with affective commitment (or emotional ties) to the organization and with intentions to leave the CAF as soon as another job becomes available. As shown in Table 2.1, the greater the satisfaction with these issues, the less likely the individual was to indicate an intention to leave the CAF as soon as another job became available, and the greater their feelings of commitment to the CAF.<sup>8</sup>

	Intention to Leave as Soon as Another Job is Available	Affective Commitment
Work–life Balance	-0.34 *	0.45 *
Land or Air Deployment <sup>a</sup>	-0.22 *	0.38 *
Sea Deployment <sup>b</sup>	-0.20 *	0.38 *
Postings	-0.30 *	0.41 *
Perceptions of Family Support	-0.29 *	0.43 *
<sup>a</sup> These questions were only answered by those who have been deployed for land or air operations.		
<sup>b</sup> These questions were only answered by those who have been deployed at sea.		
* p < .001		

Table 2.1: Correlations Between Family-related Issues and Leave Intentions and Affective Commitment

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Participants were also asked to respond in their own words to the question “If you are considering leaving the CAF in the next five years for reasons other than retirement, what changes could the CAF make to persuade you to stay?” A rich amount of information was gathered in the responses to this question, resulting in 1,410 comments covering 24 different themes. The most common themes are presented in Figure 2.3 (percentages are the proportion of all the 1,410 comments that a given theme represents in response to this question). Themes central to family considerations, including postings, geographic stability and support for family were among the most commonly cited areas in which respondents thought the CAF could make improvements that would increase retention.<sup>9</sup>

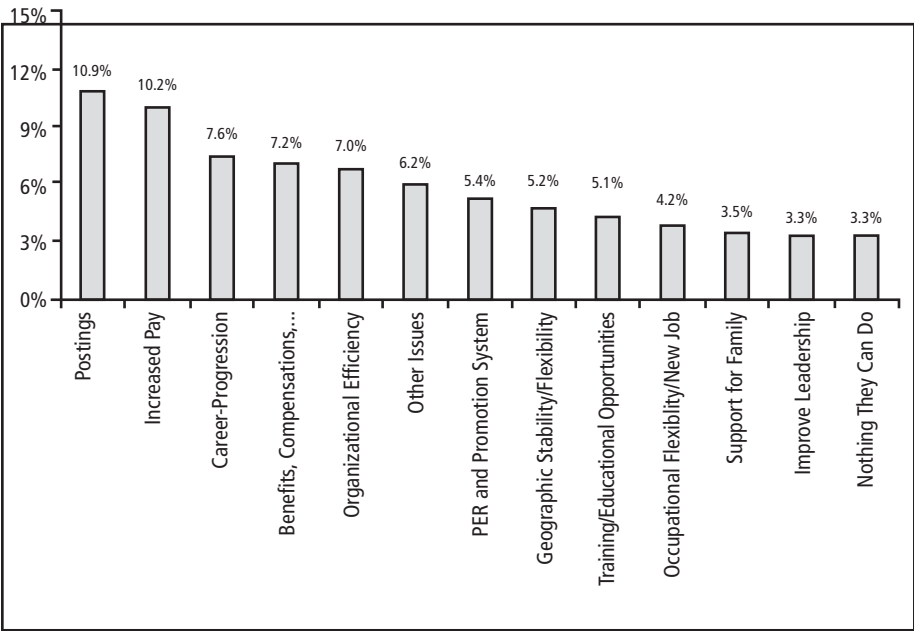


Figure 2.3: Top Changes the CAF Could Make to Persuade Personnel to Stay

Respondents who were considering leaving the CAF most commonly cited postings as an area for improvement that could persuade them to stay. In reading the comments related to postings, it was clear that the problem with postings was their negative impact on members’ families. In particular, personnel pointed to the effects of postings on the careers of spouses or partners and being uprooted from their family, community, friends, and children’s schools, as well as general comments stating that the CAF should consider members’ families when making posting decisions.

The following individual comments from the 2014 CAF Retention Survey are representative of this theme:

I do not wish to be posted out of the area due to spouse employment and my children are of the age they would not be accompanying me on the move.

Post my wife and I to the same location! For the past six years, we have been living in separate geographic locations with no IR [imposed restriction] and no separation benefits of any kind. We have been paying for two separate households (house and apartment) and are, for all practical purposes, two single people living in different cities who just happen to be married to each other....This is the single biggest complaint that I have with my employment in this organization, a MAJOR source of dissatisfaction with my work, and, if not resolved this posting season, will force the both of us to seriously reconsider our plans to remain in the CAF.

Stability. Frequent moves have eroded my child's education, prohibited my spouse from having a career or continuous employment (thus adding to household income), and depleted my bank account as moving benefits, e.g., mortgage penalty, destroys the personalized envelope and savings.

Posting people less or letting the members have more control over postings as it is disruptive to complex family situations.

If posted out of area at this current time, it would affect my family members' health and wellness and cause financial hardship. I would have no option but to leave the CAF.

If the CAF were to revise the process for the determination of posting locations/positions and take into consideration members' personal career goals and family issues when posting them.

Greater consideration to family life when considering postings, greater assistance in finding meaningful employment for spouses on posting.

Keep members posted to one geographic location longer....Posting members every three years [adds] greatly to burdens placed on members with regard to family issues such as schooling, spousal employment, financial issues surrounding home ownership (equity), healthcare....Keep me in one place so my family can develop ties to the community (non-military), build home-equity, and stop the transient lifestyle that is the hallmark and potential barrier to a fulfilling career.

As in the case of postings, most of the comments regarding geographic stability related to the effects of stability and instability on members' families. The following responses represent comments categorized under the geographic stability theme:

One final posting close to my family and no more moves after that, except internal to that city.

To stay in the same geographical area. Not to have to move my family.

Possibility to stay in one geographic location, have that stability to raise a family not uproot them every couple of years.

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Leave me in one place so my wife can work and my children can grow within a stable environment and in a school with which they are comfortable.

Be more family focused. Understand that people want to stay in one area. I would keep my career on hold knowing I have the opportunity to pay off my house and have my children grow up in one area.

Stop linking my promotion prospects to my willingness to uproot my family every 2-3 years. Find a way to provide me geographic stability over the medium term (5-6 years minimum in one place) without sabotaging my career prospects.

Although impossible, stability with my family. Of course, moves for the needs of the service is always considered a priority; however, if there are too many postings in close succession disrupting my family life or if there were many separations closely timed (IRs, deployments), I would leave, or my spouse or both of us would strongly consider leaving the service.

Improvements to family support provided by the CAF were also commonly cited as influencing members to stay if they were considering leaving. As shown in the examples below, family support, postings and geographic stability were often connected to one another:

I have a special needs child so I need to stay in one spot so he can access specialized services. So allow multiple postings in one spot or increase the number of IR postings so I can leave my family in place.

Help my spouse with employment. The pay and benefits of a career in the Canadian Forces are very competitive, but we, as a family, lose in the bigger picture because my wife has to start from square one every time we move.

Greater consideration to family life when considering postings, greater assistance in finding meaningful employment for spouses on posting.

Attitudes regarding family responsibilities. The “we didn’t issue you your family” mindset is not helpful when dealing with family emergencies. There is very little daycare/childcare options in a place like Cold Lake, I have no family around, and when my child is sick it is stressful when work is not supportive of having to be away to care for my child....Having some leave entitlements for family-related care would help to ease the constant worry.

Consideration to when postings occur to allow dependants to complete high school years without a move. Better support for spouses that are required to give up their employment when posted.

Better support for my family: It is extremely difficult to acquire a family doctor and my spouse has to find employment each time and she sacrifices her seniority and contributions to her pension.

Better medical/dental coverage for dependants.

Allow family care at base hospitals; setup civilian clinic at base hospitals to stop 20+ minute drives to see a doctor.

Make sure at least one parent is able to stay at home to look after family while other is at sea/deployed/field, etc.

I believe my situation is not unique in that I am caring for an ill/injured family member. The possible remedy from my perspective would be the provision for reduced working hours while not on deployment (at a reduced wage). The money isn't a factor for me, but it is not possible to maintain a full schedule while supporting my immediate family in an effective manner.

Assistance with my spouse's employment. Nationalize health care for my family, such that they receive health care from the base so we no longer need to spend weeks or months searching for a family doctor. Child care services while on deployment.

More support to families, especially those who are married service couples with young children.

Have federal government adopt nation-wide program that gives military dependants priority to attend local schools of choice; e.g., 3-year wait-list to get into preferred elementary school makes it difficult when postings are every 4 years.

## Relation Between Family Issues and Attrition: Results of the CAF Exit Survey

The CAF Exit Survey is administered to personnel who are voluntarily releasing from the Regular Force. It provides valuable information to understand the reasons members leave the CAF. A total of 1,112<sup>10</sup> respondents rated how influential a variety of work and organizational issues were on their decisions to leave the Regular Force.<sup>11</sup> As shown in Table 2.2, many issues related to family were reported as influencing their decisions (i.e., were reported as being either *very influential* or *extremely influential* in the decision to leave). In particular, time available to spend with family, time available to maintain personal relationships, and effects of postings on family stability were reported as being important.<sup>12</sup>

Issues	Influence on leave decisions
Time available to spend with my family.	39.0%
Time available to maintain personal relationships.	34.5%
The effects my postings have had on my ability to maintain family stability.	33.1%
The effects my postings have had on the opportunity to settle down in a certain area.	30.9%
I think of the community where I live as home.	29.7%
Leaving this community would be hard.	27.8%
The effects my postings have had on my spouse/partner's employment.	24.1%
My family is involved in the activities of our local community.	16.4%
The effects my postings have had on my children's education.	12.3%

Table 2.2: Influence of Family-related Factors on the Decision to Leave

Further, CAF Exit Survey respondents were also asked to comment in their own words on what prompted them to think about leaving the CAF. The ten most common themes in response to this question are presented in Figure 2.4. As shown, family considerations was the most commonly cited issue that triggered thoughts of leaving the CAF, followed by issues related to postings and deployments. In particular, about 17% of comments in response to this question were related to the feeling of having to prioritize the CAF over one's family and relationship or dissatisfaction with being away from family for extended periods of time. Other comments within this theme related to work–family conflict, difficulty in being both “a good family person” and “a good military person” at the same time, and difficulty being involved and available for their children while working in the CAF.<sup>13</sup>

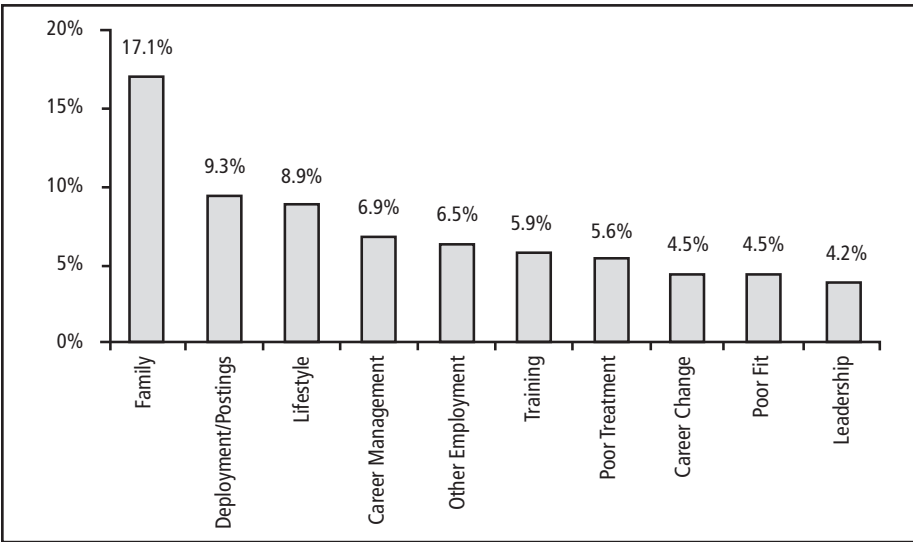


Figure 2.4: “What first prompted you to think about leaving the CAF?”



The following comments are representative of responses:

The CAF does much for families and those interested in family life, but it is still an army life with a family attached secondarily. Every day those in my platoon experienced or heard horror stories of marriages falling apart, either new marriages, relationships lasting years or long-term relationships. I believe that many, including myself, could commit to one lifestyle or the other...but trying both at once often leads to undue stress. I first considered leaving the forces when I realized that I could not be the family man I wished to be while serving.

To ensure a good quality of life for my boys. I choose to stay in this geographical area and I have successfully found employment elsewhere [i.e., outside the CAF].

More stability and less moves for my children.

The constant moving of my family and having my wife quit her job too many times.

Once I had children, the requirement to be away from home for extended periods of time (i.e., career courses, deployments, etc.) and to move regularly to advance within my career made me contemplate leaving.

The increased time away from my family and the lack of concern from the CAF on the demands placed on my family.

Wanted my life with my family back, i.e., to be able to plan events I can no longer have back, birthdays, graduations, Christmas, etc.

In addition, respondents were asked to indicate whether deployments had influenced their decisions to leave. Those who answered affirmatively were asked to explain in what ways deployments are influential. The five most commonly answered themes are presented in Figure 2.5. Family impact was the most commonly cited response, and the other responses generally related to time spent away from loved ones as a result of deployment, as well as the hardships placed on children and spouses during the member's absence. This was followed by other aspects inherent to being deployed, such as long-term absences or the stress related to deployments.

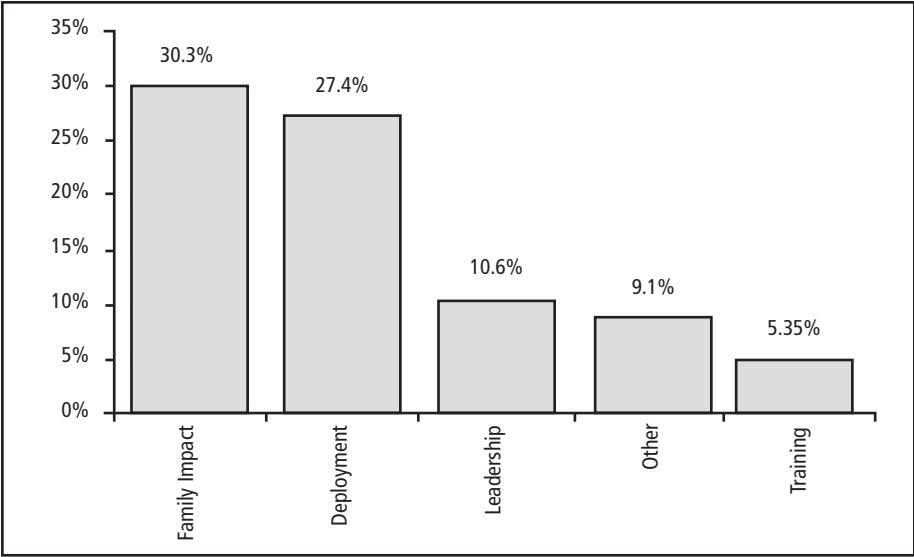


Figure 2.5: Top Five Themes of How Deployments Influenced the Decision to Leave

The following comments are representative of responses:

Time away from the family is not really what I want. It is important for me to be there for my kids. They are only this age once and I don't want to miss it.

With having a child now, I feel it isn't my wife's job to parent our child. We are a family and I want to be involved in my child growing up. Being away from home for six-month periods doesn't help in this matter.

When your wife says she is tired of being a single parent, you have to decide where your priorities are. You cannot make your family your number one priority if you are in the military.

Travelling at random times at short notice is not the lifestyle for me and my family.

The strain of being deployed with my children just being born resulted in spouse resenting me, which ended in divorce.

The deployment came very fast and without notice. My family was given some information about my whereabouts, but we were not allowed to communicate. The operation at the beginning had no real end date, which made things difficult for my family.

Total time away from home training, tasking, and deployment = 13 months of 24. Upon return the cycle starts again. When families work through this cycle two or three times it wears.

The amount of support for my family was non-existent while I was gone. The deployment time was very lengthy, would have been easier to do shorter but more frequent deployments in my trade.

## The Role of Perceived Family Support Provided by the CAF

Given that many work and organizational factors that affect the family, such as postings and deployments, are an inherent part of military life, these cannot be easily modified. However, something that may be more amenable to change is the degree of support provided by the CAF during these organizational requirements. A measure was included in the 2014 CAF Retention Survey to assess members’ perceptions of family support provided by the CAF (Table 2.3),<sup>14, 15</sup> as well as the degree to which these perceptions of family support affected key organizational outcomes, such as organizational commitment and retention. Between two thirds and three quarters of CAF members were satisfied with each aspect of family support,<sup>16</sup> with the greatest satisfaction expressed with regard to support provided by other families in one’s unit and support provided by Military Family Resource Centres.

Family Support Items	% Satisfied
The support provided to my family by other families in my unit.	78.5
The support provided by Military Family Resource Centres.	74.1
The overall support my family receives from the CAF.	70.2
The support provided to my family by my unit.	68.8
The support the CAF provides my family while I am deployed.	67.8
The support provided to my family by my unit leaders.	67.8
The support the CAF provides my family during postings.	67.2

Table 2.3: Perceptions of Family Support

In relation to these perceptions of CAF family support, the key question is whether these perceptions of support play a role or mediate the effects of work and organizational variables, such as postings and work–life balance, on organizational outcomes, such as affective commitment and retention.

In fact, mediational analyses using 2014 CAF Retention Survey data show that satisfaction with postings relates to organizational commitment and turnover intentions, both directly and through the effect on perceptions of CAF family support. That is, satisfaction with postings is associated with perceptions of CAF family support, which in turn is associated with organizational commitment<sup>17</sup> and with turnover

intentions.<sup>18</sup> Thus, perceptions of CAF family support account for some of the relation between posting satisfaction and organizational commitment and between posting satisfaction and turnover intentions (Figures 2.6 and 2.7).

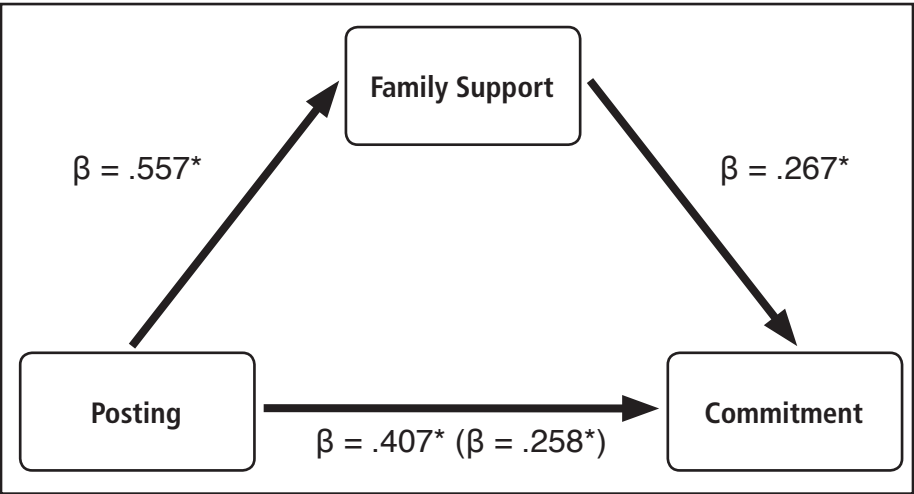


Figure 2.6: The Mediating Role of Perceptions of Family Support in the Relation Between Postings and Organizational Commitment

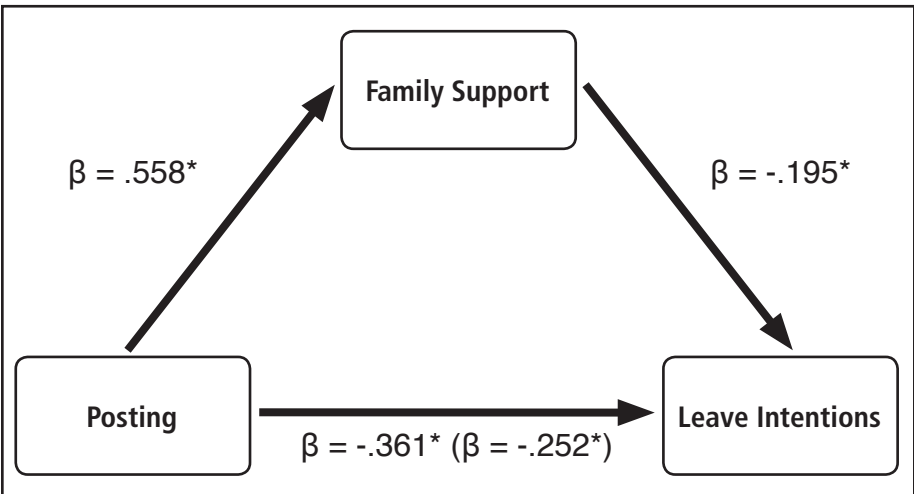


Figure 2.7: The Mediating Role of Perceptions of Family Support in the Relation Between Postings and Career Intentions

Similar analyses were conducted with work–life balance satisfaction, yielding similar results. Satisfaction with work–life balance was associated with perceptions of CAF family support, which in turn was associated with organizational commitment<sup>19</sup> and turnover intentions.<sup>20</sup> Thus, perceptions of CAF family support accounted for some of the relation between work–life balance satisfaction and organizational commitment and between work–life balance satisfaction and turnover intentions (Figures 2.8 and 2.9).

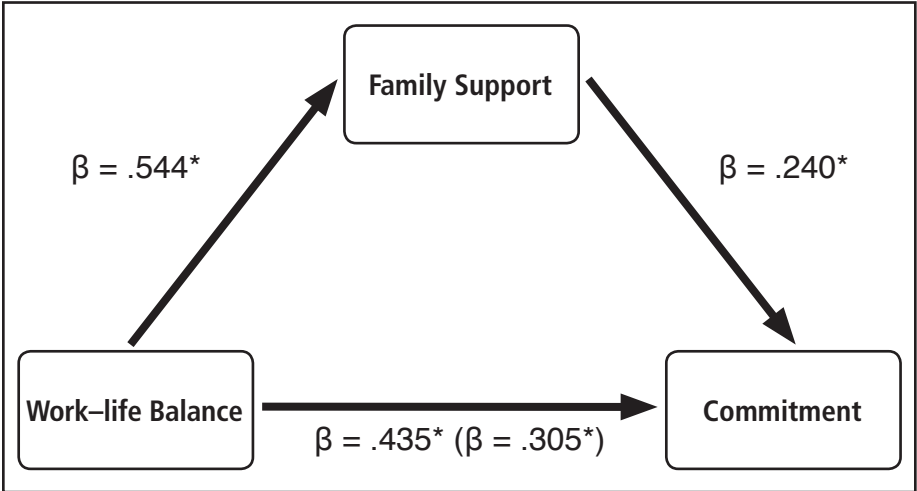


Figure 2.8: The Mediating Role of Perceptions of Family Support in the Relation Between Work–life Balance and Organizational Commitment

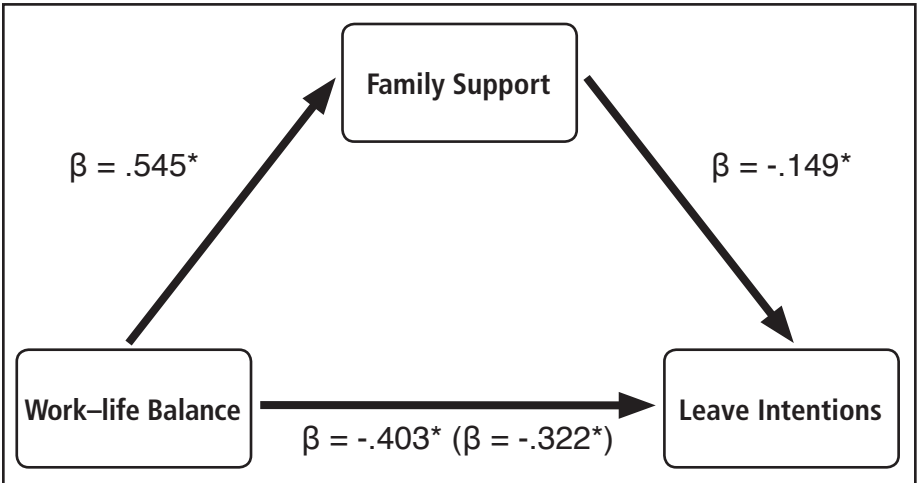


Figure 2.9: The Mediating Role of Perceptions of Family Support in the Relation Between Work–life Balance and Career Intentions

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The implication of these analyses is that although some work and organizational requirements, such as postings, are necessary to CAF operational requirements, the negative effects of these requirements on outcomes such as organizational commitment and retention may be tempered by providing family support. Strategies, programs and policies that bolster the provision of family support may foster in CAF members the perception that the CAF is doing what is feasible to care for them and their families in light of these work and organizational demands. These perceptions of family support, in turn, may mitigate the potential negative consequences of work and organizational demands on members' commitment and retention.

