‘Military people won’t ask for help’: Experiences of Deployment of Australian Defence Force Personnel, their Families, and Implications for Social Work

Philip Siebler

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Abstract

The aim of this study is to gain knowledge and understanding of the life experiences of Australian Defence Force (ADF) peacekeepers who were deployed to East Timor as part of the International Force for East Timor (InterFET), and/or the United Nations Transitional Administration East Timor (UNTAET) force, and of their families who remained in Australia. In-depth interviews were conducted with a sample of ADF men and women who were deployed, as well as their non-deployed partners, to help achieve this aim. A social work ecological understanding, that considered micro, meso and macrosystem levels, provided a framework to illuminate the complexity of the deployment experience.

Deployment to war and peacekeeping operations poses a number of risks for military personnel and their families. Deployment has been shown to have a significant deleterious impact on people who undergo the experience with respect to physical and mental health. Non-deployed family members may also be negatively affected. In reviewing the literature, only two Australian studies of limited scope were found. The Australian knowledge base for social work practice is very limited in this setting. Understanding of families' experience of living through and following a military deployment requires scholarly study to establish further knowledge in this field.

The study found the overall deployment experience was affected by a complex array of circumstances at each of the levels which compounded and interacted to influence interviewees' outcomes with respect to physical and mental health, and family functioning. Microsystem level circumstances included the uncertainty of deployment, concerns about children and adolescents, physical and mental health and family functioning problems, the advantages and disadvantages of communicating during separation, and finding meaning in the experience. Living and working conditions in East Timor of ADF personnel, the communities in which non-deployed respondents lived, social support and networks, and perception of military family support organisations, were important aspects at the mesosystem level. Finally, macrosystem level circumstances included the military institution, culture and policies. Interviewees described a range of positive and negative experiences of social work practice at all three system levels.

The conclusion of the thesis highlights that the military institution and its culture pervaded every aspect of respondents' daily lives and influenced behaviour and consequent outcomes. It is concluded that military family life is incongruent with military duty associated with deployment and its aftermath. Military family life is placed under great stress with military duty pertaining to a deployment. The primary recommendation is that policies need to change those aspects of the military institution and its culture that negatively affects families.

Social workers in the Australian military setting, with their ecological focus, are well-placed to intervene across micro, meso and macrosystem levels. This will lead to better outcomes for military families who require coordinated care throughout all the stages of deployment and after their military careers.

Statement of Originality

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other institution and to the best of my knowledge contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

[signature]

[name]
[date]

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Dedication – This thesis is dedicated to my mother Mary Olive Siebler (1919-2006) and father George William Siebler (1917-1995). Mary taught me a love of people, books and libraries, and George, an appreciation of the value of a life-long education.

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Glossary of Acronyms and Terms

ACRONYM	FULL TITLE
ADF	Australian Defence Force
CO	Commanding Officer
CRTA	Compassionate Return to Australia
DCO	Defence Community Organisation
DFA	Defence Families of Australia
DSNSG	Defence Special Needs Support Group
DSW	Defence Social Worker
DVA	Department of Veterans' Affairs
ENDEX	End of Exercise (Deployment)
ECOD	Emotional Cycle of Deployment
FLO	Family Liaison Officer
FWSN	Families With Special Needs (now Dependants With Special Needs)
InterFET	International Force for East Timor
JNCO	Junior Non-Commissioned Officer
MAJ	Major
MSO	Military Support Officer
NWCC	National Welfare Coordination Centre
POPS	Post-Operation Psychological Screen
PTSD	Post-traumatic Stress Disorder
RtAPS	Return to Australia Psychological Screen
SAS	Special Air Service
SNCO	Senior Non-Commissioned Officer
UNTAET	United Nations Transitional Administration East Timor
VVCS	Vietnam Veterans' Counselling Service (now Veterans' and Veterans' Families Counselling Service)

Chapter One
Introduction

> Only days before Digger Ashley Baker was found dead in his barracks in East Timor, he was on the internet telling friends of being so busy he had forgotten his birthday. The 19 year-old private gave no indication of any personal torment in his deployment, apart from complaining to friends of working around the clock and of the heat while on patrol.' (*The Australian*, 8 November 2007).

1.1 Introduction

Deployment of military personnel from their families to war zones and to maintain the peace in other countries is occurring with unprecedented frequency in modern times. Recent developments in the international security environment have led to increasing strains on military forces and their families (Hosek et al., 2006:xiii). The Australian context parallels that of overseas forces. In a farewell speech to the Australian Defence Force (ADF) in August 2008, the Governor-General of the Commonwealth of Australia, Major-General Michael Jeffery, reiterated this trend:

> In the 1990s there was a spike with International Force for East Timor (InterFET), when there were 82 operational deployments involving nearly 17,000 personnel. Since then, the tempo has further increased. Astoundingly, more than 45,000 ADF personnel have taken part in deployments between 2001 and 2007 - with almost 35,000 in the last three years alone. And this year some 12,000 personnel will be added to that figure. (Governor-General of the Commonwealth of Australia, 2008)

The eminent scholar Florence Kaslow states in her book *The Military Family in Peace and War* (1993:251):

> …some country... is always preparing for, engaged in, or recuperating from war…there will be military families that merit attention in the form of rational legislation and effective programs to protect and promote their wellbeing and minister to the kinds of special dilemmas they encounter…

This thesis is interested in the 'special dilemmas' and experiences of Australian military personnel and their families when engaged in preparation for a peacekeeping deployment, throughout the separation and after homecoming. This thesis examines these experiences in the context of the deployment of thousands of Australian Defence Force (ADF) personnel to East Timor in 1999 which was the largest deployment of Australian Forces since the Vietnam War. The likelihood of death of Australian troops at the time was very high. The former Prime Minister, Mr Howard, had '…braced himself for the possibility of up to 30 Australian soldiers being killed by the Indonesian military…' (*The Australian*, 3 November 2008). Admiral Barrie, then Chief of the Defence Force, stated, 'These were uncertain grounds, uncertain areas for us…' (*The Australian*, 3 November 2008).

Given there was uncertainty for the military, just what the experience meant for children, adolescents, partners, and parents, was unknown and unstudied. Hence, this thesis arose because of the researcher's parallel experience of employment as a civilian social worker in the Australian Department of Defence at the time of the deployment, and as a Doctoral candidate in social work. The researcher had embarked on the early stages of examining the topic of 'Working with Men in the ADF'. The deployment to East Timor of Army, Navy and Air Force personnel, and concomitant challenges for families, was witnessed first-hand by the researcher. This experience provided a unique and timely opportunity to investigate, examine and analyse the parallel experiences of the deployed family member, and the family remaining in Australia.

1.2 Background to the Research

Military families have been omnipresent throughout history although it is only relatively recently that military organisations have begun to recognise and respond to their needs and demands (Albano, 1994; Martin et al., 2000). Therefore, military organisations worldwide and in Australia have developed military and family support organisations to ameliorate some of the difficulties families face due to their unique lifestyle. Social workers, psychologists, medical personnel, military commanders and chaplains typically play roles in assisting military personnel and their families (Knox and Pryce, 1999). Social workers have a long practice history with military families (Thatcher and Stein, 1920).

Military families form an inextricable link with the military organisation which sometimes results in a conflict between their needs and that of the military organisation (Segal, 1986). Segal (1986:9) describes both the military and the family as 'greedy institutions' because they each compete with the other for time, energy and resources. Deployment is a prime case in point since the military person must be separated from the family. 'Duty first' typifies the military (Martin and McClure, 2000:15). The military institution and its culture influence the behaviour of its people and families (Drummet et al., 2003).

The primary task of a military force is to be able to undertake peacekeeping operations or fight and win wars. One of the fundamental characteristics of military service that distinguishes it from other occupations is the liability to engage in combat operations, or 'warlike service'. The deployment of Australian troops to East Timor was classified by the Australian Government as 'war-like' (Commonwealth of Australia, 2001a:38). The Australian military family lifestyle entails separations of family members for periods of up to eight months or more due to deployment. In tandem with deployment which poses risks of trauma, injury or death, geographic mobility and separations comprise a unique set of requirements of military members and their families (Whitworth, 1984:1727-1728). ADF personnel must be prepared to deploy overseas as required. Family members must also live with the uncertainty of this situation (Wiens and Boss, 2006).

There have been numerous studies of deployment although the bulk of the research has been survey research conducted on USA military samples (Swan et al., 2002). The applicability of this research in the Australian context is questionable. Numerous studies highlight some positive but mostly negative outcomes on military personnel and their families (Newby et al., 2005a).

The psychiatric sequelae of peacekeeping are indistinguishable from that of war. Indeed, peacekeeping comprises a unique set of stressors for military personnel. Peacekeepers may be exposed to traumatic events such as observing or handling dead bodies and remains, being shot at, ambushed or attacked, and may injure combatants or civilians. Living conditions may be harsh, and peacekeepers may be required to exercise control in the event of hostilities which may arise from a number of conflicting parties (Dirkzwager et al., 2005). With the development of communication technologies such as the internet and mobile phones, deployed personnel may

communicate in real-time with family members throughout the deployment, bringing new challenges. Non-deployed partners, although less studied, exhibit a number of physical and mental health concerns throughout deployment with depression being the most prominent. Children and adolescents in families respond to the separation of their parent in a number of ways. Young children may not have the language to express how they feel. More frequent symptoms of mental health difficulties have also been shown in studies of children and deployment (Rosen et al., 1993). Adolescents demonstrate a more heightened awareness of the dangers their parent may face (Huebner et al., 2007). Overall, how the non-deployed parent manages the deployment appears to play a large role in determining how children fare (Drummet et al., 2003).

Research demonstrates deployment is satisfying and meaningful for USA military personnel with making additional money ranked first (Newby et al., 2005a). Although less studied than military personnel, studies indicate non-deployed partners report personal growth, newfound independence and new friendships as a consequence of deployment. Couples' quality of life may improve due to the personal meaning of getting through the experience (Wood et al., 1995).

1.3 Problem Statement

The Australian knowledge base for social work practice is very limited in this setting with respect to deployment. Social workers in the Department of Defence setting need to take a lead role in developing knowledge and understanding of the issues associated with deployment and its effects on military families. The significant increase in overseas deployments of military personnel since 1999 has impacted significantly on international and Australian military families at a number of levels, which requires suitable policy and practice responses (Rostker, 2007:76).

Australian military families have been almost entirely ignored in research designs, and knowledge about them is therefore scant. This is a glaring omission. Understanding of families' experience of living through and after a military deployment requires scholarly study to delineate further knowledge in this field.

1.4 Aim and Research Question

The aim of this study is to gain knowledge and understanding of the life experiences of ADF peacekeepers who were deployed to East Timor as part of the International

Force for East Timor (InterFET), and/or the United Nations Transitional Administration East Timor (UNTAET) force, and of their families who remained in Australia. The research question is: *What are the experiences of Australian Defence Force (ADF) peacekeepers and their families in relation to an overseas deployment?* Three subsidiary questions were posed:

1. What do ADF peacekeepers and their partners describe as the core features and key issues of the deployment experience?

2. What do ADF peacekeepers and their partners describe as the core features and key issues of their experiences of social work practice?

3. What are the implications for policy and practice?

1.5 Delimiting the Scope of this Thesis

This thesis is the first in-depth study of Australian military families in the context of deployment. Although feminist, postmodern, anti-oppressive and critical social work perspectives (Allan et al., 2003; Healy, 2005; Ife, 1997; Pease and Camilleri, 2001) would provide an important lens through which to view military family life, this study will be grounded in an ecological framework that considers some aspects of these approaches to develop a broad understanding of Australian military families. Although the Australian Defence Force (ADF) is predominantly a male force, Aboriginality, gender, race, class and ethnicity are too broad to explore in this thesis. That is not to say that these are not important factors in the lives of military families. However, important work has been undertaken on feminist perspectives of the military and family (Bridges, 2005; Burton, 1996; Harrison and Laliberté, 1994). Work has also been undertaken using a critical social work perspective of cultural change on the professional identity of social workers in the Australian Defence Organisation (Hughes, 2006) as well as a postmodern critique of the military organisation (Moskos, 1999). Gender, race, class and ethnicity issues in the military have also been considered by Brancaforte (2000) and Harrell (2000).

1.6 Research Approach

The military family literature with respect to deployment is premised on family stress theory (Black, 1993; McClure, 1999a; McCubbin and Patterson, 1983), the contextual family stress model (Boss, 2002; Wiens and Boss, 2006), variants of the emotional cycle of deployment (Logan, 1987), and Segal's sociological theory of the military

and family as 'greedy institutions' (1986:11). Historically, family stress theory has underpinned the bulk of the research on military families (Hill, 1949). As a theoretical model, family stress theory has the capacity to measure concepts such as family vulnerability, coping and resiliency (Frankel, 1988). Although it has served the field well, it is a positivistic theory which aims to identify causal relationships that combine to create or lead to a crisis in families (Burr and Klein, 1994:31). Although contextual family stress theory goes some way towards providing a more systemic understanding of deployed military families than family stress theory, an ecological understanding is proposed in this thesis. Segal's theory has a number of strengths and shortcomings (1986). Goffman's (1982:18-22) concept of a 'total institution' was rejected by Segal, although deserves more attention. An inclusive, social work ecological understanding that considers micro, meso and macrosystem levels will provide a framework to illuminate the complexity of the deployment experience of military families (Harms, 2005; Pitt-Catsouphes and Swanberg, 2006; Westhuis, 1999).

Studies of military families have been predominantly quantitative in nature consisting of large-scale mailed surveys. The term 'survey fatigue' has been used in the Australian context. Little attention has been paid to an in-depth examination of their 'lifeworld' (Burns, 2000:11), particularly in the Australian context. Berg argues that the understandings and perceptions of people, and explorations of how they structure and give meaning to their daily lives, are made possible by qualitative research (1989:6).

Compared to quantitative studies, very few international studies have used a qualitative methodology in deployment research (Huebner et al., 2007; Smith, 1998; Wood, Scarville and Gravino, 1995). Further, in the course of this thesis, no published Australian qualitative or quantitative studies were located after an exhaustive search of the literature pertaining to Australian Defence Force (ADF) personnel, their families and deployment. Two unpublished studies of limited scope were located (Kenney, 2000; Power, 2000).

Accordingly, a qualitative research approach has been chosen as the most suitable way of achieving the aim of the study and answering the research question. A qualitative, descriptive design will provide an in-depth understanding of the complexities and multilevel influences of deployment for the peacekeepers and their families. In-depth interviewing of a sample of ADF peacekeepers and their families is

used to collect the required information, which is considered a respected method in the field for eliciting understanding of people's experiences (Minichiello et al., 1999).

1.7 The Structure of the Thesis

To achieve the aim of the research and answer the research question, the thesis is structured in the following way. This thesis is organised into ten further chapters. Chapter Two provides a comprehensive overview of the military family and includes a workable definition for this thesis as well as a focus on their unique characteristics. In Chapter Three, the topic of deployment and the military family is discussed, outlining the constructs of peacekeeping and warfighting, the impact of deployment and Australian research. Chapter Four provides an overview of military family support organisations in the context of deployment with an emphasis on the policy response in the Australian Department of Defence. Chapter Five examines theoretical perspectives of the military organisation and family which inform the field of military social work. This chapter proposes an ecological understanding of the military family in the context of deployment and introduces the Australian context for military social work. Chapter Six presents the study's aims and objectives, research design, ethical issues, method of data analysis, validity and reliability, and difficulties encountered in conducting the research. The findings of the study comprise Chapters Seven and Eight. Chapter Seven presents qualitative findings regarding deployment in an ecological framework: micro, meso and macrosystem levels. Chapter Eight is devoted to findings associated with social work similarly presented in an ecological framework. The discussion is divided into two chapters. Chapter Nine discusses the qualitative findings in relation to deployment in the context of existing theory and practice. Chapter Ten discusses findings pertaining to Defence Social Work. Chapter Eleven provides the conclusion to the study. The following chapter introduces the military family to the reader with an emphasis on the Australian military family.

Chapter Two
The Military Family

2.1 Introduction

The descriptive term 'military family' is somewhat unique in the scholarly literature on work, occupations and family. A small body of literature exists regarding 'occupational wives' (Manson, 2002:18) and occupational families which includes 'police families' (Miller, 2007), 'fire-fighters' families' (Regehr et al., 2005), 'offshore oil workers' (Morrice and Taylor, 1978), and 'trucking and fishing families' (Zvonkovic et al., 2005). These researchers have focused on themes such as parent absence and work-induced separation which this thesis examines. This chapter firstly develops a workable definition of the military family. Secondly, it outlines the unique lifestyle of the military family. The final section examines the characteristics of the Australian military family which make it unique in comparison to other occupational families.

2.2 Defining the Military Family

The term 'military family' is commonly used in the overseas literature in America, Canada and the United Kingdom and will be used in this thesis. In the Australian context terms used have included 'Service Family', 'Veterans' family', and 'Australian Defence Force (ADF) family'. The Australian military person may be a member of the Navy, Army or Air Force. The term 'military family' is not intended to signify that there is a unified 'military family' but rather act as a descriptor that at least one family member is a member of the military organisation. It is recognised the term is problematic since it could serve to exclude family members such as partners, children, adolescents and extended family. This thesis will argue for an inclusive definition for the purposes of this study as opposed to the narrow definitions of military family in the literature and Department of Defence.

What is a 'military family'? How is it the same or different to definitions of 'family'? In order to address these questions, definitions of family as well as the military family are discussed to establish a workable definition to be used throughout the thesis. The difficulties in defining the family per se and limitations of definitions of the military family will be highlighted.

The family has been the subject of much debate about what it ought to be and what it is (Allan, 2002; Hartman and Laird, 1983; Lowery, 2002; Mason, 2005; Silva and Smart, 1999; Weeks and Quinn, 2000). For example, as will be shown in Chapter Five, Segal describes the military family as a 'greedy institution' (1986:11). How to define the term 'family' has been a conundrum for policymakers and theoreticians alike. Indeed, how the family and military family are defined and conceptualised shapes practice models and social policy (Hartman and Laird, 1983). As Jamrozik contends: '…if one cannot define the family, how can one develop a family policy?' (2005:235). Traditional social science definitions of the family tend to be structural, citing legal, conjugal and consanguine relationships (Hartman and Laird, 1983:27). However, the dominant nuclear family model of a monogamous patriarchal family headed by a male wedded to his wife and living with her and any children has been replaced by new family forms. The Australian Bureau of Statistics, for example, refers to household families – that is, the relationship of people living in the same household which may include single-person residences, single-parent families, same-sex couples, childless couples, married couples with children and married couples with adult children (Schindlmayer and Ong, 2001). Other definitions refer to 'partner and children' or 'kin in the household' (Rothausen, 1999:818).

However, notions of 'household', 'partner and children', and 'kin in the household' have also been challenged (Rothausen, 1999). There is increasing recognition of the intricacy and diversity of families (Hartman, 1995), yet no clear definition of family (Rothausen, 1999). Hartman and Laird proposed an inclusive definition of family which suggests consideration of individuals in the broader context of their family of origin and emotional system (Hartman and Laird, 1983:30). Thus, this would include:

> …family of blood ties, both vertical (multigenerational) and horizontal (kinship), living or dead, geographically close or distant, known or unknown, accessible or inaccessible, but always in some way psychologically relevant.

as well as:

> …two or more people who have made a commitment to share living space, have developed close emotional ties, and share a variety of family roles and functions.

Inclusive definitions such as the above are found in clinical and counselling psychology and family therapy as well as social work (Nichols, 1996; Patterson, 1996; Rothausen, 1999). These definitions of family reflect individuals' own definitions of who is in their family and are more inclusive and functional according to Rothausen (1999). Poole extends this idea by emphasising that the relationships between members of a family need to be considered as well as who are considered to be members (2005:21).

How does the military define the 'military family'? Devilbiss suggested the military made the family an extension of the master status of the military member by making the family come under the concern of the organisation (1999:135). As such, military definitions of military family reflect the military member as having 'dependants' such as a partner and children, to be provided for by the military person through the government. Military organisations have themselves grappled with formulating a workable definition. The Canadian Forces (CF) formed a CF Family Definition Virtual Working Group. This group created a definition of family which was not adopted due to legal concerns with the definitions of partner and dependants. As a consequence, according to the CF Web Page, CF Families (2007):

> …a single definition of the CF family is impractical and the proposed three inclusive levels of family (core, immediate, extended) are major concerns of the compensation and benefits policy makers…The development of the family definition is being held in abeyance pending a governmental decision on a Canadian definition of family.

Policymakers in the Australian Department of Defence have also attempted to define the term. The military family is defined by the Department of Defence (2000:1), as:

> …an ADF member, their partner, dependant(s), and those relatives for whom the member has primary responsibility. In general, only those persons with whom a member has a Service recognised relationship, or responsibility for, will be entitled to draw upon ADF support. Services may be extended to the nominated next-of-kin of ADF members in certain circumstances.

Such a definition is open to interpretation. Contested terms may be 'partner', 'dependants', 'Service recognised' and 'primary responsibility'. This policy enshrined

dependants such as a partner, children and other persons recognised by the ADF as being dependent upon a member for accommodation and financial support. This definition clearly sets boundaries around who is and who is not entitled to family support including during the stages of a deployment. Interestingly, single personnel who have separated or divorced were formerly categorised as Members Without Families (MWOF) and are now categorised as Member Without Dependants (MWOD) even if they have dependant children residing elsewhere. Children who do not live with the military member are not recognised as dependants. Similar to overseas forces, members whose children do not reside with them are not considered to constitute a military family, which may have implications for the provision of family support to their extended family in general, and specifically with respect to an overseas deployment.

Policy does not always reflect practice and vice versa. In response to a question regarding how the Defence Community Organisation (DCO) determined who constituted family in the event of a death, the following exchange occurred in an Australian parliamentary hearing between the then Director General of DCO Janet Stodulka and Senator Johnston (Commonwealth of Australia, 2004:15-16):

> Senator Johnston- So you consult fairly flexibly with his mates to say, 'What's the situation?'
>
> Ms Stodulka- The commanding officer will say to us - again, we had an example of this quite recently - that the next of kin is mum, for example, who lives in Perth, but actually he has a de facto who is unrecognised, who has been living with him and is in the area where the person died. Defence allows us to take a generous approach in terms of defining who the family is…we look at who was significant to that person. I do not believe we then make a distinction about what level of support we will make at that time.