These results are in line with research showing that perceptions of family-supportive organizational policies are related to employees' loyalty and commitment to the organization.<sup>21</sup> These findings also accord with other research suggesting that policies and practices perceived to be supportive of families communicate the importance of service members' families. This, in turn, increases military personnel's organizational commitment and decreases their sense of conflict between the demands of military employment and the needs of their families.<sup>22</sup>

## Conclusion

The research summarized above clearly indicates that the effect of military service on families is one of the main issues in the retention and attrition of CAF members. It is evident that the demands associated with military employment, including work–life balance, postings and geographic instability, the effects of separation due to training and deployment, and various other impacts, such as those on military spouses' employment, have notable effects on CAF members' decisions to stay or leave the organization.

It should be noted, however, that the military may also offer social and psychological benefits to families, such as job security, pay and benefits, opportunities for travel, and a sense of social solidarity and pride in contributing to national defence.<sup>23</sup> These benefits may outweigh the costs for more CAF members if the CAF offers the necessary support to ameliorate the challenges for military families.

The CAF has moved in this direction. The current CAF Military Personnel Retention Strategy focuses on building a retention culture. The strategy aims to reduce attrition mainly through relational measures that emphasize respect for members and their families, focus on fairness and recognition, and build and sustain members' affective commitment to the organization.<sup>24</sup> The strategy specifies four principles that guide its implementation, including "leadership responsibility," "strengthening individual–CAF fit," "valuing member aspirations and needs," and most notably in regard to this chapter, "supporting the family." The former Chief of Military Personnel stated that "military families are the strength behind the uniform, consistently adapting to the unique nature of military life and often making sacrifices to enable members' continued service. Military families must be cared for, respected, and valued for their contributions if we hope to build and retain their support."<sup>25</sup> The findings discussed here certainly support the direction of this strategy.

## Endnotes

1. Department of National Defence, *Canada First Defence Strategy* [2008 white paper]. Retrieved from <<http://www.forces.gc.ca/en/about/canada-first-defence-strategy.page>>.
2. Mark N. Popov, "A Thousand Paper Cuts – Canadian Forces Attrition, Retention and the Confluence of Factors that Influence Our People", JCSP-37 (paper presented to the Canadian Forces College, 2011).
3. David L. Leal and Curt Nichols, "Military Family Attitudes toward Senior Civilian Leaders in the United States," *Armed Forces & Society* 39, no. 1 (2013): 35-77.
4. For example, see Leora N. Rosen and Dorris B. Durand, "Coping with the Unique Demands of Military Family Life," in *The Military Family: A Practical Guide for Human Service Providers*, eds. James Ashworth Martin, Leora N. Rosen, and Linette R. Sparacino (Westport, CT: Praeger, 2000); Mady W. Segal, "Military Culture and Military Families," in *Beyond Zero Tolerance: Discrimination in Military Culture*, eds. Mary F. Katzenstein and Judith Reppy (Lanham, MD: Rowman & Littlefield, 1999), 251-261; Kerry Sudom, *Impact of Military Life on Families and Single Canadian Forces Members: Current State of Knowledge and Research Gaps*, Director General Military Personnel Research and Analysis Technical Memorandum 2012-008 (Ottawa, ON: Defence Research and Development Canada, 2012).
5. See, for example, Sudom, *Impact of Military Life on Families*; Karine Pepin, Kerry Sudom, and Jason Dunn, *Your-Say: Quality of Life*, Defence Research and Development Canada – Centre for Operational Research and Analysis Technical Memorandum 2006-41 (Ottawa, ON: Defence Research and Development Canada, 2006); David Jenkins, *Voluntary Attrition from the Canadian Forces: Qualitative Analysis of Data from the Revised Canadian Forces Attrition Information Questionnaire*, Director Human Resources Research and Evaluation SSR 2003-15 (Ottawa, ON: Department of National Defence, 2003).
6. Emrah Eren and Glen Budgell, *The 2014 CAF Retention Survey: Descriptive Results*, Director General Military Personnel Research and Analysis Contract Report DRDC-RDDC-2015-C167 (Ottawa, ON: Defence Research and Development Canada, 2015).
7. Ibid.
8. These correlations are interpreted as follows:  $r = 0.10$  is a small correlation;  $r = 0.30$  is a medium correlation; and  $r = 0.50$  is a large correlation; J. Cohen, *Statistical Power Analysis for the Behavioral Sciences*, 2nd ed. (Hillsdale, NJ: Lawrence Erlbaum Associates, 1988).
9. Glen T. Howell, Suzanne Massie, and Glen Budgell, *Qualitative Analysis of the 2014 CAF Retention Survey Data*, Director General Military Personnel Research and Analysis Contract Report DRDC-RDDC-2015-C099 (Ottawa, ON: Defence Research and Development Canada, 2015). Responses to this question in the 2010 CAF Retention Survey and 2012 CAF Retention Survey corroborate the importance of these issues—see Karen Koundakjian and Irina Goldenberg, *Factors Influencing Stay and Leave Decisions: Qualitative Findings from the 2010 CAF Retention Survey*, Director General Military Personnel Research and Analysis Technical Memorandum 2013-007 (Ottawa, ON: Defence Research and Development Canada) and Glen Budgell and Andrea Butler, *Qualitative Analyses of the 2012 CAF Retention Survey*, Director General Military Personnel Research and Analysis Contract Report 2013-008 (Ottawa, ON: Defence Research and Development Canada, 2013).
10. Analyses were conducted on responses provided by 1,122 Regular Force members voluntarily releasing between June 2008 and January 2011.
11. Respondents were asked to rate how influential each item was on their decision to leave the Regular Force using the following scale: 1 = *not at all influential*; 2 = *slightly influential*; 3 = *moderately influential*; 4 = *very influential*; 5 = *extremely influential*, i.e., indicated that this issue was either *insignificant* or *extremely influential* in leave decisions.
12. Kathy Michaud and Irina Goldenberg, *The Canadian Forces Exit Survey: Descriptive Analyses of 2008 to 2011 Data*, Director General Military Personnel Research and Analysis Technical Memorandum 2012-026 (Ottawa, ON: Defence Research and Development Canada, 2012).
13. Natasha Parfyonova, Balas Tatjana-Illic, and Suzanne Simpson, *CAF Exit Survey: Analysis of Qualitative Data*, Director General Military Personnel Research and Analysis Contract Report 2013-009 (Ottawa, ON: Defence Research and Development Canada, 2013).
14. Consultations took place with researchers specializing in military families in the U.S. (i.e., Dr. James Martin and Dr. Gary Bowen). They provided a number of measures but none that tapped specifically into perceptions of family support by the organization. The items in the Perceptions of Family Support Scale were created in consultation with these researchers.
15. Eren and Budgell, *The 2014 CAF Retention Survey*.

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16. Anchors for the scale were 1 = *completely dissatisfied*, 2 = *dissatisfied*, 3 = *somewhat dissatisfied*, 4 = *somewhat satisfied*, 5 = *satisfied*, 6 = *completely satisfied*. Those who indicated satisfaction included those who responded *somewhat satisfied*, *satisfied*, or *completely satisfied*.
17. Sobel's  $z = 11.22$ ,  $p < .001$ ; Bootstrap 95% confidence interval (CI) for indirect effect = .119, .178; Ratio of the indirect effect to the total effect ( $P_M$ ) = .365.
18. Sobel's  $z = -7.05$ ,  $p < .001$ ; Bootstrap 95% CI = -.144, -.075;  $P_M = .301$ .
19. Sobel's  $z = 10.40$ ,  $p < .001$ ; Bootstrap 95% CI = .104, .157;  $P_M = .300$ .
20. Sobel's  $z = -5.53$ ,  $p < .001$ ; Bootstrap 95% CI = -.113, -.048;  $P_M = .201$ .
21. Julie Holliday Wayne, Wendy J. Casper, Russell A. Matthews, and Tammy D. Allen, "Family-Supportive Organization Perceptions and Organizational Commitment: The Mediating Role of Work-Family Conflict and Enrichment and Partner Attitudes," *Journal of Applied Psychology* 98, no. 4 (2013): 606-622.
22. Chris Bourg and Mady Wechsler Segal, "The Impact of Family Supportive Policies and Practices on Organizational Commitment to the Army," *Armed Forces & Society* 25, no. 4 (1999): 633-652; Jennifer M. McFadyen, Jennifer L. Kerpelman, and Francesca Adler-Baeder, "Examining the Impact of Workplace Supports: Work-Family Fit and Satisfaction in the U.S. Military," *Family Relations* 54, no. 1 (January 2005): 131-144.
23. Leal and Nichols, "Military Family Attitudes toward Senior Civilian Leaders," 35-77.
24. Chief of Military Personnel, *Military Personnel Retention Strategy*, Chief Military Personnel 5000-1, July 19, 2009.
25. *Ibid.*, 5.



# CHAPTER 3

## The Role of Social Support in Military Spousal Resiliency

*Zhigang Wang and Nicole Aitken*

Being a military spouse or partner<sup>1</sup> can be a challenging role. Military duties often separate military members from their spouses, and frequent relocations require military spouses to adapt to new locations. These aspects of the military lifestyle (as well as others) may negatively impact military spousal well-being. When facing these challenges, however, some military spouses demonstrate a higher level of resiliency when receiving strong social support from their social connections (e.g., partner, family members, and friends). Following the spousal resiliency model,<sup>2</sup> this study examined the challenges of the military lifestyle and explored the relationship between military spousal resiliency and various types of social support in the CAF.

### Previous Research

#### *Military Lifestyle*

Military spouses share similar life experiences and stressors (e.g., financial concerns, parenting issues, work–life balance) with many civilian spouses, though military spouses also face a number of unique challenges associated with the military lifestyle, including frequent relocations and separations from their military partners due to postings and deployments. When a military member is deployed, the spouse left behind becomes the sole caregiver, and all parenting and household responsibilities become their responsibility. In addition, spouses worry about the military member's safety while they are deployed in an area of active conflict. Upon return from deployment, military members can create additional stress for their spouses and families due to the challenges associated with post-deployment reintegration (e.g., physical and mental health, family adjustment). These stressors can negatively impact the well-being of military spouses.<sup>3</sup>

#### *Social Support*

Effectively coping with stress depends on having a strong social support system – i.e., the resources embedded in one's social connections. These supportive resources can be

tangible (e.g., financial assistance), emotional (e.g., empathizing), informational (e.g., advice), or companionable (e.g., sense of belonging). Social support can be categorized into formal or informal types. Formal social support refers to the support provided by institutional and professional providers (e.g., health service agencies, Military Family Resource Centres). Informal social support refers to the support provided by networks of personal relationships, including spouses, extended family, friends, and spouses of other members in a military partner's unit (peer spouses). Studies with civilian populations have revealed that social support provides mental and physical health benefits, whereas a lack of social support has been associated with negative health outcomes.<sup>4</sup> For example, strong social support is known to help reduce anxiety and depression.<sup>5</sup> When compared with those with strong social support, individuals without strong social support have higher rates of mental disorders (e.g., post-traumatic stress disorder,<sup>6</sup> panic disorder,<sup>7</sup> social phobia,<sup>8</sup> major depressive disorder<sup>9</sup>). In addition, individuals without strong social support tend to have more alcohol and drug problems<sup>10</sup> and are at greater risk of death from a number of diseases, such as cancer and cardiovascular disease.<sup>11</sup>

**Resiliency**

The process of responding effectively to adversity is called resilience, and the outcome of this process is called resiliency.<sup>12</sup> Resiliency is measured by the extent to which individuals successfully complete their responsibilities. It is believed that the social support spouses receive contributes to their resiliency.<sup>13</sup> Yet very few studies have been conducted in the CAF to examine how the formal and informal social support that spouses receive from their social connections contributes to their resiliency (see Figure 3.1), preventing the negative impact of the military lifestyle on their well-being.

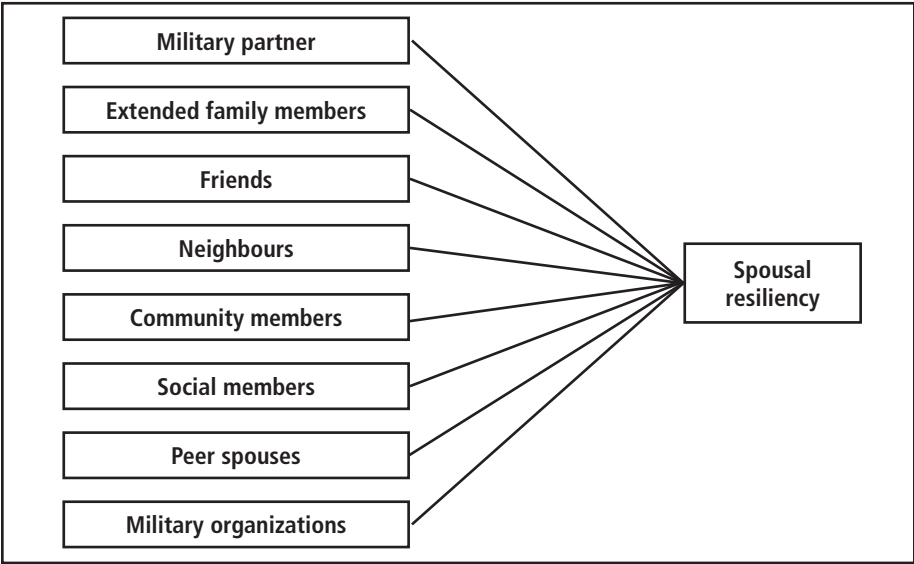


Figure 3.1: Social Support and Spousal Resiliency

## Current Research

A total of 1,822 spouses of CAF Regular Force members participated in the Quality of Life Among Military Families: A Survey of Spouses/Partners of CAF Members in 2013. Spouses were asked to report the challenges of the military lifestyle, such as military partners’ time away from home as a result of military service, number of deployments of their military partners, number of residential moves due to their military partners’ postings, social support, and resiliency.

### *Military Lifestyle*

About 40% of spouses reported that their military partners had been away from home for 1-2 months due to military service in the 12 months prior to the survey, while about 20% of spouses reported that their military partners had been away from home for 3-4 months. Only about 10% of spouses reported that their military partners had not been away from home during this timeframe. In addition, about 20% of spouses reported that their military partners had been away from home for at least five months (see Figure 3.2).

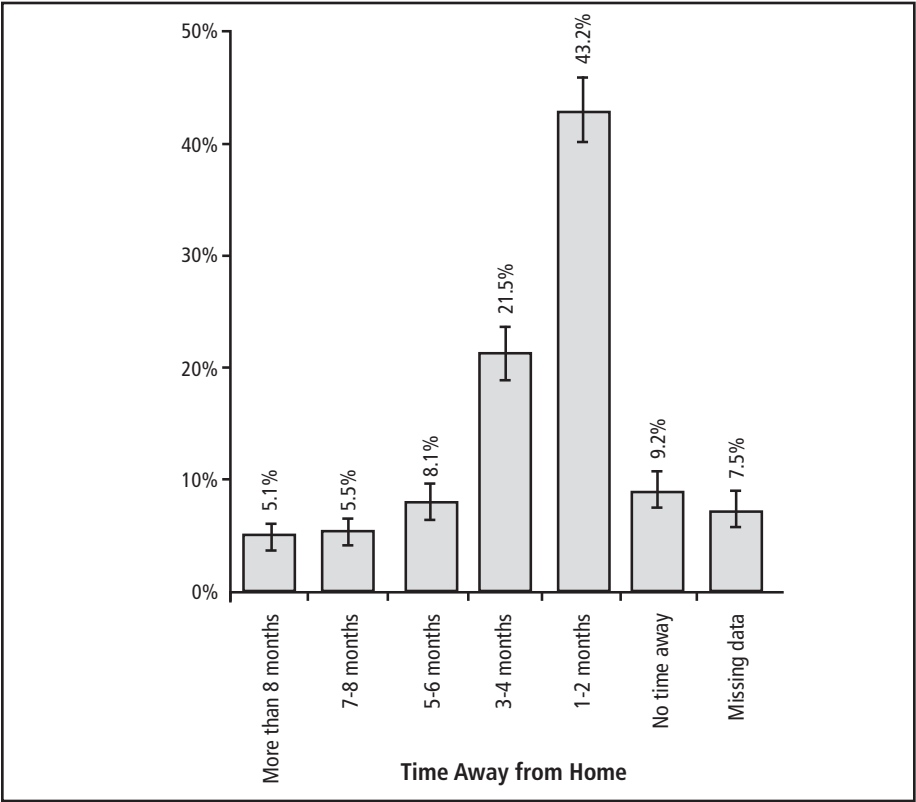


Figure 3.2: Time Away From Home as a Result of Military Service in the 12 Months Prior to the Survey

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About one third of spouses reported that their military partner had not been deployed in the five years prior to the survey, while about two thirds reported that their military partner had been deployed at least once (see Figure 3.3).

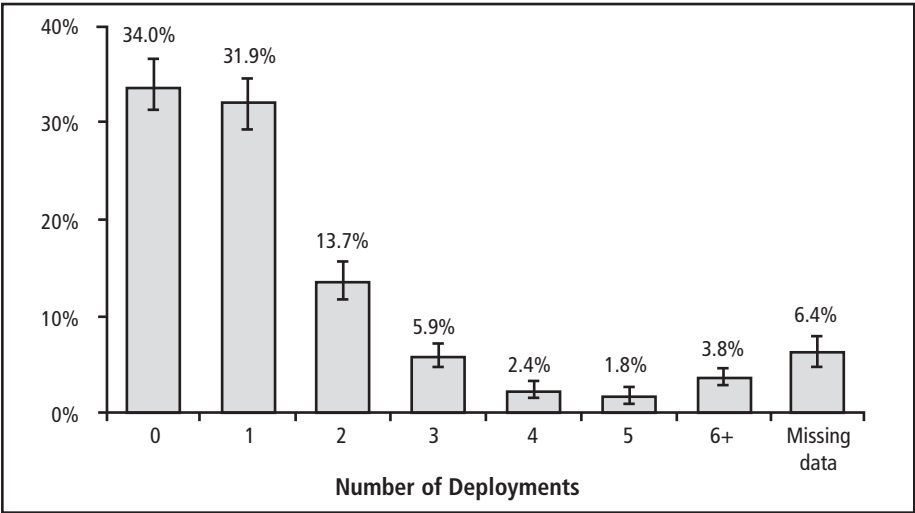


Figure 3.3: Number of Deployments in the Five Years Prior to the Survey

Over half the spouses (who reported that their military partner had been posted at least once) had to relocate one to three times due to a military posting since they had been with their military partners (28.3% for one posting, 19.3% for two postings, and 13.4% for three postings). About 20% of spouses reported that they had to relocate at least four times (see Figure 3.4).

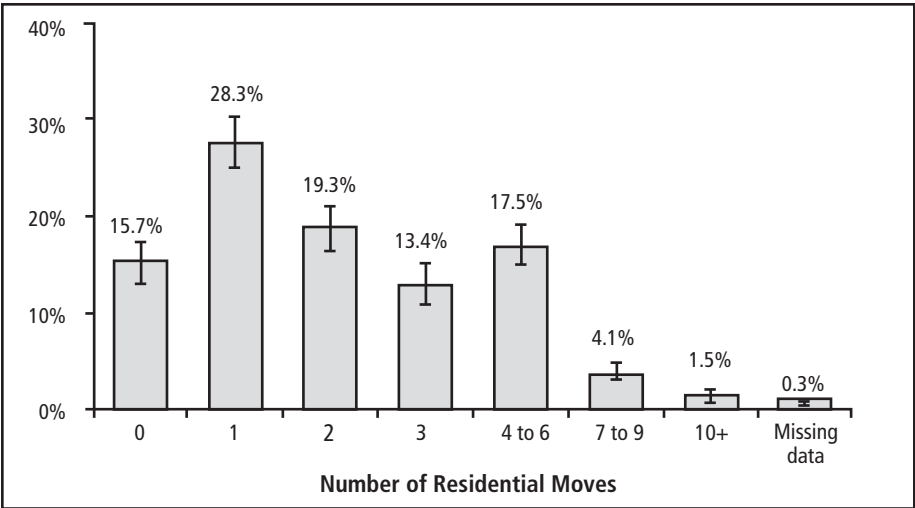


Figure 3.4: Number of Residential Moves due to Postings

### ***Perceived Social Support and Resiliency***

The social support spouses perceived and their resiliency were measured by using the Support and Resiliency Inventory for Military Spouses.<sup>14</sup> The inventory<sup>15</sup> includes the following:

- the social support subscales, which measure different types of formal and informal support that spouses have perceived from their military partner, extended family members, friends, neighbours, community members, social media contacts, peer spouses, as well as military organizations; and
- the spousal resiliency subscale, which measures variations in the degree to which military spouses feel they meet (1) the overall responsibilities in their lives and (2) the challenges of military life.

Results of the study (see Figure 3.5) show that spouses perceived the strongest social support coming from their military partners, followed by their extended family members, friends, social media contacts, neighbours, community members, military organizations, and peer spouses.

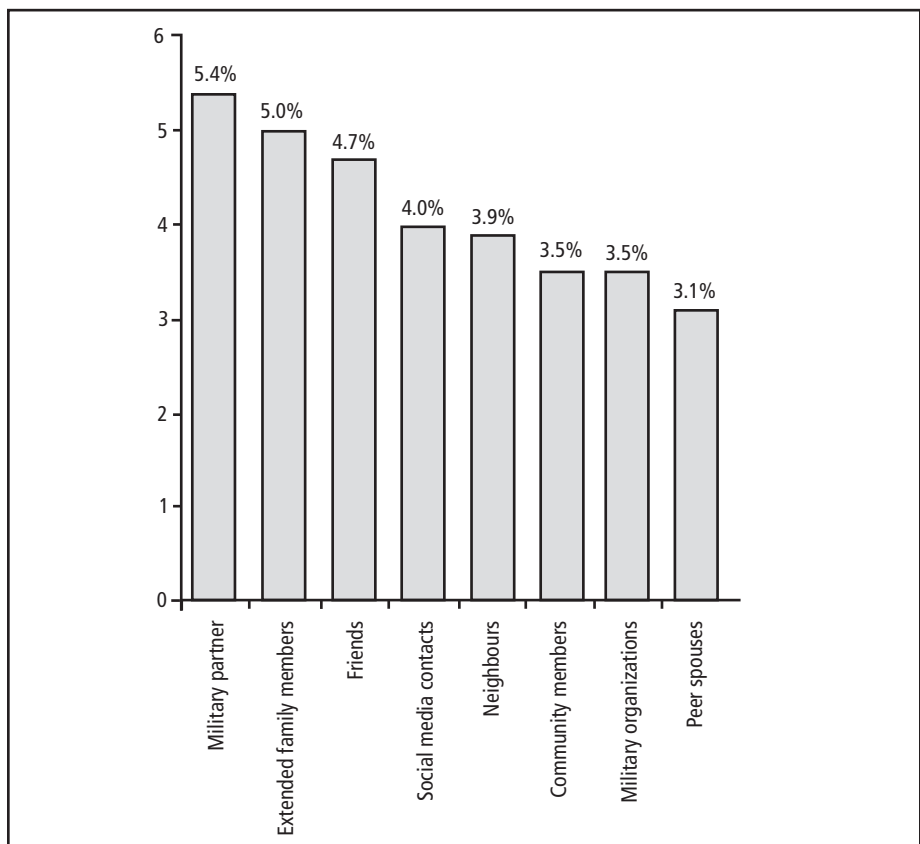


Figure 3.5: CAF Spouses' Perceived Social Support from Social Connections

In addition, spouses reported a high level of resiliency (an average of 4.81 on a 6-point scale): 94.8% of spouses reported being able to successfully meet the overall responsibilities in their lives and 87.7% reported being able to successfully meet the challenges of military life.

A multiple regression analysis evaluated how different types of social support predicted spousal resiliency.<sup>16</sup> As shown in Table 3.1, the analyses revealed that:

- among all social support perceived by spouses, institutional support from military organizations (e.g., “I can depend on help from military agencies at the base, if I request it”) was the most important predictor of their resiliency;
- among informal social support perceived by spouses, support from their military partner was the most important predictor of their resiliency; and
- informal social support perceived by spouses from friends and community members were also significant predictors of their resiliency.