The military defines the military family in terms of those who are eligible to draw on family support or have entitlements such as housing. The military family's perspective of what constitutes support throughout an overseas deployment, which family members are eligible to receive it and how it is provided is critical.

Thus, a broader definition of military family is adopted in this thesis that includes married, defacto and single members with or without children residing with them and reflects individuals' own definitions of who is in their family. Indeed, this resonates with social work's notion of an inclusive definition of family (Hartman and Laird, 1983). The term 'military family' is used interchangeably with the term 'military families' throughout this thesis.

In the next section, the distinctive lifestyle of military families is outlined. Similarities of, and major differences between, the military family and other occupational groups will be examined.

2.3 Characteristics of the Military Family

The military force is significantly younger than the civilian sector. For example, half the men and women who comprise the USA military are under the age of 25 compared to the civilian sector of 15% (Segal and Segal, 2004:23). Over half of the military personnel are married and almost three-quarters of that group have children (Segal and Segal, 2004:31). Thus, the military is described as a young force with a large number of younger married or sole parents with young children.

Military families have a lifestyle that is both distinct from, and similar to, other occupational groups. Whitworth (1984:1727-1728) noted eight characteristics of the military: mobility; separation; intermittent absence of parents; adjustment of children; overseas living; high stress and high risk jobs; conflicts between the needs of the military family and that of the military organisation, and; authoritarian management requirements.

Other occupational groups also experience these factors at times. For example, fishing is described as one of the most dangerous occupations in the UK (Matheson, Morrison, Murphy, Lawrie, Ritchie and Bond, 2001). The fishing and trucking occupations have been shown to experience the demands of separation, reunion and risk (Zvonkovic et al., 2005). In addition, truck drivers, farm occupations, sales occupations and construction labourers are high-risk occupations and these occupations accounted for 35% of all job-related fatalities in the USA in 1996 (Toscano and Windau, 1998). Fire-fighters' and truckers' families may experience absence of parents, high risk and stress that affects family members such as children (Regehr et al., 2005). Police officers have organisational demands placed upon them

that conflict with the needs of their families. Police work in an authoritarian culture of control and dominance, and solidarity bonds between officers that may exclude family members (Miller, 2007). In the military family setting, Segal (1986:9) proposed the military and the family were both 'greedy institutions' and in an inherent conflict with each other. Segal's (1986) notion will be examined in Chapter Five. Notwithstanding the above, Garber and McNelis (1995) suggested military families will probably experience all of the preceding factors at times, and in different frequencies and combinations.

Significantly, and relevant to the focus of this study, today's military family is faced with more frequent separation and deployments than in 1995 with concomitant repercussions for families (National Council on Family Relations Report, 2002). The next section highlights the characteristics of the military family in the Australian context.

2.4 Unique Characteristics of the Australian Military Family

Similar to the USA military, 57% of the ADF are either married or in a recognised defacto relationship. More than half of this group have dependant children. Over half of the ADF are under the age of 29 years (Australian Government, 2003).

A central debate in characterising military life has been the degree of difference between civilian society and the military (McClure, 1999b). Indeed, Australian military personnel are remunerated on the basis that their employment conditions are different to the general population. Australian military personnel are remunerated on the basis of military service that has the following characteristics: combat operations; a military discipline code; a regimented way of life; long and irregular working hours; statutory retiring ages well below the community norms; high standards of physical fitness; frequent relocation; and separation from family (Commonwealth of Australia, 2001a:36).

Although it has been shown that the families of other occupational groups share similar characteristics to those of the military, one of the fundamental characteristics of military service that distinguishes it from other occupations is the continuous and ongoing liability to engage in combat operations, or 'warlike service' (Commonwealth of Australia, 2001a:38). In the report *Serving Australia,* Glenn states (1995:61):

> Those who join the Services make a professional commitment quite unlike any other. They undertake to maintain the security, values and standards of the nation against external threat. They train for the application of extreme violence in a controlled and humane fashion, whilst accepting the risk of serious injury or death in achievement of the mission...

When deployed on warlike service, Australian military personnel receive a Deployment Allowance which depends on an assessment of the risk of harm. This allowance does not attract personal income tax (Commonwealth of Australia, 2001a:38).

Coupled with this liability, soldiers, sailors, airmen and airwomen swear an oath of service committing themselves to fight to the death, if required, for the society that sanctions such violence (Pryce et al. (2002), cited in Hawes and Shores, 2002:688). This relates to the military discipline code. In essence, this means the military person is subject to a code of military discipline and law in which due process differs significantly from civilian law (Commonwealth of Australia, 2001a:38).

There have been numerous incidences in which ADF personnel have been killed on recent military deployments in combat and by other means such as accidents or suicide. An ADF death may lead to a public Board of Inquiry which may be distressing for bereaved families. One of the most reported ADF deaths in the Australian media has been that of Private Jake Kovco who died in contentious circumstances on deployment in Iraq. According to the ADF inquiry, Private Kovco died as a consequence of the inappropriate handling of his personal weapon, attributed to 'skylarking behaviour' (Department of Defence, 2006a:80). Neither Private Kovco's mother or wife has accepted the finding of this military inquiry or a subsequent Coronial Inquiry of 2007. Another report, *The Effectiveness of Australia's Military Justice System* (Commonwealth of Australia, 2005:v), examined a number of peacetime deaths by accident and suicide. A number of families provided evidence regarding the suicide of their ADF military family member. The report provided evidence of a number of situations where families claimed the ADF had been negligent, and an independent grievance and complaint review body was recommended. It is apparent these and other ADF deaths will reverberate throughout the generations for families as typified by a number of families seeking change in

military policy and compensation for loss and trauma (Australian Broadcasting Corporation, 2008). Henry and Robichaux contend family members are alert to the dangers and '…live with the added stress of knowing that their soldier is deploying again…', often distracting themselves from perceived dangers and reacting as if they are not worried about the risk (1999:223). However, research regarding how families actually respond to and cope with death or injury is limited.

The other characteristic that distinguishes the military from other occupations is that there is no contractual arrangement between military personnel and the Commonwealth. Military personnel are not defined as employees by law. Military personnel have no recourse to industrial action and maintain their engagement at the discretion of the Crown or the Commonwealth (Commonwealth of Australia, 2001a:38). The nature of the ADF member's employment means they are unable to negotiate the terms and conditions of their engagement. The disciplinary code outlines a regimented way of life which imposes restrictions on personal conduct and where the ADF person may be required to reside for employment purposes.

These unique aspects of military life may impact on the military family in both positive and negative ways. A range of financial and social service benefits exist to assist families. The military expects that the military member's first priority is combat readiness (Knox and Pryce, 1995:482). Further, the family's needs are subordinate to the military mission which relates to the nature of their employment (Knox and Pryce, 1995; Segal, 1986). These conditions may be similar to other occupational groups as previously cited. However, it is the cumulative impact of all these conditions that distinguish the military family from other occupationally-defined families (Commonwealth of Australia, 2001a:38).

How does mobility, frequent relocation, separation and reunion of family members underpin the life of the military family? Since little research on Australian military families is in the public domain, the overseas literature is drawn upon here. Geographic mobility entails the frequent relocation of military families known as postings. The purpose of regular postings is to provide new training and skill development, advancement and preparation for an overseas deployment. Frequency of postings may range from 12 months to three years. In Australia postings may be within Australia or overseas. Official posting policy requires postings to be of three years duration and, where possible, 'back to back' in the same locality

(Commonwealth of Australia, 2001b:21). A higher posting frequency is termed 'posting turbulence' (Commonwealth of Australia, 2001b:21). Posting turbulence may lead to disaffected personnel and discharge from the military, a lack of job mastery and a high level of relocation that adversely affects the military family such as the partner's capacity to find suitable employment (Commonwealth of Australia, 2001b:22; Segal and Harris, 1993).

These moves may have an impact on children and their education, and the family's social support system may suffer (Pryce et al. (2002), cited in Hawes and Shores, 2002:687). Australian research found that mobility affected children's learning outcomes ranging from negative to neutral to beneficial (Commonwealth of Australia, 2002:2). The first move for a family new to the military is generally away from their home and extended family. Segal suggests this move requires the greatest adjustment; on the other hand, mobility is seen as an opportunity by others to travel and experience a new way of life (Segal, 1986).

Separation from family is well documented as the greatest single stressor of military life (Knox and Pryce, 1995:483). Separation, reunion, the concomitant dangers and risks associated with combat, and training and overseas deployments are core characteristics of military life. Indeed, there are more deployments than ever (Pryce et al. (2002), cited in Hawes and Shores, 2002:686). During a deployment, military personnel may endure a myriad of traumatic events and witness or participate in killing enemy combatants and others such as civilians enmeshed in the conflict. Family members who remain at home may be lonely, anxious and worried about their partner's wellbeing. Return from deployment may create challenges in reforming the family unit (Pryce et al. (2002), cited in Hawes and Shores, 2002:689).

The regimented way of life creates a number of considerations for the military family. For example, non-military family members may informally wear the rank of their partner, may be instructed how to behave at social functions, that their behaviour may be under scrutiny and that they should refrain from 'troublesome behaviour' (Segal, 1986:23). Segal asserts that if partners' roles are institutionalised (1986:23), they will be more easily integrated into supportive social networks. Harrell has shown how officers' wives have an '…overwhelming list of activities and responsibilities…' to fulfil in supporting their husband's career, playing a significant role in preserving military culture and tradition (2001:69). Although the context in which the military

family is situated differs from many families, the military community offers families an array of support not available to civilian couples which are described in Chapter Four.

2.5 Conclusion

This section has demonstrated unique aspects of the lifestyle of the Australian military family, many of which distinguish the military family from other occupationally-defined families. In particular, dangerous military operations and separation from family, combined with geographic mobility and a requirement to navigate a military culture, present military families with a unique set of circumstances with which to contend. Moreover, the military family is difficult to define and perhaps more aptly described in the plural – 'military families' – to include a variety of forms and configurations in their definition. Australian military families, in particular, are underresearched as a group. The next chapter introduces the topic of deployment and the military family.

Chapter Three
Deployment and the Military Family

3.1 Introduction

This chapter examines deployment, one of the defining and unique characteristics of the military family life cycle. War fighting and peacekeeping will be examined with respect to families. The chapter will consider a range of factors considered influential in determining the nature of the experience for the military family. The chapter concludes with an overview of Australian research pertaining to deployment. The strengths and shortcomings of the extant overseas and Australian literature will be examined, paving the way for the following chapter which examines policy and organisational responses.

3.2 What is Deployment?

Chapter Two illustrated that one of the defining characteristics of a military family is that the military member may be deployed to a war or war-like zone and be separated from family for lengthy periods. Indeed, as it has been shown, military personnel are remunerated in part on the basis of separation from family and due to warlike conditions overseas. Deployments are widely recognised and documented as major stressors for military families (Wiens and Boss, 2006:13).

Military separations may be defined on a continuum that includes expected training exercises or missions, planned peacekeeping rotations, overseas tours of duty and combat (Wiens and Boss, 2006:13). For the purposes of this thesis, deployment may be defined as 'the assignment of military personnel to temporary, unaccompanied duty away from the permanent duty station.' (Stafford and Grady, 2003:110). Thus, the military person may be separated from their family for an indeterminate period of time. American deployments may be for periods of several weeks up to twelve months. The ADF deploys for periods of up to eight months or more as required. In addition, the time period between deployments may also vary from a period of months to several years.

The East Timor deployment was a peace enforcement and subsequently a peacekeeping operation. It is instructive to examine the broader deployment literature pertaining to peacekeeping and war-fighting operations since the literature does not

tend to make significant distinctions between the two from the perspective of providing support to military families nor its consequences (Bell et al., 1996). The next section examines peacekeeping and war fighting.

3.3 Peacekeeping and War Fighting

The United Nations describes peacekeeping as:

> a way to help countries torn by conflict create conditions for sustainable peace. UN peacekeepers – soldiers and military officers, police and civilian personnel from many countries – monitor and observe peace processes that emerge in post-conflict situations (United Nations Department of Public Information, 2006:2).

The contemporary literature regarding war pertains to the Persian Gulf War of 1991 (Bell et al., 1993; Norwood et al, 1996). Literature regarding the Iraq and Afghanistan conflicts is evolving (Friedman, 2004; Hoge et al., 2004; Hosek et al., 2006).

Ursano and Norwood provide an account of the 1991 Gulf War which they argue had never before been brought so rapidly into the homes of so many families so far away from the battle zone due to technological advances (1996:535-6). Further, the stressors of anticipating this war included the threat of chemical and biological weapons, unexpected separation, family disruption, rapid deployment, loss of parent(s), loss of civic leaders and community members, exposure to new environments and conditions, an unknown future and boredom (Ursano and Norwood, 1996). In particular, the Gulf War represented the military's first experience with the deployment of significant numbers of active-duty mothers and wives who functioned in combat and non-combat roles (Norwood and Ursano, 1996). Satellite technology enabled communication from the combat theatre to home.

Gravino et al. (1993) describe the relatively recent evolution of peacekeeping in contrast to warfare. Gravino et al. (1993) document the evolution of peacekeeping as a result of the failure of previous international attempts to manage conflict. However, the authors suggest the dividing line between peacekeeping and war-fighting may be narrow and ambiguous for military personnel and families since peacekeeping forces may find themselves at war if peacekeeping fails (1993:6). They highlight the initial use of peacekeeping (Operation Desert Shield) and ultimate war-fighting (Operation Desert Storm) that became known as the Gulf War of 1991 as potentially 'the

prototypical example' (1993:8). Further, American inexperience and the extensive variation in international practice of peacekeeping have contributed to the ambiguity of peacekeeping, according to Eyre et al. (1993). The authors believe a social constructionist approach to understanding peacekeeping missions is useful and suggest such missions are what military families define them to be (Eyre et al., 1993:52). As a consequence, research targeting if and how families and personnel view peacekeeping as a 'good reason' for personnel to be deployed has been identified (Bell and Schumm, 1999:117).

An often-quoted maxim of peacekeeping highlights the military's ambivalence with peacekeeping: 'It's not a soldier's job, but it takes a soldier to do it.' (Eyre et al., 1993:53). This ambivalence raises questions about how deployed and non-deployed family members may view peacekeeping. Indeed, a number of scholars have suggested peacekeeping is a more complex role than war-fighting because peacekeeping soldiers are not expected to engage in regular war activities and must control their hostility and fight impulses as well as natural flight impulses they are trained in (Mehlum and Weisaeth, 2002). In contrast, others such as Eyre et al. believe that '…war-fighting, even when it is deplored, is understood' (1993:52).

Peacekeeping has a number of similarities and differences from war-fighting. Although peacekeeping is generally viewed as a form of low-intensity conflict (Gravino et al., 1993) that is similar to war, missions may result in loss of life or injury. For example, 1219 lives were lost in the period 1949-2001 since peacekeeping commenced (United Nations Department of Public Information, 2001). The dangers and hazards associated with peacekeeping and war are well documented (Marie-France et al., 2001; Mehlum and Weisaeth, 2002; Segal and Segal, 1993; Ursano and Norwood, 1996) and 'peacekeeper's stress syndrome' has been diagnosed since 1979 (Shigemura and Nomura, 2002). Despite being described as a low-intensity conflict Gravino et al. state that 'the use of force or the threat of force can be significant factors in increasing the likelihood of success of peacekeeping interventions' (1993:10). Despite the blurred distinction between peacekeeping and war-fighting, research is lacking whether there is any difference in how personnel and their families make sense of the respective missions and whether coping strategies and support needs necessarily change. It is evident the act of deployment alone to what the military labels a theatre of operations may be problematic for personnel and hence

their families even when there is no direct contact with an enemy. For example, Marlowe's overview of war from the Classical World to the Gulf War of 1991 concludes:

> that the stress of combat or simple deployment can have immediate and long-term physical and psychological consequences. These consequences are similar throughout the history of warfare even though the nature of warfare has changed dramatically (2000: xxviii).

However, Marlowe (2000) ignores the impact of 'simple deployment' for family and community as well as for policy which is of interest to social workers.

This section has provided an overview of peacekeeping and war fighting deployments. The next section examines how deployment may have an impact deployed and non-deployed family members.

3.4 The Impact of Deployment

Peacekeeping and war-fighting deployments pose differing degrees of physical risk of injury or death and separation of family members for varying amounts of time (Bell and Schumm, 1999). Irrespective of whether a deployment is peacekeeping or war, the greatest single stress for military families is reported to be family separation created by the deployment of a military member (Knox and Pryce, 1995). Further, family separation is frequently cited in the literature as one of the primary reasons for personnel leaving the Army which is of concern to military policymakers (Bell and Schumm, 1999; Hay, 1993; Segal and Harris, 1993). The family who can balance their physical and emotional needs as well as the needs of the military mission is viewed as the archetype military family (Burke, 1999:209).

In the following sections the literature is reviewed to examine positive and negative aspects of deployment. A significant emphasis of the deployment literature is on 'negatives' (Newby et al., 2005a) and 'stressors' (Knox and Pryce, 1999), although positive consequences are also documented. The sections will focus on the international literature. The Australian literature regarding deployment will be reviewed in the penultimate section of this chapter.

3.4.1 Positive Aspects of Deployment

Although separation from family is oft-cited as a major stressor for military families, deployments may be positive experiences. Most studies highlight positive and negative consequences, although these are discussed in separate sections.

Newby et al. (2005a) surveyed a sample of 951 male and female soldiers who were deployed to Bosnia in a peacekeeping deployment. Soldiers wrote comments about what they experienced as positive and negative about the deployment. Negative comments are outlined in the following section. The researchers (2005a:817) categorised the results into seven categories which are outlined in descending frequency: additional income; self-improvement; time to think; enhanced marital/significant other relationship; assisting the people of Bosnia; travel to another culture and discovering how fortunate people are in the USA compared to Bosnia.

The rank order of comments was similar for single and married soldiers, with additional income ranked first for both. The authors (2005a:818) note that deployment had a differential impact on single and married soldiers since single soldiers spoke more of workplace issues than married soldiers who defined the experience in terms of their family. Historically, Newby et al. contend the deployment experience has been conceptualised negatively for families and military personnel but that interventions should not assume that soldiers and family members are damaged by a deployment experience (2005a:818). Rather, the military family may benefit from the deployment and demonstrate resilience. The researchers call for a shift in emphasis from a problem-focus of deployment-related interventions to a strengths-focused paradigm (2005a:818). They also note that a limitation of their research was that categorisation was inferred from the written comments.

Hosek et al. (2006) used focus groups with military personnel and survey data to gain insights into whether frequent, long and dangerous deployments, increase stress, lower morale and reduce service members' willingness to remain in the military. The research was commissioned in part by the USA military, and family members were not part of the research design. The sample consisted of personnel who had been deployed to Iraq or Afghanistan. The findings shared similarities with the preceding study. For example, deployment pay was seen as positive to the extent that a number of personnel volunteered for dangerous duty. Additional pay, tax exemption, fewer

opportunities to spend money on deployment and increased capacity to use money to pay off debt were viewed as compensation for risks associated with deployment. In addition, using training and skills in a deployment as opposed to military training was described as positive. Hosek et al. (2006) observe that prospective recruits to the USA forces in the future would demand higher pay to compensate for the likelihood of deployment. According to the researchers, deployment was viewed as meaningful and satisfying. However, family perspectives were not canvassed, a major limitation of the study.

Peacekeeping was described previously as 'not a soldier's job, but it takes a soldier to do it.' (Eyre et al., 1993:53). Along these lines, Britt raises the question of whether it was possible that military personnel might derive benefits from deploying on a peacekeeping deployment given that most are trained for combat (2003:71). He concludes that peacekeepers' self-confidence increased, political understanding was heightened, stress tolerance increased, military qualifications were improved and soldiers felt the local population had been helped. However, Britt (2003) also suggests that peacekeepers would derive benefits when military personnel perceived meaning during the deployment experience. This raises questions about how military personnel might view a peacekeeping deployment if they are unable to derive meaning from the operation.

Family members are less studied than military personnel and, as indicated above, many studies provide the military member's perspective of how their family may have fared. Studies have indicated military personnel have been reported as being proud of the way their partners managed family issues during their absence (Wood et al., 1995:218-219).

In terms of family members, improved marital functioning during homecoming has been observed (Jacobs and Hicks, 1987). Partners have been provided with opportunities for new friendships, personal growth and independence (Wood et al., 1995). Further, the personal meaning associated with getting through the experience of separation during a deployment has been shown to have a positive effect on a couple's quality of life (Wood et al., 1995).

Negative impacts of deployment are examined in the next section.

3.4.2 Negative Aspects of Deployment

3.4.2 (a) Deployed Family Members

Military deployments are generally described as negative events with harmful consequences (Newby et al., 2005a: 816). This study was outlined in the previous section. The study examined negative and positive aspects of a peacekeeping deployment of USA soldiers to Bosnia. Negative aspects are classed in six categories in descending frequency: disappointment with the military/chain of command; being away from family and missing important events; deterioration of marital or romantic relationship; personal change for the worse; no purpose for the mission; and, personal financial problems. The most common category of negative comment across all soldiers, regardless of marital status, was problems with their chain of command (2005a:818).

From the perspective of deployed personnel, much of the deployment literature focuses on the readjustment of combat veterans and the prevalence and impact of post-traumatic stress disorder (Carroll et al., 1985 for impact on marriage; Deane et al., 1998 for an outline of a treatment program and evaluation; Sutker et al., 1994) for a study examining the effect of body recovery on soldiers during the Gulf War). Historically, psychiatric symptoms noticed in soldiers were described as soldier's heart, nostalgia, shell shock, or war neurosis (Figley, 1993a; Garton, 1996; Harmon, 2007; Leed, 1979). Acute stress disorder, post-traumatic stress disorder (PTSD), depression, substance-related disorders, somatoform and psychophysiological disorders, antisocial behaviour, adjustment disorder and personality change have been identified and classified as psychiatric outcomes of war (Rundell and Ursano, 1996). The symptoms of acute stress disorder may include an initial state of daze, followed by agitation, withdrawal or psychic numbing, acute anxiety, amnesia for portions of the event, disorientation, flashbacks, intrusive memories and hyper-arousal (Barton et al., 2007:500). When these symptoms continue, the patient has usually developed PTSD (Barton et al., 2007:500).