Resources	B	$\beta$	<i>t</i>	<i>p</i>	95% CI for $\beta$
Intercept	2.82		19.36	.000	2.53–3.10
Military partner	0.16	0.17	6.41	.000	0.11–0.21
Extended family members	0.02	0.03	1.02	.309	-0.02–0.07
Friends	0.05	0.07	2.31	.021	0.01–0.08
Neighbours	0.02	0.04	1.25	.212	-0.01–0.06
Social media contacts	0.02	0.04	1.52	.128	-0.01–0.05
Community members	0.06	0.10	3.10	.002	0.02–0.09
Peer spouses	-0.02	-0.03	-1.08	.282	-0.04–0.01
Military organizations	0.15	0.24	8.19	.000	0.11–0.18

Table 3.1: Regression Analyses on Spousal Resiliency

## Conclusion

The results of the study show that spouses face a number of unique challenges associated with the military lifestyle, but many spouses demonstrate a high level of resiliency. The results also reveal that spousal resiliency is highly correlated with the formal social support received from military organizations. Regarding informal social support, support from their military partners contributes to spousal resiliency, namely, feeling loved and cared for, supported and encouraged, and feeling like they can depend on their military partners. These findings highlight the importance of strengthening formal social support (i.e., institutional support from the CAF) to enhance spousal resiliency. These findings also stress the significance of informal social support (i.e., support from military members, friends and community) for improving spousal resiliency. Understanding the contribution of different types of social support to spousal resiliency will assist the CAF in optimizing military family services and programs to better promote CAF family well-being.

# Endnotes

1. For the remainder of this chapter, we use *spouse* and *partner* interchangeably.
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13. *Ibid.*
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15. Responses for the scales ranged from 1 (*strongly disagree*) to 6 (*strongly agree*), with a higher score indicating greater support and resiliency. An average score of each subscale was calculated for each respondent.
16. The overall regression model was statistically significant  $F(8, 1,349) = 37.43, p < .001$ , accounting for 18% of the variance.





# CHAPTER 4

## Employment and Income of Spouses in Military Families

*Samantha Urban and Zhigang Wang*

The employment and income of civilian spouses are key indicators of the financial well-being of military families. However, many aspects of the military lifestyle, such as day-to-day military service demands, deployments and relocations can negatively impact spousal employment and income.

Previous empirical research – especially research conducted in the United States – has shown that the military lifestyle can negatively impact spousal employment and income. For example, results from the *Survey of Spouses of Enlisted Personnel*<sup>1</sup> showed that 8,386 civilian spouses of junior military personnel reported obstacles in finding and retaining employment. Some of these obstacles included finding childcare, work-life balance, transportation and commuting, mobility and advancement, military personnel not wanting their spouses to work, and employers' reluctance to hire spouses of military personnel. In addition, almost half of spouses agreed that relocating to new areas with their military partners had interfered with their career advancement. Results from this survey also showed that the reasons most frequently cited for spouses wanting or needing to work included saving money for the future (83%), financial necessity (81%), extra spending money (62%), to gain employment experience (58%), and the desire to have a career (53%).

Another study on American military families found that long-distance residential relocation reduced the probability of wives finding a full-time job.<sup>2</sup> Similarly, other research has shown that frequent and disruptive moves have a negative impact on spousal employment opportunities.<sup>3</sup> Military family relocation has also been found to be associated with a 9% increase in unemployment among female spouses, as well as a four-hour decline in the number of hours worked per week among employed female spouses in military families.<sup>4</sup>

Research conducted in the Canadian Armed Forces has also shown the negative impact that a military lifestyle has on spousal employment and income. For instance, results from the 2006 long-form Canadian census found that female spouses of CAF personnel were less likely to be employed, had lower incomes, and were more likely to move provincially than female spouses in other family types including federal and

provincial police families, federal government employee families and other civilian families. Further, female spouses in CAF families had lower employment income, were more likely to be unemployed, and were more likely to be working less than 30 hours per week than female spouses in these other family types.<sup>5</sup>

## Objective

Using quantitative and qualitative data collected from Canadian military families, this chapter explores how the unique characteristics associated with being in a military family impact the employment and income of civilian spouses. Secondary data analysis was conducted using *Your Say Regular Forces Survey* (YSS) data collected from Regular Force personnel and also *Quality of Life Among Military Families: A Survey of Spouses/Partners of CAF Members* (QOL) data collected from female civilian spouses of Regular Force personnel.<sup>6</sup>

## Results

### ***Employment Status***

The majority of civilian spouses were employed (70.6%), while 5.5% were unemployed, and 24% were not in the labour force.<sup>7</sup> Among employed civilian spouses, the most common employment types were professional (31.1%), administrative/clerical (24.1%), retail (9.4%), managerial (8.2%), and self-employed (6.1%). Almost two thirds (65.8%) worked (on average) 30 to 40 hours per week. About half of employed civilian spouses (52%) believed that their current job fit their educational and prior employment backgrounds *very much*, while the remaining spouses felt this was the case *somewhat* (27.9%) or *not at all* (20.1%). Many civilian spouses were satisfied with their jobs (82.1%) and careers (71.6%).

### ***Employment Opportunities***

Many civilian spouses (53.1%) were satisfied with the employment opportunities in the cities or towns in which they resided. However, other civilian spouses were dissatisfied (24.5%)<sup>8</sup> and expressed frustration about employment opportunities. As a spouse of a non-commissioned member (NCM) in the Canadian Army (CA) indicated, “The bases should try harder to hire spouses since they usually cannot get employment in the towns [where] the bases are situated.” Similarly, a spouse of a senior officer in the CA stated,

Employers in Petawawa will not hire me because I am a military spouse. I know this because they have told me they will not hire me because of this. Therefore I am discriminated against. I am desperately searching for employment... However, the CAF and the Military Family Resource Centre do not assist me or offer any help when I have asked for assistance... There are many military wives in this area who carry this burden and are unemployed due to the discrimination of employers. We need assistance.

### ***Spousal Motivations for Working***

Regular Force personnel and civilian spouses differed with respect to what they believed was the main motivating factor behind spousal employment in their families. Regular Force personnel felt that their civilian spouses were working for *personal fulfillment* (49.6%) above all other reasons. However, many civilian spouses made it clear that *paying bills/covering expenses* (71%) was the driving force behind their employment. As a spouse of a junior NCM in the CA stated, “The CAF does not pay enough for only one spouse to work.” Similarly, a spouse of a senior officer in the CA stated,

Canada has changed and now operates as a two-earner family model. The CAF needs to adjust to this model in part to fulfil the aspirations of non-CAF family members so that CAF families are not left behind financially. Not addressing this issue will continue to put pressure on families.

Despite this difference of opinion, *extra spending money/long term savings* (41.6% and 57.1%) and *maintaining skills and career status* (41% and 51.5%) were considered by both Regular Force personnel and civilian spouses (respectively) as the second and third most important reasons motivating spousal employment.

### ***Spousal Motivations for Not Working***

The highest percentage of Regular Force personnel (27.6%) and civilian spouses (53.5%) believed that the most *considerable influence* behind civilian spouses who were not working was a *personal choice was made to stay at home and raise children*. This was reinforced by a spouse of a junior NCM in the CA who indicated that “due to the military lifestyle, I have chosen to stay at home and raise our children with morals and values, putting my career on hold.” A spouse of a junior officer in the CA also stated that “when we were posted again, we decided to home-school the children and made the personal choice to be a single-income family; we haven’t had any job-finding difficulties since then.”

Even though Regular Force personnel and civilian spouses concurred on the main reason civilian spouses were not working, they differed in their opinions regarding other reasons civilian spouses were not working. For instance, the second and third highest percentages of Regular Force personnel indicated that the reasons with the most *considerable influence* in their families included *unable to find employment* (26.7%) and *unable due to difficulties transferring professional credentials to a new location* (25.1%). However, civilian spouses indicated that it was because they were *unable due to childcare responsibilities* (28.9%) and *unable due to work commitments of my CAF partner* (20.9%).

### ***Impact of Language Requirements on Spousal Employment***

Very similar percentages of Regular Force personnel (89%) and civilian spouses (89.5%) indicated that employed civilian spouses were working in their first official language. However, for those civilian spouses who were struggling to find meaningful

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employment, job requirements centering on language were a common complaint. As one spouse of a senior NCM in the CA stated, “When a spouse is posted to areas where a second language is required, the CAF should pay for full-time intensive language courses so a working spouse doesn’t sacrifice their career as much.”

A senior NCM in the CA also claimed that the “main problem is my wife’s incapacity to procure her licence from the Quebec college of nurses to be able to work in her field because of the French language...She is Anglophone.” A senior officer in the CA also stated,

My wife is an English speaker. Therefore, she cannot get a government job because of the anti-Anglo position of the public service in this area, and in the Ottawa area, the private sector wants someone who can speak French too, so she is stuck in a part-time job.

A spouse of a senior officer in the Royal Canadian Navy (RCN) stated, “I am qualified as an [Administrative Services]-02, yet I can’t get into a job because they are all bilingual mandatory. There needs to be recognition for military spouses (free French training to military spouses to help get jobs).”

### ***Impact of Posting on Spousal Employment***

More than half (55.6%) of Regular Force personnel and 34.9% of civilian spouses had moved at least three times on account of military career postings. As a result of these moves, 45% of Regular Force personnel believed that their civilian spouse’s careers had suffered.<sup>9</sup> *Spousal seniority at work* and *spousal employment* were cited (after *medical services*) by both Regular Force personnel (33.3% and 30.9%) and civilian spouses (28.8% and 28.1%) as being *extremely difficult* to re-establish post-relocation. For instance, civilian spouses and Regular Force personnel expressed the following sentiments:

I had 14 years’ experience and seniority with the Nova Scotia government when I had to leave due to my husband’s posting. My worst mistake. Since then, I’ve only been able to get casual, non-union, no benefits, no pension type jobs—now in my 50s, I have no pension or income of my own...There should be help for spouses who have to leave their jobs/careers due to a posting—retraining and help to get another job and to transfer pensions.

—Spouse of a senior officer in the RCN

I feel us spouses should get some form of compensation for the loss of our job. We get unemployment, which is fine, but we have a two-week period with no income...We’ve also lost seniority and any accumulated holiday pay. Therefore, you go back to the bottom at your next job with lower pay and no holidays.

—Spouse of a senior NCM in the Royal Canadian Air Force (RCAF)

Every posting has greatly affected my family: My wife loses her job, seniority, and benefits and has to start over again. Every posting my wife gets very frustrated with having to go and find new jobs, and when she accepts a job, she starts over with 1 or 2 weeks of leave, waiting time for benefits, etc.

—Senior NCM in the CA

### ***Impact of Deployment on Spousal Employment***

For 53.3% of civilian spouses and 42.2% of Regular Force personnel, military personnel had been on at least three operational deployments of 30 days or more since they had been in their current relationships. Approximately one third of Regular Force personnel (31.2%) and one quarter of civilian spouses (24.7%) believed that spousal employment suffered as a result of military deployments.<sup>10</sup> A junior officer in the RCN indicated that his “wife gave up her career for a decade to maintain our home for the eight months of the year I was at sea,” while a spouse of a junior NCM in the CA stated that “there should be a base salary for those spouses who are forced to stay home during the deployment because we make a lot of sacrifices and unfortunately aren’t recognized for it.” Another spouse of a junior NCM in the CA remarked,

Had to quit my job due to back-to-back deployments (with 4 weeks’ notice in between)—2 tours of 60 days. This caused me to lose my job, in which I did not qualify for unemployment. There should be something set up for spouses to be able to collect unemployment during a deployment, especially when there [are] children to care for, and something put in place to guarantee their jobs.

### ***Impact of Military Service Demands on Spousal Job Progression***

Over half of civilian spouses (51.8%) and 32.9% of Regular Force personnel had families where civilian spouses made career sacrifices because of military service demands. In addition, several Regular Force personnel (47.5%) and civilian spouses (35.9%) agreed that spousal job progression had suffered as a result of military service demands. As a spouse of a senior NCM in the RCN remarked, “Professional spouses sacrifice a lot in their own careers for the CAF member.” A spouse of a senior officer in the RCAF also stated that “wives should not have to sacrifice their careers—it is demoralizing and not good role-modeling.”

### ***Importance of Spousal Income to the Military Family***

Just under half of civilian spouses (48.4%) and Regular Force personnel (45.7%) believed that they were living comfortably on their present household income, while similar numbers of civilian spouses (40.5%) and Regular Force personnel (44.5%) felt that they were coping on their present household income. The total incomes of Regular Force families were calculated using the average income of civilian spouses<sup>11</sup> and the median<sup>12</sup> income of Regular Force personnel.<sup>13</sup> Results showed consistency across the two surveys and emphasized the importance of spousal contributions to total military family incomes. Specifically, about 32% of total Regular Force family incomes came from spousal contributions, with the remaining 68% coming from Regular Force personnel.

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Further, a Regular Force member in the RCAF remarked on the importance of their civilian spouses' contributions to their family income:

It is not the 1950s anymore, when families got by with one spouse making an income and the other spouse popped out numerous children to occupy her time. The reality today is that almost all families desire two incomes; many actually require two incomes.

As discussed earlier, relocations can have detrimental effects on spousal employment. Not surprisingly, 25%-30% of spousal employment incomes were found to decrease as a result of military postings. As a senior officer in the RCN elaborated, "The impact upon my spouse due to three geographical moves has been profound. She has changed careers and, while the stress level at work for her is much less, the resulting income has had a negative impact upon our finances." A spouse of a junior NCM in the CA stated, "I went from making \$65,000 a year to \$16,000. So, I've decided to join the forces myself when my spouse returns from Afghanistan—well, unless I get lucky in a good paying local job. I highly doubt it though."

## Conclusion

The results presented here support previous findings on spousal employment in military families (e.g., motivations for working) and have introduced some new topics for consideration (e.g., impact of language on spousal employment). Clearly, most CAF families embrace a dual-income family model, but spousal employment is not always compatible with aspects of the military lifestyle. This chapter provides evidence to help senior leaders make decisions based on the voices of the military families that they serve and protect. Because families play a significant role in the structure and functioning of military organizations, it is important to continue research in this domain to ensure that the needs of military families are constantly being met.

## Endnotes

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6. This includes those in married and common-law relationships. Due to the extremely small number of male, civilian spouses of female Regular Force personnel, they were excluded from the analysis for this chapter. Personnel and spouses were not matched with one another.
7. “Not in the labour force” spouses included those who were (1) not looking for work, (2) students, (3) homemakers, or (4) not working for other reasons.
8. The remaining civilian spouses (22.4%) felt neither satisfied nor dissatisfied.
9. This question was not posed to civilian spouses in the QOL.
10. Results showed that 34.3% of Regular Force personnel disagreed with this, as did 43.6% of civilian spouses.
11. This amount included income from all sources (not just employment). However, it was assumed that a good portion of the total amount was composed of employment income.
12. The point where half of the incomes fall above and half of the incomes fall below.
13. These were the amounts available and provided by Director Military Pay and Accounts Processing and Director Human Resources Information Management, Department of National Defence.





# CHAPTER 5

## The Use of Social Media Among Military Spouses

*Zhigang Wang*

Organizations have become increasingly interested in using social media (e.g., Facebook, Twitter) for various human resource purposes (e.g., recruiting, screening, and selection).<sup>1</sup> Yet little scientific research has focused on generational differences in the use of social media, even though generational differences are known to influence organizational effectiveness.<sup>2</sup> In the domain of military family research specifically, researchers from the United States explored military members' and their families' use of social media.<sup>3</sup> They found that 18- to 24-year-old respondents were more likely than older groups to indicate that social media was "very important" in communicating with their service member during deployment.<sup>4</sup>

Of course, the generalizability of this research is limited by the sampling method. The researchers used a self-selected convenience sample that included military members, their spouses or partners,<sup>5</sup> their parents, and their children. Similar methodological issues<sup>6</sup> affect other research on generational differences in personality traits,<sup>7</sup> work values,<sup>8</sup> attitudes,<sup>9</sup> and motivations to work.<sup>10</sup> By employing appropriate research methods, the current study investigates differences in the use of social media among different generations of military spouses and discusses the implications of such differences for the development of military family support programs.

### Previous Research

Researchers categorize generational cohorts in different ways,<sup>11</sup> though they are usually separated by the average time interval between the birth of parents and the birth of their offspring, making a generation about 20 years. Five generational cohorts are frequently discussed and compared in the literature: the Silent Generation (those born from 1925 to 1945), Baby Boomers (1946–1960), Generation X (1961–1980), Generation Y (1981–1999) and Generation Z (those born after 1999). Shared birth years define generational cohorts; there is no other demographic or sociological justification.<sup>12</sup> It is assumed that members of each generational cohort have developed characteristics that differentiate them from the other generational cohorts<sup>13</sup> as a result of maturing through the same social, cultural, political and economic events.<sup>14</sup>

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New technologies such as social media have significantly changed the way people communicate with each other. As such Generation Y, having grown with these new technologies, have often been described as *digital natives*, while Baby Boomers and the Generation X cohort are called *digital immigrants*. Empirical studies<sup>15</sup> indicate that as digital natives, the Generation Y cohort is more likely than digital immigrants to use social media to interact with one another. Still, generational cohorts are assumed not to differ in their reasons for using social media – all generations use social media for information, leisure, entertainment, socializing, or experiencing a sense of community.<sup>16</sup>

Nevertheless, the validity of this research remains debatable on account of its methodological limitations.<sup>17</sup> One limitation is sample selection.<sup>18</sup> Most empirical evidence has been collected through convenience samples composed of college students.<sup>19</sup> Convenience samples are sufficient for most experimental studies in the social sciences,<sup>20</sup> but are not suitable for making inferences about the general population from which the convenience sample was drawn. Probability sampling methods and their associated inferential statistics are crucial when making population-based inferences about the generational cohorts.<sup>21</sup>

### Current Research

This research presents the results of secondary data analysis from the *Quality of Life Among Military Families: A Survey of Spouses and Partners of Canadian Armed Forces Members* (QOL Survey). A sampling frame of the target military spousal population was obtained from CAF administrative lists of Regular Force members who were married or in a common-law relationship. In 2013, the QOL Survey was mailed out to a randomly selected sample of 9,359 spouses of CAF Regular Force members.<sup>22</sup> Surveys could not be delivered to 1,062 spouses due to incorrect home addresses. Out of a total of 1,822 respondents,<sup>23</sup> 1,777 (who reported their ages) were included in the final analyses. Table 5.1 shows the percentages of respondents in each generational cohort, representing an estimated 38,090 spouses of CAF Regular Force members. The age distribution indicates that the majority of the CAF spouses are part of Generations X or Y.

Generation Cohort	Respondents (N = 1,777)	Estimated Population (N = 38,090)
Generation Y (32 or younger )	28%	33%
Generation X (33-52)	65%	61%
Baby Boomers (53 or older)	7%	6%

Table 5.1: Age Distribution of Spouses of CAF Regular Force Members

CAF spouses were asked to rate their level of agreement with a series of statements on how social media can improve services provided by the CAF and enable spouses to maintain connections with CAF communities, with peers, and with their military partner. CAF spouses were also asked to report whether they had used Facebook to receive psychological or social support from others, share information or experiences with other CAF families, engage with CAF communities, socialize with peers, or communicate with their military partner when they were away from home on deployment or other military duties. In addition, CAF spouses were asked to report their perceived level of social support from their social media contacts and from their military partner through the Support and Resiliency Inventory for Military Spouses.<sup>24</sup>

Results

No significant differences were found among the three generations of CAF spouses when comparing their beliefs on how social media can improve services provided by the CAF and enable them to maintain connections with peers and with their military partner. The majority of military spouses believed that social media would improve services provided by the CAF (58%) and enable spouses to maintain connections with peers (79%) and with their military partner (80%).

Generational differences were found when comparing their beliefs about social media for maintaining connections with CAF communities: significantly more Generation X and Generation Y CAF spouses than Baby Boomer CAF spouses agreed that social media enables spouses to maintain connections with CAF communities (see Figure 5.1).

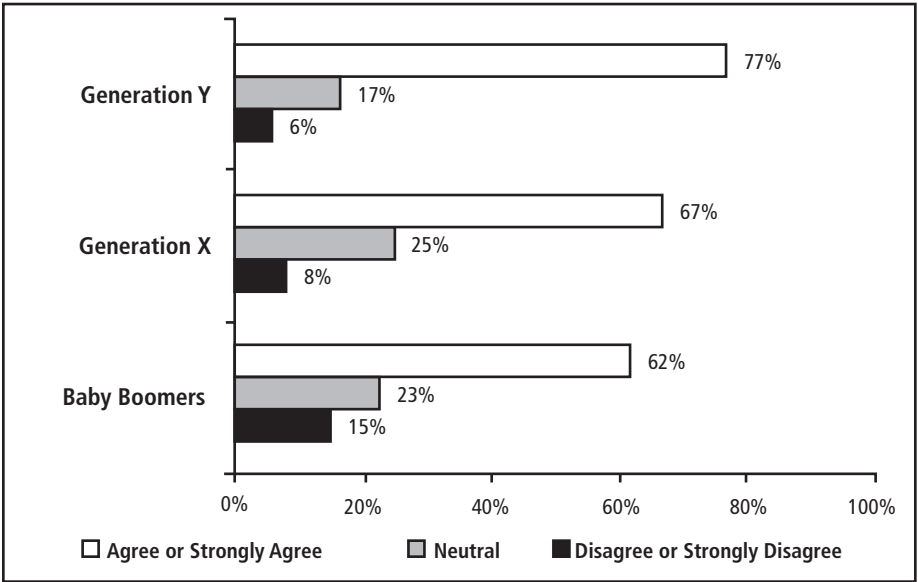


Figure 5.1: Spousal Belief that Social Media Enables them to Maintain Connections with CAF Communities

Further analyses explored differences in the use of Facebook among the three generations of CAF spouses. Overall, the majority of CAF spouses (Baby Boomers: 48%; Generation X: 68%; Generation Y: 81%) reported using Facebook. Results showed that significantly more CAF spouses in younger generational cohorts than in older generational cohorts used Facebook to socialize with peers, communicate with their military partner when they were away from home due to deployment or other military duties, share information or experiences with other CAF families, receive psychological or social support from others, and engage with CAF communities (see Figure 5.2). These findings are consistent with previous research findings, such as that Generation Y is more likely to prefer social media for interactions with others than Baby Boomers and Generation X.<sup>25</sup> In addition, these findings support previous research that claimed that all generational cohorts use social media for information, leisure, entertainment, socializing, or experiencing a sense of community.<sup>26</sup>

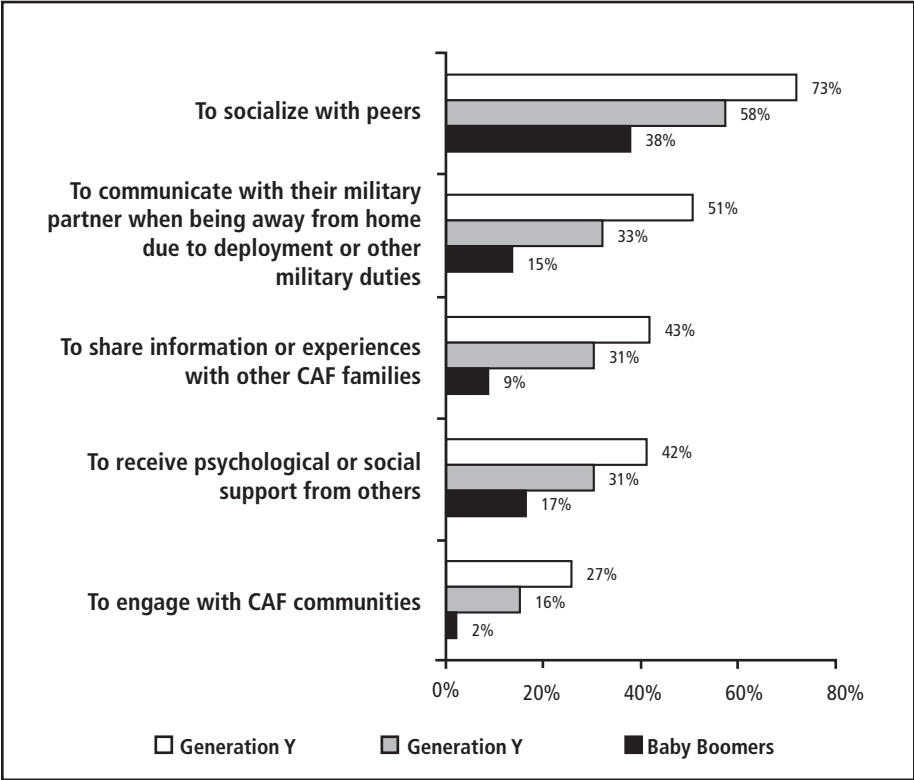


Figure 5.2: Reasons for Facebook Usage Among Spouses

Analyses on the use of Facebook also revealed that socializing with peers and communicating with their military partner when they were away from home due to deployment or other military duties were the most frequently reported uses of Facebook for CAF spouses of all generations.