In a large-scale survey of Canadian peacekeepers, Sareen et al. (2007) identify an association between combat exposure, witnessing atrocities and negative mental health outcomes. The relationship between a peacekeeping operation, mental disorder, and perceived need for treatment, was complex. However, Sareen et al. conclude:

‘The present findings… suggest that exposure to combat and witnessing atrocities during peacekeeping operations is likely to place soldiers at risk for mental health problems after deployment’ (2007:850).

The authors found that most individuals with a mental disorder did not receive any mental health services or thought that they did not receive as much help as they required, noting that ‘untreated mental illness in the Canadian military is an enormous problem’ (2007:850). The most common self-reported barrier for not receiving assistance was a lack of confidence in the services available in the military. The authors suggest that qualitative studies may shed more light on perceived barriers to receiving help.

Deployed personnel are exposed to traumatic events such as observing or handling dead bodies and remains, being shot at, ambushed or attacked and the possibility of injuring combatants or civilians. Living conditions may be harsh, and peacekeepers may be required to exercise restraint in the event of hostilities which may arise from a number of conflicting parties (Dirkzwager et al., 2005). Peacekeepers have a high risk of PTSD as well as secondary traumatic stress (Figley, 1993a and 1993b; Litz et al., 1997; Rosebush, 1998). Peacekeeper’s stress syndrome, first described by Weisaeth in 1979, is defined by ‘rage, delusion and frustration. Feelings of impotence and helplessness when confronted with violence and atrocities but unable to respond’ (Pearn, 2000:435). In a study of over one thousand UK Gulf War peacekeepers, Greenberg et al. (2003) found that talking about peacekeeping experiences was associated with lower distress levels. Most respondents in their study made use of informal networks, and formal psychological debriefings were not required by all. The group measured as most distressed was represented by those peacekeepers who wanted to talk with someone after deployment but were unable.

Significantly, irrespective of whether a deployment is peacekeeping (Mehlum and Weisaeth, 2002) or war, PTSD and its concomitants may onset and endure many years after the event as the veterans literature testifies (see Beckham et al., 1996 for a study that describes the negative impact of PTSD upon those living with veterans; Ruscio et al., 2002 for a discussion of male Vietnam war-zone veterans and their relationships with their children; Steindl et al., 2003 for a discussion of male combat veterans). Thus, it can be seen that although peacekeeping may be described as a ‘low

intensity conflict' when compared with war, its mental health concomitants are largely indistinguishable from those cited above for war operations.

3.4.2 (b) Non-Deployed Family Members

From a family perspective, research into the mental health of family members in the context of a deployment has received far less attention in the literature and by military organisations, particularly in the Australian context where no work has been undertaken. This is a startling omission given that studies have long found that non-deployed partners have experienced depression throughout deployment (Isay, 1968; Nice, 1983; Pearlman, 1970), secondary traumatisation has been known for over a decade, and deployments have increased significantly since 1999 in Australia.

Although less studied than military personnel, wives of combat veterans may also be distressed as an outcome of psychiatric and physical health concerns experienced by their husbands (Solomon et al., 1992). People who come into contact with someone who has been traumatised may experience the feelings and be traumatised themselves. This is known as secondary traumatisation (Figley, 1993a and 1993b; Solomon et al., 1992). Secondary traumatisation has been studied in military family populations (Dirkzwager et al., 2005; Figley 1993a; Solomon et al., 1992). For example, Dirkzwager et al. (2005) found a significant association between Dutch peacekeepers' PTSD symptoms and partners' PTSD symptoms, somatic problems, sleep difficulties and marital relationships. The authors conclude secondary traumatisation had occurred.

A number of studies have investigated whether deployment increases family violence after a deployment (McCarroll et al., 2000; McCarroll et al., 2003). A literature review conducted by Rentz et al. (2006) found that there are few studies regarding the extent of violence in military families. This review found physical child abuse and physical partner abuse composed the majority of reported and substantiated cases in the USA military. The review noted the characteristics of the military lifestyle highlighted earlier in this thesis such as the stress of separation. Newby et al. (2005b) studied partner abuse of deployed and non-deployed peacekeepers via a postal survey. Although no increased risk was found to relate to the deployment itself, a history of pre-deployment domestic violence was predictive of post-deployment abuse. Johnson et al. suggest military communities may include a range of risk factors for child abuse

including occupational stress, geographic isolation, frequent separations and young families living away from social supports (2007:29). They also contend that a post-deployment concern is the possibility of an increased risk of child abuse. To date, no research has been conducted in the military setting in Australia.

Separations often entail a reorganisation of family roles and routines as the partner remaining at home adjusts to the partner's absence. Stressors may include a strain on the marital relationship, child care concerns, changes in children's wellbeing, difficulties accessing military services and practical issues associated with home and car maintenance (Van Vranken et al., 1984; Wood et al., 1995). Non-deployed partners have been shown to experience loneliness, anger and depression as well as headaches, menstrual irregularity, weight change and sleep disturbances according to Wood et al. (1995:218). Coupled with a recent relocation, imminent childbirth, caring for a seriously ill family member or partner unemployment, a family's functioning may be threatened if a military member is deployed (Wood et al., 1995:218).

Frankel et al. (1992) studied a sample of partners of personnel in USA Navy Patrol Aviation Squadrons experiencing deployment of six months. The researchers administered a questionnaire to their sample of seventy-five wives. Family life cycle stage and family type were considered in the design of the study. Family resources measured at pre-deployment included a rating of their financial situation, the number of previous unaccompanied deployments, an instrument that assessed family pride and sense of mastery and, finally, social support. The family members' perception of the deployment considered measures such as how satisfied the partner was with Navy life, the extent of concern over the deployment and emotional expectations. The researchers also considered measures of family problem-solving and coping. Frankel et al. (1992) found the poorest family outcomes were associated with lower pre-deployment marital happiness, having older children and longer deployment periods. Women who did not prepare for the deployment both emotionally and practically were more likely to become depressed after their husbands were deployed.

Studies have examined the deployment phases of pre-deployment, deployment and reunion and observed effects on individuals and families, with contradictory findings. For example, Amen et al. (1988) suggested the post-deployment period to be the most difficult whereas research by Kelley et al. (1994) indicates that the pre-deployment time was especially difficult for children and that family togetherness actually

improved upon return of the member. Wood et al. found USA Army wives faced the imminent separation with dread and anger underpinned by feelings of strain (1995:221-222). Despite the findings of Kelley et al. (1994) regarding reunion, the literature generally emphasises the strains of reunion for families. Numerous studies highlight homecoming problems such as marital conflict and estrangement, behavioural changes in children and physical stress symptoms (see Jensen et al., 1996; Teitelbaum, 1992; Wood et al., 1995). By the time families are reunited with serving personnel, many family members have endured more significant stress than the military member themselves according to Figley (1993a and 1993b).

In a survey of USA Army spouses, four military lifestyle demands were examined (Burrell et al., 2006:44). These included overseas living, periodic separations, frequent relocations and the risk of military-related injury or death. Burrell et al. examined the relationships between these four demands and psychological and physical wellbeing, satisfaction with the Army, and marital satisfaction (2006:44). The effect of separations was the sole variable that was predictive of all the outcomes of poorer physical and mental health, less satisfaction with the Army and lower marital satisfaction. The perceived effect of the separations rather than the number of separations was pivotal in determining how spouses would be affected (Burrell et al., 2006:53). The low response rate to the survey of 13% was interpreted as a limitation of the research and cited as a problem in conducting research within the military population (Burrell et al., 2006:55).

Despite the differences in findings, researchers are unequivocal that deployments place both the deployed member and family members remaining at home under considerable stress. Eastman et al. (1990) surveyed deployed and non-deployed USA Navy military personnel and their partners. Their study found higher stress levels were associated with lower levels of family cohesiveness, expressiveness and organisation along with higher levels of conflict and control, highlighting implications for program interventions. Given the potential for injury and severe mental health conditions on deployment, military families may have to confront the reality upon return of a member suffering from injury or mental illness. This may entail role changes from breadwinner to a secondary status (Drummet et al., 2003) and adjustment of family members in taking on caring roles.

Wiens and Boss (2006) suggest that, during deployment, the military member is physically absent, although psychologically present, in the minds of the family remaining at home. Maintaining communication throughout deployment enables the family to keep the absent member psychologically present (Wiens and Boss, 2006:28). Less research emphasis has been placed on any benefits of communication for the deployed person. Communication is important to families during deployment, although communication difficulties may pose their own stressors. For example, the increased cost of communicating by telephone throughout deployment caused financial hardship for USA families particularly during the Gulf War (Caliber Associates, 1993) and in more recent deployments (Varcoe et al., 2003).

Previous research has highlighted the changing nature of communication during operations (Segal and Harris, 1993; Ender, 1995; Ender, 1997), the propagation of new media, and the delicate balance for the military in meeting the need for deployed personnel and families to communicate without infringing on operational matters such as security. High rates of use of media by military personnel were related to rank and education level, suggesting inequity of access to communication (Ender, 1998). Relationship maintenance is therefore likely to be an issue for military families, and long distance relationships are not well studied (Drummet et al., 2003; Stafford, 2004).

3.4.2 (c) Children and Adolescents

How do children and adolescents fare in a deployment? Children in military families experience the aforementioned features of military family life during deployment such as risks to their parent and absence of their mother and/or father. During the Gulf War, deployment was associated with a modest increase in children's psychopathology such as self-reports of depression, although it rarely led to pathological levels of symptoms (Watanabe and Jensen, 2000:217-218). However, younger children in particular may be at greater risk because they are less able to talk about frightening experiences.

Children have been shown to have higher levels of depression (Jensen et al., 1996), experience sadness and tearfulness, possess a need for greater discipline at home for boys and demonstrate more frequent symptoms of mental health concerns during deployment (Rosen et al., 1993). Jensen (1999) suggests the gaps in the research with

respect to children include how to identify and intervene with those children and families once problems have begun to emerge during a deployment. Watanabe and Jensen (2000) argue boys and younger children are particularly vulnerable and in need of increased monitoring by health professionals and parents during deployment. Further, the authors suggest that non-deployed mothers lacking family support are another group that may be vulnerable.

Children's reactions to deployment are closely linked to the difficulties that parents experience, particularly maternal depression (Drummet et al., 2003:281; Watanabe and Jensen, 2000). Given that Navy mothers and fathers have been reported to experience anxiety, guilt, shame and concerns about disruption to family relationships during pre-deployment (Kelley et al., 1994), it is likely children and adolescents would be affected by these reactions. Drummet et al. (2003) highlight the need to consider children's experience to deployment as a family problem suggesting a family-centred approach to any intervention. Watanabe and Jensen (2000) contend that peacekeeping missions impact on children and parents to a lesser extent than war, although this is less studied.

Black contends that it is normal for children to experience some emotional reactions to their father's absence such as anxiety, anger, sadness, resentment and fear (1993:277). Stafford and Grady considered that children and adolescents may exhibit many reactions to deployment which are dependent on their age, stage of development, personality, special needs and external environment (2003:112). Toddlers may display extremes of behaviours such as tantrums and difficulty with sleeping. Pre-schoolers may regress to previously mastered behaviours and develop bedwetting or enuresis. School-age children may complain constantly, and teenagers may exhibit irritability and other negative behaviours (Stafford and Grady, 2003). Black argued that interventions needed to anticipate and manage the 'grief reaction' which Black applied to wives in particular (1993:277). However, given that it has been suggested children's reactions may mirror their parent's reactions, it is conceivable feelings of grief may affect all family members (Drummet et al., 2003:281; Watanabe and Jensen, 2000).

Children of single parents and dual military parents experience difficulties because they often need to change residences to live with other family members and their parents must locate childcare in their new environment (Huffman and Payne, 2006;

Kelley, 2006). This may also require a change in schooling and the loss of a familiar community network (Martin and McClure, 2000). Children and adolescents that have underlying mental health problems and special needs also require special consideration as they are likely to have greater difficulty in adjusting to the deployment of their parent (Stafford and Grady, 2003:113).

In a USA study of Navy mothers who experienced deployment, children with deployed mothers exhibited greater levels of stress than children with non-deployed Navy mothers (Kelley et al., 2001). Navy children whose mothers experienced deployment were more likely to exhibit clinical levels of internalising behaviour than Navy children with non-deployed mothers or civilian children. The authors conclude that Navy children did not exhibit greater pathology than other children, although particular attention should be paid to the children of deploying mothers (Kelley et al., 2001).

Although some researchers highlight the vulnerability of younger children due to their limited capacity to verbalise their feelings and thoughts, adolescents are thought to have special concerns and higher stress since they are aware of how military conflicts may affect their lives (Pittman and Bowen, 1994). However, research studies regarding adolescents in military families have been sparse until recently with respect to deployment, suggesting they are an understudied group. For example, the topic of adolescents and deployment is subsumed in the chapter on 'mental health in military children' in a review of military family research (Jensen, 1999:155-162; McClure, 1999c). More recent studies have addressed that gap (Huebner and Mancini, 2005; Huebner et al., 2007). For example, a qualitative study examined adolescents attending youth camps using focus groups (Huebner and Mancini, 2005; Huebner et al., 2007). The research considered their experience of the deployment cycle and their formal and informal support networks. Participants demonstrated considerable awareness and worry regarding deployment dangers. Symptoms consistent with depression were reported as well as reduced school performance. A number of participants asked for help whereas others became withdrawn and isolated. Respondents took on more responsible roles than usual and tended to protect the non-deployed parent, usually the mother, as well as younger children from negative emotions and stress. In a USA study of hospitalisations of Navy children in a

psychiatric clinic, it was concluded that, in vulnerable families, the father's deployment could precipitate the young person's decompensation (Levai et al., 1995).

In contrast to younger children, adolescents use emotion-focused coping when faced with a deployment (Jensen, 1999). Thus, adolescents use avoidant strategies, such as trying not to think about the deployment, rather than taking active steps to address a problem. In a descriptive article, Pincus et al. (2001) suggested adolescents may show a lack of interest in school, peers and school activities as well as being at greater risk for promiscuity, alcohol and drug abuse.

In Australia, mental health problems have a high prevalence and a high rate of comorbidity with other mental disorders in all age and gender groups (Sawyer et al., 2000:45). Children and adolescents with behavioural and emotional problems have a lower quality of life than those with fewer problems. Parents who care for such children and adolescents report greater concern and worry and less time for their personal needs (Sawyer et al., 2000:46). No research has been conducted on Australian military families to determine whether children in military families are a high-risk group for developing mental health problems.

The preceding sections have examined the positive and negative impacts of deployment. Australian research in this field is scant in comparison with the international literature. An overview is provided in the following section.

3.5 Australian Research on Deployment

Australian research regarding the ADF military family and deployment is limited. Indeed, the current thesis and an earlier report by the writer for the Department of Defence are among the few pieces of research that have shed light on the topic of deployment and the Australian military family (Siebler, 2003). Unlike the USA Department of Defence which has a military family funded research culture, no such research capacity exists in the Australian context. The military family does not appear to have captured the interest of the academic community either as there is a dearth of published writings regarding the military family. A number of Australian reports commissioned by the Department of Defence have examined the family support needs of ADF families, although these reports did not consider deployment (Bairnsfather et al., 1990; Hamilton, 1986; Jans and Frazer-Jans, 1989; Pratt, 1994).

Contemporary Australian research regarding deployment has tended to focus on the operational performance of the member deployed at the exclusion of the non-military partner or family as a whole. A number of Veterans' health and mental health research centres have been established in partnership with Australian universities, the Department of Veterans' Affairs, and Defence. These include the Centre for Military and Veterans' Health (CMVH, 2007) and the Australian Centre for Posttraumatic Mental Health (ACPMH).

The Centre for Military and Veterans' Health (2007) recently conducted a systematic literature review of the intergenerational effects of military service using an ecological model of health in which deployment was considered. Of the 291 studies reviewed, 84% were conducted in the USA. Only three Australian studies were identified. They concerned World War Two prisoners of war and the children of Vietnam veterans which were not relevant to this study.

The Department of Veterans' Affairs commissioned a number of studies regarding the aftermath of the Vietnam War. In addition, a number of Australian writings by academics related to the military family have examined the history of repatriation (Lloyd and Rees, 1994), war and masculinity (Garton, 1998), the experiences of war widows (Damousi, 2001), and gender and war (Damousi and Lake, 1995). It also includes Raftery and Schubert's study of fifty veterans returning from World War Two (1995) and Garton's study on the social and psychological effects (1996). However, this literature is beyond the scope of this thesis.

During the period 1956 to 2008, Australian military personnel were deployed in missions to Vietnam, Cambodia, the Western Sahara, Rwanda, Somalia, Israel, Mozambique, the Sinai, Bougainville, Papua New Guinea, East Timor (Schmidtchen, 1997), Iraq, Afghanistan and the 1991 Gulf War. A major focus of Australian research has been the psychological aftermath of peacekeeping operations (Campbell, 2001; Hodson, 1997; Hodson, 2002; Johnston, 2000; Murphy, 2003; Ward, 1997).

Unsurprisingly, Australian military veterans fare similarly with respect to their counterparts in overseas forces. In a landmark Australian study, Ward (1997:186) administered a series of questionnaires to 117 Australian veterans of the Somalia deployment. Four soldiers, who had been referred to psychologists for problems following their service, were also interviewed in-depth, making this a unique study.

Approximately one-fifth of the veterans of the deployment were experiencing significant levels of psychiatric morbidity fifteen months after their return to Australia, rates that were double those of their non-veteran peers (Ward, 1997). Psychiatric morbidity was associated with combat exposure and past psychiatric history (Ward, 1997:188). Almost one-third reported a change in their level of alcohol consumption (Ward, 1997:191). A case vignette illustrated a number of family-related concerns. 'Greg' was involved in combat in Somalia and saw bodies and children suffering disease and starvation. After deployment, 'Greg' was unable to sleep, became suicidal, avoided crowds and could not tolerate the sound of crying babies. Family and friends commented on the changes in his behaviour. 'Greg' stopped contact with his friends, had arguments with his family and was unable to work. Of note was that the more severely affected veterans were not included in the sample because the soldiers had been transferred or discharged by the time of the study (Ward, 1997:191-192). Ward recommended early intervention and identification for those at risk, but concludes: 'Whatever measures are undertaken, it seems unlikely that all those who serve in troublespots such as Somalia, Rwanda, or Bosnia will emerge psychologically unscathed' (1997:192).

Hodson (2002), an ADF officer, provided a detailed analysis of post-trauma symptomatology in peacekeeping veterans deployed to Rwanda in August 1994. According to Hodson, the ADF deployed two contingents, a total of 616 personnel, for six month rotations. As the primary purpose was medical support to the United Nations Peacekeeping Force, approximately one-third of each deployment was medical personnel. Hodson outlines how personnel bore witness to the systematic killing of thousands of Hutu internally displaced persons and 'indescribable human misery' (2002:6). Survey data indicated most personnel coped with exposure, but one in five were still experiencing significant levels of distress six years after the deployment. Talking about the experience in a supportive environment and the presence of an intimate partner were found to act as both a risk and protective factor for the development of distress. Although family members were not surveyed, Hodson identified the need to assess the effect of the trauma event on both the family and military unit. Education of partners regarding trauma was suggested as an organisational level intervention.

Hodson's implications for practice are in tandem with Campbell's research (2001) that aimed to generate understanding, insights and a framework for a primary prevention model of mental health associated with ADF operations. Campbell, also an ADF officer, examined published research and the existing ADF primary prevention protocol and practices, conducting interviews with Defence personnel including military psychology, human resources management, health, social work, chaplaincy, military command and training. Gaps identified included a lack of a primary prevention approach to family support or organisational culture and a lack of relevant research to draw upon. According to Campbell, consensus was reached that the ADF should promote wellness and resilience as well as '…embrace families more effectively' (2001:161). Campbell highlighted the challenges of implementing a primary prevention model in the Defence setting. Mental health stigma and short-notice deployments were cited as potential barriers to program formulation and implementation.

The Australian Gulf War Veterans' Health Study, described as the first broad health study of Australian war veterans involved in a single theatre of war, was prompted by concerns of poor health in Gulf War veterans from coalition partners such as the USA and UK (Sim et al., 2003). The survey study found in part:

> …veterans have an increased risk of psychological disorders including depression, anxiety, posttraumatic stress disorder and substance abuse disorders in the post Gulf War period and persisting within the previous twelve months. These psychological disorders are strongly associated with reported military Service experiences that occurred in the Gulf War, especially the threat of attack. (2003:391)

Indeed, the report found the 'most striking and consistent health finding' was that veterans had developed more psychological disorders than a comparison group who were not deployed to the Gulf War (2003:3). According to the study, Australia primarily played a support role with limited direct involvement in combat, no Australian deaths and few casualties. The authors hypothesise that fear of enemy attack and threat of chemical or biological warfare may have contributed to the later onset of psychological disorders many years after the event. However, the data was collected at one point in time ten years after the war, making it difficult to determine the extent of any pre-existing health concerns. Highlighting the significance of family,

the most commonly reported psychological stressor during Gulf War experience was feeling cut off or separated from family. However, family members were not surveyed regarding the effect of the psychological disorders on the family system.

Johnston (2000), an ADF officer, stated the Australian Army Psychology Corps were an integral part of the force deployed to East Timor for the first time in the ADF's history. As part of an ongoing study into mental health of the ADF force deployed to East Timor, preliminary findings to September 2000 indicated low levels of mental health problems, high levels of alcohol overuse and worrying signs regarding future career intentions of returning personnel (Johnston, 2000). These findings were reinforced by Deans (2002) who found that the levels of post-traumatic stress disorder (PTSD) reported by East Timor veterans were low, although hazardous drinking behaviour was noted. Murphy (2003), an ADF officer, observed that Australian Army troops returning from East Timor had witnessed destruction, suffering and dead bodies. A number felt their life had been threatened although more than half the respondents felt the deployment to be positive overall.