Further analyses were conducted to examine generational differences on CAF spouses' perceived social support from their social media contacts and from their military partner. An average score of the Support and Resiliency Inventory for Military Spouses items on perceived social support from their social media contacts and from their military partner was calculated separately for each spouse. Scores ranged from 1 to 6 with a higher score indicating greater perceived social support. The results showed that Generation Y (4.41) and Generation X (3.93) spouses perceived significantly stronger social support from their social media contacts than Baby Boomer (3.23) spouses. No differences were found among the three generations on their perceived social support from their military partner (Generation Y, 5.44; Generation X, 5.33; and Baby Boomers, 5.30). These findings suggest that (1) social media contacts are more important sources of social support for younger CAF spouses than for older CAF spouses, and (2) in comparison with social media contacts, military partners are more important sources of social support for CAF spouses, regardless of their generational cohort.

## Conclusion

It is widely believed that while all generational cohorts use social media for information, leisure, entertainment, socializing, or experiencing a sense of community, Generation Y is more likely to prefer social media for interacting with others than either Baby Boomers or Generation X. The results presented here support this assumption: The younger generations are more likely to believe that social media enables them to maintain connections with CAF communities. Further, more CAF spouses of younger generations than CAF spouses of older generations used Facebook to socialize with peers, communicate with their military partner when they were away from home due to deployment or other military duties, share information or experiences with other CAF families, receive psychological or social support from others, and engage with CAF communities. Given the growth of the younger generational cohorts of CAF spouses, the CAF should consider these generational differences when developing family support programs and services.

While the results reveal generational differences in perceived social support from social media contacts, CAF spouses of all generations perceived stronger social support from their military partner than from their social media contacts. Given that peers and military partners are important sources of social support for military spouses, military organizations should explore the possibility of developing family support programs and services specifically designed to assist military spouses in using social media in order to strengthen their social ties with their peers and with their military partners.

# Endnotes

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# CHAPTER 6

## Spousal Attachment and Marital Functioning Following Deployment Reunion

*Valerie Wood, Samantha Urban, Tara MacDonald, and Danielle Charbonneau*

While it is recognized that being deployed overseas can affect the physical and psychological well-being of military personnel, it is less appreciated that their absences can profoundly affect family members who remain at home. Families of deployed personnel are often called the “overlooked casualties of conflict”<sup>1</sup> because they face a number of unique challenges over the course of a deployment. Indeed, various coping challenges arise as couples prepare for deployment, once they are separated and when they are reunited. Such difficulties include adjusting to the member’s deployment within various domains – e.g., parenting styles, decision-making processes, and household routines – and then readjusting upon the member’s return.

While deployments certainly entail challenges, spouses do not respond to these challenges in a similar way. Therefore, it is valuable to understand who is more likely to be at risk for challenges in adjusting to their partner’s deployment. In other words, are there specific individual characteristics associated with how someone copes before, during, and after a family member is deployed? In this chapter, we focus specifically on characteristics relevant to romantic relationships. Specifically, we explore whether a spouse’s<sup>2</sup> attachment to their military partner relates to how they adjust to challenges once their military partner returns home from deployment. Attachment theory has contributed a great deal to the understanding of relationship processes and helped guide this research.

### Attachment Theory

Attachment theory was developed to explain the emotional bonds that develop between infants and their primary caregivers.<sup>3</sup> Attachment researchers now understand that attachments with our primary caregivers are similar to the attachments that we form

with our romantic partners later on in life. Specifically, through our early interactions with our primary caregiver, we develop expectations about how romantic partners will be emotionally available and responsive to our needs.<sup>4</sup> Indeed, much research supports the view that attachment styles tend to be stable across time and relationships.<sup>5</sup>

There are two traits that define a person's attachment to their partner: avoidance and anxiety.<sup>6</sup> Attachment avoidance represents how much individuals are uncomfortable with emotional closeness and how much they prefer not to depend on their partners for support. Attachment anxiety represents how much individuals are fearful of their partner rejecting and abandoning them, and how much they feel they must monitor their partner's behaviour for potential disapproval or loss of interest.<sup>7</sup> In this chapter, we focus specifically on the role of attachment anxiety in shaping civilian spouses' experience of deployments.

## Attachment Anxiety and Reactions to Separations and Reunions

It is not surprising that individuals high in attachment anxiety experience more intense negative reactions when they actually experience rejection (e.g., a romantic breakup). Further, attachment anxiety is related to negative reactions to long-term separations from romantic partners. For instance, one study<sup>8</sup> examined couples as they parted in an airport (i.e., one partner was boarding a plane and the other one was staying behind). In this case, women high in attachment anxiety reported more distress as they said good-bye to their partner than women low in attachment anxiety.

While previous research has examined emotional reactions to long-term separations from one's romantic partner, the effects of attachment anxiety on romantic partner *reunions* following these long-term separations have been largely unexplored. Further, the separations examined in previous research were unlike those experienced by military personnel and their partners: overseas deployments can include compounding factors like the partner's endangerment and post-traumatic stress disorder. To our knowledge, no empirical work has directly examined attachment anxiety and marital functioning in military couples who experienced deployment.

## Effects of Attachment on Marital Functioning

In this chapter, we examine whether post-deployment reunions are more challenging for civilian spouses with higher levels of attachment anxiety than for civilian spouses with lower levels of attachment anxiety. For instance, military spouses higher in attachment anxiety might be more prone to idealistic views about the post-deployment reunion phase, leading to more disappointment when a partner's return does not live up to expectations, relative to those lower in attachment anxiety. As a result, highly anxious individuals may feel less close to their partners, less supported by them, less satisfied in their relationship, and may not cope as well as less anxious individuals.

## Participants

An analysis of quantitative and qualitative data collected from 68 civilian spouses with CAF Regular Force partners that had returned from an overseas deployment revealed that for many of these spouses (65.1%), this was not the first time they had been separated from (and reunited with) their partners due to a military deployment. On average, spouses had been reunited with their military partners for 71 days (ranging from 9 to 181 days) when the data was collected. The spouses were 39 years old (on average), all female, and had been married or in a common-law relationship for an average of 10 years and 10 months. Most were spouses of non-commissioned members (55.5%).

Although the majority of spouses (84.1%) lived in locations where friends were within a 30-minute drive from their home, fewer spouses had immediate or extended family members within a 30-minute drive (25.4%). Almost three quarters (74.2%) had children (including those from other relationships), and the majority of these children (66%) lived with the spouses. Most spouses (82.5%) were employed, and almost all (96.2%) worked outside the home. The most common employment fields among these spouses were nursing/therapy<sup>9</sup> (21.2%), clerical/administrative (17.3%), and sales/service (17.3%).

## Findings

### *Reactions to Reunion*

Many spouses said they physically embraced their partners (80.9%), and many said they felt relieved (61.9%), happy (60.3%), and excited (47.6%) when they saw their partners for the first time post-deployment. Some spouses shared what their initial reunion was like, including the following comments: “My sons and I went to him immediately for an embrace. We/I did not want to let him go. He was finally home with us after being away for so long. Our family was together again” and “[I] jumped into his arms. Told him how much I loved him and how blessed I feel that he returned home safe, alive with everything that he is.”

Most spouses reported that they felt just as emotionally connected to their partners (33.3%) as they had been before the deployment, or even more emotionally connected to their partners (47.6%) than before. Similarly, most spouses reported that they felt just as satisfied with their relationships (41.3%) or more satisfied with their relationships (39.7%). Finally, most spouses reported that things were running just as smoothly around the house (47.6%) or more smoothly (31.7%) than before the deployment.

On average, 82.6% of spouses indicated that interactions with their partners since their return had been pleasant (as opposed to unpleasant or neutral). However, most spouses (92.1%) had experienced some conflict with their partners since they had returned home. Commonly, these conflicts revolved around the division of household labour, parenting styles and power struggles. For example, some spouses shared their

impressions of what caused conflict between themselves and their partners following their reunion: “Learning to share responsibilities again. Less freedom to do what I’d like with my free time. Learning to share financial decisions again after being solely responsible.” Another remarked, “Dividing up household tasks; decisions regarding kids; sharing space again after being single for so long.”

**Relationship Satisfaction**

Spouses generally indicated being satisfied in their relationships (scoring 6.08 out of a possible 7). Many spouses (61.9%) said they had never wished that they had not entered into a relationship with their partners. Even though about one third (30.2%) of spouses indicated that they had some problems in their relationships, most said that they loved (85.7%) and trusted (73%) their partners a great deal.

**Psychological Well-Being**

Three different psychological well-being related measures<sup>10</sup> (using a scale from 1, *strongly disagree*, to 7, *strongly agree*) were examined: general well-being (how spouses felt they were able to cope effectively with life in general), perceived social support (the extent to which spouses were happy with their social relationships and felt supported by others), and depressive mood (feeling down or overwhelmed). Table 6.1 shows that participants reported average psychological well-being scores above the scale midpoint for perceived general well-being and social support, and average depressive mood scores below the scale midpoint.

Measures	Average Score
General Well-Being	5.34
Perceived Social Support	5.56
Depressive Mood	3.12

1 = Strongly disagree 7 = Strongly agree

Table 6.1: CAF Spousal Psychological Well-Being

**Attachment Anxiety and Avoidance**

As with the psychological well-being items above, participants indicated the extent to which they agreed or disagreed with the anxiety and avoidance statements<sup>11</sup> on a scale from 1 (*strongly disagree*) to 7 (*strongly agree*). In general, spouses had average attachment anxiety and attachment avoidance scores that were below the scale midpoint, scoring 2.18 out of a possible 7 for attachment anxiety and 2.34 out of a possible 7 for attachment avoidance.

Overall, the findings above paint a fairly encouraging picture of the reunion phase for civilian spouses of CAF Regular Force personnel when it comes to perceptions of their romantic relationships, levels of general well-being, perceptions of social support, and levels of depressive mood. However, we should qualify this by saying

that we do not have information about the typical values seen in the larger population of Canadian spouses, so we cannot say whether the spouses in our sample are doing better or worse than is typical. Nonetheless, the attachment anxiety and avoidance scores for this sample of civilian spouses are comparable to those reported for other married samples.<sup>12</sup>

### ***Attachment Anxiety and Reactions to the Reunion***

To examine whether post-deployment reunions are more challenging for civilian spouses with higher levels of attachment anxiety relative to those lower in attachment anxiety, we examined the extent to which attachment anxiety was associated with relationship satisfaction and psychological well-being.<sup>13</sup>

Results showed that spouses higher in attachment anxiety were more likely to feel as though the reunion phase did not live up to their expectations relative to those lower in attachment anxiety. Spouses with higher levels of attachment anxiety felt less satisfied with their relationships and, overall, reported more unpleasant interactions with their partners since their return. In addition, attachment anxiety was related to decreased psychological well-being. Specifically, spouses higher in attachment anxiety reported lower levels of general well-being and felt less socially supported than those lower in attachment anxiety. Lastly, attachment anxiety was related to higher levels of depressive mood, such that those higher in attachment anxiety reported feeling more “down” and more overwhelmed than those lower in attachment anxiety.

The results presented here suggest that attachment anxiety can account for differences in spousal reactions to reunions with romantic partners following overseas military deployments. In particular, individuals higher in attachment anxiety reported greater difficulties in the reunion phase: they exhibited maladjustment, decreased marital satisfaction, and lower quality marital interactions than those with lower levels of attachment anxiety.

## **Conclusion and Recommendations**

This chapter highlights the important role played by attachment anxiety in spousal reactions to the reunion phase of deployment. These results may have practical implications such as helping to identify spouses at risk of experiencing difficulty with their military partner's return from deployment. The results may also be useful in initiating new or amending existing programs, policies and services aimed at supporting the quality of life of CAF families – such as the mandated Family Separation and Reunion<sup>14</sup> service provided by Military Family Resource Centres. These findings could also help counsellors and practitioners within and outside the CAF in tailoring their services to spouses of military personnel.

More generally, with the knowledge that almost all spouses encountered conflict with their military partners during reunion (and understanding the nature of these conflicts), the CAF can devise ways to help couples work through these conflicts

(e.g., workshops), particularly in the case of families experiencing their first overseas deployment. Increased assistance for spouses to better deal with their partner's return, such as encouraging more realistic expectations for the post-deployment reunion, learning effective coping strategies, being able to effectively regulate negative emotions, and in engaging in adaptive relationship interactions (e.g., sensitive and responsive communication) will help to promote resiliency for military families as they navigate a military career.

## Endnotes

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11. The ECR-R (Fraley, Waller, Brennan, 2000) was used to assess attachment anxiety and avoidance which contains 18 items for anxiety (e.g., "I often worry that my partner will not want to stay with me."), and 18 items for avoidance (e.g., "I don't feel comfortable opening up to romantic partners."). Overall, the anxiety (Cronbach's alpha = .89) and avoidance (Cronbach's alpha = .91) scales were reliable and were correlated ( $r(63) = .70, p < .001$ ).
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# CHAPTER 7

## The Well-Being of Children in Canadian Military Families

*Alla Skomorovsky and Amanda Bullock*

The military lifestyle presents military families with various benefits, and also with many challenges. Military families experience unique stressors including unusual work hours, frequent relocations that distance families from support networks, pressure to conform to behavioural expectations, and separations from the military member due to deployments, training, and other military-related duties, some of which include the risk of injury or death.<sup>1</sup> Parental deployment and relocation are the most widely recognized stressors affecting the children of military families.<sup>2</sup> Some research suggests that parental deployment and family relocation are identified as risk factors for children and youth, having negative effects on their psychological, behavioural, and physiological health, familial and peer relationships, and academic functioning. Indeed, military life may affect every stage of a child's life and disrupt normal development.<sup>3</sup> However, the experience of deployment and relocation does not adversely affect every child;<sup>4</sup> adolescents who use positive coping strategies, for example, appear to adjust better to their parent's deployment.<sup>5</sup>

According to the ecological model of child development,<sup>6</sup> both stressors and resources from the child and their environment influence development and well-being. The present study uses this theoretical framework to examine the stressors and resources that affect the well-being of children in Canadian Armed Forces families.

### Children's Development and Well-Being

The ecological model states that children are part of a complex and interrelated system of levels that places them, the child, at the centre, and then moves out from the centre to the various environmental systems that shape the child.<sup>7</sup> The individual level in this model includes personal characteristics such as the skills and capacities of the individual. The environmental systems that surround the child range from interpersonal relations experienced by the child in a direct setting (e.g., family, school) to more formal societal structures (e.g., organizational, social, cultural, and political contexts). The present study focuses on one personal characteristic of the child and the salient environmental systems.

### ***Environmental Factors***

Particular aspects of the military lifestyle, such as parental deployment and family relocation, can be conceptualized as the environment in which children of military families are immersed. Previous research has demonstrated that during parental deployment, children and youth experience more feelings of sadness, loneliness, abandonment, symptoms of anxiety and depression, anger and irritability.<sup>8</sup> Compared with youth from non-deployed and civilian families, youth from families with a deployed parent have more internalizing and externalizing difficulties and attention problems.<sup>9</sup> Children's physical health is also affected,<sup>10</sup> including sleep disturbances, changes in eating habits, and an overall increase in physical health problems.<sup>11</sup>

Deployment also introduces changes in the family dynamic. According to attachment theory,<sup>12</sup> a positive parent–child relationship develops when the caregiver is consistently caring, sensitive, and responsive to the child's needs. Deployed military parents are less accessible and responsive to children's needs. As the theory predicts, youth of deployed parents have reported feeling a sense of loss and missing their deployed parent during routine activities, such as helping with homework,<sup>13</sup> pointing to a decline in the quality of the military parent–child relationship during deployment. As well, deployment can cause changes in the at-home parent's emotions and behaviour that affect the relationship between the child and the at-home parent.<sup>14</sup> Finally, deployment negatively affects children's academic functioning. A recent meta-analysis of research published between 1978 and 2010 in the United States revealed an association between lower standardized test scores and children and youth from deployed families.<sup>15</sup> Findings from interviews with Subject Matter Experts (SME) revealed that they believed children's and youth's poor academic performance stemmed from spending too much time taking care of the household and their siblings when their parents were deployed.<sup>16</sup>

Family relocation is another aspect of military life that affects military families. Evidence from youth in studies revealed that relocating is stressful because of the loss of established friendships and difficulties in developing new ones.<sup>17</sup> Also, the youths experience tension at home, strain on peer relationships, as well as difficulties in adapting to new school environments, academic challenges and the development of new student–teacher relationships.<sup>18</sup> Relocation is also associated with lower standardized test scores among children and youth from military families.<sup>19</sup>

Together, deployment and relocation appear to negatively influence children's and youth's functioning and well-being. However, there are individual characteristics that also function as risk and protective factors that affect children and youth in military families.

### ***Individual Characteristics***

Individual characteristics also play a role in children and youth adjustment to military life. There is evidence that an ability to cope with stress is one of the main and most consistent individual characteristic linked to positive well-being outcomes. Different types of coping strategies have been found to influence children and youth



well-being following deployment. *Approach coping* includes behavioural strategies, such as problem-focused coping, information seeking, support seeking, and problem solving, while *avoidant coping* involves various techniques to escape the stressor, such as emotion-focused coping, cognitive distancing, defensive reappraisal, and distraction-avoidance.<sup>20</sup> One study found that children were most likely to engage in emotion-focused coping, followed by social-support seeking, and were the least likely to use problem-focused coping.<sup>21</sup> Another study found that youth distracted themselves by participating in activities such as sports and band, which helped to reduce stress.<sup>22</sup> Adolescents who avoided coping with deployment have been reported to experience more emotional problems.<sup>23</sup>

## Current Study

Existing research suggests that parental deployment and family relocation may be stressors for children and youth from military families. Moreover, some characteristics may moderate the link between deployment, relocation, and children and youth well-being. The present study investigated the stressors and resources that influenced the well-being of children in CAF families.

## Method

### *Participants*

SMEs from Military Family Resource Centres (MFRC)<sup>24</sup> were interviewed and focus groups were conducted with children from CAF Regular Force families across Canada. Twenty-four SMEs<sup>25</sup> from the following locations participated in the study: Valcartier ( $n = 5$ ), Edmonton ( $n = 4$ ), Ottawa ( $n = 4$ ), Cold Lake ( $n = 2$ ), Trenton ( $n = 2$ ), Bagotville ( $n = 1$ )<sup>26</sup>, Comox ( $n = 1$ ), Dundurn ( $n = 1$ ), Esquimalt ( $n = 1$ ), Greenwood ( $n = 1$ ), Shilo ( $n = 1$ ), and Toronto ( $n = 1$ ). Most SMEs worked as counsellors, family liaison coordination officers, social workers, or child-parent program managers. SMEs had between 6 months and 25 years of experience working with military families, with an average of 7 years (most SMEs had worked with military families for 15 years).

Seventeen focus groups of 2 to 8 children per group ( $n = 85$  children) aged 8-13 years (38 boys, 42 girls, 5 not indicated) were conducted in the following locations: Ottawa ( $n = 40$ ), Victoria ( $n = 12$ ), Edmonton ( $n = 10$ ), Valcartier<sup>27</sup> ( $n = 8$ ), Greenwood ( $n = 6$ ), Trenton ( $n = 6$ ), and Petawawa ( $n = 3$ ). Most children's fathers were in the CAF ( $n = 55$ ); in some families, however, both the father and mother ( $n = 24$ ) were in the CAF. Overall, most children ( $n = 60$ ) had experienced between 1 and 5 parental deployments; the rest had experienced more than 5 parental deployments ( $n = 14$ ) or no parental deployments ( $n = 10$ ). In addition, most children ( $n = 74$ ) had experienced between 1 and 5 relocations, followed by those who had experienced 6 to 10 ( $n = 6$ ) or no relocations ( $n = 4$ ).<sup>28</sup> Focus group participants were no more than two years apart in age: the younger age group consisted of 8-10 year olds ( $n = 46$ ) and the older age group consisted of 11-13 year olds ( $n = 39$ ).

### ***Procedure***

A structured interview protocol was designed to foster focus group discussions.<sup>29</sup> A moderator's guide was developed for each age group, with questions tailored to the children's different developmental stages. The guide was mostly adapted from previous research with adolescents from military families,<sup>30,31</sup> along with some questions created for this study. The focus groups were conducted by a social science researcher with a PhD and a social worker was present at all times. Parents provided written informed consent for children to participate and children provided their verbal consent before the focus group began. Focus groups lasted 60–90 minutes. Data from the focus groups and interviews was thematically coded by two researchers in isolation; only the themes that emerged in the analysis of both researchers were retained.

## **Results**

### ***Environmental Factors: The Impact of Stressors***

Several themes emerged as environmental stressors that influenced the well-being of children in CAF families. These included parental deployment, family relocation, frequent/lengthy deployments and multiple relocations, poor mental health of at-home parents, and growing up in single-parent military families.

#### **Influence of Deployment**

Children in families with a deployed parent experienced emotional issues, including anxiety and lower self-esteem. In addition, they displayed behavioural problems, both at home and at school, which was attributed to children's inability to appropriately manage the emotional distress related to their parents' deployment. For example, one SME reported:

Many children with behaviour difficulties seem to be displaying their emotions the only way they know how; often it appears to be from frustration or anxiety from stress in the home.

Several children also experienced increased physical health issues, such as sleep difficulties during their parents' deployment. In some instances, children's grades declined, which they attributed to difficulties in concentrating at school because they were overwhelmed with their parents' deployment. One child reported, "I was miserable at concentrating at school. I was miserable because he is risking his life and he could die."

Further, deployment resulted in attachment relationship difficulties between the deployed parent and child as well as the at-home parent and child. Poor relationships between the at-home parent and child were thought to result from the at-home parent experiencing more stress adjusting to the absence of the other parent. For example, one SME stated,

During a family separation, children have the sadness of missing the parent, all the while adjusting to the new norm of the new roles and potentially a less patient and more stressed parent at home.

## Influence of Relocation

Children who relocated suffered the loss of friendships and social networks. This was more pronounced in cases where families relocated frequently. For example, one SME said, “Feeling a sense of belonging...is difficult when they move frequently and leave friends, extended family behind and need to constantly cultivate new friendships and new supports.” In addition, the well-being of children was negatively affected when they relocated because of the differences in the school systems across Canada’s provinces. The time during the school year in which children relocated also posed a problem. For instance, one SME stated, “It depends when they move: if they begin in September, it is easier than mid-year or May/June because there is no national curriculum, so it is academically difficult.”

## Frequent and Lengthy Deployments and Multiple Relocations

The negative impacts of deployment and relocation on children’s well-being were exacerbated by frequent and lengthy deployments and multiple relocations. For example, one SME believed that “families coping with multiple tasks resulting in extended parental absence from home, and/or multiple deployments” would experience difficulties. Another indicated that children are at increased risk in

families where the member is in a trade that needs to relocate often, families who have a member in a high-risk job (combative, search and rescue, etc.), repeated deployments or long leave.

## At-Home Parents’ Poor Mental Health

Children’s well-being was also at risk when their at-home parents experienced emotional issues during the deployment of the military parent. One SME said,

If the parent, as a role model, isn’t showing a healthy coping style with stress, the child often doesn’t learn how to deal with stress and difficulties in a positive manner for the future.

## Single-Parent Military Families

It was also believed that children in single-parent military families are at greater risk because the single parent must balance both the demands of military work and household management. One SME said:

Fifty percent [of our clients] are single-parent family children – parents are not coping well; [they] need to balance out the needs of the parent and the child, if the parent is open and it is possible to manage.

Moreover, they believed that the risks to children from single-parent military families could be increased in the presence of other risk factors. An SME said:

A single-parent family has the challenge to be the only caregiver, and if the single parent has coping difficulties, and there are no family or close friends

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to provide additional support, especially at crisis points, then this can impact negatively on the child.

### ***Environmental Factors: The Impact of Resources***

Despite the environmental stressors that negatively influenced children's well-being, positive parent-child relationships were the environmental resource that enhanced children's well-being.