Research by social workers in Australia is scant, and only two Australian studies have explored the needs of ADF families and deployment of the ADF military member to East Timor (Kenney, 2000; Power, 2000). These studies will be examined in Chapter Five, 'Social Work Theory and practice with the Military Family'. Interestingly, Jim Ife, Australian social work academic and the then Secretary of the Human Rights Commission, conducted an Assessment Mission to East Timor in November 1999. A number of social problems were identified: poverty, nutrition, health, housing, unemployment, transport and post-traumatic conditions. Ife observes that:

> the military forces used their time and resources to provide practical help as required. They do not have a long-term agenda, as their time in East Timor is limited, but in the short term, where they saw a need, they did what they could to help in a practical way, through construction, running mobile health clinics etc, and generally getting alongside the people and working with them. It was very evident that this approach was appreciated by the people, and it was the kind of short-term practical help, without long-term theory, that the East Timorese were requesting (1999:no page).

Given that negative outcomes of deployment may onset many years after a deployment as the Australian Gulf War Veterans' Health Study (Sim et al., 2003) indicates, it is conceivable that similar results will be found for those deployed to East Timor and other deployments such as Iraq and Afghanistan.

Given the negative consequences of deployment and the stigma associated with help seeking in the military community (Knox and Pryce, 1999), how and whether ADF personnel seek assistance after deployment is a primary concern. In the Australian health care system, formal referrals to specialists are made by general practitioners (GPs). Hawthorne et al. (2004) investigated how veterans recently compensated for a mental health condition sought access to mental health care. Peacekeepers (n=187) were a part of the overall sample, a significant proportion of which had been deployed to East Timor and other peacekeeping operations. However, it is important to note these peacekeepers had been discharged from the ADF and were not currently in service, although the study does provide insight into their pathways to care. Peacekeepers reported they were being compensated for PTSD, a physical condition or depression. Most were prescribed medication. GPs referred peacekeepers to psychiatrists and allied health provides. According to Hawthorne et al. (2004), the peacekeeper sample was experimenting with their care options as they visited multiple providers, ceasing treatment if it was found to be ineffective. Peacekeepers reported poorer health compared to World War Two and Vietnam Veterans. Their quality of life was between 11 and 63% worse than that of comparable age-adjusted Australians (Hawthorne et al., 2004:3). The study by Hawthorne et al. (2004) highlights a number of barriers to accessing care. These included the veteran finding it hard to accept there was a health problem, uncertainty about the types of health available, absence of relevant services in their locality, mistrust of providers and a previous negative experience in seeking help. Interestingly, informal pathways to care were apparent including the internet, friends, the media and ex-service organisations. The family was not part of the design of this study.

3.6 Conclusion

This chapter has demonstrated how deployment has both positive and negative effects on the military family at a number of levels. Peacekeeping is a more complex role than war-fighting because military personnel must manage their aggression and fight impulses as well as natural flight impulses (Mehlum and Weisaeth, 2003). The

literature has highlighted the innumerable difficulties faced by military personnel during and after war and peacekeeping operations. Survey research has been the principal methodology in military family research. Despite the extensive overseas literature, little is known about Australian military families' 'lived experience' (McClure, 1999a:viii; Minichiello et al., 1999) in general, and deployment in particular. Campbell highlights the lack of research to draw upon in Australia to 'embrace families more effectively' (2001:161). The contemporary Australian military family in the context of a deployment has been almost entirely absent from research designs. Australian research has focused on the operational performance and psychological aftermath for the deployed member. The next chapter examines the response of military organisations to the needs of military families with an emphasis on the Australian setting.

Chapter Four
Military Family Organisational and Policy Responses

4.1 Introduction

The previous two chapters examined characteristics of the military family and deployment. Numerous studies cite military-induced separations or deployments as the major dissatisfaction for spouses with military life (Black, 1993; Hosek et al., 2006:89-90). Military policy planners are interested in this aspect since it may affect re-enlistment intentions (Hosek et al., 2006:xiii; Jessup, 1996). This is also of interest to military family policymakers and is the raison d'être for the development of military family support services for personnel and their families. Such programs have extended to deployment support services during operational and non-operational deployments. Military family support organisation programs regarding deployment are predicated on the basis that 'providing support services for service members and their families helps ameliorate the most negative aspects of deployments' (Rostker, 2007:68).

Military families are the intended beneficiaries of policy (Albano, 2002). As Rose et al. contend, the assumption of policymakers of 'a unified, ordered, seamless process of translation…thereby bringing about the desired improvements' is not necessarily manifested in reality (2007:265). Policy that relates to Australian military families is broad, and a full analysis is beyond the scope of this thesis. Non-military family members are also affected by Australian Government, State and Local Government policy, for example in health and education. When accorded veteran status, ADF personnel are influenced by Department of Veterans' Affairs policy. Australian research has not canvassed the perspectives of ADF personnel and their families regarding how policy translates into action.

This chapter is organised in two sections. The first section examines Australian military family support organisations and the second, military family support policy in Australia.

4.2 Military Family Support Organisations

4.2.1 The Australian Context –The Defence Community Organisation

The development of military family support organisations in Australia is largely unstudied. The Royal Australian Navy was the first of the services in Defence to create a family support service with the appointment of the first social worker in 1956 which became the Navy Personal Service Organisation (Australian Association of Social Workers, 2000). Civilian social workers were employed in the Army Community Services organisation in the 1970s, as were social workers in the Air Force in 1988, known as the Social Work Information Service. A fourth organisation, the Australian Defence Families Information and Liaison Staff, was formed in 1988 and employed social workers with the functions of community and policy development (Pratt, 1994).

Following a series of Department of Defence commissioned reports (Hamilton, 1986; Pratt, 1994), the current military family support organisation, the Defence Community Organisation (DCO), was formed in July 1996. The DCO, managed centrally from its headquarters in Canberra, is the national organisation for social work within the Department of Defence, with approximately thirty Area offices located on or near Defence bases across Australia. The DCO Area Offices are staffed by civilian social workers, military support officers, Regional Education Liaison Officers, family liaison officers and administrative support. DCO's mission is to support ADF families in peace and war (DCO Website, 2008).

Although precise figures are unavailable, the DCO assists a military family population in the order of 120,000 that includes serving members and dependants. Unknown numbers of emergency contacts such as parents of single personnel may be added to that figure. The Australian Defence Organisation (ADO) comprises the Australian Defence Force (ADF) of some 52,000 active duty personnel and 20,000 reserve force personnel, as well as 18,000 civilian Commonwealth public servants (Commonwealth of Australia, 2003). The permanent force has been decreasing since a post-Vietnam peak of 73,185 in 1983 (Shephard, 1999). Government policy aims to increase the size of the ADF to 54,000 by 2010.

The DCO has had an ongoing 24/7 after-hours service since its inception. Social workers are available after standard working hours to manage family and other crises

such as the death or injury of an ADF member serving in Australia or overseas Military family support organisations are assumed to ameliorate the impact of the military lifestyle via the delivery of programs and services (Bowen and McClure, 1999:15). Policymakers have grappled with the issue of which programs work and under what circumstances. The next section considers this issue.

4.2.2 Are Military Family Support Organisation Programs Effective?

Despite the perceived important role of military family support organisations, relatively few evaluations of military support programs have been undertaken (Bowen and McClure, 1999), and no published data regarding the Australian context is available. Researchers have suggested that little is known 'about what works or does not work and why' regarding supporting families throughout deployment (MacDermid et al., 2002:3). Furthermore, little is known about what constitutes support for families in the context of a deployment (MacDermid et al., 2002:3). Since the bulk of military family research is based on surveys, it is possible they have not been adequately consulted.

Operation Desert Shield/Storm was the catalyst for much of the research into the effectiveness of family support systems in meeting personnel and family needs. Findings have been contradictory. According to a USA Department of Defence report, *Family Policy and Programs: Persian Gulf Conflict*, the Army, Navy, Marine Corps and Air Force Family Centres worked 'extremely well' and provided 'financial assistance, counselling, rumour control, childcare referral, respite care, emotional support, emergency/crisis intervention and logistical assistance' (1992:18). By contrast, Reeves (1998) found family members had countless problems and did not know where to turn for help. The primary finding of the Persian Gulf report was that accurate information was crucial to family wellbeing. Those without access to accurate information concerning the deployment 'fell prey to rumours, felt out of control and subsequently experienced more anxiety and stress' (1992:39). Furthermore, reunion briefings were found to be effective, according to the report. Family program managers facilitated briefings to troops and families prior to the troops' return, and the Navy sent reunion teams to the ships. Initiatives that were formulated because of an evaluation included a uniform policy instruction regarding Family Care Plans, Family Pre-Deployment Briefings, Family Document

Preparedness, Unit Family Support Plans and Reunion Briefings. Indeed, Family Care Plans are current USA Department of Defence policy.

Flemming and McKee's Canadian report (2000) examined military quality of life in-theatre during deployment to Kosovo and Macedonia. Upon return to Canada, personnel and their partners were interviewed in focus groups. The effectiveness of seven elements of family support including the role of the Military Family Resource Centre was measured. Flemming and McKee found that partners had inadequate information regarding programs and services available to them. Communications were a significant problem in terms of access, quality and duration. Information provided was thought to be simplistic and out of date. Counselling prior to and upon return was suggested to ameliorate family and personal difficulties. The role of the Military Family Resource Centres was unexpectedly limited. In particular, programs were infrequent, did not meet the needs of children and were poorly advertised. Finally, personnel and partners felt social workers and psychologists should be deployed with troops to promote help-seeking behaviour.

The UK also has a range of organisations that support military families and personnel. These include the Soldiers, Sailors, Airmen and Families Association (SSAFA), the Royal British Legion as well as single Service organisations. The UK *Changing Attitudes Survey* aimed to 'begin to quantify the views of Army families on issues affecting their lives, with particular emphasis on emerging issues, rather than current dissatisfactions' (Army Families Federation, 2000-2001:3). Although the thrust of the survey was to take a snapshot of the views of Army families, one finding relating to deployment was that half of the respondents felt a critical time for a visit from a representative of the Army community was when their partner was away on tour (Army Families Federation, 2000-2001). Approximately one quarter of partners saw this visit as an opportunity to ask for information rather than emotional support. Partners also reported they wanted to be acknowledged as individuals and for the role they played in contributing to their partner's operational effectiveness, although no details were provided. The survey concluded about 50-60% of partners sampled were self-reliant, 5% needed ongoing support and 35-40% varied in support needs according to their life stage. The report concluded that programs for families should target this latter group.

The Australian military family traverses the complex policy environment of the Department of Defence. A brief overview of relevant policy that informs practice in the context of deployment is found in the next section paving the way for the final chapter in this review, the role of social work.

4.3 Military Family Support in Australia – the Policy Response

4.3.1 Overseas Conditions and Allowances

ADF military personnel deployed overseas are eligible for an array of conditions that pertain to both ADF and family members:

> Historically, ADF personnel deployed overseas on United Nations, Multi-national Force or Australian led operations to meet Government objectives have been granted enhanced conditions of service benefits. These benefits have been in the form of compensation/rehabilitation cover, taxation concessions, home loan assistance, additional leave, allowances and medals. (Department of Defence, 2007:no page)

Conditions vary according to the classification of the operation as warlike or non-warlike and length of the deployment. This may include a tax-free deployment allowance, mail and telephone communication provisions and removal/travel at public expense for family members to gain family support. In the context of the deployment to East Timor, previously-cited research suggests information was not adequately disseminated to families (Kenney, 2000; Power, 2000). Therefore how policy is implemented is important and worthy of further inquiry.

4.3.2 The Australian Defence Force Mental Health Strategy

At the time of the East Timor deployment in 1999, the Department of Defence had no overarching mental health strategy, and the DCO had limited policy or programs regarding deployment support. The ADF recognised mental health in 2002 with the launch of its policy strategy to address mental health (Cotton, 2002). Former Assistant Director of the Defence Force Psychology Organisation Lieutenant Colonel Cotton argued that social work, psychiatry, psychology, medical, nursing and chaplaincy services and their agencies within Defence were fragmented prior to the development of the ADF Mental Health Strategy in 2002, highlighting that:

> The obvious deficiency in the delivery of this range of services to the ADF has been the lack of any comprehensive strategy for the delivery of mental health services. This has led to duplication in many areas of service delivery and in gaps occurring in the services provided. There have been significant difficulties with communication between the key agencies (2001:3).

In response to lobbying from the Australian veteran community the National Centre for War-Related Post Traumatic Stress Disorder was established in 1995 and renamed the Australian Centre for Posttraumatic Mental Health (ACPMH), contributing to ADF mental health policy (Creamer and Singh, 2004). The organisation was funded by the Department of Veterans' Affairs (DVA), and the ADF became a collaborative partner. According to the Defence Health Services Annual Report , the role of the Directorate of Mental Health is to develop mental health policy 'inclusive of issues such as the promotion of good mental health and the prevention, treatment and management of mental health problems and disorders in military members.' (Department of Defence, 2006b:32) Significantly, the main focus of the policy was the ADF member. The Annual Report outlines that one of the key barriers to a successful implementation of the policy was a lack of staff (2006b:33). Key stakeholders have not been able to provide staff. One of the main vehicles for achieving the above, and Cotton's argument for better coordination and communication among professionals, was the creation of Regional Mental Health Teams (Tebble, 2002). Such teams were created from pre-existing disciplines of social work, medicine, nursing, psychiatry, psychology and chaplaincy. However, no additional staff positions were created. Disciplines continued to be employed in separate organisations within Defence with their own reporting and accountability structures. It is arguable these structures act in counterpoint to Cotton's aim of better coordination among agencies and providers.

The challenges and obstacles associated with developing effective multidisciplinary teams are well-known in the social work literature (Compton et al., 2005:292). Compher states families may be 'caught in a nightmarish fragmentation of care.' (1987, in Compton et al., 2005:293) There is little research on how ADF members and their families experience the ADF Mental Health service system.

4.3.3 The National Welfare Coordination Centre (NWCC)

The National Welfare Coordination Centre (NWCC) was established in September 1999 at the commencement of the initial deployment to East Timor, known as the International Force for East Timor (InterFET). The NWCC established a 24/7 1800 number and provided written information for families specifically for the East Timor deployment. The information booklet, to be mailed to all primary contacts, contained information regarding Logan's Emotional Cycle of Deployment (1987), to be described in Chapter Five. Before deployment, the NWCC's role was to be a central database of information such as emergency family contact data, provide a point of telephone contact for family members and send information packs to family members where nominated by deploying personnel.

During deployment, the role of the NWCC was to provide a central coordination point for referral of national welfare and family support and monitor welfare support to personnel and their families. In other words, the NWCC was to be a linkage point for families and personnel in situations such as casualty notification and repatriation of ADF personnel to Australia in circumstances of injury or serious illness or death of a family member at home. The NWCC has continued its initial function to present-day and has assumed responsibility for screening, assessing and referring all after-hours calls regarding family emergencies as well as deployment-related calls.

4.3.4 The Defence Community Organisation (DCO)

The Defence Community Organisation (DCO) is the primary organisation within Defence that may work in a professional capacity via its social workers with all members of the military family. This sets it apart from other organisations in psychology, psychiatry, medical and command which primarily support military personnel. Chaplaincy may work with the military family, although not in a social work capacity. Commanders have responsibility for families although do not employ qualified personnel to undertake this role.

The Department of Defence is one of the largest employers of social workers in the Australian Public Service (Pratt, 1995). Despite social work's long history with the military family, social work texts in Australia overlook military social work. Indeed, a hand and electronic search of journals of the Australian Association of Social

Workers (AASW) known as The Forum from its inception in 1946 to its modern day format yielded no research or articles regarding the military family suggesting ambivalence towards the military family in the social work community.

Social workers in Defence are employed by the Defence Community Organisation (DCO) which was formed on 1st July 1996 as a result of an integration of Army Community Services, Navy Personal Services Organisation, the Air Force Social Work Information Service and the Australian Defence Families Information and Liaison Staff (ADFILS). Defence currently (2009) employs some 90 civilian social workers, though not all are full-time positions and not all positions are filled. About 25 social workers occupy management roles. Thus, there are approximately 65 social workers in direct practice roles to assist an ADF population of approximately 52,000 as well as their dependants. Although precise figures are unavailable, social workers target a military family population well over 100,000 including serving members and dependants (ratio 1:1500). Social workers are the only professionals in Defence that have a mandate to work with both serving personnel and their families, placing them in a pivotal support role.

Prior to the East Timor deployment, DCO had no policy regarding assistance to families throughout a deployment. The DCO created an Operational Plan to provide a policy practice framework for the deployment (1999, cited in Siebler, 2003). The Operational Plan stated that DCO would participate in Unit organised briefings; ensure contact with family members to assess the level of contact to be provided on an ongoing basis; assist and encourage the formation of self help support groups; provide general support such as information, sponsor social gatherings, counselling and referral, sponsor individual and group briefings with families; and maintain close liaisons with Units, Senior Psychologists and Chaplains regarding debriefing issues. The deployment was to be the largest deployment since the Vietnam War, and whether DCO had the capacity to manage any surge in service delivery was unknown. Furthermore, no program or services regarding deployment existed, and there was an absence of a theoretical framework or evidence base to inform policy.

Military command plays a major role in supporting families throughout a deployment, the subject of the next section.

4.3.5 Unit/Base/Ship

In this study, unit/base/ship refers to military Command which has responsibilities for Australian Defence Force (ADF) personnel and families. Command incorporates leaders at all levels and includes ADF chaplains.

The military family's needs are subordinate to the military mission particularly in the context of a deployment (Knox and Pryce, 1995, 1999; Segal, 1986). The ADF Family Support Policy highlights the role of command and the individual responsibility of the ADF member as follows:

> The wellbeing of Service families is integral to the efficiency and effectiveness of the ADF and is a shared responsibility between the ADF and the member... it is accepted that the ADF has a responsibility to ameliorate, or, if that is not possible, to minimise the disruptions occasioned by the exigencies of the Services…support measures must be provided within a constrained financial environment and will be limited in scope…Service families should utilise existing community support services and resources…The importance of the role of volunteers is also recognised and self-help programs will be encouraged and supported. (Department of Defence, 2000:1-2).

The policy suggests family wellbeing is pivotal to maintaining an efficient and effective force, although support will be limited due to financial constraints. As Jamrozic (2005) contends, this illustrates the inseparable link between social and economic policy. Command plays a direct and indirect role of providing assistance to military families. The policy devolves authority to provide support measures to Defence's agencies such as the DCO, NWCC, chaplaincy and psychology. In the context of a deployment, individual commanders may formulate tailored assistance measures to families such as telephone and other contact, creation of self-help groups, and practical assistance such as home maintenance. ADF personnel who are not deployed, known as the Rear Detachment, may assist with supporting families. This role varies across the Army, Navy and Air Force.

As well as responsibility for the military family, Command through the Department of Defence has a responsibility to ensure ADF personnel are cared for during the process of deployment. As noted in Chapter 2.4, liability for combat operations is a defining

trait of the military organisation. Adler et al. argue that peacekeeping comes at a cost in terms of health and family wellbeing (2005:122). In their study of USA peacekeepers, the authors demonstrate the importance of considering the effect of exposure to long-term occupational stressors in the living environment of a deployment. The authors suggest the military organisation needs to understand occupational stress exposure and how it can be managed.

Numerous studies have highlighted that the perceived support of command by the military family may be viewed positively by family and military members (Bowen, 1998; Norwood et al., 1996). Bliese and Castro (2003) have shown how policies, with respect to leadership by command, assist in reducing the effect of stressors of work and family. On the other hand, studies have highlighted Rear Detachment staff experience the anger and frustration of separated wives (Wood et al., 1995) and face criticism for failing to provide information effectively (Bell and Schumm, 1999; Bell et al., 1999).

4.3.6 ADF Psychology

In the context of the East Timor deployment, Australian Defence Force (ADF) psychologists were deployed with the forces. The mission of the Defence Force Psychology Organisation (DFPO) is to 'enhance ADF capability, operational effectiveness and force preservation through timely, pragmatic and culturally appropriate psychological support.' (Defence Health Services Division webpage, 2007) The policy reflects the notion of mission as foremost. Psychologists work exclusively with the ADF member and have no sanctioned role in working with family members. The Directorate of Psychology is responsible for policy and technical guidance related to the delivery of psychology services by the DFPO. With respect to deployment, this includes support to operations, the delivery of Mental Health Strategy initiatives, mental health surveillance, health and human performance research and the provision of critical incident stress management support.

ADF personnel were to receive a mandated psychological screening, conducted by a psychologist or psychological examiner prior to return to Australia and at three months post-deployment in Australia (Deans, 2002:5). This process is also described colloquially as a 'debrief' in the ADF and international context (Greenberg et al., 2003) and is also used throughout this thesis to refer to a mental health screen. Deans

highlights that the process is designed to provide psychoeducation and identify ADF personnel at risk of psychological distress. It is predicated on the basis that a military deployment has the potential to involve almost all of the traumatic events associated with a diagnosis of post-traumatic stress disorder (PTSD) including threat to one's life or bodily integrity; severe and/or intentional physical harm or injury; exposure to the grotesque; violent/sudden loss of a loved one; witnessing or learning of violence to a loved one; learning of exposure to a noxious agent; and causing death or severe harm to another (Deans, 2002:5-6).

The screening process is the exclusive province of Defence psychologist and has two components: group education regarding homecoming and an individual session focused on personal experiences of the tour. The post-deployment screen administers a self-report mental health screen designed to measure stress reactions, alcohol use and general mental health and to assist in predicting PTSD. Family members are not part of this process. How family members view this process and their needs post-deployment is poorly understood.

4.4 Conclusion

The DCO and military family support organisations in the ADF provide programs and services underpinned by policy with the aim of assisting families throughout deployment. One critique of these services suggests that social work, psychiatry, psychology, medical, nursing and chaplaincy services and their agencies within Defence are fragmented (Cotton, 2001). Intersectoral work is a feature of good practice and the perspectives of military families would be an important aspect of understanding how effectively this process works. Jones and May contend it is the actions of front-line workers in organisations that constitute the actual policies (1999:275-276). Therefore, how reception, administrative, military and professional workers interpret and apply policy in their domains determines what support military families will and will not receive in practice. Applied to military social work, Cox (1999) argues that policy practice entails a range of macrosystem interventions at the organisational and institutional levels. The next chapter outlines the role of social work in relation to the military family, encompassing macro, meso and microsystem levels of practice. This chapter will be the final chapter in the literature review and provide a springboard for the proposed study of the ADF's deployment to East Timor in 1999.

Chapter Five
Social Work Theory and Practice with the Military Family

5.1 Introduction

Thus far, this thesis has argued that the military family traverses a unique milieu. A regimented way of life, separation, frequent relocation, mobility, dangerous work and liability for combat exemplify military life (Commonwealth of Australia, 2001a; Harris, 1993; Whitworth, 1984). Research on military families has increased significantly in the last 15 years (Burrell et al., 2006; Busuttil and Busuttil, 2001; Martin and McClure, 2000; McClure, 1999c; Wiens and Boss, 2006). Research has been multidisciplinary emanating from psychologists, social workers, sociologists, psychiatrists, anthropologists, political scientists, economists and historians (Segal, 2006). A number of theoretical perspectives have been applied to the military family and are described in this chapter.

Social work has been influential in work with military families since the beginning of the profession (Daley, 1999; Daley, 2003). It is a recognised field of practice, military social work (Bevilacqua and Darnauer, 1977; McNelis, 1987). Attention now centres on social work's response to military families in the Department of Defence setting with particular attention to deployment. The focus will be on those social workers employed to work with the military family population. According to the International Federation of Social Workers (IFSW), social work is defined as:

> The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work (IFSW, 2000).

What are the implications of the above definition for social workers who practise in a military setting? The definition suggests a broad scope and accords with an ecological perspective since it considers interactions between people and their environments (Healy, 2005). How do social workers employ theories, intervene with the military family and their environment and promote social justice? The responses to this

question are broad and this thesis will, in part, examine the military family's perspective of social work practice in the Australian Department of Defence.

This chapter will examine two aspects of social work. Firstly, theories that inform social work practice in the military setting will be outlined. These include macro- and microtheoretical traditions and their utility is explored in the context of a deployment. Secondly, drawing on these theoretical perspectives, an ecological perspective will be proposed to provide a springboard for this study. Social work practice in the Australian military context will be delimited using an ecological perspective that considers micro, meso and macrosystem levels (Bronfenbrenner, 1979; Glanz and Rimer, 2005; Pitt-Catsouphes and Swanberg, 2006). A conclusion section will pave the way for the proposed study.

5.2 Theoretical Perspectives for Military Social Work

5.2.1 Background

Many writers have provided detailed expositions of social work theory, and there is considerable debate about what constitutes theory (for example, Allan, 2003a; Camilleri, 1999; Healy, 2005; Ife, 1997 and 2002; Payne, 2005; Turner, 1986). A full treatise is beyond the scope of this thesis. Payne observes that theories consider the notion of social work itself, how to do social work and the client world, which is described as knowledge for social work (2005:6-7). In his overview of the development of social work theory, Camilleri argues that the literature uses the term in an ambiguous way and suggests that it has tended somewhat problematically to delineate theory and practice as separate actions (1999:29-30). Significantly, Camilleri argues social work is about 'doing' and that it is the doing/acting/knowledge that comprises social work (1999:28). Ife contends that human rights underpin social work per se and community development approaches (1997; 2002:48-69). As Healy (2005) observes, context shapes theory and practice. Therefore, it is instructive to examine the main theoretical approaches that underpin notions of the military family and military organisation since they inform social work policy and practice in this context, particularly in the context of a deployment.

Military psychology (Castro et al., 2006) and military sociology (Moskos, 1986; Segal, 1986) are dominant fields. Military social work has borrowed theory and practice knowledge from these fields as well as theories of the family (Black, 1993;

Ford et al., 1998; Ford et al., 1993; Hill, 1949; Knox and Pryce, 1999; McCubbin et al., 1975; McCubbin et al., 1980; McCubbin and Patterson, 1983; Wiens and Boss, 2006). Family theory is a vast field with respect to theory and practice. For example, a 2005 seminal text by Bengston et al., *Sourcebook of Family Theory and Research,* eight family theoretical traditions are outlined (Dilworth-Anderson et al., 2005:41-43).

As Howe observes, the disciplines of psychology and sociology have not established agreement about the essence of human nature, individual development and social interaction (2008:89). Healy argues that all theories have strengths and shortcomings and that their utility should be assessed within a specific practice context (2005:10-11). This thesis argues that the military setting constitutes a unique practice context for social workers where theory development in Australia is embryonic. This thesis will contribute to ongoing debates about theory development.

Macrotheoretical traditions are examined first. These theories may be considered as functional or macro theories (Bengston et al., 2005). Such theories seek to 'find the purposes of existing social structures and to discover how these purposes are achieved…functional theories tend to focus on macroscopic views of time and space, and on how families are connected with other institutions in a society.' (Bengston et al. 2005:41).

5.2.2 Coser/Segal and Goffman: 'Greedy' and 'Total Institutions'

Research regarding the military family has been influenced by a number of military sociologists, the most prominent being Mady Segal. Segal (1986; 1989) drew and elaborated on Coser (1974) and Moskos (1977; 1986) in her seminal analysis of the military family. In concert with Coser, Segal (1986) rejected Goffman's notion of a 'total institution' (1982). Goffman examines inmate life inside a hospital, and his work is described as 'among the most influential and important works of American social science' (Dowdall, 2006:522). Goffman provides examples of the military to support his claims, and his work has been applied in discussions of culture in military research (Soeters et al., 2003; Wilson, 2008). This section will examine and analyse Segal's exposition of the military family and military institution as 'greedy institutions' (1986:11). Whilst having significant utility, this section will argue Segal

(1986) adopted Coser's (1974) treatise uncritically and argue Goffman's concepts need to be included in any consideration of the military institution and family.

Drawing on Coser, Segal's (1986) oft-cited article, 'The Military and the Family as Greedy Institutions,' postulated an inherent conflict between the competing demands of the military and the family. Segal explains how both the military and the family make significant demands of individuals with respect to commitment, loyalty, time and energy. In an early exposition of the concept that excluded a discussion of family, sociologist Lewis Coser defined the term 'greedy' as 'groups and organizations…that are not content with claiming a segment of the energy of individuals but demand their total allegiance.' (1967:198) Interestingly, the title of Coser's (1967) article is 'Greedy Organizations', in which he uses the celibacy of the Catholic Church and sexual patterns of the Utopian colonies in nineteenth-century America in this initial analysis. Coser (1974) included the family in his later book *Greedy Institutions*. Coser claims institutions are greedy 'insofar as they seek exclusive and undivided loyalty and they attempt to reduce the claims of competing roles and status positions on those they wish to encompass within their boundaries.' (1974, in Segal, 1986:11)

Whilst noting some overlap between the two, Coser (1974 in Segal, 1986) distinguished between Goffman's concept (1982) of a 'total institution', and Coser's 'greedy institution'. Segal points to how the military institution may exclude its members from the outside world both physically and symbolically (1989:8). According to Coser, 'total institutions' exclude their members only by physical means to separate 'inmates' from the outside world (1974:6). Goffman defines a total institution as 'a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life…every institution has encompassing tendencies.' (1982:11).

Segal (1986) recognised that the military and family may not possess all of the characteristics of a 'greedy institution,' although adopted its nomenclature. According to Segal (1986), families are sometimes part of the outside world from which military personnel are excluded such as during an unaccompanied deployment. Families may be included within the military institution, although separated from civilian networks such as when families reside on largely self-contained military bases. Symbolic separations of military personnel from civilians may be demonstrated

in a number of ways such as the wearing of the military uniform (Segal, 1989:8). Families make differing demands on family members. Segal asserts the family is 'greedier' for some family members than for others, although the family is not a 'greedy institution' for all (1986:13). Segal argues that couples who have formed a new relationship, sole parents and parents with children who require constant supervision provide examples where the family is relatively 'greedy' for both parents (1986). The family is decidedly 'greedy' when there is a sole parent because there is not another parent to share in childcare (Segal 1986:29).

Similarly, the military is a 'greedy institution' (Segal, 1986:15). The characteristics of military life cited in Chapter Two, which included risk of injury or death, geographic mobility and separations, comprise a unique set of requirements of military members and their families. Such characteristics embody the military as a 'greedy institution' since demands are made upon the military member which in turn influence the family. Operational service is a case in point. Regarding risk of injury or death, Segal's following point is salient for this thesis:

> The legitimacy for the institution to place its members at such physical risk is perhaps the greediest aspect of all…even peacetime military training maneuvers entail some risk of injury…The effects on military families of the potential for injury and death in both peacetime and wartime are studied relatively seldom. (1986:16)

Applying Segal's (1986) notion, the family is expected to adapt to military life and support the military person in meeting military demands. Partners and children must be willing to relocate and endure separations. Potential for heightened conflict between the military and the family is avoided if families adapt to the military's demands and increases when family demands increase (Segal, 1986). Normative pressures are also exerted by the military on family members such as family members informally carrying the rank of their serving partner and behaviour being under scrutiny to the extent it can determine career advancement (Segal, 1986:22). Although the military family is expected to adapt to the military's demands, the military also 'has to adapt to the family patterns of its personnel' (Segal, 1986:31). Segal (1986) contends that recruitment, morale and retention of military personnel, which are of central importance to the military, are influenced by families' attitudes toward

military life. Military family experiences affect the commitment of the military person to the military (Segal and Segal, 2004).

Segal's conceptualisation of the military and family has been influential in military family research including social work practice (Bell et al., 1996; Rosen et al., 2000), coping of wives (Moelker and Van der Kloet, 2003:201), the deployment experiences of British Army Wives (Dandeker et al., 2006) and the effectiveness of family supportive policies by measuring levels of organisational support and commitment (Bourg and Segal, 1999).

Segal (1986) offers a useful descriptive framework for understanding the conflict between the military family and the military organisation. However, what are the implications for service provision when each system makes demands of the other? Estes contends that this perspective is based primarily on a strain model where multiple roles are viewed as distressing due to a limited amount of human energy (2003:490). According to this perspective, the way to manage the conflict is to balance or juggle work and family responsibilities. Given that the military mission is paramount, military concerns will take precedence over family concerns and juggling or balance may not be feasible ways of management. As Chapter 4.3.4 suggests, this raises questions about the optimal programs and services DCO and its social workers should implement.

Segal's (1986) 'greedy institution' proposition has a number of shortcomings and Coser's (1974) notion is contested. Firstly, the labelling of a family as a 'greedy institution' is unhelpful. As Yuen observes, the unconditional concerns and commitments of parents towards their children 'sharply distinguish a family from other intimate social groups' (2005:2). Secondly, Meyer (1975) argues that Coser ignored social structural conditions. Thirdly, reinforcing this, Merkx is dismissive of the theory and argues the family is not a 'greedy institution' but that it 'merely seems so' due to discrimination by educational institutions and labour markets which limited opportunities opened to women (1976:67). Finally, Hazard (1974) criticises Coser's (1974) reliance on secondary data to develop the theory.

Further, Segal (1986) minimises the importance of Goffman's concept of a 'total institution' (1982), although acknowledges its relatedness. Goffman described Army barracks and ships, from which families are excluded, as examples of 'total

institutions' 'purportedly established the better to pursue some work-like task and justifying themselves only on these instrumental grounds'. (1982:16). Characteristics of a 'total institution' include mortification or degradation of the self, routinisation or tight scheduling of daily activities, surveillance or monitoring of every aspect of people's behaviour, restricted contact with the outside world, exclusion from knowledge of decisions regarding their fate such as the military concealing a travel destination and incompatibility with family life (Goffman, 1982:18-22). Although families may be physically separated from the 'inner walls' of the military institution, families are 'socialised' in military culture (Segal, 1986:22). If, as Segal (1986) contends, the military exerts normative pressures on children and spouses, it is reasonable to assert the military family will be heavily influenced by, if not an element of, the 'total institution'. Segal reinforces the view that families are influenced by the military institution with the example of military families wearing the rank of their military family member (1986:22-23). Further, according to Segal (1986), military family behaviour is under constant scrutiny which accords with Goffman's concept of surveillance (1982).

Surveillance is a strong theme in military life. Soeters et al. contend that new recruits are socialised in their academies and training institutes, undergo a process of degradation of their civilian status (2003:250), or what Goffman term 'mortification', and are available to the organisation on a 24-hour basis (1982:24). Harrison and Laliberté outline how the Canadian military organization is 'hypervigilant' regarding all aspects of their member's deployability (2008:217). Hence, military members are at risk of having their private lives and social problems exposed which places them at risk of disciplinary action, not deploying and discharge action. Harrison and Laliberté argue a 'silent pact' culture is created which constrains military members and their families who may under other circumstances be tempted to report on one another's illnesses and crimes such as domestic violence (2008:218). Finally, Wertsch further illustrates the idea that the military shows characteristics of a 'total institution' through a perception of constant monitoring:

> Life in the military is about fronts. Masks. The stage persona. That's an important part of military life. Our parents were always obsessively concerned about how things looked. When we were growing up, every

> aspect of personal and private life was a measure of our fathers' professional competence. (1991:1)

This thesis argues military family life shares characteristics of both 'greedy' and 'total institutions'. Segal's (1986) theory has provided a cornerstone for much of the research tradition in the field of military family research including deployment. Moelker et al. state the '…work is important, but it is only a beginning' (2006:18-1).

A number of theories have been applied to deployment which the next section considers. Military family research has a rich microtheoretical tradition (Bengston et al., 2005) that focuses on the family level. The dominant microtheory is family stress theory and its variants (Hill, 1949).

5.2.3 Theoretical Perspectives of Deployment

Noting that social work is a profession that borrows from other disciplines and theory development is ongoing for the profession, Garber and McNelis (1995:1731) argue the inclusion of a systems perspective by military social workers predated its general acceptance by the profession. The deployment literature is founded upon Reuben Hill's ABCX family stress theory (Table 1) (1949). Hill, a sociologist, created the theory as an outcome of studying soldiers and their families after the Second World War. Military social work practice, research and policy development has been significantly influenced by the ABCX family stress theory (see Black, 1993; Bowen et al., 1993; Johnson, 2003; Lavee et al., 1985; McCubbin et al., 1976; McCubbin and Figley, 1983; McCubbin et al., 1980; Westhuis, 1999; Westhuis et al., 2006). This theory reflects the dominance of psychological theory in military family research (Moelker et al., 2006).

Table 1 outlines the main theoretical perspectives of deployment. The models generally consider deployment to comprise of three stages: pre-deployment; deployment and post-deployment. Sub-stages are considered within each of these stages. The stages consider the thoughts, emotions and behaviour of deployed and non-deployed family members.

Table 1 – Models of Deployment

Author/Year/ Context	Pre-Deployment	Deployment	Post-Deployment
Hill, 1949 World War Two Family Stress Theory	Crisis or disorganization	Recovery, reorganisation	Crisis, recovery, disorganisation
Wiens and Boss, 2006; Boss, 2002 Contextual Family Stress Model	1. Physically present 2. Psychologically absent	1. Physically absent 2. Psychologically present	1. Physically present 2. Psychologically absent
Logan, 1981, 1987 Navy wives- Emotional Cycle of Deployment	1. Anticipation of loss 2. Detachment and withdrawal	1. Emotional disorganisation 2. Recovery and stabilization 3. Anticipation of homecoming	1. Renegotiation of marriage contract 2. Reintegration and stabilization
Peebles-Kleiger and Kleiger, 1994 Emotional Cycle of Wartime Deployment	1. Initial shock 2. Numbing	1. Emotional disorganization, trauma symptomatology 2. Recovery and stabilization 3. Anticipation of homecoming	1. Reunion/anxiety/sexual difficulties/ heightened marital risk/family symptoms 2. Reintegration and stabilization/ Recurrence of emotional after-shocks
Pincus et al., 2001 Emotional Cycle of an Extended Deployment for Family	1. Anticipation of loss versus denial Train up/long hours away Getting affairs in order Mental/physical distance Arguments	1. Mixed emotions, relief Disoriented 2. Sustainment Confidence Independence 3. Re-deployment Excitement, apprehension Difficulty making decisions	1. Honeymoon Loss of independence Need for 'own' space Renegotiating routines Reintegrating into family
Shigemura and Nomura, 2002 Mental Health Issues of Peacekeeping Workers	1. Uncertainty re time of deployment and knowledge of peers/leaders 2. Conflict between family and personal preparations, and work/unit preparation 3. Actual deployment was a welcome relief	1. Isolation 2. Ambiguity 3. Powerlessness 4. Danger 5. Boredom Based on Bartone et al. (1998:591)	1. Psychological stress exists in multiple and cumulative forms may exist eg. Post-traumatic stress disorder 2. Social and personal problems 3. Post deployment stress syndrome – physical, emotional, cognitive and behavioural components

5.2.3 (a) Family Stress and Contextual Family Stress Theory

Family Stress and Contextual Family Stress Theory are the dominant theoretical perspectives. Boss's contextual family stress model is illustrated in Figure 1 (2002). The central portion of the diagram represents the ABCX family stress component.

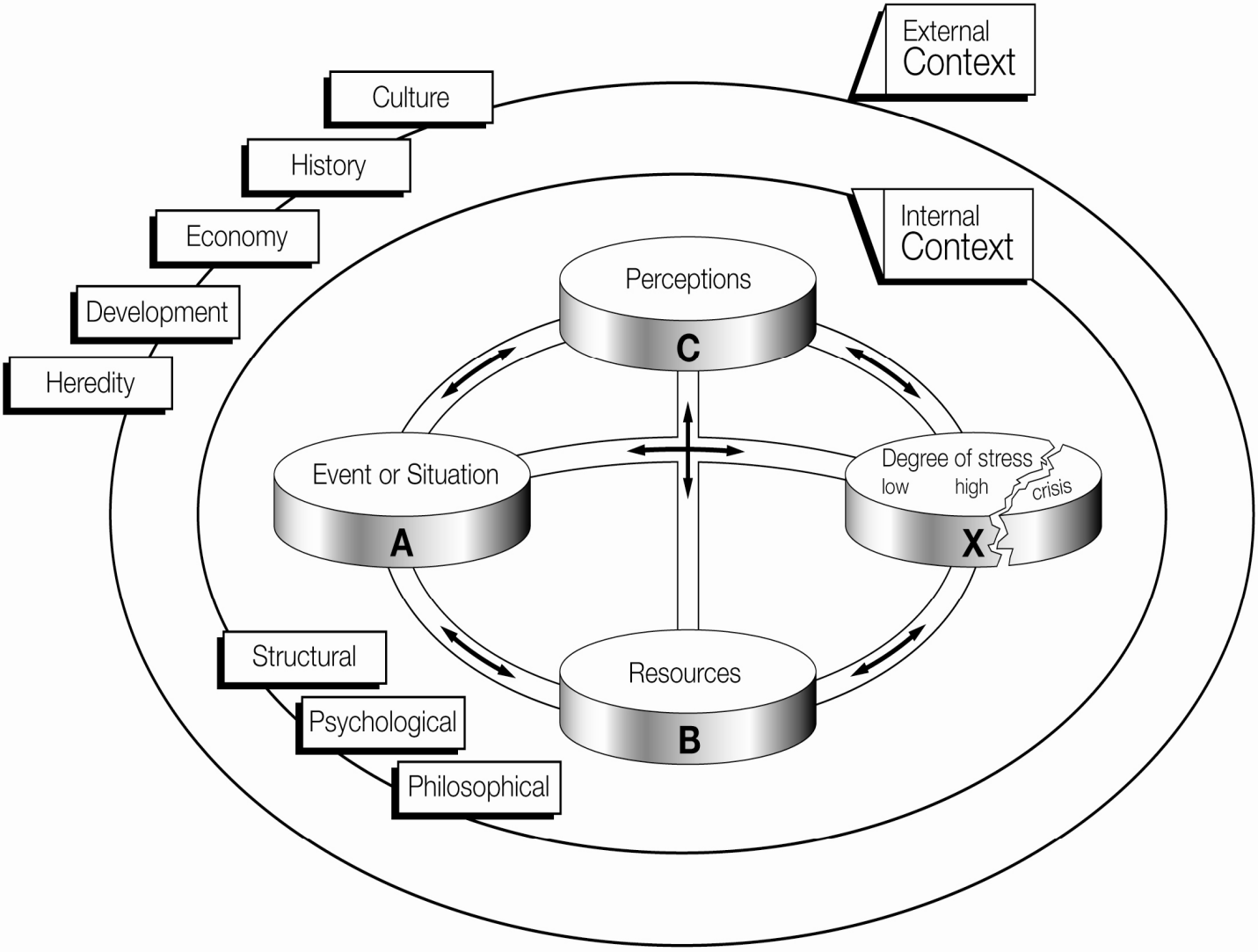

Figure 1 – The Contextual Family Stress Model

From Boss, P. (2002). *Family stress management: A contextual approach.* Newbury Park: Sage.

In Hill's ABCX theory, the 'A' factor cannot be changed since it represents the deployment event which is not reversible. Wiens and Boss (2006) argue a family can modify their strengths and resources or 'B' factor and their perceptions, the 'C' factor. Hence, the theory predicts that families with physical and psychological resources such as adequate finances and self-sufficiency or 'B' factor, and a positive outlook on the deployment, or 'C' factor, are more likely to manage the deployment. However, if these factors are lacking, deployment stress may reach crisis, the 'X' factor, such as family breakdown. Thus, according to the theory, the act of deployment is itself a family stressor (Herb, 1996).

Researchers who examine family stress and crisis intervention have turned their attention to prevention approaches examining concepts such as coping, adaptation and resilience (McKenry and Price, 2005:14-19). Thus, family stress theory has been modified to include the Double ABCX model by McCubbin and Paterson (1983), the T-Double ABCX model by McCubbin and McCubbin (1987) and resiliency model of Family Adjustment and Adaptation (Patterson, 2002). The model in its various forms has been applied to wives' adjustment to Navy deployment (Frankel, Snowden and Nelson, 1992), adaptation to military life in general (Black, 1993), soldier's reports of how well their families managed during Operation Desert Storm (Bell et al., 1993), Army families' adaptation to relocation overseas, and studies of families with husbands/fathers who were either missing in action or prisoners of war (McCubbin et al., 1975). The model has also been applied to the child disability field including military family studies of the stress of having a child with a disability (Fallon and Russo, 2003; Russo and Fallon, 2001).

As a theoretical model, family stress theory has the capacity to measure concepts such as family vulnerability, coping and resiliency (Frankel, 1988). Hill's theory suggested the 'ABC' factors were causal and led to the crisis or 'X'. Clearly an empirical model, the ABCX model has served as a useful heuristic to the theoretical framework to guide research in this area (Frankel, 1988; McClure, 1999a:vii). Notwithstanding the value of family stress theory, a number of criticisms may be applied.