#### **Positive Parent-Child Relationships**

It was believed that children with a sensitive and responsive parent are more likely to have higher well-being and to adjust positively. For example, an SME stated that a "child needs a secure attachment with his parents and to be able to spend quality time with them." Indeed, children who reported spending more time with the at-home parent found it helped them cope with the deployment of the military parent. In addition to forming a closer bond with the at-home parent, some children reported that maintaining communication with the deployed parent helped them adjust to the deployment. One child said, "It's good that we have Skype, so now we can talk to him every night and that makes me feel good."

### ***Individual Characteristics: The Impact of Resources***

Personal characteristics were also important for children's well-being. Children were better adjusted to deployment when they used positive coping strategies.

#### **Positive Coping Strategies**

Children who sought support from peers and the community demonstrated improved well-being. For example, one child said that it "helps to hang around my friends. My friends can only make me feel good and make me laugh." In addition, some children relied on a symbolic reminder of the deployed parent to help them cope. Often parents gave children a toy or an object before leaving on deployment as a reminder of them. In other cases, children identified an object that functioned as a reminder of the parent. One child mentioned:

I have a little doggie at home. We recorded his voice and we put it inside. When we push on the stomach, we hear the voice of my dad when he is gone. My dad gave it to me when he came back from somewhere and, when I have it, it makes me think of him.

## **Discussion**

Children in military families experience various stressors associated with the demands of military life.<sup>32</sup> In the present study, focus groups and interviews were carried out with SMEs and children in CAF families in order to identify stressors and resources that influence children's well-being. Both environmental factors and individual characteristics were found to impact children's well-being.

## ***The Influence of Stressors***

Several environmental stressors were reported to influence children's well-being negatively. Most respondents believed that deployment affected children's psychological well-being in that they exhibited higher levels of anxiety and stress. It was thought that children displayed behavioural problems when their parent was deployed because of difficulties appropriately expressing their emotions. In addition, children's physical health was negatively affected due to the stress of deployment and worry over the safety of the deployed parent. This in turn resulted in difficulty concentrating at school and, ultimately, a decline in children's academic functioning. Further, these problems were worsened by frequent and lengthy deployments, a finding consistent with past research.<sup>33</sup> Together, these findings are consistent with past studies that multiple domains of children's well-being and functioning are adversely affected by deployment.<sup>34</sup>

Moreover, respondents indicated that deployments negatively impacted children's relationships with their deployed parent. This is an important concern because the military parent is not physically and emotionally available when on deployment, which may reduce the sense of security and support the child perceives from the deployed parent. As well, deployments negatively affect the quality of the relationship between a child and the at-home parent. There is some evidence from interviews conducted with American youth from military families that the quality of the child's relationship with the at-home parent is reduced during the deployment of the other parent.<sup>35</sup> Together, these findings show that deployment may negatively affect parent-child relationships, including both the military and the at-home parent.

The well-being of the at-home parent during deployment also had an impact on children's well-being. Previous research has found that at-home parents experience increased levels of stress, anxiety, and depression during deployment.<sup>36</sup> These families are more likely to report their children exhibiting adjustment difficulties. Consistent with these findings, the present study found that children's well-being was negatively affected by the at-home parent's psychological distress.

Another environmental stressor related to children's well-being was relocation. Difficulties leaving established friendships and developing new peer-support systems followed relocation. This is consistent with past research showing that relocation puts youth at risk of losing the peer relationships formed at their previous location and of experiencing greater loneliness after moving.<sup>37</sup> In addition, children's academic functioning was negatively affected by the differences in academic standards and policies that exist between the provincial educational systems. As well, it was found that moving, particularly during the middle of the school term, was detrimental to children's academic functioning. These findings are consistent with a previous study based on SMEs and youth from American military school bases.<sup>38</sup> Moreover, these problems were believed to be exacerbated by frequent relocation, which is also consistent with past research.<sup>39</sup>

A final environmental stressor reported to affect children's well-being was growing up in single-parent military families. Single-parent civilian families experience

more challenges than two-parent families, including increased time pressure and an increased need for childcare.<sup>40</sup> Single-parent military families are inundated with the challenges of single-parenthood as well as with the challenges of the military lifestyle, such as deployment and relocation. Indeed, other studies have found that children in single-parent military families are at increased risk for lower well-being than their counterparts from dual-parent military families and civilian families.<sup>41</sup> Future research should further examine the role of the environmental stressors in a quantitative study in order to better understand the interrelationships between various stressors and well-being outcomes among children.

### ***The Influence of Resources***

One environmental factor reported to protect children's well-being against the negative impact of deployment was positive parent-child relationships. Specifically, bonding with the at-home parent and communicating with the deployed parent were useful in helping children to positively adapt to deployment. Maintaining positive parent-child relationships during stressful situations in these ways helps to support children and to ensure that children's emotional needs are met.<sup>42</sup>

Finally, one individual characteristic found to buffer children's well-being against the negative impact of deployment was children's positive coping strategies. Children who sought social support from their peers experienced higher well-being. Previous research has demonstrated that children cope better with deployment when they seek social support from their peers, particularly those from military families because they have a more informed understanding of the military lifestyle than peers from non-military families.<sup>43</sup> In addition, children adjusted better to deployment when they maintained the psychological presence of the deployed parent. This finding is consistent with a past study showing that the symbolic reminder of the deployed parent was useful in reducing the stress of deployment.<sup>44</sup> Future research should explore the role of a child's individual characteristics in protecting against psychological well-being issues, focusing on other factors that were not examined in this study. For example, such areas as self-esteem, self-efficacy, and intelligence have been related to positive well-being outcomes among children<sup>45</sup> and could be more directly examined in relation to well-being outcomes during the structured interviews with children or in surveys with adolescents.

## **Conclusion**

This study demonstrated that children from military families have unique stressors related to the military way of life. Although lengthier and more frequent deployments, frequent relocation, residing in single-parent military families, and at-home parents' poor well-being had a profound impact on children's well-being, effective coping strategies, and responsive at-home parents protected children against the impact of military stressors. Encouraging children to acknowledge the problems they are facing and to seek social support from the people with whom they feel most comfortable talking could improve children's adjustment to changes, including to deployments and relocations. It is also important for at-home parents to understand the interrelationships

between parent and child psychological health and to use coping strategies that may help reduce stress. In addition, providing relocating military families with contact information for other military families in the new neighbourhood may help them feel connected and reduce stress.

The specific needs of children have to be taken into account when developing support programs for military families. Several programs for children are already in place at some MFCs, including Children's Deployment Workshops, Roots of Empathy, and Seeds of Empathy. The CAF could provide other psychological support programs for children, including support groups and individual counselling (for children experiencing greater psychological distress). It is also important to increase awareness of existing programs for children among military families and to ensure that parents understand the importance of effective coping when dealing with stress.

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25. A convenience sample was used: SMEs from some of the MFRCs across Canada were contacted by email with a request to either discuss their experiences or fill out a questionnaire based on their work with children from military families. Some SMEs forwarded the questionnaire to others from the same MFRC who had the required expertise.
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# CHAPTER 8

## Supporting the Children of Military Families at School

*Heidi Cramm, Linna Tam-Seto, and Kristin Ostler*

*Military children don't wear uniforms, and they may be hard to recognize in their communities. Yet they serve and sacrifice alongside their parents in ways that often go unappreciated. Teachers, guidance counsellors, coaches, and even their own paediatricians may not know that they are military children, even though this core component of their identity may be critical to their academic success.<sup>1</sup>*

School plays a critical role in children's lives. In addition to academics, school creates opportunities to develop socially and to explore interests and hone skills through extracurricular activities. Students learn to pay attention, manage their behaviour, follow instructions, work with others, and work through increasingly complex tasks from start to finish. At the same time, they experience a sense of belonging and community and become invested in their schools and peer groups. Families may also get involved at their children's schools, which can further children's sense of meaningful connection to their school. For students from military families, however, participation in school may be disrupted by the "relentless upheaval"<sup>2</sup> of military life. It is not uncommon for children in military families to be separated from a serving parent for extended periods of time, owing to mandatory relocations or to parental deployments that carry the risk of injury and death, and to experience changes in family dynamics during and after deployment. These stressors are not typical of childhood and can create emotional and psychological stress within military families. The Canadian Forces Ombudsman's 2013 report, *On the Homefront: Assessing the Well-Being of Canada's Military Families in the New Millennium*,<sup>3</sup> recognized the impact of extended deployments on the academic performance of children from military families. Other areas of school participation can be affected, but families, schools, and communities can also support children from military families in many ways. The impact of deployment on the school performance and the engagement of children from military families is the most studied area of a field that is dominated by U.S. researchers. It is important for us to consider this research as it applies to Canadian military families.

## Student Life for Children from Military Families

Children in U.S. military families change schools six to nine times in the time period between kindergarten and high school graduation.<sup>4</sup> Changing schools ideally happens between school years (i.e., summer), but that is not always the case. Changing schools mid-year presents additional challenges to a student's adjustment and success.<sup>5</sup> School transitions have been identified as the most stressful part of family relocation in highly mobile military families.<sup>6</sup> The effects of parental deployments on school participation have received a fair bit of attention from researchers<sup>7</sup> because the sustained stress of living through parental deployment can lead to academic, behavioural, emotional, and social difficulties at school.<sup>8</sup> Children with parents deployed for longer periods of time may experience more challenges in coping;<sup>9</sup> children whose caregiver parents are affected by poor mental health during such periods may also face additional challenges because their resilience stores may become depleted.<sup>10</sup> In general, research suggests that children from military families can experience negative impacts and disruption to school participation,<sup>11</sup> although a small segment of research acknowledges that neither parental deployment nor the school transitions associated with relocations necessarily predict difficulties.<sup>12</sup> Additionally, some research suggests that children from military families can experience difficulties when the returning military parent is reintegrated into the family structures and routines post-deployment,<sup>13</sup> as well as when a parent is experiencing post-traumatic stress disorder.<sup>14</sup>

### *Academic Impacts*

In Canada, academic curricula changes from province to province. The U.S. research suggests that curricular gaps and redundancies affect students from military families as they move to different states.<sup>15</sup> Important components of the curriculum such as multiplication, for example, can be taught at the end of Grade 3 in one district and at the beginning of Grade 4 in another, or the student may be faced with the same novel study in Grades 9 and 10.<sup>16</sup> As a result of these types of gaps and inconsistencies across jurisdictions, students can miss foundational learning when they move. Moreover, students can take four to six months to get settled into the new academic system.<sup>17</sup>

The educational systems requirements themselves differ, from the age of entry into kindergarten to high school graduation requirements, and therefore students may not be able to begin or complete school as planned.<sup>18</sup> Students can experience moderate academic difficulties with inter-jurisdictional transitions,<sup>19</sup> along with shame and embarrassment over these difficulties.<sup>20</sup> Behavioural and emotional adjustment to the new and unfamiliar system and its curriculum can be very stressful for students.<sup>21</sup> They may experience and demonstrate anger and sadness when struggling with concentration, anxiety and forming new peer relations.<sup>22</sup> Tensions emerging from family dynamics may spill over into school behaviour and impact the class dynamic as well.<sup>23</sup> Truancy and discipline issues may occur,<sup>24</sup> although some studies suggest that the norms within military communities mitigate disruptive behaviour among military adolescents.<sup>25</sup> Some studies suggest that students in military families may be less likely than their civilian peers to complete homework, while being more likely to

carry an “adult” load for childcare and home management.<sup>26</sup> The caregiver parent may have increased demands for household management, meaning less time is available for academic support at home.<sup>27</sup> The academic impacts on children in military families can be compounded during and after the parent’s deployment. Data from the United States shows reduced test scores and lower grades in math, reading and science for students with a deployed parent.<sup>28</sup> This finding can persist for several years after the deployment<sup>29</sup> and is most evident with a parental deployment of 19 months.<sup>30</sup>

### ***Social Impacts***

Children of military families can experience considerable difficulty making and keeping close, meaningful peer relationships.<sup>31</sup> Managing social networks at school is a major source of stress for students.<sup>32</sup> Students of military families report that others with similar backgrounds are most accepting because they often deliberately reach out to incoming students.<sup>33</sup> Connecting with students from non-military families, who can struggle to understand and empathize with situations such as parental deployment and frequent relocation, can be far more complicated.<sup>34</sup> Feelings of sadness or anger because of a parental deployment can interfere with class participation and disrupt peer relationships.<sup>35</sup> Those going to schools in predominantly civilian communities report established relationships withering upon news of an upcoming relocation.<sup>36</sup> Unfortunately, this can lead to feeling high levels of isolation and loneliness.<sup>37</sup> A small segment of research suggests a social upside to frequent school changes: the student gets a “do over” and a chance to try out a new social “self.”<sup>38</sup> Also as a benefit, military children have reported that relocation provides an opportunity to travel and meet new people.

### ***Extracurricular Impacts***

Participating in extracurricular activities may be difficult for children from military families because of frequent relocations and/or increased responsibilities at home. For example, try-outs or sign-ups for extracurricular activities can take place in the previous school year, limiting a student’s access to elite sports.<sup>39</sup> If a student arrives mid-year, school teams are likely to have already been selected. Moreover, coaches may be reluctant to select a student from a military family due to concern that the student will move in a year or two and that team development will suffer, especially in the case of a starting lineup player.<sup>40</sup> Similar challenges exist for students looking to join student leadership and art activities such as school plays.<sup>41</sup> Finally, many children from military families take on additional responsibilities at home when a serving parent is away for protracted training or deployment, which may interfere with available time for extracurricular activities. Caregiver parents may also have additional childcare and house management responsibilities that limit their ability to provide transportation and/or require an older student’s support.<sup>42</sup>

### ***Special Education***

The difficulties for children from military families may be compounded if the student has a learning disability, physical disability, mental health issue, or a developmental

condition (such as autism spectrum disorder) that requires special education services. When military families move across jurisdictions, they enter a new education system with different eligibility requirements and available services.<sup>43</sup> According to Jagger and Lederer, geographic mobility has a profound effect on military children with disabilities, and they encourage educators to take an active role in supporting school transitions.<sup>44</sup> The eligibility criteria vary and access to services is difficult to navigate. Assessing, identifying, and helping students with special needs differs across provinces and territories. The accommodations and services schools are legally required to provide also vary from province to province, as does the composition of the team that develops the student's education plan, the extent to which parents are involved in the processes and decisions that define the education plan, the range of acceptable timelines to move from assessment to implementation of accommodations and services, and the nature of the review and appeal processes.<sup>45</sup> American research tells us that special education services can come too early or too late. On the one hand, school difficulties may be attributed to challenges associated with the military lifestyle, rather than an underlying learning disability or academic gaps.<sup>46</sup> On the other hand, difficulties coping with the military lifestyle, especially during parental deployment, may be misinterpreted as a special education issue that leads to an unwarranted special education classroom placement.<sup>47</sup>

## Promoting School Participation among Children from Military Families

For students from military families, a successful transition to a new school and to a full participation in academics, social groups and extracurricular activities depends on<sup>48</sup> the interaction of the school, community, and any associated social contexts, such as policy.<sup>49</sup> Schools have the biggest role to play in the transition process and schools can foster resiliency among students from military families.<sup>50</sup>

### *School Culture*

School staff report that students rely on the stability of school and school personnel for “social and emotional support at unprecedented levels.”<sup>51</sup> Schools can create a protective culture for students going through challenging times such as parental deployment<sup>52</sup> by adopting policies and procedures that encourage staff to be respectful toward, inclusive of, and informed about the experiences and identities of students from military families.<sup>53</sup> School staff report that military parents experience additional barriers to getting involved in their children's school, including being unable to communicate with the school in person.<sup>54</sup> While few schools have formal policies designed to increase the involvement of military families, there are notable examples of schools using technology and creativity to foster opportunities for parents. For example, schools have made videos of students participating in extracurricular activities,<sup>55</sup> used Skype for parent-teacher meetings,<sup>56</sup> launched parent portals on school websites, and broadcast commencement ceremonies<sup>57</sup> to promote regular information exchange.<sup>58</sup> Creating a safe environment in which students and families feel confident identifying themselves as military families is critical, along with establishing routes to accessing assistance that normalizes the help-seeking behaviour that may not come naturally to military families.<sup>59</sup>

In the United States, this includes a planned response to the stigma and anti-war sentiment that school staff and peers might direct at children of military parents, particularly those with parents that are deployed.<sup>60</sup> Students from military families may worry that schools stereotype them as “weird and different.”<sup>61</sup> Educators may be biased against the “military lifestyle...viewing students from military families [through a] deficit model.”<sup>62</sup> An inclusive school culture also includes a set of policies that encourages empathy toward student absence and parental deployment and reintegration,<sup>63</sup> as well as a systematic process for identifying and supporting incoming students from military families.<sup>64</sup>

### ***Programming and Procedures***

Even when the school's staff is committed to identifying and helping students from military families who are experiencing stressful times (such as deployment),<sup>65</sup> schools rarely have formal procedures or resource structures for doing so – even in schools that have a high density of students from military families.<sup>66</sup> Students from military families who do not live close to military bases can experience a high variability in both available resources and transition programming.<sup>67</sup>

Ideally, transportation support could be organized for students from military families to facilitate participation in extracurricular activities outside of school hours.<sup>68</sup> Flexible participation requirements for extracurricular activities may also make it possible for students in transition to connect to their new school communities and peer groups.<sup>69</sup> Peer connections seem to ease the impact of school transition,<sup>70</sup> and creating opportunities for peer support and “buddy” groups may benefit such students.<sup>71</sup> Similarly, flexible entrance criteria may be considered for incoming students who would otherwise have met the eligibility for enrichment programming but missed deadlines due to the timing of their transition.<sup>72</sup> Given that students often experience academic gaps due to transitions, targeted academic assistance with specific subjects would contribute to a successful transition and also to continued academic progress.<sup>73</sup>

### ***Communication***

As schools are not typically alerted to impending or current deployments, school staff may not be aware of these changes in a student's home life. Families may also not realize the potential benefits of communicating to the school this information.<sup>74</sup> Schools and families can also have different perspectives about who is responsible for certain aspects of a student's support. For example, who is responsible for initiating communications between schools – the school the student is leaving or the school the student is enrolling in?<sup>75</sup> There is a clear need to “refine and disseminate recommended practices for communication and support in military contexts.”<sup>76</sup>

Parent–teacher and parent–school communication and their relationships are important to student success, especially when families are unable to get involved in their children's school.<sup>77</sup> School transitions tend to be highly stressful for families, given the academic gaps, curricular duplication and omissions, and varying graduation requirements.<sup>78</sup> If parents do not “‘step up to the plate’ and advocate for their children,”

academic issues are likely to be compounded.<sup>79</sup> Assertiveness in overcoming administrative hurdles, such as a school's unwillingness to accept test scores from other schools, is imperative.<sup>80</sup> Parents, especially those with children who have learning or medical issues, experience the strain of the transitions long before the moving date as they "choreograph a complex dance of leaving and gaining schools and providers without their child losing any therapeutic gains."<sup>81</sup>

## Gaps in What We Know and Future Directions

### *Evidence-based Professional Development*

Despite interest in supporting military families, very little research has been done to support educators in serving military families.<sup>82</sup> Rather than continuing to rely on participant survey satisfaction scores,<sup>83</sup> the literature has identified a need to increase evidence-based programs using interventions that can both reduce risk and meet the needs of students from military families, though we "are still a long way from having the needed menu of evidence-based services for military children."<sup>84</sup>

Little research has examined the relation between schools and military families, though data from the United States shows that schools have limited awareness of the particular issues and needs facing those students.<sup>85</sup> A considerable proportion of students from military families feel poorly understood, reporting that schools, teachers and peers do not respond well to their needs.<sup>86</sup> Staff, educators and students agree that the levels of awareness and skill tend to be inadequate to the unique issues students face,<sup>87</sup> including the inability to identify students who need clinical referrals.<sup>88</sup> The psychosocial difficulties experienced by students from military families during parental deployment indicate a strong need for screening and referral services<sup>89</sup> to identify students who may be at increased risk of mental health issues.<sup>90</sup> Many who work with students report feeling overwhelmed by the magnitude of the student's needs and ill-equipped to deal with specific issues, such as a parent's deployment and fear of parental injury and/or death.<sup>91</sup> In particular, new teachers need training in effective communication with military families<sup>92</sup> and information on deployment and its impact on students.<sup>93</sup> Teachers would also benefit from developing their skills in assessing the educational achievement of students who have gaps in their education due to curriculum differences and in redressing these gaps through targeted tutoring or homework support groups. Similarly, schools could develop welcome protocols and attendance monitoring plans for incoming students from military families.<sup>94</sup> Improved diagnostic tools for assessing high-mobility students would also be beneficial.<sup>95</sup> At a minimum, educators at all levels need awareness training on the particular vulnerabilities experienced by military families and on the military culture.<sup>96</sup>

In the United States, children of National Guard members and reservists are particularly vulnerable because the schools in their communities have little experience with the military lifestyle factors that affect school participation,<sup>97</sup> including how deployment impacts living situations, transportation to school, and home responsibilities such as care for younger siblings.<sup>98</sup> Likewise, it may be difficult for schools in Canada



located far from military bases to appreciate the particular stressors and issues military families often experience.

With respect to programming, efforts have been made in the United States to develop tools that assist schools in addressing the needs of students from military families. The Building Capacity in Military-Connected Schools program, for example, targets four common experiences of such students: family transitions, mobility and school transitions, deployment, and traumatic experiences.<sup>99</sup> The Military Child Education Coalition has created workshop materials to assist students through peer support, to facilitate parent-advocacy development, and to disseminate resources related to transitions, services and education.<sup>100</sup> The Interstate Compact on Educational Opportunity for Military Children seeks to address the variation across states in terms of records transfer, course sequence and graduation requirements, but it has not been fully implemented or widely adopted across states.<sup>101</sup> In Canada, Director Military Family Services in collaboration with the Department of National Defence Schools Europe provides and supervises compensation for education programs for students living abroad with their military families and for students in Canada whose parents are serving overseas. Educational allowances provide financial support for counselling, distance learning, tutoring, boarding/lodging, family reunion travel and tuition.<sup>102</sup>

### ***Collaborations***

The “broad power of the community” can help military families cope and adapt.<sup>103</sup> Enhanced communication between military bases and school districts is a priority.<sup>104</sup> Dedicated community capacity-building models extend the reach of the family-school alliance to community partners.<sup>105</sup> The literature describes myriad opportunities to optimize collaboration among schools, families and service providers to support students.<sup>106</sup> By leveraging existing community resources within service organizations and post-secondary institutions, there is the potential to develop school capacity to facilitate positive outcomes for students from military families.<sup>107</sup> The University of Nebraska, Lincoln, for example, has teamed with Penn State University Cooperative Extension and the U.S. Department of Agriculture to provide professional development and technical assistance to professionals who provide early childhood services to military families across 13 states.<sup>108</sup> One Canadian example of such a collaboration shows student occupational therapists of Queen’s University (Kingston) completing community development placements at the local Military Family Resource Centre to help build their system capacity.<sup>109</sup> We need more professional development programs that involve collaboration between representatives from schools, post-secondary institutions, and military family support agencies.<sup>110</sup>

Moreover, schools could alert community health providers about the needs of military families (without stigmatizing the families) and could make families aware of the services available within their communities.<sup>111</sup> Free and low-cost services and programs often exist, but military families may not be aware of them, especially if they have just relocated.<sup>112</sup> These kinds of interactions can enhance the awareness of healthcare providers to clients connected to military families. Given that the majority of community service providers do not routinely ask patients about military service

within the family,<sup>113</sup> and that military families may be reluctant to ask for support,<sup>114</sup> there is ample room to develop routine processes among community partner agencies to identify military families.<sup>115</sup>

# Implications for Schools and for Students from Canadian Military Families

As previously discussed, the 2013 Ombudsman's report noted that mobility, separation, and risk have a significant impact on the academic success of children from military families. Canadian military families relocate three to four times more often than civilian families, which leads to increased disruption in the continuity of children's education. In the past, 80% of Canadian military families lived on base and children attended a Department of National Defence school. That school system no longer exists, and about 85% of those same families now live off base<sup>116</sup> and attend schools where civilian personnel have little awareness of the stressors of military life and their impact on children's school participation.

Unlike their American counterparts, Canadian military personnel do not have a federal government department that provides financial resources to school districts to create and support programming for children in military families transitioning into their schools, experiencing parental deployment, or living with a parent experiencing mental health issues related to work-acquired trauma.<sup>117</sup> Instead, each province and territory has a ministry responsible for education, including special education. Governance is further decentralized because many school boards and districts within each province/territory have some decision-making power as well. Although inclusion is the policy across Canada, few system-wide processes for assessment, identification, and placement of children with learning difficulties exist, which compounds stress when families experience relocation, deployment, or a military-related injury. There is a need for a consistent and unified educational support policy across Canada for children from military families.

At the local level, individual schools and communities can support the full participation of students from military families in schools. Since most military families in Canada reside in communities outside the immediate area of Canadian Forces Bases, the perspectives and knowledge requirements of professionals, such as educators and those supporting the education of students, need to be identified and understood in order for professional development opportunities to be created to ensure the ability to meet the needs of military families.<sup>118</sup> There are also opportunities to develop supports and programs within the school community, such as enhanced communication between families and schools, with the goal of addressing the challenges stemming from school transitions and the deployment of a family member. Collaborations and enhancing capacity building within the community would also be beneficial to the involvement and inclusivity of children from military families.

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# CHAPTER 9

## Impact of Intimate Partner Violence on Female Spouses of Canadian Armed Forces Members

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Canadian Armed Forces families often cope effectively with the demands of military life. However, stressors related to the military lifestyle may place spouses of CAF members at an increased vulnerability to marital dissatisfaction and even intimate partner violence (IPV). Although rates of self-reported IPV in the general Canadian population declined between 2004 and 2014,<sup>1</sup> IPV remains a serious public health issue.<sup>2</sup> The 2014 Statistics Canada General Social Survey (GSS)<sup>3</sup> revealed that nearly 4% of Canadian women who were married or living common-law (currently or formerly) reported having experienced sexual or physical IPV in the past 12 months.<sup>4</sup> Moreover, about 14% reported experiencing psychological IPV.<sup>5</sup> A significant body of research has accumulated on the impact of IPV on victims' psychological well-being and on their help-seeking behaviours. Yet there is a lack of IPV research on these issues among CAF families, even though the stressors related to the military lifestyle may increase the vulnerability of CAF spouses to IPV. To our knowledge, only one study has examined IPV among CAF families, but the findings are limited because only CAF members (and not their spouses) were surveyed.<sup>6</sup>

### The Impact of IPV on Psychological Well-Being and Termination of Relationships

Researchers differentiate between psychological (sometimes also referred to as emotional) and physical IPV. Evidence suggests that physical IPV (e.g., grabbing, choking) has devastating effects on a victim's psychological well-being.<sup>7</sup> Female victims of physical IPV are at an increased risk for depression,<sup>8</sup> post-traumatic stress disorder,<sup>9</sup> substance abuse<sup>10</sup> and suicide attempts.<sup>11</sup> Physical IPV has received more attention from researchers than psychological IPV, partly because psychological IPV can be

more difficult for victims to recognize and define.<sup>12</sup> In addition, victims of physical IPV are at greater risk of physical injury and death.<sup>13</sup> Nonetheless, psychological IPV (e.g., verbal abuse, controlling tactics), which occurs more commonly in intimate relationships than physical IPV,<sup>14</sup> may be just as deleterious to the well-being of victims as physical IPV.<sup>15</sup>

One study conducted in the United States<sup>16</sup> examined the impact of psychological IPV in a sample of 68 women currently residing in women's shelters. After controlling for the effects of physical IPV, the authors found psychological IPV to be a significant predictor of psychological distress (specifically, PTSD). Similarly, more recent studies have found that psychological IPV had a greater impact on psychological well-being than physical IPV<sup>17</sup> including more long-term effects and greater psychological health impairments.<sup>18</sup> Moreover, psychological IPV often occurs in conjunction with other forms of abuse and often precedes physical IPV.<sup>19</sup>

Research has found that both physical and psychological IPV predict relationship termination<sup>20</sup> and acts as a barrier to relationship termination<sup>21</sup> because psychological IPV and the threat of physical IPV can cause individuals to remain in abusive relationships.<sup>22</sup> These are valid concerns because the highest rates of IPV often occur when individuals experiencing IPV attempt to leave or when they have already left the relationship.<sup>23</sup> This finding is more pronounced in common-law couples than married couples.<sup>24</sup> Research on married couples with a history of IPV has found that IPV either continues or escalates during the early stages of a divorce.<sup>25</sup> Research has also shown that IPV can begin once a spouse initiates a divorce.<sup>26</sup> IPV victims may also be reluctant to end their relationship out of a desire to work through issues in the relationship or out of an emotional dependence on the relationship.<sup>27</sup> Research has found that leaving an abusive relationship can take multiple attempts.<sup>28</sup> Those who have experienced IPV might not see leaving as an option if the instances of IPV escalated during separation or divorce discussions, or had escalated during past attempts at leaving the relationship.

In light of the unique roles that physical and psychological IPV play in psychological well-being and also the impact of both forms of IPV on relationship termination, this study examined the relationship between these variables among CAF spouses.

## Help-seeking Behaviours among IPV Victims

Research has shown that many IPV victims do not seek help from others<sup>29</sup> for several reasons. Victims may perceive IPV as a private matter, choosing to use their own strategies to cope with their situation, such as placating their abusers (e.g., behaving in ways that will not anger their spouses) or reframing their experiences (e.g., telling themselves that the IPV is minor or normal).<sup>30</sup> Although research suggests that the majority of IPV victims talk to at least one person about their situation,<sup>31</sup> disclosure may only come after a long period of using personal coping strategies.<sup>32</sup>

Victims who disclose IPV may turn to informal sources of support, such as family members, friends, neighbours and co-workers, or they may turn to formal sources of

support.<sup>33</sup> Formal support has been grouped into two categories, extralegal or legal.<sup>34</sup> Extralegal formal support includes community services available to victims, such as mental health professionals (e.g., counsellors, psychologists), shelters, women's centres, and crisis centres or crisis lines.<sup>35</sup> Legal formal supports may include consulting police services, protection orders and prosecution.<sup>36</sup> According to the 2009 GSS, 38% of physical or sexual IPV victims sought help from a community service.<sup>37</sup> The most commonly used community services were counsellors and psychologists, followed by crisis centres and lines and community and family centres. In the 2014 GSS, the number of IPV victims who reported using community services rose to 56%, with counsellors, psychologists and social workers being the most commonly used community services.<sup>38</sup> In addition, only a small proportion of women (less than 10%) who had experienced IPV had sought support from shelters.<sup>39</sup>

The decision to seek informal or formal support is influenced by a wide range of factors, including the severity of the IPV, the accessibility to social supports, the presence of children in the home, the mental health of the victim, and cultural norms about help-seeking and marriage.<sup>40</sup> Research has shown that IPV victims most commonly seek informal sources of support.<sup>41</sup> As IPV escalates, however, victims are more likely to seek out an array of formal sources of support for help (e.g., police or mental health professionals).<sup>42</sup> Indeed, the severity of IPV appears to be the most compelling reason to seek extralegal support. A recent Canadian study<sup>43</sup> classified women into three groups based on the level of IPV and control they had experienced in their relationships (i.e., mild, intermediate, severe). The authors found that nearly half (48.2%) of victims in the severe group talked to a physician or nurse about their IPV, compared with 28.8% of women in the intermediate group, and 19.6% in the mild group. Women in the severe group were also more likely to speak to a psychologist or a counsellor (50.0%) about their IPV, compared with women in the other two groups (intermediate, 38.3%; mild, 26.2%). Women's centres, crisis centres and lines, and shelters were accessed by fewer than 30.0% of the women, regardless of IPV severity. Many of the factors that influence the decision to seek extralegal support also influence the decision to contact legal support.

Even though physical forms of IPV are crimes, they often go unreported to the police.<sup>44</sup> Only 36.0% of female IPV victims from the 2014 GSS indicated that they had reported IPV to the police.<sup>45</sup> A variety of factors have been found to influence the decision to contact the police: victims who have been physically injured,<sup>46</sup> have feared for their lives,<sup>47</sup> have been threatened with a weapon,<sup>48</sup> or have had their property destroyed<sup>49</sup> are more likely to contact the police. The police are also more likely to be contacted when children have witnessed IPV.<sup>50</sup> The Canadian study mentioned above also revealed that 44.1% of women who had experienced severe IPV reported it to the police, as opposed to 26.6% who had experienced intermediate IPV, and 19.3% who had experienced mild IPV.<sup>51</sup> Thus, IPV severity is a significant factor in a victim's decision to contact the police. Although victims do not often report IPV to the police, the 2014 GSS shows that nearly half of female victims (48.0%) who had contacted the police were satisfied with the response from police.<sup>52</sup>

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Victims have various reasons for not reporting IPV. In the 2014 GSS, for example, 35.0% of women who had not contacted the police said that they felt the situation was a private matter, while 28.0% said the crime was not important enough, and 12.0% felt that no harm had been intended.<sup>53</sup> Research has revealed other barriers to contacting the police, including the victim's perceptions of the police, wanting to preserve their relationship or to protect their partners from criminal prosecution.<sup>54</sup> Indeed, some victims assume that they are required to end their relationships if they contact the police.<sup>55</sup> Additionally, some victims assume that they need to demonstrate physical evidence of IPV (e.g., bruising) to be able to contact the police.<sup>56</sup> Previous negative experiences with the police have also acted as barriers to contacting the police for help.<sup>57</sup> Personal barriers may also prevent women from contacting the police, including shame, embarrassment, self-blame and fear of retaliation from their abuser.<sup>58</sup> Finally, systemic factors, including cultural and religious beliefs,<sup>59</sup> economic dependence on the abuser,<sup>60</sup> and language difficulties<sup>61</sup> can pose obstacles to contacting the police.

Little research has examined help-seeking behaviours in CAF spouses who have experienced IPV. The patterns of help-seeking among military families may be similar to those of civilian families, but unique characteristics of military families may influence the help-seeking behaviours of these spouses. For example, military families are required to relocate frequently, sometimes to remote locations; if they are not well established in their community, they may be unaware of available resources, and some resources may not be readily accessible in remote locations. Extensive travel time or lack of accessible (public) transportation may pose an additional barrier for spouses who are employed full-time or have young children.

## Study Aim

In light of the unique factors of CAF spouses who experience IPV and the limited research in this area, this chapter summarizes the results of a study of female spouses of CAF members who reported having experienced IPV. The goal of this study was, first, to examine the impact of psychological and physical IPV on the psychological well-being of CAF spouses and how these experiences influenced their consideration of terminating their relationships. Second, the study sought to identify the community services used by CAF spouses experiencing physical or psychological IPV, their level of satisfaction with these community services, and the reasons for not using community services or for not reporting IPV to the police.

## Method

### *Procedure and Participants*

*The Quality of Life Among Military Families: A Survey of Spouses and Partners of CAF Members* was administered to spouses or common-law partners of CAF Regular Force members. Paper-based and electronic versions of the QOL survey were available in English and in French. CAF spouses were informed that their participation was

voluntary and were assured that the data would be anonymous and would have no impact on their military partner's career.

A total of 1,895 CAF spouses responded, yielding an adjusted response rate of 22.8%. The analyses for this chapter were only carried out with female CAF spouses' responses due to the small sample size of male spouses ( $n = 158$ ; 8.5%). In addition, analyses were only conducted with CAF spouses who had reported experiencing at least some psychological or physical IPV (i.e., they answered yes to at least one question concerning psychological or physical IPV), resulting in a final sample size of 612 CAF spouses. Of those, the majority ( $n = 464$ ; 75.8%) reported experiencing only psychological IPV. Another quarter ( $n = 135$ ; 22.1%) reported experiencing both physical and psychological IPV, whereas only 13 participants (2.1%) reported experiencing only physical IPV. Out of those who provided their demographic characteristics ( $n = 608$ ), 482 (79.3%) were legally married, 8 (1.3%) were separated, 116 (19.1%) were living common-law or living together, and 2 (0.3%) were divorced. The average age of CAF spouses in this study was 38 years old, and they had been with their military partners for an average of 14 years.

## **Measures**

The QOL survey comprised a range of items and scales to assess physical and psychological IPV, psychological well-being (e.g., life satisfaction, psychological distress), consideration of separation or divorce, use of community services to assist IPV victims (including level of satisfaction with these services), and whether incidences of physical IPV were reported to the police (including level of satisfaction with the police response). Reasons for not reporting to the police or not using community services were also assessed.<sup>62</sup>

## **Results**

### ***Psychological and Physical IPV and its Effects on Psychological Well-Being and Consideration of Separation or Divorce***

Analyses were conducted to explore how experiences of psychological and physical IPV were related to CAF spouses' psychological well-being. Psychological IPV had the strongest relationship with psychological well-being: CAF spouses who reported higher levels of psychological IPV also reported lower levels of life satisfaction and higher levels of psychological distress. Similar trends were reported for physical IPV, but the relationships were weaker. Further, psychological IPV was a greater predictor of poorer life satisfaction and greater psychological distress than physical IPV.

Analyses were also conducted to explore how experiences of psychological and physical IPV were related to the consideration of separation or divorce among CAF spouses. Results showed that, indeed, they were related: CAF spouses who reported more experiences of IPV were more likely to consider separation or divorce. Psychological IPV had a stronger relationship with the consideration of separation or divorce than did physical IPV.

*Help-seeking Behaviours among IPV Victims*

About 20% of CAF spouses who reported experiencing physical or psychological IPV accessed community services. Help from a counsellor or a psychologist was the most common type of community service used among CAF spouses who had experienced physical (27.6%) or psychological (20.1%) IPV (see Table 9.1 for the list of services used; victims could report experiencing more than one type of IPV).

	<i>n</i> (%) of participants reporting IPV	
	Physical IPV	Psychological IPV
Counsellor or psychologist	37 (27.6%)	90 (20.1%)
Crisis centre or crisis line	6 (4.5%)	13 (2.9%)
Community centre or family centre	4 (3.0%)	16 (3.0%)
Victim services or victim witness assistance program	2 (1.5%)	3 (1.5%)
Shelter or transition house	2 (1.5%)	2 (1.5%)
Women’s centre	0 (0%)	3 (1.5%)

Table 9.1: Community Services Accessed by IPV Victims

Of the CAF spouses who reported accessing community services, half (51.6%) reported being satisfied, while 20.0% reported being dissatisfied with the services received.<sup>63</sup> As for the reasons for not accessing services, the main reasons reported were that the incident was too minor (i.e., spouses perceive the IPV to be not serious enough to require help: physical IPV, 76.9%; psychological IPV, 68.3%), did not want or need help (physical IPV, 58.2%; psychological IPV, 55.1%), afraid that it might affect the spouse’s military career (physical IPV, 35.2%; psychological IPV, 19.9%), and shame/embarrassment (physical IPV, 29.4%; psychological IPV, 13.9%), and afraid that the information would not be kept confidential (physical IPV, 28.2%; psychological IPV, 17.3%). (See Table 9.2).



	<i>n</i> (%) of participants	
	Physical IPV	Psychological IPV
Too minor	70 (76.9%)	183 (68.3%)
Didn't want/need help	46 (58.2%)	136 (55.1%)
Afraid it might affect my spouse's military career	25 (35.2%)	42 (19.9%)
Shame/embarrassment	20 (29.4%)	28 (13.9%)
Afraid that the information would not be kept confidential	20 (28.2%)	36 (17.3%)
Didn't want the relationship to end	14 (21.2%)	19 (9.6%)
Fear of losing the children	6 (9.7%)	12 (6.2%)
Fear of losing financial support	5 (8.1%)	11 (5.6%)
Didn't know of any services	4 (6.7%)	8 (4.1%)
Waiting list	4 (6.5%)	7 (3.6%)
Wouldn't be believed	3 (5.0%)	4 (2.1%)
Distance from service	3 (4.9%)	7 (3.6%)
Spouse/partner prevented me	1 (1.7%)	3 (1.6%)
None available	0 (0%)	3 (1.6%)

Table 9.2: Reasons IPV Victims Did Not Access Community Services

Among those who experienced physical IPV ( $n = 148$ ), only 3.4% ( $n = 5$ ) of CAF spouses said they had reported IPV to the police.<sup>64</sup> Four participants indicated reporting the incident to civilian police, and one participant indicated reporting to both military and civilian police departments. Two of those who reported IPV to the police (either civilian or military) were satisfied with the actions taken by police, while the other three were dissatisfied.<sup>65</sup> In addition, four participants reported that IPV decreased following police intervention.

Among those who experienced physical IPV, the main reasons for not contacting the police included that the incident was a personal matter that did not concern the police ( $n = 62$ ; 41.9%), it was not important enough ( $n = 56$ ; 37.8%), it was dealt with another way ( $n = 55$ ; 37.2%), and they did not want to get involved with the police ( $n = 23$ ; 15.5%). (See Table 9.3).

	<i>n (%) of participants</i>
The incident was a personal matter that didn't concern the police	62 (41.9%)
It was not important enough	56 (37.8%)
I dealt with it another way	55 (37.2%)
I didn't want to get involved with the police	23 (15.5%)
I didn't want anyone to find out about it	17 (11.5%)
I didn't want my spouse/partner arrested or jailed	17(11.5%)
The police couldn't do anything about it	9 (6.1%)
I have little or no confidence in the criminal justice system	5 (3.4%)
I was afraid of my spouse/partner	4 (2.7%)
I was afraid of publicity/news coverage	4 (2.7%)
The police wouldn't help	4 (2.7%)

Table 9.3: Reasons Physical IPV Victims Did Not Contact the Police

## Discussion

### *The Role of IPV in Psychological Well-Being*

The findings presented in this chapter corroborate prior research showing the important role of IPV in psychological well-being.<sup>66</sup> IPV was found to contribute to lower levels of life satisfaction and to higher levels of psychological distress in CAF spouses. Psychological IPV was found to have a greater effect than physical IPV on the psychological well-being of CAF spouses. In addition, IPV was found to influence the consideration of separation or divorce, with psychological IPV having the greatest impact. This finding is consistent with previous research showing that psychological IPV has a stronger impact on relationship termination than physical IPV.<sup>67</sup> Furthermore, low levels of psychological well-being related to psychological IPV can negatively affect relationships by leading to feelings of disconnection, dissatisfaction with one's spouse, and changes in thoughts and perceptions of the relationship, which can include the consideration of relationship dissolution as means to mitigate declines in psychological well-being.<sup>68</sup>

There are several explanations why psychological IPV may have a greater impact on psychological well-being than physical IPV. Unlike physical IPV, where episodes have an explicit start and end point, psychological IPV is often covert, not clearly defined, and can manifest across multiple aspects of the relationship (e.g., finances, level of contact with friends and family).<sup>69</sup> As a result, psychological IPV is reported by victims to be more frequent and long-term than physical IPV.<sup>70</sup> Moreover, previous research has demonstrated that it is often difficult for those who have experienced psychological IPV to define its ongoing severity, which includes its effects on a spouse's well-being and its potential to escalate into physical IPV.<sup>71</sup>

Victims are susceptible to internalizing psychological IPV, as evidenced by consistent associations between changes in self-concept, increases in self-blame and reduced feelings of self-esteem.<sup>72</sup> It is also important to recognize that the impacts of IPV on spousal well-being are not static and the outcomes may become even more severe if the IPV continues or if intervention is not sought. For example, declines in psychological well-being may act as a barrier to seeking help because it can decrease energy and motivation levels that are needed to seek out resources, or these declines may also infringe on a spouse's ability to accurately self-assess and accept that there is an issue that requires help.<sup>73</sup> If spouses do not recognize declines in well-being, it may be more difficult for them to find appropriate services before their psychological well-being deteriorates further.<sup>74</sup>

### ***Help-seeking Behaviours among IPV Victims***

Results showed that most CAF spouses that experienced IPV had not sought help from community services. Between 20.0% and 30.0% of CAF spouses that had experienced psychological or physical IPV (respectively) sought help from a counsellor or a psychologist; other services had been used by even fewer CAF spouses. This is consistent with previous research which has shown that psychologists and counsellors are the most commonly sought community resources.<sup>75</sup> A few CAF spouses did not know of any relevant community services or found the services to be inconvenient (e.g., no services available, waiting list, too distant). The majority of spouses did not access services because they viewed the IPV to be too minor of an issue and felt they did not want or need help from community resources. Research consistently indicates that barriers to seeking resources include victims minimizing the IPV and using a self-blame coping strategy for the IPV. The self-blame strategy may cause them to feel that it is their responsibility to manage their behaviours to prevent future instances of IPV.<sup>76</sup> Self-blame can also contribute to feelings of shame and embarrassment, which are also consistent barriers to seeking help.<sup>77</sup>

The vast majority of IPV victims had not reported IPV to the police. The percentage of victims who sought help from community services or the police in this study was lower than the rate in general population studies. For example, in the 2014 GSS, 36% of respondents stated they used community resources and 18.8% contacted the police.<sup>78</sup> Several reasons might explain the lower proportion of CAF spouses using community services and contacting the police (when compared with GSS respondents). It is possible that CAF spouses may have been more reticent than GSS participants to disclose incidents of IPV. Regarding the GSS, participants were asked to respond to a survey being conducted by Statistics Canada, an organization that they presumably had no affiliation with. The current study was a CAF-sponsored initiative, and spouses may have worried that their responses would not be kept anonymous (despite being informed otherwise). Furthermore, some of the results do suggest that anonymity was a concern for some CAF spouses because spouses may fear that disclosing experiences of IPV may harm the CAF members' career.

## Limitations and Future Research

The methodological constraints of the study may have reduced the generalizability of the results to the overall population of CAF spouses. First, the response rate for the QOL survey was low, which could have been due to its length or the sensitivity of some of the questions. Despite the anonymity associated with the QOL survey, individuals who had experienced IPV may not have felt comfortable responding as such due to shame or fear that their CAF partner would find out.

Second, the average age of the CAF spouses who answered the QOL survey was higher than in previous studies of CAF spouses in intimate relationships, suggesting a small bias toward older individuals. It is possible that demographic characteristics (e.g., age, length of time in the relationships, socio-economic status) underlay the relationship between IPV and well-being outcomes.<sup>79</sup> For example, there is evidence that younger women are at greater risk for IPV, and that this risk generally decreases with age due to increased opportunities to establish boundaries needed for healthy relationships and potential increase in maturity, self-esteem and self-efficacy.<sup>80</sup> On the other hand, it has also been argued that women who have been in a long-term relationship may have greater emotional and financial investment in the relationship (e.g., marriage, children, house), and they may develop coping strategies to navigate the abuse, such as focusing on their abuser's needs as a means to manage the abuser's perpetration of abuse.<sup>81</sup> Similarly, spouses in long-term relationships may have had more experiences with abusive episodes, which can cause greater confusion, decreases in self-worth and energy, and feelings of helplessness. These spouses may have greater difficulty identifying signs of abuse (i.e., the escalation of psychological IPV) and possible options to mitigate the situation (e.g., terminating the relationship, seeking community resources).<sup>82</sup> Therefore, the link between age and experiences of IPV is not clear. Future research should examine in more detail the impact of IPV on the well-being of CAF spouses, focusing on the role of such demographic characteristics.

Third, the item used to assess the consideration of separation or divorce did not examine the differences between thoughts about separation or divorce and actually discussing either with the partner. Those who experience IPV may think about separation or divorce more often than they discuss these options with their partner out of fear of IPV escalating. In addition, separation and divorce were not distinctly examined. Future research should examine the impact of IPV on the decisions CAF spouses make to terminate the relationships longitudinally in order to establish whether thoughts about separation or divorce are translated into action.

Fourth, although some CAF spouses were not satisfied with the services they had received (i.e., only about half of the CAF spouses who had used community services were satisfied with the support obtained) and with police action, the reasons for dissatisfaction could not be examined because these follow-up questions were not a part of the QOL survey. In addition, the numbers obtained were too low to draw conclusions about the quality of services received. Future research should replicate these findings and follow up on the dissatisfaction of CAF spouses with the services

available to understand whether anything could be done by the military organization to improve or tailor the services to the exact needs of those experiencing IPV.

Finally, the quantitative nature of the study did not allow spouses to explain their experiences and the exact interplay between the community services they had used and the dynamics in their relationships (e.g., not only the reduction in IPV, but also improvement in the overall marriage quality). Future research could include in-depth interviews with CAF spouses or include survey responses from both CAF members and their spouses to examine the nature of conflicts or unhealthy patterns in the relationships in order to better understand the context of IPV in military families.

Despite these limitations, the study illuminates the psychological consequences of IPV as well as the help-seeking barriers of its victims. The results suggest that IPV victims in CAF families do not often use the community services available to them and rarely report the incidents to the police. Although this is due to a lack of awareness of community services in a minority of cases, in some cases victims distrust the system – e.g., they fear that other people will find out about the IPV and that seeking community services may negatively affect the career of their military partner. It is important to further explore these perceived barriers, including the issue of mistrust.