Firstly, family stress theory is a positivistic theory as it aims to identify causal relationships that combine to cause a crisis in families (Burr and Klein, 1994:31). A number of family scholars (Becvar and Becvar, 1988; Boss, 1993) have suggested a

trend to non-positivistic ways of thinking about families. This is echoed by Patterson who argues for a research that is non-positivistic:

> Because family meaning-making processes are so important to family resilience and given the subjectivity of meanings, qualitative methods would help clarify how these processes unfold and the content of these meanings. (2002:359).

In accordance, with Patterson, Boss (1993) asserts researchers need to listen to family members' interpretations of their situation to understand why some families remain resilient and others struggle. Boss argued the 'C' factor was the least studied variable in the theory since it was difficult to measure (2002:47). Secondly, Burr and Klein (1994) noted that the ABCX theory was a linear model that emphasised that stressors occurred sequentially despite the fact that families may experience a number of stressors at the same time. Thirdly, the emphasis of the theory is on outcomes. A lack of attention has been paid to systemic processes and interpersonal interactions that may contribute to understanding patterns of change (Lavee, 2005:281). A final limitation of the theory is that it omits consideration of the family's broader social ecology such as macro factors of institutions and policy (Bronfenbrenner, 1979). Although the model has helped to identify and explain the conditions most likely to affect outcomes important to decision makers such as family readiness, retention in the forces or satisfaction with the military, qualitative research has been argued for to obtain in-depth information (McClure, 1999a:viii). Indeed, the 'C' factor, the family's meaning of the event is well suited to qualitative research. In order to address these shortcomings, Boss (2002) suggests a systemic model known as the contextual family stress model.

The contextual model is based on the assumption that the military family exists within multiple and diverse contexts (Wiens and Boss, 2006). The model (Figure 1) expands upon the ABCX theory and incorporates an internal and external context. In the context of a military deployment, managing the stress of ambiguity is a significant challenge. Boss (2006) describes this capacity to return to a level of functioning equal to or greater than before the crisis as resiliency. Wiens and Boss (2006) argue there is much military family support organisations can do to alleviate such stress. An example is psychoeducation about deployment for military families. As Figure 1 highlights, the 'X' factor indicates the degree of stress, high or low or crisis. Unless

crisis occurs, Boss (2002) argues the family is managing its level of stress. The family's internal context is comprised of the family's structure, psychology and philosophy (Wiens and Boss, 2006).

According to Wiens and Boss, the structural context refers to the nature of the family boundaries, the assignment of roles, and rules regarding who is within and outside the family (2006:28). In the context of a deployment, the boundary of a military family may be unclear, roles and rules may change, and stress may increase. Boss (2002) terms this boundary ambiguity. During a separation, boundary maintenance is difficult for families since the military person is physically absent but psychologically present (Wiens and Boss, 2006:28). Physical presence is determined by bodily presence in the home whereas psychological presence is the presence of a physically absent member cognitively and emotionally (Boss, 2002:95). When there is ambiguity regarding a family member's absence or presence, the situation is described as ambiguous loss (Boss, 2002:94; 2007). Boss describes ambiguous loss as 'the most stressful loss because it defies resolution' (2004:553). This leads to confusion about who is in or out of the family. Consequences of ambiguous loss include structural and psychological problems (Boss, 2004). Structural problems may occur when parenting roles are ignored, decisions are delayed, daily tasks are not completed, family members are ignored or cut off, and rituals and celebrations are cancelled (Boss, 2004:553). Psychological problems occur when feelings of hopelessness lead to depression and passivity, and feelings of ambivalence that can lead to anxiety, guilt and immobilisation (Boss, 2004:554). Military deployment, chronic physical or mental health, missing persons, adoption and divorce are examples of ambiguous loss (Boss, 2004:555).

The psychological context refers to the family's perception, appraisal, definition and/or assessment of the stressful event (Boss, 2002). The family's perception of the event plays a major role in determining whether the family is able to activate resources and adapt or descend in to crisis (Madden-Derdich and Herzog, 2005). Boss (2002) contends that the outcome of a particular stressor event depends on the family's perception of the event.

The philosophical context refers to a family's values and beliefs at the microlevel (Boss, 2002:45). A military family can live by rules that are different from that of the larger culture within which they live. External and internal contexts can be brought

into conflict leading to more stress. Although family beliefs and values influence the broader context, a family's internal synthesis of its values and beliefs into its own philosophy directly influences the perception of the stress or event (Boss, 2002:46). The external context is comprised of the family's history, economics, development, heredity and culture.

The family's historical context is important in the context of a deployment. Wiens and Boss (2006) contend that past stressful events have the potential to influence how a military family may manage current and future stresses. Further, understanding whether the deployment was unexpected or expected, whether it was occurring under conditions that were known or unknown, will influence how the family will manage (Wiens and Boss, 2006).

The family's economic context is a function of societal and communal economies according to Wiens and Boss (2006). As previously cited, Australian military personnel deployed on warlike service receive a Deployment Allowance which depends on an assessment of the risk of harm. Thus, military families may increase their financial stability during a deployment. In the USA context, low rank and lower pay is one of the risk factors for military families not being able to adequately manage the stress of a deployment (Wiens and Boss, 2006:27).

The developmental context of a family is the stage in the life cycle for both individual and family members (Wiens and Boss, 2006). Such stages may include newly formed relationships, childbearing, divorce and caring for children and ageing parents. During a military separation developmental stages may bring more challenges to families. For example, the terminal illness of a parent may present challenges for a non-deployed family member with caregiving responsibility when a deployment occurs.

The family's cultural context influences help-seeking, membership of support groups and behaviour (Wiens and Boss, 2006). Wiens and Boss highlight that the military provides the 'canons and mores by which families define a substantial proportion of the way they live.' (2006:27).

Wiens and Boss (2006) argue that the contextual factors influence whether a family will be in crisis or resilient. In essence, the contextual model emphasises: 'what influences the military family's perceptions of separation and deployment and how these perceptions mediate the family's ability to manage its stress and tolerate

ambiguity.'(Wiens and Boss, 2006:29). The contextual family stress model resonates with ecological models which elevate the context in which an individual or family is operating to prominence (Bronfenbrenner, 1979; 1995a; 1995b). Wiens and Boss (2006) claim the model can be used in a practice manner to assess, design, plan and intervene with specific subgroups of military families. The model will be expanded upon in section 5.3 in an exposition of an ecological understanding of the military family for social work.

Wiens and Boss (2006) and other researchers described an emotional cycle of deployment (Table 1) which is now discussed along with several similar models. Such models underpin much of the practice literature.

5.2.3 (b) The Emotional Cycle of Deployment

The literature provides a number of models (Table 1) under the rubric, the Emotional Cycle of Deployment (ECOD). Proponents argue the models may enable prevention and prediction of problems throughout the deployment stages. The emotional cycle among military families coping with deployment separation arose out of Hill's study (1949). Variations of the model have been created for peacetime and wartime deployments, the stage of separation and the psychological stress of peacekeeping.

Proponents of the emotional cycle of deployment generally suggest that a deployment be viewed as a cycle in three phases: pre-deployment, deployment or work-induced separation, and post-deployment or reunion. Proponents generally argue the patterns of emotional response of deployed and non-deployed family members are predictable, stage-based and linear.

Logan (1981) expanded on Hill and other researchers in formulating a seven-stage deployment adjustment model (Table 1) for Navy wives which was tested in her research. Logan's (1987) descriptive account of the emotional cycle of deployment is the most widely known model. It is frequently cited in the military family literature and underpins the design of educational materials for families facing deployment. Logan (1981) first studied Navy wives in her Masters Dissertation with a sample that consisted of 342 Navy wives in a number of Navy communities whose husbands were in various stages of the deployment cycle. Logan administered a survey to groups of Navy wives. A cross-sectional survey was used to measure self-reported levels of depression at pre-deployment, deployment and post-deployment stages (Logan,

1981:44). Higher depression scores were found at the deployment and reunion stages. However, Logan's methodology has a number of limitations. Logan (1981:71) states the study showed variations in levels of depression that were not statistically significant. Further, Logan demonstrated personal bias in her research:

> after holding discussions with some 800 wives in more than 30 groups, this researcher feels strongly that the pattern proposed in the Deployment Adjustment Model does exist…the methods used in this study did not show as conclusively what the researcher learned from these personal experiences. (1981:71).

Although the results did not demonstrate unequivocal support for the model, Logan justified the findings on the basis of personal observations which were not part of the research design. Logan's widely cited account of the thesis in the USA Navy journal, *Proceedings*, made a number of claims including the capacity to predict family violence:

> The stages at which partner or child abuse is likely to occur could be identified…Anticipation of Loss, Detachment and Withdrawal, and Renegotiation of the Marriage Contract are the stages that may increase the likelihood of paternal child abuse; Emotional Disorganization and Anticipation of Homecoming, maternal child abuse; Anticipation of Loss and Renegotiation of the Marriage Contract, partner abuse. (1987:47).

Logan extended her original thesis and claimed it was 'useful for working with husbands and children as well.' (1987:43). Although Logan's model is based on tenuous findings and unsubstantiated claims regarding the timing of abuse in a deployment cycle, the model continues to be used in psychoeducation with military families. Research regarding the value of such educational materials has not been examined with Australian military families.

Building on Logan, Pincus et al. (2001) suggest that the model has five stages (Table 1), each of which is time-limited and poses emotional challenges which must be managed: pre-deployment, deployment, sustainment, re-deployment, and post-deployment. Each stage has a different coping need. The authors argue each of these needs must be mastered for successful management of the separation. The authors, all

military psychiatrists, suggest that promoting understanding of the stages of deployment may avert crises, minimise the need for military command intervention or mental health counselling, and minimise suicidal threats. However, no research has inquired into this aspect of deployment or Logan's above claims.

Peebles-Kleiger and Kleiger (1994) claim there are important distinctions between war and peacekeeping deployments with respect to the emotional cycle of deployment (Table 1). Indeed, they posit an emotional cycle of peacetime deployment and, what they term, emotional stages of wartime deployment which was developed during Operation Desert Storm. In essence, the author's contend the Gulf War deployment was psychologically different to a 'routine peacetime deployment' in that it was unexpected, disruptive and hazardous (1994:183). Wiens and Boss (2006) similarly describe such a deployment as catastrophic. Peebles-Kleiger and Kleiger (1994) suggest that in the final stage of a peacekeeping deployment family life stabilises, whereas for wartime families, emotional after-shocks may be rekindled throughout the family life cycle. The authors suggest the choice of the appropriate model can strengthen families' coping skills through educational strategies.

Despite Peebles-Kleiger and Kleiger's distinction between peacekeeping and war-fighting, research is lacking whether there is any difference in how personnel and their families make sense of the respective missions and whether coping strategies and support needs necessarily change. Further, the author's claim that family life stabilises after a peacekeeping deployment is contradicted by peacekeeper post-traumatic stress disorder (PTSD) research which has been shown to reverberate five to ten years after a deployment ends (Mehlum and Weisaeth, 2002:23). Wiens and Boss (2006) proposed an ECOD (Table 1) based on interviews with families that experienced an expected or normative peacekeeping deployment. The authors argue their findings supported a more nuanced cycle than previous models which will now be outlined.

Pre-deployment is described as the stage where the military member was physically present while psychologically absent (Wiens and Boss, 2006:28) (Table 1). The stress of ambiguity is apparent since the military person is focused on preparing for the impending mission. Deployment, on the other hand, is characterised by the military member being physically absent yet psychologically present. Although the military member is now deployed, their psychological presence is still experienced. However, the level of ambiguity surrounding absence and presence varies with the type and

duration of deployment and the family's contexts as previously described. Upon return of the military family member, military families experienced mixed emotions. The member was physically present, yet psychologically absent (Wiens and Boss, 2006:33). The authors concluded the ECOD was a useful device for educating families and assisting them with coping, adapting, managing stress and encouraging resiliency.

In contrast to preceding models that focus on non-deployed family members, it is instructive to consider the experience of the military person. Shigemura and Nomura (2002) provide one such model formulated with respect to peacekeeping operations (Table 1). At pre-deployment, military personnel are preparing for deployment. Getting to know peers and leaders, combined with the competing time demands of military employment and family needs has been found to contribute to stress (Shigemura and Nomura, 2002). After this initial period, deployment is described as a relief and exciting by military personnel. Based on Bartone et al., five categories of psychological stress have been devised as being important throughout the deployment stage (Table 1) (1998:591). These include physical and psychological isolation, ambiguity, powerlessness, boredom and danger. A number of psychological factors have been found post-deployment for peacekeepers as cited previously in 3.4.2. These include PTSD, social and personal problems and post-deployment stress syndrome (Shigemura and Nomura, 2002).

This section has examined theories that inform social work practice in the military setting. These macro- and micro-theoretical perspectives offer a platform for social work practice. The next section will expand upon these perspectives and posit an ecological understanding for social work.

5.3 Towards an Ecological Perspective of Military Social Work

5.3.1 Why an Ecological Approach?

This thesis proposes that an ecological understanding provides one means to synthesise the many factors involved in influencing military family life, particularly in the context of a deployment. Drawing from psychology, the Contextual Family Stress Model goes some way towards enabling an understanding of the military family in its context (Wiens and Boss, 2006). However, the model's emphasis on measuring stress, crisis and coping/managing may obscure and limit in-depth understanding of the

military family's experiences. Such a focus may limit how social workers intervene at other levels such as the community or policy levels. A number of researchers (Mancini et al., 2005:570; Pryce and Pryce, 2006) argue the community should have a more prominent role in thinking about families to promote family wellbeing. As a case in point, a community capacity approach has been applied to preventing family violence in the USA Air Force (Bowen et al., 2002). Drawing from sociology, Segal's (1986) 'greedy institutions' theory enables some understanding of the conflict between the military institution and military family. However this may narrow social work's attention exclusively on helping military families 'successfully balance work and family demands' (Rothrauff et al., 2004:2). In addition, it places most of the blame upon the family for impeding the military mission. This may overemphasise the work-family interface at the exclusion of identifying and addressing other sites for intervention. Goffman's theory (1982) may be useful in directing social work's attention to the institutional aspects of military life.

Moelker et al. argue psychological theory regarding the military family is 'quite well developed' whereas sociological theory 'only delivers a very thin description' (2006:18-1). They contend that research is often based on quantitative data collection and that 'thick' sociological description is required of the military family (2006:18-1 - 18-2). They also emphasise that knowledge and insights from other disciplines are rarely integrated. A way forward is needed to bring the various facets together to develop a richer understanding of the themes of the deployment experience.

Ecological understandings, the key elements of which will be delimited in the next section, have been used in many fields of social work practice and other disciplines. Ife (2005) highlights that ecological and other perspectives are central to social work as it is practised in Australia. Bronfenbrenner's (1979; 1995a; 1995b) seminal treatise on the ecological perspective has widely influenced social work (Compton et al., 2005; Forte, 2007; Harms, 2004; Harms, 2005; Kazak, 1986; Schweiger and O'Brien, 2005; Voisin et al., 2006), individual and family resilience research (Corcoran and Nichols-Casebolt, 2004; Gilgun, 1996; O'Donoghue and Maidment, 2005; Walsh, 2003), health promotion and policy (Halfon and Hochstein, 2002; Novilla et al., 2006; Rychetnik and Todd, 2004; Whiteside, 2004), child development (Sanson et al., 2002), work and family (Voydanoff, 2005) and prevention programs for youth (Bogenschneider, 1996).

Bronfenbrenner is cited as an exemplary scholar in the ecological tradition (Forte, 2007:133), and social work commentators use a series of concentric rings to represent system levels (Healy, 2005:139). Bronfenbrenner (1979) identified four levels in which individuals and families function – that is, the microsystem, mesosystem, exosystem and macrosystem. A number of writers (Greene and Ephross, 1991; Healy, 2005; Pitt-Catsouphes and Swanberg, 2006) use a slightly modified version which considers micro, meso and macrosystems which this thesis adopts.

The social work perspective of person- or family-in-environment has been described by a number of military social work writers as a means of understanding and intervening with respect to deployment and military family life more generally (Knox and Pryce, 1999:133; Westhuis, 1999:286). Ecological perspectives (Bronfenbrenner, 1979; 1995a; 1995b) have also been influential in research and practice in the military setting including military families (Bowen et al., 1993; Mancini et al., 2005), work and family (Pitt-Catsouphes and Swanberg, 2006) military children and deployment (Smith, 1998), military children and disability (Taylor et al., 2005), partner violence (Clark and Messer, 2006), and military veterans (Benda, 2001; Benda and House, 2003). As cited in Chapter 3.5, the Centre for Military and Veterans' Health (CMVH, 2007) literature review utilises an ecological model of health in examining the intergenerational health effects of service in the military.

The ecological theoretical framework is an important school of thought in social work which 'incorporates the theoretical contributions of diverse departments' (Forte, 2007:118). These include Germain and Gitterman's life model of practice (1996); Meyer's ecosystem perspective (1993); Ungar's social ecology (2002); Harms' multidimensional approach (2005); Ife's ecological/social justice approach to community development (2002); Matthies et al.'s eco-social/eco-feminist approaches (2001); Rothery's critical ecological approach (2007); and Forte's applied ecological theory (2007). Social workers have been urged to borrow ecological approaches from the health promotion field (see Whiteside, 2004:381 who encourages social workers to work with public health).

The next section outlines the key elements of an ecological understanding that have salience for this thesis and discusses the limitations of the perspective. A visual representation of an ecological model of the military family will also be presented.

5.3.2 Key Elements and Limitations of an Ecological Understanding

As Forte observes, 'Social Work borrows knowledge from other disciplines.' (2007:49) This thesis will 'borrow' from the health promotion/public health field as well as incorporating the theoretical perspectives discussed in this chapter in proposing an ecological understanding of the military family. Whiteside (2004) argues that public health and social work share a concern for a whole-of-society approach necessitating collaborative effort at multiple levels. A visual representation of an ecological model of the military family for this study is presented in Figure 2 (overleaf). The model is modified from Kaplan et al.'s public health model (2000) (see Rychetnik and Todd, 2004 for a review of the health promotion literature which considers ecological approaches in this field). Similar to Bronfenbrenner's (1979) representation of macro, meso and microsystem levels (Healy, 2005:139), Figure 2 shows how the macrosystem level encompasses all the other system levels. The visual representation is not intended to privilege any level over another. The model acknowledges that military service may affect families and children. Deployment, a case in point, separates family members and may expose military personnel to traumatic and other events which may affect physical and mental health (CMVH, 2006:7).

Figure 2 – An Ecological Model of the Military Family for Social Work

Modified from Kaplan, G., Everson, S. and Lynch, J. (2000). The contribution of social and behavioural research to an understanding of the distribution of disease: A multilevel approach. In B. Smedley and S. Syme (Eds.), *Promoting health: Intervention strategies from social and behavioural research.* (pp. 37-76). Washington, DC: National Academy Press.

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Referring to Figure 2, the microsystem level considers individual/military family risk and protective factors, genetic/constitutional/biological factors, biopsychosocial pathways and individual health and wellbeing (Kaplan et al., 2000:73). Genetic, constitutional and biological factors are included at the microsystem level since military personnel have been exposed to toxins during deployments (CMVH, 2006:7). Microsystems are the immediate settings in which individuals develop and include face-to-face interactions that take place between individuals and their various worlds (Harms, 2005:10). The microsystem includes the 'inner world' of biological, spiritual and psychological dimensions (Harms, 2005:5). Healy (2005) describes microsystems as informal systems. Family stress theory (Hill, 1949) applies at this level because it focuses on family stress and coping. A full treatment of biopsychosocial pathways and genetic/constitutional factors is beyond the scope of this thesis (see Berkman et al., 2000). However, the model acknowledges that physical and mental health outcomes and individual behaviours are influenced by complex interactions across all levels (CMVH, 2006:6).

Mesosystems (Figure 2) are relationships between microsystems. These include social organisations such as religious organisations, schools and workplaces (Pitt-Catsouphes and Swanberg, 2006:347). Mesosystems include neighbourhoods and communities, living conditions and social relationships (Kaplan et al., 2000:71). Social relationships include social networks and social support. Healy (2005) describes mesosystems as formal systems that have a direct impact on service users' lives. Thus, military family support organisations such as the Defence Community Organisation form part of the mesosystem.

Finally, macrosystems (Figure 2) are considered to include the impact of society on organisations in the mesosystem level and individuals and families at the microsystem level (Pitt-Catsouphes and Swanberg, 2006:351). Macro factors may include social and economic policy, culture and institutions (Healy, 2005:139-140; Kaplan et al., 2000:62). Goffman's theoretical perspective (1982) meshes well at this level since it considers the effect of the military institution on family life. The contextual family stress model is relevant at all levels since it considers the family in its external context (Wiens and Boss, 2006).

Ecological approaches share common assumptions. Harms outlines seven key elements of a multidimensional approach which draws on ecological understandings of the person in their environment and parallel micro, meso, and macrosystem levels (2005:viii-ix; 2007:68). Firstly, an individual's inner world is multidimensional, broadly consisting of biological, psychological and spiritual dimensions. These inner world dimensions influence and are influenced by the dimensions of the outer world. Secondly, the outer world or context in which individuals live is multidimensional. According to Harms, these include the physical, social, structural and cultural contexts that modify daily experience (2005:ix). Thirdly, time is multidimensional and includes biological, biographical, historical/social, cyclical and future time. Fourthly, human experience is multidimensional and is a combination of an individual's unique developmental trajectory and life events. Normative and non-normative tasks enable understanding of a person's adaptive potential and resources. A core element of ecological approaches is to improve person-environment transactions by promoting adaptation, which is an individual's active response to change (Harms, 2005:14; Healy, 2005:137). Fifthly, the causes and consequences of adaptation are multidimensional. Risk, resilience and protective factors are important concepts according to Harms (2005:ix). Sixthly, theorising human development and adaptation should be multidimensional. Finally, practices, programs and policies that consider prevention, intervention and postvention must be multidimensional. Harms states inner and outer worlds can be understood using a variety of theories (2005:11).

Similar to concepts in the contextual family stress model (Wiens and Boss, 2006), a range of factors determines an individual's response to a particular experience such as deployment. These are known as risk and protective factors, or vulnerability and resilience factors (Harms, 2005:15). Greene defines risk factors in practice terms as factors that contribute to client stress and minimise coping capacity (2007:44). On the other hand, protective factors increase the likelihood of a successful developmental outcome (Greene, 2007:45). Resilience refers to overcoming the odds or negotiating life transitions with competence (Greene, 2007:45). Harms's review of the literature identified fifteen factors that appeared to be key protective factors: a good social and economic environment; an absence of organic deficits; an easy temperament; younger age for those who have suffered a traumatic experience; absence of early separation or losses; a good warm relationship with at least one caregiver; the availability in

adulthood of good social support; positive school experience; involvement with organised religious activity and faith; high IQ; superior coping styles; higher sense of autonomy and self-worth; interpersonal awareness and empathy; willingness to plan; and a sense of humour (2005:18-19). Risk and protective factors include individual factors, family factors, life events and community and cultural factors (Commonwealth Department of Health and Aged Care, 2000a:15) across micro, meso and macrosystem levels (Corcoran and Nichols-Casebolt, 2004:211).

Military family research regarding concepts of risk, protection, and resiliency is evolving. The deployment and military family literature has been described as 'stressor-focused' (Knox and Pryce, 1999; Wiens and Boss, 2006). A number of risk and protective factors of deployment have been identified (Wiens and Boss, 2006). Protective factors include flexible gender roles, active coping strategies and community and social supports (Wiens and Boss, 2006:20). For example, families that were able to perform multiple roles irrespective of traditional gender stereotyping did well during separation. Active coping such as emailing or letter writing in contrast to passive coping such as watching news coverage of a deployment has been shown in some studies to be more helpful for families (Wiens and Boss, 2006:20). Families that manage deployments in ways that were satisfying to them had strong connections to their community (Wiens and Boss, 2006:20).

Risk factors of deployment that may lead to increased stress include military factors such as sudden deployment, exposure to combat, lengthy deployment and a perceived non-legitimacy of the deployment by the family. A history of low adaptability, recently relocation, a rigid coping style, family conflict and dysfunction and poor communication have also been cited as factors that may impact on managing the deployment. A young age of parents, pregnancy, first time away from home for partners, being foreign born and limited finances are cited (Blount et al., 1992; Frankel et al., 1992; Pierce and Buck, 1998; Segal and Harris, 1993; Stafford and Grady, 2003; Wiens and Boss, 2006). Families who care for a child with a disability have higher levels of stress than families whose children are without a disability, warranting the attention of service providers throughout deployment (Fallon and Russo, 2003; Russo and Fallon, 2001). Military families in which the military person is not deployed with their parent unit have been shown to be an at-risk group, and the

return of an injured or traumatised individual after deployment presents as an additional risk factor for families (Wiens and Boss, 2006:21).

As noted in Harms' third element above, the life course perspective is incorporated into ecological perspectives by considering the concept of time which influences human development (Forte, 2007:137; Harms, 2005:ix). This is represented in Figure 2, which considers deployment as a part of the life course. Hutchison (2005) emphasises that the aim of many social work interventions is to get life course trajectories back on track.

Rutter outlines three types of life event that can serve to produce a lasting shift in the life course trajectory, known as a turning point: life events that close or open opportunities; life events that make a lasting impact on the person's environment; and life events that change a person's self-concept, beliefs or expectations (1996:612). Rutter described a process of 'negative chain effects' where early adverse experiences may predispose a person to subsequent negative experiences in later life (2000:656). Examples include negative impacts on having social support, a greater likelihood of marital breakdown, a reduced chance of obtaining educational qualifications and teenage pregnancy. This suggests that children's and adolescents' needs may be particularly important during a deployment. It is conceivable deployment has the capacity to be a major turning point for military families since it may qualify as all three of the preceding types of events. A life course approach asks the question, 'How will the experiences military personnel have today affect their civilian lives in the future?' (MacLean and Elder, 2007:176). Clearly this is beyond the scope of this thesis but a salient question nonetheless for those that deploy.

A number of criticisms of ecological perspectives have been made (Wakefield, 1996). The ecological framework is often built from high-level abstractions regarding ecosystems, transactions, human adaptation and human development (Forte, 2007:157). Wakefield (1996) claims the ecosystems perspective has little explanatory power. Payne (2005) states approaches tend to be overly inclusive and fail to tell social workers what to do. Similar to contextual family stress theory, an emphasis on adaptation may lead social workers to ignore structural concerns and social justice issues (Wiens and Boss, 2006). However, more recent ecological approaches have demonstrated that ideas important to critical social work such as social justice, anti-oppression and marginalisation are compatible with an ecological perspective

(Rothery, 2007). Further, in response to criticisms of the preceding approaches, ecological perspectives have evolved to use ecological ideas politically to combat social exclusion known as eco-critical/eco-social and eco-feminist approaches (Matthies et al., 2001).

This thesis argues an ecological perspective enables a 'strong emphasis on contextual understanding, a hallmark of the social work tradition.' (Forte, 2007:158). A pivotal point is that the micro, meso and macrosystem levels elements of people's experiences need to be considered in understanding their overall experience since the levels are embedded within each other (Harms, 2005:8). The next three sections examine social work practice at the micro, meso and macrosystem levels with an emphasis on the Australian Defence Force (ADF). Social workers in the ADF setting are described as Defence Social Workers, although this term will be used interchangeably with 'social workers'.

5.3.3 Defence Social Work Practice: the Microsystem Level

This section will consider Defence Social Work practice at the microsystem level from the military family literature as well as the social work and allied literature regarding work with individuals/families. The microsystem level (Figure 2) considers individual/military family risk and protective factors, genetic/constitutional/biological factors and individual health and wellbeing (Kaplan et al., 2000).

Westhuis suggests social workers need to be mindful of an ecological perspective in the context of deployment:

> The social worker must step outside his or her normal "in the office clinical role," be ready to do prevention, be knowledgeable on military and community resources, link families with these resources, be an advocate for soldiers and families, do consultation and education with unit leaders, be able to obtain and provide accurate information to those who need it, and when necessary do clinical interventions' (1999:286).

A number of researchers argue there are several good practice strategies at this level which social workers may employ (Bell and Schumm, 2000; Wiens and Boss, 2006). However, Wilson and Chui (2006) argue good practice is difficult to define. In counselling, social workers may promote the development of individual and family

goals and encourage families to use them to develop and maintain family routines. Social workers may assist families to concentrate on what can be controlled and educate families to accept the lack of control over deployment. Social workers may encourage families to become or remain active and get a job, volunteer or take up a hobby. Social workers may promote communication with the deployed soldier and within the family and encourage families to check out rumours and not believe everything they hear (Bell and Schumm, 2000:144). Educating all military families about the emotional cycle of deployment is suggested as a means to promote resiliency (Wiens and Boss, 2006:34).

Working with the internal context is premised on social workers forming a helping relationship or therapeutic alliance with individuals and the military family (Wiens and Boss, 2006; Harms, 2007). Little research exists on this important aspect in the military setting (Knox and Pryce, 1999). Engagement is fundamental to good social work practice with clients (Harms, 2007; Mattaini, 2002a). Given the military institution has a unique culture and families are embedded in this culture, challenges for engaging with military families are likely to be present. Harms outlines challenges to engaging include cultural differences, communication barriers and discordance between worldviews of clients and workers (2007:118). As Mattaini observes, where clients have had limited experiences with trusting relationships, achieving engagement is part of the helping experience although this may involve significant time (2002a:159). Since deployment has been shown to affect relationships within the family (Wood et al., 1995), it is reasonable to assert that forming the client-worker helping relationship may be problematic. Basham makes observations about the oft-neglected issue of homecoming and engaging military families where trauma is a presenting concern (2008:91). Basham contends the heightened risk of mental health difficulties more than twelve months post-deployment requires immediate and short-term interventions to normalise acute stress responses. A one-size-fits-all approach will disengage soldiers and reinforce objectification. Counselling is very challenging in this instance and social workers need to avoid becoming 'an overly zealous rescuer or a detached bystander' (Basham, 2008:91). Social workers may need to refer families to specialist counselling if required. Knox and Pryce (1999) highlight that social workers need a detailed understanding of military culture and institutional demands if they are to engage with a military family. Briggs and Atkinson (2006)

describe their experiences in engaging Army families as clinicians in the UK in a Child and Adolescent Mental Health team. The brief intervention model of one worker for five sessions was abandoned for Army families due to the nature of their work and life. Briggs and Atkinson found that families had had no experience of talking about emotional life. The workers also needed to adapt to the fact that appointments were not always kept due to Army work. Families arrived for initial appointments 'appearing to be going on a mission' (Briggs and Atkinson, 2006:57). It was concluded military families were expected to engage with a service that delved in to emotional life as a vehicle for change that was counter to the Army culture. Army families were thought to be 'very much in need of services' and 'hugely under-represented' in child and adolescent services located near Army garrisons (Briggs and Atkinson, 2006:65).

What constitutes clienthood in the Defence setting? Given the foregoing, the route to clienthood for a military family is likely to pose challenges for families. Payne states that clienthood is a process and argues clients bring the outside world with them into social work activity and change the nature of social work (2005:19-20). This is the case with Briggs' and Atkinson's preceding description where the service had to modify its way of working with families. This has important implications for social workers in the Department of Defence and DCO as the organisational site for social work in engaging and working phases.

Compton and Galaway argue that the term 'client' required a more precise nomenclature, defining the client as 'any individual, group, family, or organization with whom the social worker has an explicit agreement regarding the nature of the problem to be resolved and an intervention plan.' (1999:91). Compton and Galaway suggest use of the terms 'applicant', 'prospect' and 'respondent'. An applicant is a person, group or organization who voluntarily seeks out a service. A prospect is a person, group or organization to whom the social worker is reaching out to, and a respondent is a person, group or organization who is required to interact with a social worker, also known as an involuntary client (Compton and Galaway, 1999). Compton and Galaway suggest that applicants are more likely to work with a social worker if the social worker starts where the applicant is and then focuses on solutions rather than the problem (1999:204). Applicants become clients when they decide that it is possible to accept the available assistance. To be helpful to applicants, what is

provided must be of value. Further, it must be provided in such a way the applicant is free to use it in their own way, without loss of control or self-esteem (Compton and Galaway, 1999:205). Understanding applicants' frame of reference is critical rather than workers imposing their own solution (Compton et al., 2005:178). On the other hand, social workers reach out to prospects who may not want a service or have little awareness of a social worker's usefulness (Compton and Galaway, 1999:205). Engaging a prospect requires being available at times that are convenient to them, in places where they are, and in a way that the prospect finds acceptable (Compton and Galaway, 1999:205). However, Compton and Galaway's (1999) conceptualisation of clients is problematic since it minimises the role of the client in shaping the relationship. Dominelli (2004) argues that clients are not passive recipients of social work interventions. Further, clients configure the relationship and influence the range of options available through their belief systems, the way in which they behave and how they formulate the problem(s) they wish to address (Dominelli, 2004:69). At the microsystem level, social workers need to treat clients as active citizens who obtain resources and contribute to practice (Dominelli, 2004:231). However, in the Australian context this aspect of social work practice is unstudied.

Social workers require sound assessment skills in the Defence setting. As Harms observes, the type of assessment required depends in part on agency context and establishes a mutual agenda for action (2007:160-161). Social workers conduct a range of assessments including eligibility assessments, investigative assessments for Command, suitability assessments for potential recruits and, in counselling, to determine what the focus of the work should be (Harms, 2007:161-162). In the context of a deployment, a social work assessment may influence whether a member is deployed or whether the deployed person should be returned from a deployment for compassionate reasons. Harms argues that comprehensive assessments are critical and outlines five process challenges for social workers. Firstly, assessments in contemporary practice focus on risk management which are about subjective predictions by nature, although Harms suggests that assessments should incorporate capacity building and strengths perspectives. An ecological perspective is one means to achieve this balance. Secondly, assessments are often conducted quickly which is a requirement in the Defence context at times. This constraint may impact 'quite profoundly on the outcome of an assessment' (Harms, 2007:163). Thirdly,

information collected changes over time. Fourthly, although social workers aim to establish a mutually agreeable agenda, agency policy also shapes that agenda and what subsequent interventions may occur (Harms, 2007:163-164). Finally, assessments have the potential to magnify assumptions of worldviews that are made. Talking with a family about the possible return of their partner from deployment may be interpreted as a fact that it will occur. Harms (2007) suggests social workers need skills in using open-ended questions and paraphrasing to build optimal understanding.

Social workers are expected to conduct diverse roles in the Defence Community Organisation (DCO). Practice may include individual, couple or child and family counselling with respect to issues such as separation/reunion, family violence, death or serious injury, substance abuse, health and mental health, anger management, parenting, disability support (Chenoweth, 2006), grief or loss, workplace, relocation, child/adolescent behaviour concerns and relationships. Social workers also work on behalf of ADF commanders and other agencies in Defence who routinely make Official Requests for DCO for assessments and intervention regarding compassionate postings, early discharge, family support, pre-deployment, compassionate return to Australia in the event of death, injury or serious illness and other support functions. In order to work effectively with the military family's internal context, social workers require an understanding of a range of theories including family-centred models (Hartman and Laird, 1983) and crisis intervention (Payne, 2005:97). Crisis intervention tends to be a brief, structured intervention and emphasises the exploration and ventilation of client feelings (Healy, 2005:126). However, crisis intervention is not effective when constant debilitating crises or long-term psychological concerns are the main issue. Further, if people do not accept the agency or worker to be involved, crisis intervention is ineffective (Payne, 2005:116).

Writing in the journal *Social Work* after the Gulf War of 1991, Black outlines practice guidelines for social workers to assist military families in the context of a deployment (1993:276-78). Black bases his article on Hill's ABCX family stress theory (1949). Interventions included targeting young families, outreach to isolated families, focusing on children, managing the grief reaction, coping with indefinite separations and planning the family's reunion.

Bell and Schumm (1999:115) claimed young families did not adapt well to deployments. As shown in Chapter Two, the ADF is composed of a significant

number of young families. Social workers are likely to intervene with young families throughout deployment. Young families are clearly identified in the literature as a vulnerable group as they may have recently partnered and begun a family, face economic stresses, live away from family support and must meet demands unique to military life such as deployment (Wolpert et al., 2000). Young families are often described as ambivalent in accepting assistance from providers such as social workers out of fear of the effect of seeking assistance on their military careers (Wolpert et al., 2000). Black (1993) contends social workers can help families strengthen their internal and external resources and perceptions of the separation. Black also suggests that a focus on helping the non-deployed partner to cope with a deployment indirectly helps children to manage a deployment. Referral to appropriate mental health services may be made when children and families exhibit severe emotional reactions to the separation.

Social workers may work with parents throughout deployment who are concerned about their children. Costello suggests children are overlooked in social work practice and their voices need to be heard and included in decision-making (2003:147). Significantly, Black (1993) also suggests a focus on children throughout deployment. As cited in Chapter 3.4.2(c), children/adolescents react in different ways to their parents' deployment. Parents are focused on the impending separation (Amen et al., 1988). Families with young children may move prior to deployment to be near extended family for support which raises practice issues for social workers in coordinating services in the new locality (Rosen et al., 2000). Social workers are likely to have a role in disseminating information about the deployment at a number of levels. When notice of deployment is given, non-deployed partners want to know where their soldier is going, for how long, the level of danger and how to communicate if the need arises (Lewis, 1984 cited in McClure, 1999c:111).

As cited in Chapter Three, a significant aspect of a deployment is the likelihood of physical and mental health concerns for the military family at any stage of the deployment. The biopsychosocial paradigm incorporates biological, psychological, social, cultural, economic, political and ecological variables (Forte, 2007:213). Ecological understandings of physical health acknowledge the biological and genetic determinants of health as well as the social determinants which includes income, education, housing, employment, working conditions and geographical location in

determining the health status of groups or communities (Campbell, 2005; Taylor, 2006:132). Taylor suggests social workers require knowledge of solution-focused approaches, crisis theory, ecological theories, strengths perspectives and anti-oppressive approaches in community health settings (2006:143-144). Although the Defence environment is not strictly a community health setting for social workers, it shares some similarities since physical and mental health issues are relatively common.

Social workers provide counselling which may encompass relationships and physical and mental health concerns. Chapter 2.4 noted 57% of the ADF are either married or in a recognised defacto relationship, and more than half of this group have dependant children (Australian Government, 2003). Karney and Crown (2007:xix) state there is little evidence that deployment alone accounts for negative outcomes in military marriages. However, rates of marital dissolution for female service members are several times higher than for male personnel (Karney and Crown, 2007:169). Significantly, Karney and Crown argue that one of the most consistent predictors of positive or negative outcomes in military marriages is the mental health of the service member, particularly '…in response to experiences during deployments.' (2007:175). The authors contend that the availability and quality of mental health services will have indirect benefits for their marriages. People with a severe physical illness are more likely to develop a mental disorder (Commonwealth Department of Health and Aged Care, 2000a:63). As a consequence of this, mental health social work is an important role in the context of a deployment. Stressful events are strongly associated with the onset of mental health problems (Commonwealth Department of Health and Aged Care, 2000a:80). Depression, for example, may onset with exposure to a stressful life event in vulnerable individuals (Commonwealth Department of Health and Aged Care, 2000b:4). Deployment has long been viewed as a stressful event (Hill, 1949), and this merits the attention of social workers. Social workers may utilise interventions such as advocacy, educating clients and families, working with families, case management (Gursansky et al., 2003), intensive casework, locating resources and community work (Bland, 2005; Bland et al., 2007:208). As Bland et al. observe, mental health social work 'aims to restore individual, family, and community well-being, to promote the development of each individual's power and control over their lives, and to promote principles of social justice.' (2001:147). Social workers need to

be knowledgeable with respect to depression/postnatal depression and referral pathways. Depression has been described as an 'invisible disability' (Keigher and Jurkowski, 2001:211), easy to miss and dismiss (Nelsen, 2002:45), under-diagnosed (Cunningham and Zayas, 2002), and more debilitating than diabetes, arthritis, gastrointestinal disorders, back problems and hypertension in terms of physical functioning (Claiborne and Vandenburgh, 2001). A body of research evidence suggests that depressed mothers are less nurturing towards their children and may use more physical punishment and that there is an increased likelihood of delays in children's language, social, emotional and cognitive development (Cohn et al., 1990; Field et al., 1985; Seifer and Sameroff, 1992; Zayas, 1995). An increased prevalence of depression is also found for women after childbirth (Barton et al., 2001). Ten to fifteen percent of women may suffer a major depressive episode within the first three to six months of birth (Commonwealth Department of Health and Aged Care, 2000a:81). Women are twice as likely as men to have a depressive disorder, and women between the ages of eighteen and thirty-four years of age have prevalence rates between eight and eleven percent (Commonwealth Department of Health and Aged Care, 2000b). Effective practice in this field suggests a combination of medication and counselling (Sanderson et al., 2003).

Interestingly, risk and protective factors for depression overlap with a number of the risk and protective factors cited in the previous section (Harms, 2005:18-19; Wiens and Boss, 2006:20). However, risk factors specific to a deployment were also identified. Risk factors for depression include: adverse childhood experiences; social disadvantage; family discord; lack of social support and exposure to adverse life events; past personal or family history of symptoms or depression; high anxiety; and pessimistic or self-critical thought patterns (Commonwealth Department of Health and Aged Care, 2000b:15). Protective factors for depression include: good interpersonal relationships; family cohesion; social support and a sense of community; an easygoing temperament; optimistic thought patterns; and effective coping skills (Commonwealth Department of Health and Aged Care, 2000b:15).

Sleep disturbances are common throughout a deployment for non-deployed (Van Vranken et al., 1984) and deployed family members (Reeves et al., 2005:20). Adults with sleep problems are at considerable risk for developing mood disorders such as depression (Ford and Cooper-Patrick, 2001). Insomnia, described as 'inadequate,

insufficient or nonrestorative sleep despite ample time in bed' has a significant effect on an individual's quality of life (Drake et al., 2003:163). Decreased daytime functioning, impaired work performance, increased risk of major depressive disorder, higher rates of suicidal behaviour when combined with depression and comorbidity with pain conditions and psychiatric disorders suggests social workers need to be aware of this condition and appropriate treatments (Drake et al., 2003). Increasing evidence links the precipitation of insomnia to stress which raises questions about deployment as a stressor event (Drake et al, 2003).

Social workers must be knowledgeable with respect to children and adolescents given the literature highlights mental health as a factor for this group throughout deployment. Pryce and Pryce suggest social workers need to work with schools (2006:7). The authors argue that children and adolescents need support from their home community and schools since adolescents in particular may be angry at the deploying parent. Sleep-related problems in children have been cited as common problems associated with deployment (Stafford and Grady, 2003), but have received no attention in military family research in Australia. Sleep problems encompass a broad range of behaviours which are influenced by intrinsic (difficulty initiating/maintaining sleep) and extrinsic factors (bedtime resistance and poor sleep hygiene) (Alfano et al., 2007:224). Early onset of problems at age four years predicts anxiety/depression at ages 13 to 15 years (Gregory and O'Connor, 2002) and onset of anxiety disorder in adulthood (Gregory et al., 2005). Anxious children have been shown to exhibit nightime fears, nightmares and difficulty sleeping alone/away from home, which may disrupt sleep and daytime functioning (Alfano et al., 2007:224). In their study of a sample of anxious children, Alfano et al. argue that sleep problems predicted interference in family functioning and may become a major aspect of family discord and parenting stress in the home (2007:231).

During adolescence, mental health disorders to emerge are psychosis, eating, mood and anxiety disorders (Keeble-Devlin, 2001:431). Adolescence is a critical developmental period in the domains of social, emotional, physical and cognitive development. The onset of a mild mental health condition alone during deployment may have significant effects such as limiting educational and vocational attainments (Commonwealth Department of Health and Aged Care, 2000a). Intergenerational transmission of trauma across generations has been identified by researchers such that

the children of trauma survivors may carry the trauma into the next generation, negatively affecting their functioning (Courtois, 2002). Social workers need to be alert to the effect of PTSD on the family.