## Conclusion

Poor psychological well-being in the family and poor relationships, including relationship termination, could affect occupational performance and military readiness, while marital satisfaction and strong family bonds can be a source of support for military personnel.<sup>83</sup> Thus, military organizations not only need to consider the negative impact of IPV on the psychological well-being of CAF spouses, but also examine ways to provide support to IPV victims, concentrating on services being available to military families to maintain their well-being and to reduce the risk of relationship termination. The study showed that about half of the IPV victims were satisfied with the support they had obtained when they had used available resources, while 20% were dissatisfied with such support. Nonetheless, it is important to increase awareness of resources offered to military families in order to encourage IPV victims to use formal supports when they need them.

## Endnotes

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# CHAPTER 10

## The Families of Military Veterans: A Scoping Review

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Much research has examined the experiences of military veterans, but relatively less is known about the impact of these experiences on their families. Yet the well-being of military veterans' families is influenced by the veterans' experiences with military service, experiences that have increased along with the tempo of operations in the Canadian Armed Forces since 1990. The following is a scoping review of the literature on veterans' families which was guided by two questions: (1) What is the relationship between military service and the well-being of the families of military veterans? (2) What are the pathways to resilience for the families of military veterans and what protective factors emerge along the way?

We have followed Arksey and O'Malley's methodology for scoping studies.<sup>2</sup> The focus of this review grew out of consultations with researchers at the Research Directorate at Veterans Affairs Canada (VAC), and specific questions were identified using the Veteran's Well-Being Conceptual Framework.<sup>3</sup> Studies reviewed were selected from reference lists provided by colleagues at VAC and from keyword and concept searches. Hand-searching of relevant journals, such as *Family Relations* and the *Journal of Marriage and the Family* provided other references. Only English-language references were selected and evaluated for relevance to the focus questions. This search evolved iteratively and reflexively, the approach recommended by Arksey and O'Malley.<sup>4</sup> A total of 196 articles were retrieved and assessed on whether they addressed the focus questions; 76 were retained and used in this review.

The literature selected was not restricted to Canada. Researchers in Australia, Israel and the United States have expanded knowledge, theory and practice pertinent to the experiences of the families of military veterans. Qualitative and quantitative studies from other countries were assessed for their relevance to the focus questions and included in this review.

The research selected was synthesized and interpreted using a descriptive-analytical method consistent with the narrative tradition.<sup>5</sup> Notes were taken on information in the studies under review, including the research questions, details about the sample or participants, methods, outcomes and implications. This being a scoping review, the studies were not evaluated on the strength of the evidence reported or the certainty of conclusions reached.<sup>6</sup> Instead, the information gleaned from the literature was organized thematically using the focus questions and gaps in knowledge were identified. What follows are the themes, subthemes and gaps that emerged from our scoping review.

# Military Service, Health Outcomes and the Effects on Veterans' Families

Most of the research focused on two health conditions experienced by veterans – traumatic brain injury (TBI) and post-traumatic stress disorder – and the effects of these conditions on spouses and partners, their intimate relationship and the family overall, including on specific family members. Few researchers looked at the impact of other operational stress injuries (OSI) among veterans, such as chronic pain, musculoskeletal conditions, depression and substance abuse, nor was much emphasis placed on the potential for co-occurrence. These omissions are worth noting because the symptoms of PTSD and other OSIs are significantly different from one another.<sup>7</sup>

## *Traumatic Brain Injury*

TBI has emerged as a common injury among soldiers deployed on operations Enduring Freedom and Iraqi Freedom (OEF/OIF).<sup>8</sup> The somatic, cognitive and co-occurring mental health effects of TBI can be significant.<sup>9</sup> Longer-term effects can persist in a significant minority who experience mild TBI. Treatment can be difficult, complicating reintegration within families and communities.<sup>10</sup>

Research is sparse on the experiences of families supporting veterans who have TBI effects. One notable exception is a study by Phelan et al. that examined the experiences of 70 caregivers of veterans with TBI using a stress and coping model.<sup>11</sup> The researchers concluded that caregivers' perceptions of stigma are positively associated with caregiver strain, social isolation, depression, anxiety and discrimination.

## *Post-traumatic Stress Disorder*

When compared to other common mental health conditions, even with depression and anxiety disorders, PTSD has attracted considerable attention in the literature. PTSD is defined in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.) as distress associated with the experience of psychological trauma. Behavioural symptoms include re-experiencing the trauma, avoidance, negative cognitions/moods and arousal, and may affect the individual's capacity for social interaction, work and other areas of functioning.<sup>12</sup> In the military context, PTSD is considered to be an *injury* that presents to the clinician in a variety of ways.<sup>13</sup>

The experience of living with PTSD for veterans and their families can be profoundly challenging. Economic, health and social consequences may result for veterans diagnosed with such severe service-related health conditions and their families.<sup>14</sup> The impairments associated with PTSD can affect education, employment, family relationships, and role-functioning throughout life.

One of the largest studies of mental health problems so far conducted with veterans of the Vietnam War has illuminated the biological, psychological, and social consequences of PTSD.<sup>15</sup> This study involved secondary analyses of data collected through the National Vietnam Veterans Readjustment Study (NVVRS). These data show that male Vietnam veterans diagnosed with PTSD report more marital and parental problems, and poorer family adjustment than veterans without PTSD.

The effects of PTSD can persist for a long time. In a longitudinal study of 1,377 male Vietnam veterans extending over fourteen years, 10% continued to experience severe PTSD symptoms 30 years after the end of combat.<sup>16</sup> The veterans reported negative family relationships as well as other physical and mental health problems. The researchers concluded that exposure to combat continues to place veterans at risk for lifelong adverse psychological and social outcomes.

Finally, the literature suggests that the stress associated with PTSD can lead to relationship difficulties as well as financial and employment problems, which can exacerbate the original health condition.<sup>17</sup> The spouse or partner and other family members (e.g., children) can also experience all of these facets of PTSD.

## Spouses and Partners

The development of mental health problems among spouses and partners of veterans diagnosed with PTSD is a common and significant finding, which has been corroborated internationally.<sup>18</sup> In an Australian study, female partners reported high levels of somatic symptoms as well as anxiety, depression, social dysfunction, nightmares, panic attacks, exaggerated startle response, and poor concentration.<sup>19</sup> These findings are echoed in a Dutch study of partners of peacekeepers with PTSD who reported more sleeping problems than partners of peacekeepers without PTSD.<sup>20</sup> An impact study conducted in Israel found that 205 wives of veterans with PTSD experienced significant psychiatric symptoms.<sup>21</sup>

A study conducted by Manguno-Mire et al. refined the analysis of the association between PTSD and mental health conditions through interviews with 89 cohabiting female partners of male veterans seeking help through outpatient PTSD treatment clinics.<sup>22</sup> The intensity and severity of some of the reported conditions included overall psychological distress, depression and suicide ideation. This study was designed in such a way that the factors mediating the relationship between PTSD and the mental health of spouses or partners were revealed. These included level of involvement with the veteran, perceptions of partner self-efficacy, barriers to mental health treatment, and level of engagement with clinical services.

Some spouses and partners risk being consumed by the “burden of care”<sup>23</sup> associated with service-related injuries and struggle to maintain their autonomy.<sup>24</sup> In one Israeli study,<sup>25</sup> female partners of veterans diagnosed with PTSD reported how their lives revolved around managing the effects of the injury, with many struggling to maintain balance between taking care of themselves and taking care of the injured veteran.

The greater the perception of caregiver burden, the greater the emotional distress of affected spouses and partners.<sup>26</sup> While it would appear that the severity of the PTSD symptoms<sup>27</sup> and the degree of impairment in the veteran’s day-to-day functioning<sup>28</sup> are associated with perceptions of caregiver burden, little else is known of other pre-existing, predisposing or enabling factors. This is a significant omission, and one which, if addressed, would increase the understanding of the relationship between a veteran’s symptoms and perceptions of caregiver burden, and between a veteran’s functioning and the spouse or partner’s marital adjustment.<sup>29</sup>

Spouses and partners may mimic the symptoms of PTSD. In some instances, a secondary traumatic stress response (STSR) may result.<sup>30</sup> STSR is now recognized as a health condition in partners and family members of veterans diagnosed with PTSD. Little is known about how family members of military personnel and veterans diagnosed with PTSD experience STSR; nor are the processes by which secondary traumatization occurs in the individuals well understood.<sup>31</sup> Most studies assume a linear relationship between PTSD and symptoms of STSR in spouses or partners.<sup>32</sup> The theory of transferred trauma claims that the symptoms are communicable, that those close to the trauma survivor can be “infected,”<sup>33</sup> and that PTSD in particular is “contagious.”<sup>34</sup> An internalization process that intensifies identification with the symptoms of the veteran with PTSD and investment in resolving related outcomes is considered to be the mechanism transmitting the mirrored symptoms to the spouse or partner.

Knowledge of reciprocal effects also warrants researcher’s scrutiny.<sup>35</sup> Little is known about the extent to which the symptoms experienced by the spouse or partner either mitigate or exacerbate the symptoms experienced by the veteran with PTSD. Once again, it is evident that reliance on linear analyses in the research needs to be expanded to include mutually influential, interdependent processes.

### ***Positive Experiences for Spouses and Partners***

A study by Dekel et al. stands in stark contrast to others detailing negative outcomes of service-related PTSD,<sup>36</sup> and it significantly expands the analysis of the relationship between PTSD and intimate relationships. This qualitative study focused on the experiences and meanings held by nine female partners of Israeli veterans diagnosed with PTSD and yields insight into the *positive* effects of their experience. The researchers used in-depth semi-structured focus group interviews to examine how the injury shapes the physical and emotional lives of the women, how they balanced taking care of themselves and others,<sup>37</sup> and their experience of ambiguous loss (experiencing the partners as “present-absent”).<sup>38</sup> Factors enabling positive outcomes included a deep commitment to remaining in the relationship and supporting the partner, clear

boundaries, a moral or religious identity, and memories of the partner as he was before PTSD. The women in this study describe their experiences as empowering and themselves as resilient, outcomes that vary significantly from other perceptions in the literature reviewed. The practices and process aligned with post-traumatic growth<sup>39</sup> and resilience<sup>40</sup> are understudied phenomena in the literature on the impact of PTSD on spouses and partners.

A study of 76 older white female caregivers of older veterans with congestive heart failure addressed this research gap.<sup>41</sup> The results support the contention that healthier family functioning, particularly clear delineation of and accountability for role functions, is related to decreased perceptions of caregiver burden and increased perceived rewards or “uplift.”<sup>42</sup> While not focused on PTSD and STSR, these findings reveal the reciprocity emerging from the research and have significant implications for further research and clinical practice involving veterans and their families.<sup>43</sup>

### ***The Intimate Relationship***

Clinical studies identify emotional numbing as a particularly problematic psychological condition experienced by veterans diagnosed with PTSD. Emotional numbing is defined as diminished interest in significant activities, feelings of detachment or estrangement from others, and diminished affect.<sup>44</sup> This response especially affects the intimate relationships of veterans diagnosed with PTSD.<sup>45</sup> In a qualitative Canadian study involving secondary data analysis of interviews with ten former peacekeepers who had been deployed to Rwanda, Somalia, and the former Yugoslavia and who had been receiving treatment for PTSD for at least two years prior, Ray and Vanstone<sup>46</sup> show that emotional numbing and the anger it often evokes is a significant interpersonal issue. Veterans experiencing this symptom may distance themselves from supportive family members, intensifying the emotional numbing and related anger. These researchers contend that this cycle causes turmoil for the affected veteran and diminishes the capacity of the veterans to maintain healthy intimate relationships.

A study of 1,512 male and female Operation Desert Storm veterans<sup>47</sup> points to the centrality of emotional numbing in the PTSD response and also brings into view other effects, such as withdrawal, arousal and lack of control, which are significantly yet indirectly associated with the negative effects of combat exposure on marital adjustment. This study stands out amongst others for three reasons: (1) it included both male and female participants, (2) it examined specific PTSD symptom groupings and (3) the study’s prospective design meant that the researchers assessed combat exposure immediately upon the veteran’s return from deployment.

One of the few Canadian studies investigating the impact of a diagnosis of a service-related disability on Canadian veterans of the Vietnam War exposed ongoing problems with family and marital adjustment.<sup>48</sup> These findings align with specific outcomes of other studies that reveal problems with expressiveness, self-disclosure and establishing intimacy;<sup>49</sup> conflict, less consensus and less cohesion than other couples;<sup>50</sup> high levels of conflict, anger and social isolation;<sup>51</sup> and marital instability.<sup>52</sup> These findings are corroborated in a study of OEF and OIF treatment-seeking veterans who screened

positive for PTSD. These veterans scored lower on satisfaction with their romantic partners, their family dynamic, social functioning, life satisfaction, social support, resilience and coping when compared with treatment-seeking veterans without PTSD.<sup>53</sup>

Intimate partner violence was one of the first impacts of veteran PTSD to be studied in the wake of the Vietnam War.<sup>54</sup> Yet very little is known about the prevalence of IPV in military populations. One exception is a recent Canadian study<sup>55</sup> which used a cross-sectional, population-based survey of currently serving CAF members. This study showed that physical and sexual IPV was perpetrated in 9% of the population surveyed and experienced by 15%. Emotional and financial abuse was perpetrated by 19% of those surveyed and experienced by 22%. This data signifies that IPV is an issue in the CAF, especially taking into account the likelihood of under-reporting, a limitation common to studies relying on self-report data (in this case, data obtained from military personnel, not their partners).

While some studies differentiate between chronic and episodic IPV,<sup>56</sup> overall effects include marital problems, lower levels of happiness and life satisfaction, more demoralization,<sup>57</sup> and increased physical aggression<sup>58</sup> in relationships where PTSD is a factor compared with those where it is not. Interestingly, Taft et al.,<sup>59</sup> using a subsample of the NVVRS, found that symptoms typically associated with PTSD in veterans – such as comorbid mental health conditions and relationship problems – predicted IPV.

Both physical and verbal aggression against partners increases as symptoms of PTSD become more severe. This finding is reported in an extensive review of the impact of combat exposure and PTSD on veterans' families<sup>60</sup> and has been substantiated in research by Beckham et al.<sup>61</sup> and Orcutt, King and King.<sup>62</sup> These studies also examined the role of risk factors, such as early-life stressors, extreme war-zone stresses,<sup>63</sup> and lower socioeconomic status<sup>64</sup> in intensifying IPV in the spouse or partner relationships of veterans diagnosed with PTSD. These findings also support the claim that PTSD symptoms may be filtered through pre-existing or co-occurring factors that potentially buffer, or, in the case of IPV, exacerbate risk for spouses and partners.

The study of IPV in the relationships of military veterans would benefit from theoretical models such as the cognitive-behavioural interpersonal model<sup>65</sup> which focuses on the intersecting cognitive and behavioural mechanisms that affect the experience of PTSD in the veteran and its impact on relationship adjustment. This model brings into view multiple emotional, behavioural, cognitive and relational difficulties associated with PTSD and suggests mechanisms by which they operate. These include avoidance mechanisms, limited emotional expression and diminished self-disclosure. Unfortunately, it is difficult to differentiate between the mechanisms related to PTSD and those that disrupt intimate relationships in general. Nonetheless, this model, which has not been validated, holds promise in advancing the knowledge of the relative significance of individual mechanisms at work in veteran family relationships.<sup>66</sup>

The literature review uncovered factors that affect the relation between PTSD and intimate relationships. In an Israeli study focusing on the impact of being a prisoner of war on marital adjustment, the extent of self-disclosure influenced the



relation between post-traumatic avoidance symptoms and marital intimacy. It was suggested that emotional numbing, part of PTSD avoidance, is related to reduced self-disclosure. Because open communication and self-disclosure are essential to successful relationships, lower levels of self-disclosure may negatively affect intimacy.<sup>67</sup>

Questions emerge from a comparative study by Riggs et al., which focused on the quality of the relationships between male Vietnam veterans with PTSD and a control group without PTSD.<sup>68</sup> Seventy percent of the veterans with PTSD reported clinically significant levels of relationship distress (difficulties with intimacy, relationship problems), compared with 30% of the non-PTSD veterans. Does this mean that PTSD caused relationship distress? Or were these relationships already distressed? Were other relationship issues considered or controlled for? It can be difficult to distinguish marital problems from trauma symptoms, but it would seem that identification and analysis of potential predisposing factors is warranted. Further study of the consequences associated with numbing, avoidance, and other PTSD-related behavioural symptoms among veterans could shed light on the relational cycles ongoing in their intimate relationships and attachment processes. This dynamic is discussed by clinicians and researchers<sup>69</sup> as significant to relationships where trauma is a factor. Patterns may have been established that either diminish or enhance the attachment necessary for healthy functioning between partners, providing a secure foundation for healing that galvanizes positive responses to the trauma and its effects on the family. We need to know more about positive outcomes.

Further, little is known about whether and how spouses and partners maintain emotional separation while empathizing and caring for the traumatized veteran. We need to know the extent to which self-differentiation happens and what makes it happen. As with attachment, moreover, empathy may serve as a resource in the relationship, supporting coping practices and the development of post-traumatic growth and resilience for both partners.

Unequal access to resources may predispose or enable conditions that envelop veteran couples dealing with PTSD. Individual resources, such as financial stability, education, self-esteem, access to formal and informal supports, and a prior history of coping well through adversity may foster positive adaptation in these couples or, in contrast, negative outcomes in cases where resources are inaccessible or limited. These resources, in combination with individual and couple strengths, including cohesion, adaptability, shared power and social support, may serve as protective factors that influence adjustment to the trauma and its effects,<sup>70</sup> and foster post-traumatic growth and resilience. More research is warranted on the PTSD-specific predisposing and enabling conditions and on individual and couple strengths and their impact as mediating factors (either risk or protective, depending on whether they are present or not) in the intimate relationships of veterans.

# Children

A key finding of *On the Homefront: Assessing the Well-Being of Canada's Military Families in the New Millennium*, a report by the Canadian Forces Ombudsman,<sup>71</sup> referred to concerns, particularly among non-serving parents, about the experiences of children in military families. These concerns are evidenced in a number of studies reviewed here, particularly in those focusing on veterans suffering from PTSD.

Galovski and Lyons found evidence of intergenerational transmission of trauma in the children of combat veterans.<sup>72</sup> The researchers maintain that it is transmitted in one of three ways: (1) the child may be directly traumatized by the parent's behaviour; (2) the transmission may occur as the child identifies with the parent; or (3) it may occur indirectly as a result of other co-occurring issues in the family.

Intergenerational trauma typically manifests as behavioural problems,<sup>73</sup> both internalizing (e.g., withdrawal and depression) and externalizing (e.g., acting out) behaviours.<sup>74</sup> An Australian study also uncovered "dysfunctional" family functioning in a sample of children (aged 15 to 30) of Australian veterans, suggesting problems with emotional responsiveness and problem-solving.<sup>75</sup> Paradoxically, these outcomes emerged even in the face of evidence of close relationships between the parents and their children.<sup>76</sup>

In another Australian study, the first to examine the effects of PTSD on Australian veteran's children, Westerink and Giarratano examined the emotional and physical health of a small random sample of partners of veterans diagnosed with PTSD and their children over the age of 15.<sup>77</sup> Results indicate that participating children lived in families with significantly high levels of conflict and low cohesion. A small number had low levels of self-esteem and some had high levels of distress. While the small sample size should be considered a caveat in interpreting these findings, the findings are congruent with the results from similar U.S. and Israeli studies.

An interesting case study demonstrates the ways in which the symptoms experienced by children of veterans diagnosed with PTSD align with parental symptoms. Low self-esteem, aggressive behaviour, impaired social relationships, developmental difficulties at school and ambivalent feelings toward the non-PTSD parent emerge as general effects, but some children also mimic the guilt, anxiety, aggression and irritability of the veteran parent.<sup>78</sup> Other effects varied from family to family, but the identification with and intense involvement in the emotional life of the PTSD parent is considered to be a significant finding. Attempts to "fix" or "rescue" the veteran parent were not uncommon. These tendencies also appear in accounts of over-responsibility and enabling behaviours gleaned from a study conducted by Hutchinson and Banks-Williams.<sup>79</sup>

Emotional numbing is also experienced by children of PTSD-diagnosed parents, just as it is for spouses and partners. In a study of the intergenerational effects of war zone-related PTSD using structured clinical interviews and self-report questionnaires with 66 male Vietnam veterans, it was found that the severity of emotional numbing has

the strongest association with five parent–child relationship variables.<sup>80</sup> Emotional numbing is uniquely and consistently associated with veterans’ perceived relationships with their children. There are direct impacts on the veteran’s ability to parent, including disinterest, detachment and emotional unavailability, which diminish a father’s ability and willingness to seek out, engage in and enjoy interactions with their children, leading to poorer relationship quality.<sup>81</sup>

While these findings are compelling, there may not be a direct conduit from parent to child in instances where the parent-veteran’s PTSD is present. Rather, the effects of PTSD may reach the children through other channels, perhaps through witnessing the impact of the PTSD on the other parent. Dekel and Monson<sup>82</sup> also note the difficulty of assessing the specific contribution PTSD makes to child outcomes without considering the child’s developmental stage. Once again, it is clear that analysis of predisposing and enabling factors and the mechanisms of transmission<sup>83</sup> would be a significant addition to the literature addressing the issues faced by the families of veterans. It would be interesting to discover whether protective factors in children – e.g., having a non-veteran parent without PTSD – buffers the effects of the parent-veteran’s PTSD and influences adjustment. This too is an understudied component of the research on the families of military veterans.

A recent study adds another dimension to understanding children with familial connections to the military. The Military Module in the California Healthy Kids Survey database yielded findings specific to the relationship between young people’s familial connections to the military, deployment and adolescent mental health.<sup>84</sup> This study is significant in that the sample is non-clinical, the military connections involved a parent or a sibling, and those with connections were compared with those without these connections. Results support the hypothesis that youth with familial military connections are more likely to experience depressive symptoms and suicide ideation. Sadness, hopelessness, depressive symptoms and suicide ideation are positively related to familial deployment. Deployment was the strongest predictor of these conditions.

## Conclusions

Two questions guided this scoping review: What is the relationship between military service and the well-being of the families of military veterans? What are the pathways to resilience for the families of military veterans – and what protective factors emerge along the way? The general conclusions discussed here are organized by these guiding questions.

Traumatic brain injury and PTSD emerge as focal points in the research reviewed. Few other OSIs, such as chronic pain and musculoskeletal conditions, depression and substance abuse have received as much attention. Unidirectional relationships are prominent between military service and these health conditions (TBI and PTSD, in particular) and between the health conditions and outcomes for spouses and partners, children, and the intimate relationship.

## Chapter 10

The mental health of spouses and partners, including STSR, is examined in the literature. Emotional numbing, anger, withdrawal, hyperarousal and lack of control through conflict have been identified as intrapersonal reactions to problematic health conditions associated with military service, primarily PTSD. Similar conditions have been documented among children, with the addition of developmental difficulties in school. On the interpersonal level, specifically within intimate relationships, expressiveness and self-disclosure are purportedly compromised when PTSD is a factor. Moreover, some research reviewed contests the finding that the social isolation and high levels of conflict and anger often attributable to PTSD exacerbate IPV. The connection to PTSD is usually drawn here with some research concluding that physical and verbal aggression increases proportionately to perceived levels of PTSD in the veteran.

Some research reviewed offers an understanding of the factors that mediate the relationship between PTSD and the mental health of spouses and partners. These included the level of involvement with the veteran, perceptions of partner self-efficacy, barriers to mental health treatment, and the level of engagement with clinical services.

Very few studies, usually qualitative ones, suggest positive outcomes for military families regardless of the perceived severity of precipitating health conditions. These studies on the capacities of individual military veteran family members, the family itself, and the formal and informal networks within the military community bring into view the second question guiding this review: What are the pathways to resilience for the families of military veterans – and what protective factors emerge along the way?

Some intriguing findings have emerged about the practices and processes that contribute to the resilience of families of military veterans – though the area is generally understudied. Key predisposing and protective factors contributing to resilience were embodied within family relationships, particularly spouse or partner relationships. These include commitment to the relationship, clear boundaries, a moral or religious standpoint, and preserving memories of the veteran before the PTSD diagnosis. Clarity of role expectations and processes for maintaining accountability for role enactment are associated with decreased perceptions of caregiver burden for the spouse or partner and contribute to increased perceptions of rewards or uplift. Higher overall levels of family functioning are linked with high levels of family cohesion and adaptability, shared power, a prior history of coping well through adversity, social connections and access to informal and formal community networks. Individual protective factors include education, financial stability, and a capacity for forgiveness and self-differentiation.

## Endnotes

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# CHAPTER 11

## The Experiences of Spouses of Canadian Armed Forces Veterans Diagnosed with Post-traumatic Stress Disorder: Pathways to Resilience

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The relationship between military members, veterans and their spouses can be challenged by operational requirements and the consequences of military service. Mobility, separation and the risk of injury and death are characteristic of a military lifestyle, affecting experiences and relationships during active service and beyond.<sup>1</sup> However, the element of risk has intensified with the shift in military operations from peacekeeping to active combat where members of the CAF are being deployed to war-torn areas of the globe, especially to Afghanistan.<sup>2</sup>

This increase in combat exposure is associated with an increase in the prevalence of operational stress injuries, including post-traumatic stress disorder.<sup>3</sup> PTSD develops in what has been called an “important minority”<sup>4</sup> of CAF members after traumatic events and may manifest as clinically significant distress or impairment in important areas of functioning. Intrusive memories, anxiety, flashbacks and nightmares are among the symptoms of PTSD that can interfere with daily functioning.<sup>5</sup> Research on the impact of PTSD in the military has primarily focused on the injured service member or veteran. More recently, researchers have extended their focus to spouses and other family members.<sup>6</sup>

A scoping review<sup>7</sup> of research on the impact of OSIs on family mental health and well-being found strong evidence of the negative impact of OSIs on the quality of relationships between veterans and their spouses. Alternative pathways to positive

outcomes for the spouse and for the relationship are rarely explored, despite the challenge PTSD presents to both. Therefore, the practices and processes that foster resilience in spouses who support a veteran with PTSD remain understudied. Strategies employed to prevent or resist pressures, to successfully navigate through the challenges, or to recover from them, have not been explored and explicated. Moreover, the supports that help spouses manage the stressors have also not been investigated in depth.

## Research Questions

The gaps in knowledge about positive outcomes for spouses supporting a veteran-partner living with PTSD were addressed in the exploratory study discussed here. The three questions guiding the study were as follows: (1) What are the experiences of spouses of male CAF veterans diagnosed with PTSD? (2) What are the pathways to resilience for spouses supporting male CAF veterans diagnosed with PTSD? and (3) What external supports buffer the impact of negative outcomes?

## Resilience

Resilience results from an interplay of risk and protective factors involving individual, family, community, and larger socio-cultural influences.<sup>8</sup> Three key dimensions of resilience are highlighted in stress and trauma literature: recovery, resistance and reconfiguration.<sup>9</sup> The first dimension, recovery, involves a return to a previous state of well-being following exposure to a stressor. This type of resilience can be characterized as a rebounding or a regaining of a state of balance previously experienced. The second dimension, resistance, suggests invulnerability to the stressor – that is, the stressor has no impact on well-being. The third dimension, reconfiguration, involves rebounding but does not result in a return to the pre-stressor state. Rather, the stressor stimulates growth, as new capacities evolve through the experience of rebounding. Resilience as reconfiguration sees some intrapersonal and interpersonal characteristics and processes as assets or strengths.<sup>10</sup> Dimensions of resilience are widely supposed to operate at the individual level. However, some literature also focuses on resilience within the context of relationships, particularly family relationships.<sup>11</sup>

### ***Resilience and Family Relationships***

Family resilience, which emerged from the dialogue on individual resilience, has progressed through two “waves” of development and is poised for a third.<sup>12</sup> The first wave emphasized family strengths mobilized during times of stress as an *outcome* of the experience of dealing with stress. Thus, factors contributing to the development of family strengths in resilient families are considered to be internal to the family and to include a sense of control and confidence and a commitment to the family.<sup>13</sup>

The understanding of family resilience has been enhanced by second wave models, which look at resilience as a *process*, not an outcome, and at the salience of family meanings as families rebound and reconfigure.<sup>14</sup> In these models, resilient families

respond to stress by activating protective factors or strengths that buffer the stress and assist in the recovery process. These strengths can be internal to the family but may also involve external networks of relationships that provide support. Individual families will follow unique pathways through this process, based on the resources at hand. Second wave models also posit that families will seek meaning, purpose, and shared perspectives from their networks as they strive to re-establish balance through processes of adjustment and adaptation.<sup>15</sup>

Relying on established patterns of family functioning and problem solving in the face of stress is consistent with an “adjustment” response, analogous to the recovery or rebounding<sup>16</sup> dimension of individual resilience. Few changes are introduced within the family system. Adjustments are generally short-term. If adjustment does not address the stress, then adaptations are required. Adaptation mobilizes strengths at the individual, family and community levels resulting in the development of new strategies reconfigured from the old. Definitions of the situation are altered and old, counterproductive beliefs, goals and values are challenged,<sup>17</sup> resulting in impacts that resonate within the family in the long-term. From a second wave perspective, family resilience involves more than shouldering a burden or surviving an ordeal. Rather, this approach to understanding families in stress recognizes the potential for personal and relational transformation in the face of adversity.<sup>18</sup>

## Method

In-depth semi-structured interviews were conducted with eight female spouses of male Regular Force CAF veterans diagnosed with PTSD. Participants were recruited through purposive sampling. An information letter was forwarded to potential participants, inviting them to contact the researcher directly for more information about the study. Those who agreed to participate provided written consent. The research protocol was approved by the Mount Saint Vincent University Research Ethics Board. Participants had to be 19 years of age or older, have been in a relationship for at least two years, and their veteran-partner had to have been diagnosed with PTSD at least one year prior to the study.

Interviews were conducted either face to face or via telephone and were audio recorded and transcribed verbatim. All potentially identifying information was changed, including the names of participants, so as to maintain confidentiality. Participants were advised that they were not required to answer all questions and could withdraw from the study at any time. Because the methodology was inductive, questions in the interview guide were intentionally open-ended. Specific questions focused on routines, social relationships, and support systems (e.g., “What has changed since the diagnosis?”, “Tell me about your health,” “What do you do to take care of yourself?” and “What else can you tell me about this experience?”).

# Participants

The veteran-partners of participating spouses came from various occupations and units across the Canadian Army, the Royal Canadian Air Force and the Royal Canadian Navy, including marine engineers, vehicle technicians and members of the Canadian Postal Unit. Ranks also varied, with participants reporting sergeant, leading or master seaman, and private in the demographic questionnaire. Most families included two or three children, ranging in age from 9 months to 21 years. The spouses' ages ranged from mid-to late-30s to early 50s. Most of the veterans had served with the CAF for 14 years or more, with one serving for 24 years. Only one veteran had served for less than 5 years. The majority of the couples had been married over 20 years; however, some had been married for a shorter time, ranging from two to six years. During the course of these relationships, the number of times the service members had been deployed ranged from one to seven times, with an average absence of six months. Most of these deployments were overseas to locations such as Afghanistan and Somalia. The nature of deployment work varied; however, most involved exposure to high-conflict or combat situations.

## Results: Individual and Relational Adaptations

### *Positive Perspectives, Reframing and Commitment*

Participating spouses noted that maintaining a positive perspective is significant in buffering the impact of PTSD. For some, positivity was a departure from previous short-term adjustments to stress that were described as less helpful in the long-term. One spouse referred to "reframing the situation" positively, suggesting the development of new capacities and competencies:

Reframe, I guess, is the best thing that I have ever done....Reframe the situation so that you understand exactly what is happening, so that you can step outside of that and look at it from a positive perspective. And by doing that it helps understanding. Again, looking at the person I used to be, that's wallowing and feeling sorry for herself, it's okay, but it is not what I want and it is not who I am. I want to be positive, I want to be good to myself and good to my children and educate myself for the future – that's who I want to be.

There is a reflexive relationship between maintaining positive perspectives and reframing the situation. Moreover, a renewed and strengthened commitment emerges from the resolve to remain positive and to understand the situation in a new way:

By seeing things in a new way...I have never been more committed to our marriage, and I think that Thomas knows that and sees that. And he feels really bad about the strain that he puts on our household and on our family.... I know that he feels bad about that and how it's gotten worse. But that makes me want to try harder...I'm totally committed, we're just going to tough our way through this and it's going to get better.

The confluence of positivity, reframing and commitment experienced by spouses supporting veteran-partners with PTSD is integral to their adaptation through reconfiguration. In the short-term, spouses react by “wallowing” and “feeling sorry,” but, paradoxically, the increasing acuity of PTSD symptoms precipitates the new responses that foster resilience and strengthen commitment to the relationship. These include education, self-care, planning and organizing, boundary management, open emotional expression, and collaborative problem-solving.

### ***Education***

Education about PTSD is instrumental in supporting spouses’ adaptation to its impact on their marriages and families. This is particularly significant when spouses are unaware of the symptoms of PTSD and are responding through internalizing and self-blame:

For ten years it was hell because I didn’t know what was happening to Bob....It was ten years of hell; that he would try to blame me, that there was something wrong with me, and I believed him....which is quite normal for PTSD, now that I know that.

I think a little bit of understanding about what the symptoms are and how to work with it goes such a long way....It makes a huge difference just for people to have or be educated about what PTSD is and how to manage it.

Knowledge about PTSD empowers spouses, who can learn to separate the symptoms from the person, fostering positivity, with reframing and commitment identified as integral to the adaptive reconfigurations inherent in resilience. Moreover, education about PTSD provides spouses with the tools to “work with it,” as noted by one spouse.

Enhanced understanding of PTSD builds awareness of one significant pathway to resilience for the spouse, self-care. Spouses participating in this study transcended traditional gendered expectations that privilege women’s care of others over care of self by recognizing that neither they nor their veteran-partners would benefit from absolute dedication to meeting the veteran-partner’s needs at the expense of their own.

### ***Self-Care Strategies***

Spouses engaged in a variety of self-care practices unique to their particular situation and interests. All were aware of the instrumental relationship between self-care and positive coping. Some spouses engaged in hobbies, such as reading, walking, listening to music or playing an instrument, some connected with people outside the family or focused on their children, while others wrote in journals to express themselves. Other spouses claimed that it was important for them to stay active in their community by working or volunteering outside the home as a means of taking time for themselves.

I walk – every day I walk. I walk for at least an hour. Me and my dog.

When I started looking for work here, I pretty much told him I need this to survive. I need a life where I can talk to people, and I need to get out of here

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because I am not medicated; but if I don't get out of here, I am going to be medicated.

Self-care practices buffered the impact of PTSD on the spouses and on the veteran-partner. Spouses perceived self-care as a necessary adaptation that enhanced their well-being and, correspondingly, their capacity to respond to the needs of their veteran-partners.

### ***Boundary Management***

The capacity to practice self-care requires boundary management. Spouses participating in this study reported that maintaining boundaries between themselves and the injured veteran-partner buffered the negative outcomes of PTSD on the individuals and on their relationship. Spouses noted that they knew how much they could handle and found it important to be upfront with the veteran-partner about their capacities as well as their limits.

I just say to him: I need some time. I need some space. Otherwise, I will crack and always being there 24/7 isn't any good for you or us either. And even half an hour to myself really helps. A little time apart helps us both...getting through this can't be all about me...I used to think that if I wasn't there all the time, things would fall apart and he would get worse, but not now.

Spouses reported that boundaries may also be placed between the spouse, her veteran-partner, and people outside the relationship, such as friends, extended families and co-workers. In some instances, these boundaries were necessary as protection against negative responses to and opinions about PTSD:

I can see it working, I really can, and I can see that having no outside influences or everybody's opinion. You know how sometimes it can happen: Your friends think they're helping but they don't understand.

Boundaries may become more permeable as spouses and their veteran-partners acquire more knowledge and experience with PTSD and as symptoms stabilize. Some spouses in this study looked to the future, imagining a time and place when they would be able to resume relationships outside of the family and when they would not have to address stigmatizing responses to the injury:

I don't think it will always be like this. I think someday I'll have some outside friends....And as people learn more about PTSD and the military, it will get better too.

Boundary management is facilitated through clear communication. Spouses frequently referred to discussions with the veteran-partner where expectations and needs were clarified.

## ***Open Emotional Expression***

Open emotional expression was described by spouses participating in this study as a key pathway to resilience. Clear, unambiguous communication between the spouses fostered mutual empathy and understanding and built trust:

I found the best thing for me was to talk about it. With him, we always kind of talked about things; we always took the time to talk about it. Whether I agreed or disagreed we always talked about it, and I think that was really helpful.

Brian and I, we talk a lot, for hours a week we talk, him and I, just him and I.... Whenever we get that chance, when no one else is around, we have serious discussions, and I don't sugar-coat too much from him. I tell him what he needs to know.

These in-depth discussions are evocative of resilience as conceptualized in this study. The spouses inferred that the growth inherent in adaptation and reconfiguration had been nurtured through open emotional expression in their relationships:

Talking, yes, it is essential. It's kept us going and made us stronger. My mantra is, take what you're given and make it work for you, and that's what we're doing. We're different people, but I think we're better people now and our marriage is better now because of the PTSD. We would have never found our strength without it.

Communication skills are also imperative in planning and organizing the complexities of everyday life for these couples.

## ***Planning and Organizing***

For some participating spouses, planning and organizing were significantly implicated in the experience of supporting a veteran-partner with PTSD. Some described themselves as "micro-managers," particularly in the early stages of symptom management. For some, this meant assuming an active role in overseeing and coordinating medical appointments. For example, some women described practical tasks such as arranging for transportation to and from appointments or maintaining control of the medical and service provider appointment calendar. Others indicated that they discussed with their veteran-partners key points to be shared in upcoming consultations with medical professionals. One spouse referred to her experience as follows:

All of his appointments, he was just putting them in his phone, and I said no, I want every appointment given to me, every appointment and every date. And I have a big chart and we look the night before and see what he has tomorrow, and I make sure that he's up in time to get there; and if there's anything I need him to talk about with that particular therapist or psychiatrist I write it down because his memory is terrible.

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The activities of other family members may need to be modified to accommodate the veteran-partner with PTSD. This too requires planning, organizing and communication on the part of the spouse:

But my children's friends, our kids know that they can't just bring a house full home...that it has to be planned. And my son is really good at that. He'll say Mom on Friday can so-and-so come over after school, and I'll say no problem. And I just talk to Bob, on Friday Brian is having friends over so you need to keep yourself out of that area.

While some spouses proactively plan and organize the activities and experiences of the veteran-partner and other family members so as to ameliorate the impact of PTSD on all, others take a different approach. Those coping with the unpredictable manifestation of PTSD symptoms or who are trying to learn more about those symptoms and how to adapt to them report that, for them, it makes more sense to respond "day by day." Unlike their counterparts who planned activities well in advance, these women did not plan or organize anything too far ahead of time because of consistent uncertainty about the presentation of the PTSD injury and its impact on others. This required ongoing vigilance and flexible, short-term planning. As one participant noted:

My focus was just getting through day by day. I'd get up in the morning and I would go through the process of everything that happens or the things that he says. It's a good day today, oh that's awesome! It was almost like careful walking.

Both the reactive and the proactive practices described by spouses in this study are strategic responses to supporting the veteran-partner living with PTSD. As the spouse and veteran-partner develop enhanced awareness of the injury and how to manage it, strategic practices extend into the relationship. Couples develop collaborative problem-solving practices.

### ***Collaborative Problem Solving***

Spouses participating in this study engaged in collaborative problem solving to defuse some symptoms of PTSD. One example of this practice was the use of interpersonal cues. Spouses reported proactively discussing and agreeing upon specific cues to be used in public to signify the need for a particular response to a PTSD symptom-triggering experience or event. Cues included a code word or phrase or a gentle physical gesture. This too called for vigilant commitment and sensitivity to the experience of the veteran-partner:

If we're at the mall, if he comes and squeezes my hand three times – we're at Walmart, is a bad one. He squeezes my hand three times, we leave. No questions asked. We go. He needs to leave.

I understood what it took to defuse him, and I'd come up with these little things, I'd use these little tools....It was my way of telling him I'm right here. Come back to reality. It would always snap him out of it.



Collaborative problem solving is another pathway to resilience for the spouse and her veteran-partner. Reaching agreement on how to accommodate the symptoms of PTSD fosters a level of relationship cohesion that may not have developed otherwise.

## **Community Support**

Informal and formal sources of support from within the community facilitated resilience for spouses participating in this study. Informal sources included connections with family and friends. Formal supports were available through professional counselling and support groups, such as the Operational Stress Injury Social Support groups.

### **Informal Support**

Acceptance and understanding from key family members is a significant source of support for some spouses. As one spouse noted:

Whenever my mom comes to visit and help out with the kids, Thomas always opens up a lot more, makes a lot of progress in his recovery....But I don't know why, I think it's just because my mom – I think pretty unconditionally loves him....She does a lot of research on PTSD as well, and she'll send me links and tell me good books to get and stuff....because she wants to know how to support me.

Another spouse affirmed the value of family connections:

I have no family close by....but we go back, maybe twice a year, which is great. My mom comes out here at least twice a year....And I am on the phone with them and on Skype....If I could wave a magic wand, I would be closer to family...and I think that when people are going through this they should—they should get closer to family.

The interest in learning about PTSD and sharing that knowledge, the unconditional support, the time invested in communication, and the practical assistance validate the experiences of spouses and reduce feelings of isolation. For many of the spouses in this study, informal support was complemented by opportunities to engage in formal support programs.

### **Formal Support**

Spouses noted that as they learned more about PTSD and its impacts and engaged in self-care practices, they were more inclined to reach out to others supporting a veteran-partner with PTSD. The acceptance and validation gained through sharing insights and information about a common experience was important in developing and maintaining resilience. As one participant who regularly attends a support group noted:

When we do talk as a group, as women, we kind of take over and cry and we support – we give each other that proverbial kick in the butt because we have all been there.

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The isolation common among those living with or supporting those who live with PTSD is reduced as bonds between support group members evolve:

It's not just me – when I go to my group this is so common. Like to hear people saying the same things that I am saying. It's almost like relief, but it shouldn't be a relief, but you're like, "Oh my gosh, I am not alone. I am not alone in this."

A number of participants in this study affirmed that the availability of formal supports from within the military system is invaluable. The perception that groups facilitated by other military family members would be more relevant to their experience was very strong within this group of participants:

They do offer outside support but so far we haven't used it. We have just used the military, and I'm telling you they're amazing....You feel that you are not being judged, because they know, they have seen it, they're experienced in it...

The understanding and acceptance channeled through informal and formal networks of support at the community level were important to the spouses participating in this study. Capacities and competencies evident at the individual level, particularly self-care, education and open emotional expression were reinforced. The most significant outcome associated with engagement at the community level, however, was the validation received through their networks. Spouses frequently reflected upon the need to know that they were not alone, that their challenges were experienced by others in the same situation, and that they were doing their best most of the time.

### *Socio-Cultural Pathways*

Participants reflected on social practices and processes that contributed to the development of new, reconfigured capacities and competencies supporting the development of resilience. For example, the commitment to self-reliance common to the military experience<sup>24</sup> motivated some spouses to respond proactively to the stresses associated with supporting the veteran-partner with PTSD. Moreover, spouses noted that they are predisposed to believe that deployments, including combat deployments, are not only institutionally necessary and relevant, but also a source of pride. Spouses participating in this study saw themselves as key players in upholding that pride:

I uphold that honour and I uphold his responsibility. And I understand that, and I encourage that. I could never do what he does or go through the training that he has....But what I am looking at is how I can help as a family member.

The extent to which vicarious pride fosters the strength and resilience through the experience of supporting a veteran-partner with PTSD is revealed through this quotation:

I realized that I was the support, it's my role, it's my uniform, and I committed to that. So I took the uniform inside, took the boots inside, shined them up and that's when I realized, you know what, I have to be strong. It's my job, it's who I am.

## Discussion

This exploratory study was designed to bring into view the experiences of spouses of CAF veterans diagnosed with PTSD. The experiences reveal an understanding of pathways to resilience. The results of this study suggest that the resilience of spouses supporting veteran-partners with PTSD is both an outcome and a process.<sup>19</sup> Spouses reflect upon what they have learned about PTSD over time, its impacts on individuals living with it – their partners and families – and the positive outcomes of acceptance and commitment. Some spouses remarked that their relationships would never have been as strong as they were without the experience of PTSD. This study affirms that a key outcome of PTSD in some spousal relationships is emotional or psychological growth.

The findings of this study fit strongly with second wave conceptions<sup>20</sup> of family resilience, which emphasize the adaptive processes that foster resilience and the strengths that buffer the impact of negative outcomes. This study supports the contention that resilience is not merely the “flip side” of risk.<sup>21</sup>

The dimension of resilience emerging from the experiences of the spouses participating in this study is reconfiguration. The pathways travelled did not return them to baseline or to a previous state, an outcome characterizing recovery. Rather, the spouses travelled *forward* to a new, reconfigured state through emotional or psychological growth and the operationalization of strengths.<sup>22</sup>

The pathways to resilience emerging from the accounts offered by the spouses participating in this study have been created and sustained through the mutually reinforcing effects of positive perspectives, reframing situations and commitments to the relationships. Positive perspectives were, for some, contingent upon the identification of pivotal moments or “turning points,” signaling the decision to think about the experience of supporting the veteran-partner in a new way. The decision was, in some cases, internally motivated after a protracted period of feeling sad, overwhelmed or despondent. In other cases, the impetus originated through ongoing dialogue in support groups or other formal or informal support networks. Moreover, as noted by participating spouses, “reframing the situation” sensitized the spouses to opportunities to see their circumstances as an opportunity for growth. They referred to the development of new capacities and competencies previously undiscovered. These included collaborative problem solving, open emotional expression, and the adoption of self-care strategies.

Boundary management was also instrumental in fostering reconfiguration. Evidence from the interviews shows that while the participating spouses operated within interdependent systems that function in relation to broader contexts,<sup>23</sup> the boundaries demarcating the systems were variously open or closed in response to the impacts of internal and external stressors. Role redefinitions and boundary shifts resulted. The reports of practices, such as planning and organization, collaborative problem solving, and reframing, are suggestive of these redefinitions and shifts.

## Chapter 11

Engagement with community supports, such as support groups and professional services, buffer the impact of PTSD and assist in the recovery and, eventually, in the reconfiguration experience. Spouses participating in this study reported that these groups validated their experiences and reinforced reconfigured understandings through the opportunity to share common perspectives. This conclusion is consistent with the contention that family members under stress will seek meaning and purpose from networks in an effort to re-establish balance through processes of adjustment and adaptation.<sup>24</sup>

## Conclusion

This exploratory study has identified key practices and processes that foster resilience in spousal relationships where the veteran-partner is living with PTSD. Perhaps because most of the spouses interviewed in this study had a long history with the CAF and because the diagnosis of PTSD in their veteran-partners predated the study by at least one year, most accounts suggest that the practices and processes identified are facilitating long-term adaptation. It was clear that these spouses were not relying on established patterns of family functioning and problem solving, a pattern of behaviour consistent with adjustment, but were mobilizing strengths at the individual, family, and community levels resulting in the development of new, reconfigured pathways to resilience. Further understanding of these pathways through research and practice is thus warranted.

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# GLOSSARY OF ABBREVIATIONS AND ACRONYMS

ADF	Australian Defence Force
CA	Canadian Army
CAF	Canadian Armed Forces
DND	Department of National Defence
GSS	General Social Survey
IPV	Intimate Partner Violence
IR	Imposed Restriction
MFRC	Military Family Resource Centre
NCM	Non-commissioned Member
NVVRs	National Vietnam Veterans Readjustment Study
NZDF	New Zealand Defence Force
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
OSI	Operational Stress Injury
PTSD	Post-traumatic Stress Disorder
QOL	Quality of Life Among Military Families: A Survey of Spouses/Partners of CAF Members
RCAF	Royal Canadian Air Force
RCN	Royal Canadian Navy
SME	Subject Matter Expert
STSR	Secondary Traumatic Stress Response

Glossary

TBI	Traumatic Brain Injury
VAC	Veterans Affairs Canada
YSS	Your Say Survey

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**It is said that military families are the strength behind the uniform, an expression that captures the important relationship between the well-being of service members and the well-being of their families. Families influence service members' morale and commitment to the military, both of which affect the readiness of the organization to deploy on operations and its ability to retain members. *The Homefront: Family Well-Being and Military Readiness* brings together leading researchers to discuss the impact of the military lifestyle on the families of serving members and veterans, especially the impact of deployment and relocation on spousal resiliency, spousal employment, marital functioning and the well-being of children. Contributors also examine how formal and informal family support, social media, and coping strategies can bolster the resiliency of families in the face of the military lifestyle and operational stress injuries – such as post-traumatic stress disorder – which can have a profound effect on members, veterans and their families.**



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