At any stage during a deployment, it is possible social workers will work with a military family where grief and loss issues are present. Loss is a broad term and may encompass serious injury, death, the separation of deployment, a marital affair, relocation, changing jobs and loss of dreams and hopes (Harms, 2005:184-185). Ambiguous loss, described in 5.2.3(a), is a model that may be considered throughout a deployment (Boss, 2002), although other models are important. Boss described this phenomenon as a situation when a person was 'there but not there' such as during the stages of a deployment (2004:553). Harms (2005) summarises a number of forms of grief: grief reaction as a normal reaction to loss; complicated or pathological grief which is linked to mental health difficulties such as depression; disenfranchised grief when loss is not acknowledged or validated by those around the person (Doka, 1989); anticipatory grief prior to the impending death or loss of a person; and chronic sorrow, the phenomenon of living with constant loss and grief. Allan suggests social workers have tended to focus on individualistic, pathologising approaches and calls for approaches that integrate individual approaches with the broader context (2003b:171). Boss suggested the individual and the family needed to be considered in interventions and developed a framework which social workers may utilise for assisting families deal with ambiguous loss (2004; 2006). This includes: finding meaning; tempering mastery; reconstructing identity; normalising ambivalence; revising attachment; and, discovering hope. Indeed, Boss argues the main goal is to assist family members find some meaning about the loss and the ambiguity (2004:556).

The microsystem level considers the individual's inner world and spirituality (Harms, 2005). Sheridan defines spirituality as 'a search for purpose, meaning and connection between oneself, other people, the universe…which can be experienced within a religious or nonreligious framework.' (2002:567). Social workers require an awareness of this dimension of practice particularly in the context of deployment which has been shown to be an experience in which people endeavour to find meaning in the experience (Wood et al., 1995). In the event of death or injury, this aspect of practice may also be prominent. Sheridan offers examples of spiritually

oriented helping activities which includes reflecting on beliefs about loss or other difficult life situations, exploring issues of guilt and forgiveness and reflecting on beliefs about what happens after death (2002:569). Sheridan also contends that establishing the helping relationship requires particular attention to maintaining a nonjudgmental stance, respect, openness, a willingness to learn and an examination of the social worker's own biases and prejudices regarding religion and spirituality (2002:568).

The preceding 'good practice strategies' focus attention on the individual/family (Bell and Schumm, 2000:144; Wiens and Boss, 2006:34). An ecological perspective considers social work practice at other levels. The next section examines the mesosystem level.

5.3.4 Defence Social Work Practice: the Mesosystem Level

In an ecological understanding, the mesosystem level considers social relationships, living conditions, and neighbourhoods and communities (Figure 2). Given that peacekeeping and war deployments involve living in harsh and dangerous conditions, social workers need to be mindful of the likely exposures of military personnel to risks as well as any spillover effect on family members. There is extensive literature with respect to the effectiveness of social networks and social support interventions (Tracy, 2002). Indeed, social support could be described as the balm of social work practice. This is where, as Westhuis describes it, social workers need to get out of their counselling role and into the military community (1999:286).

At this level, good practice social work strategies (Bell and Schumm, 2000; Wiens and Boss, 2006) include an emphasis on group work, community work and inter-agency work. Wiens and Boss contend these strategies build resilient families and maintain, what they term, 'a state of preparedness.' (2006:33-34) When presenting to groups, social workers may highlight the importance of social support from friends, relatives, support groups and the families of other deployed soldiers. Social workers need to maintain a working relationship with auxiliary members of the military community such as mental health workers, local clergy and social service agencies. Social workers educate commanders about military family support networks of support. Assisting families to form support groups particularly those living outside of a military base, families of Reservists, families new to the military system and those

dealing with multiple stressors and/or risk factors is important. Maintaining groups before, during and after the deployment is important to maintaining family resiliency.

In a review of the work-family literature, Pitt-Catsouphes and Swanberg (2006) identified a number of military family studies that considered mesosystem levels (Applewhite and Mays, 1996; Van Breda, 1999). Applewhite and Mays found that children who experienced maternal separation were not more adversely affected by the experience than children who were separated from their fathers due to a deployment. Applewhite and Mays argue that this information could be used to reassure working military mothers and help reduce their anxiety and guilt associated with their employment (1996). However, this argument is tenuous since their research acknowledges that children may suffer in the domains of learning style, handling learning demands, peer relationships, expression of feelings and indicators of physical health (Applewhite and Mays, 1996). Van Breda (1999) created a Deployment Resilience Seminar for South African Navy military families. This consisted of a one-day psychoeducational seminar for couples, including topics such as building social support, promoting a positive outlook, learning strategies to promote resilient children and creating a flexible relationship.

The Defence Community Organisation Operational Plan (1999) cited in Chapter 4.3.4 highlights social work practice at this level. In the context of the East Timor deployment, social workers and other staff conducted presentations to military families, encouraged the formation of self-help groups and liaised with Units, Senior Psychologists and Chaplains regarding debriefing issues.

Practice with groups is a core social work function (Germain and Bloom, 1999; Magen, 2002). Magen (2002) outlines several types of groups which have varying degrees of social work involvement. The social goals model translates 'private troubles into public issues' (Schwartz, 1969:22). The group's work is aimed at action based on the ideals of social justice. The reciprocal model includes support groups with the social worker as an enabler or mediator. Remedial models focus on treatment of the individual in a group setting and have the highest social work involvement. Self-help groups rely on little social work involvement and leadership and control lies with the group members. Social workers are outsiders to the self-help group, although a potential resource, consultant or referral source (Magen, 2002:214). Self-help groups are by far the most common group in the military setting. The family support

group, instituted by policy, is widely used in the American context although not formalised in policy in the Australian setting (Bell et al., 1996). Black (1993) believes support groups should be formed before deployment and terminated at the end of a deployment, although Wiens and Boss (2006) argue for them to continue. The author contends that partner-led groups destigmatise support for non-deployed partners particularly if there is a mechanism to access professional services if required.

Combating social isolation may be addressed by outreach services according to Black (1993). Military families are often geographically separated from their family of origin and may be socially isolated within civilian communities. Geographic dispersion of military families poses challenges for social workers in providing face-to-face contact throughout a deployment if required. One example in the USA that is purported to facilitate information and service provision for isolated military families is Military OneSource (Sprenkle et al., 2006:57). This is an online service available 24 hours a day, seven days a week. Military OneSource offers an internet web menu addressing topics of marriage, parenting, money management, dealing with stress and deployment. In addition, users may access face-to-face counseling.

Social workers require a knowledge of the service system within and external to the Department of Defence, pathways to care in the health and mental health service system (Poole and De Snyder, 2002) and interdisciplinary team practice with respect to the Regional Mental Health team (Abramson, 2002). The mesosystem level is also where inter-sectoral work occurs (Renouf and Meadows, 2007). Working with other agencies is important particularly in the context of health, mental health and relationship services (Browne, 2005). Good information about community resources and clear and effective pathways for referral from one agency to the other is essential, and an understanding on the part of agencies that the overall service system is itself important (Renouf and Meadows, 2007:239). For example, a GP may need to work with a psychiatrist and other professionals such as social workers (Renouf and Meadows, 2007:241). GPs are the frontline providers of care for people with mental health concerns. Collaborative initiatives between GPs, Area Mental Health services and their Divisions of General Practice have arisen to coordinate care to clients which may offer promise for social workers to consider in their practice (Liaw and Meadows cited in Meadows et al., 2007:217-218).

Good practice involves community work (Wiens and Boss, 2006), but just what is community? A full treatise of community is beyond the scope of this thesis. However, Ife (2002) outlines five characteristics of community. Firstly, communities have a human scale at levels that can be controlled and used by individuals (Ife, 2002:80). Secondly, communities confer a sense of belonging and membership which contributes to a sense of identity. Thirdly, there is an expectation that people contribute actively. Fourthly, a community enshrines *gemeinschaft* structures and relationships that 'enable people to interact with each other in a greater variety of roles, which will be less differentiated and contractual, and which will encourage interactions with others as "whole people" (Ife, 2002:81). Finally, a community embraces notions of a local or community-based culture which will have unique characteristics (Ife, 2002:81). Ife (2002) describes geographical, functional and virtual communities. The former is based on locality. Functional communities provide other common elements and a sense of identity, yet one limitation is that they may segment rather than integrate populations (Ife, 2002:82). Virtual communities refer to computer-based communication technologies. Ife (2002) provides a critique of all types preferring those based on locality. Ife explains that communities are essentially 'felt and experienced, rather than measured and defined.' (2002:84)

Bowen and Martin (1998) have suggested military social workers develop a community capacity focus which they argue is a core component of the 21st century military. Elements share similarities with Ife's preceding description, that is :

> …the adequacy and effectiveness of formal and informal systems of social care in providing military families with the necessary symbols, resources, and opportunities required to: (a) develop a sense of community identity and pride, (b) meet individual and family needs and goals, (c) participate meaningfully in community life, (d) secure instrumental and expressive support, (e) solve problems and manage conflicts, (f) affirm and enforce prosocial norms, (g) cope with internal and external threats, and (h) maintain stability and order in personal and family relationships. This concept is not limited to the on-base physical or social environment. (Bowen and Martin, 1998:2).

A number of models of community social work practice exist, although a community development approach has been predominant in the Australian setting in a former

organisation, the Australian Defence Families Information and Liaison Staff (Hughes, 2006; Pucilowski, 2000). Ecological and empowerment theory underpins community practice (Kemp and Scanlon, 2002). Community capacity approaches have been used in the military setting in response to family violence in the military (Bowen et al., 2002). This model includes informal and formal networks as well as community capacity which represents behaviours and action. Community capacity includes participation and leadership, access to and astute use of resources, social and inter-organisational networks, sense of community, a community history of collective action, community power, shared values and the capacity to engage in critical reflection (Bowen et al., 2001; Kemp and Scanlon, 2002:249). In an update of their 1999 article on the American military family (Knox and Pryce, 1999), Pryce and Pryce (2006) contend that strengthening the connection between community services and organisations and the military family should be a focus of social work practice. Thus, non-military family support organisations need to understand military family needs, particularly when large numbers are deployed from communities (Pryce and Pryce, 2006:7). As another case in point, a community level focus recognises that military housing is part of both a built and human community (Bowen and Martin, 1998; Twiss, 1999). Housing problems may be associated with other concerns of living such as a lack of necessary services (Paulus et al., 1996). In their study of USA Army families, Paulus et al. (1996) argued that housing agencies should enable choice in military housing, though it was found that housing problems alone did not influence health and wellbeing. In a comprehensive literature review of mental health promotion, Rychetnik and Todd (2004) state that multilevel factors that include housing and other socioeconomic conditions need to be considered in program design.

Formal systems include the world of professionals whereas informal systems include the world of lay helpers (Froland et al., 1981). Formal networks include military unit leadership and the human service delivery system. Informal networks are voluntary and include groups, work relationships, family, community and friends (Bowen et al., 2000). Bowen et al. (2000) suggest a crucial function of formal networks is to strengthen informal networks which the authors argue are untapped resources in building communities (Mancini et al., 2003). In essence, in such a model social workers would work to form partnerships with military unit leadership, strengthen the interface of DCO with informal networks and work collaboratively with community

agencies internal and external to Defence (Bowen et al., 2002:555). If community groups do not possess knowledge and skills, social workers may need to model, teach and support skill identification and development (Kemp and Scanlon, 2002:249).

Rothrauff et al. (2004) propose an ecological understanding for professionals who work with military families. At the mesosystem level, partnerships with local, non-military communities were recommended to increase the availability of counselling, childcare, education, parenting and other services. Rothrauff et al. recommend military-community collaboration to expand the availability of services and increase community members' understandings of military family needs (2004:19). This would also enable the military community to understand the issues of the local, non-Defence community.

The community acts as a buffer between people and social conditions that are alienating and oppressive (Kemp and Scanlon, 2002:250). The development of social networks is one element of community practice that is relevant to this mediating function of community. Social networks are the fundamental mechanism through which social support is enacted (Tracy, 2002). They comprise the families, relationships, groups and communities in which people live (Harms, 2005:29). The social networks of military families may be negatively affected due to their lifestyle. Social network theory describes how people are linked or 'tied' with each other and the community's external environment (Cheers et al., 2007:11). Granovetter (1973) describes strong and weak ties. According to Cheers et al., strong ties are:

> personal relationships characterised by affection, trust, interdependence, mutual support, and reciprocity that provide people with security, comfort, care, social belongingness, and a consistent social identity…usually comprise similar people and frequently occur in stable, homogenous communities bound together, for example, by culture…similar occupations…also have strong expectations for how people should behave…and demarcating insiders from outsiders… (2007:11).

Weak ties, on the other hand, 'link people to the information and opportunities provided by networks beyond their usual ones. These are less personal and more instrumental than strong ties, but useful nonetheless.' (Cheers et al., 2007:11)

Social networks have a number of characteristics: size – the total number of people in a network; geographic dispersion – the ease with which members can contact and communicate with each other, face-to-face, via the internet, telephone, mail, video conferencing; density – the extent to which people know and are connected with each other; heterogeneity and homogeneity – degree of difference and similarity of the people in a network; frequency – how often people interact with each other; reciprocity – the amount of give and take, the extent to which support provided is balanced by support received; composition – the variety of groups such as household, relatives, friends; and intensity – the strength of relationships within a network (Harms, 2005; Tracy, 2002).

Networks may vary in size. Although there is no optimally sized network, it is arguable a larger network offers more opportunities to obtain resources (Harms, 2005:30). Geographic dispersion of networks is likely to be relevant for military families since families often reside long distances from extended family members. This may place resource demands on resources such as the Internet and telecommunications. In dense networks, information can be disseminated quickly, which can create a safety net. On the other hand, if the network is not supportive it may exclude others and reduce privacy (Harms, 2005:32). The social networks of military families are worthy of exploration. Military communities consist of formal and informal networks which have not been studied in the Australian context (Bowen et al., 2000). Which elements of a network can social workers address? What form do they take? As Tracy (2002) observes, not all networks are supportive. In addition to self-help groups, social workers may use an array of network interventions including volunteer linking, peer support programs, psychoeducation, natural helper intervention and social and communication skill training (Tracy, 2002:404). Although natural networks are an important resource, social workers need to be mindful of not overburdening or disempowering natural helpers (Kemp and Scanlon, 2002:252).

Social support is enacted in formal and informal helping networks. Social support is linked to positive physical and mental health outcomes (Berkman et al. 2000; Harms, 2005; Tracy, 2002) and, according to Compton et al. (2005) consists of four elements. Firstly, emotional support considers a sense that it is safe to express feelings and discuss emotionally charged events within the context of one or more social relationships. Secondly, informational support is the provision of knowledge and skill

including information about resources to help people understand and cope with challenges or exploit opportunities. Thirdly, affiliational support engenders a sense of being tightly bound with another person or persons, of being esteemed and valued, and of belonging in and with a group. Finally, instrumental support embodies the provision of financial aid or other essential goods and services. As a case in point, Wiens and Boss outline a good practice strategy to build resilience by the use of natural helpers who provide social support (2006:34). This entails organising and encouraging families to participate in a 'family buddy' relationship particularly during and after deployment.

Dominelli suggests social workers need to understand communities and know about exclusionary and inclusionary processes and how these privilege some groups over others (2004:228-229). Healy describes an asset-based approach that social workers may use (2005:165-166). In this approach, communities need to drive change by building on assets that already exist. These include individuals, informal networks, civic institutions and formal institutions. Collaboration across sectors is fostered. Finally, change should be targeted at sustainable groups rather than community maintenance, a feature of community development approaches.

Ife (2002) provides a comprehensive treatise on community development theory and practice which encompasses all levels of practice. Ife crystallises the challenges and benefits for social workers employed as community workers by a government agency (2002:266). For example, the agenda of the employing body may be at odds from social justice principles. On the other hand, workers may develop a valuable project that demonstrates results. Thus, social workers in the Defence setting may face both opportunities and constraints in their work.

The macrosystem level of practice presents opportunities for social workers as the next section highlights.

5.3.5 Defence Social Work Practice: the Macrosystem Level

At the macrosystem level which encompasses institutions (Cox, 1999; Hanson, 2002; Netting et al., 1998), culture (Harms, 2005) and social and economic policy (Akabas and Kurzman, 2005; Kaplan, Everson, and Lynch, 2000), good practice is dictated by appropriate policy that enables interventions to occur as described in the previous sections. Along with other ADF providers, social workers are the policy

implementers. Rose et al. (2007) have shown front-line practitioners and managers also have a vital role in informing policymakers of the intended or unintended consequences of policy.

In the post–deployment period, Westhuis argues social workers may do the following at a macrosystems level:

> Discussions could occur on what happened positively and negatively…It is important to include representatives of the deployed families …It is a time for reviewing agency policies and procedures…information on lessons learned could be generated and shared with other units and higher command…(1999:288)

Good social work practice strategies at the macrosystem level in the military context are relatively scant in the literature. Wiens and Boss (2006) recommend that marriage and family therapists be available to families facing deployment or when needed to build resiliency. The researchers state the USA military has accepted such therapists as part of their approved panel of mental health providers. This area may need policy attention in the Australian setting. Pryce and Pryce argue social workers and military family support organisations need to promote and make their services available in a 'user-friendly way' (2006:7).

The institutional military exerts pressure on its members and the military family to conform to its unique culture and lifestyle (Cox, 1999). Priority of the mission over family needs, frequent separations and the ambiguity of deployment are cogent examples (Segal, 1986). Section 5.2.2 demonstrated that military life may share similarities to Goffman's concept of a total institution (1982). It is argued the regimented aspect of military life socialises military personnel and their families into sets of behaviours that are expected in a given social situation. A theme of monitoring or surveillance of family members is apparent in the literature (Harrison and Laliberté, 2008; Segal, 1986; Wertsch, 1991). As a case in point, Harrell (2001) describes the expected role of USA military officer's spouses. These include participation in a variety of organisations and activities, as well as considerable financial burdens for some Army officers. Commanders' wives were found to be most likely to feel forced to participate in volunteer activities 'highly visible to their

husband's commander' (Harrell, 2001:71). However, little is known regarding the Australian context.

Harms describes culture 'as the ways of life we assume, the influences on an individual's life that are the taken-for-granted ways of life.' (2005:66) Culture plays a part in determining the niche or social status of a person. As noted in Chapter 2.3 and 2.4, military culture has a number of unique characteristics and lifestyle. Dunivin argued military culture is dominated by a 'combat, masculine warrior' paradigm (1994:533). The military's core business is combat which includes peacekeeping (Segal, 1986). Dunivin (1994) contends that military culture is learned via initial training; largely shared by its members such as saluting; adaptive to changing conditions; and symbolic in nature such that rank insignia and language only make sense in its context. Using an ecological model, Rothrauff et al. (2004) consider that the combat, masculine warrior paradigm is potentially harmful since it may contribute to the stigma associated with seeking assistance in the military. Drummet et al. (2003) suggest that culture affects how military families manage stressors in addition to their willingness to seek assistance.

Knox and Pryce (1999:133) argue that social workers require an ecological lens through which to consider culture as a crucial practice principle. The authors suggest that social workers must understand military culture and the environment in which the family lives. The norms and social beliefs held by the military family regarding their lifestyle is important. Further, the military hierarchy and system in which the family fits needs to be understood for successful social work practice to occur (Knox and Pryce, 1999).

In one of only two Australian studies regarding deployment to East Timor located in the literature, Kenney (2000) sets out to explore the extent to which the ADF's military family support services such as DCO and social workers understood military culture and military family life. Kenney (2000), a social work student at the time of the research and spouse of a member of the Army community, conducted a small-scale, mixed-method study into the support services available to women who had partners serving in East Timor. Kenney interviewed four female partners of Army personnel and administered a survey of which twelve out of twenty questionnaires were returned. Kenney posed the following questions: 'to what extent is the culture and experiences of the military community understood by ADF welfare support

services and have they been designed to meet the needs perceived as important by this client group?' (2000:10) Unfortunately Kenney did not address this important research question in the conclusion of her study. However, findings revealed positive and negative aspects of support and the experience of deployment. Respondents highlighted the stressors of separation, intense emotional reactions upon and throughout separation and changes in their children's behaviour such as feeling fearful of being separated from the returned parent. Kenney also found that information dissemination to families by Defence was haphazard, services and resources were not accessed, and none received any contact post-deployment although half the sample indicated they would have found this useful. A number felt the support offered by Defence was helpful. Kenney recommended ongoing contact with families throughout the deployment cycle, particularly at the beginning of the deployment (2000:37). Power (2000), then a social worker in the Defence Community Organisation (DCO), conducted a similar study to assess the support needs of partners of personnel deployed to East Timor. Power (2000) found that most partners required support and emphasised that building social networks should be a role of DCO. He highlighted that communication throughout the deployment did not reduce the need for support. Partners sought recognition for the contribution they made to the deployment. Similar to Kenney, partners identified a need for information about the deployment. Unlike Kenney, Power did not identify a need for ongoing contact of partners throughout the deployment cycle.

Social workers may promote non-stigmatising attitudes in their practice which is one aspect of the cultural domain (Harms, 2005). Drummet et al. contend that stigma may be avoided if educators such as social workers promote the preventive, educational aspects of programs rather than their pathology (2003:283). The stigma of help–seeking in the military is documented particularly with respect to mental health and help-seeking (Black, 1993; Knox and Pryce, 1999). Therefore, a military family member diagnosed with depression or PTSD may face stigma in their family and/or their workplace. As Link and Phelan state: 'It is important to understand that we are faced with recovering not just from mental illness, but also from the effects of being labeled mentally ill.' (2006: 491). Knox and Pryce (1999:134) emphasise that social workers need to consider how to advocate for prevention and interventions without

stigma by normalising the use of family support and counselling as a form of self-help and self-reliance.

Social workers may provide input into evaluation and service delivery. Social workers are aware of the needs of military families or 'consumers,' as Jones and May describe them (1999:309). Military families may perceive service quality quite differently from the social worker who implements a particular program or intervention. This resonates with Dominelli's (2004) notion cited earlier that clients are not passive recipients of agency services. Social workers may involve client groups in the assessment of effectiveness and efficiency of a human service program (Jones and May, 1999) to improve policymaking.

As a case in point, Orthner and Rose (2003) analysed how well Army families adjusted to deployment and separation demands, as reported by non-deployed partners. Amongst almost seven thousand partners surveyed, the strongest predictor of successful adjustment was found to be comfortableness in dealing with Army agencies. The researchers also found that the greater the number of assets held by a family, the greater the chance the family would adjust to separations. This highlights an emphasis on the vital role of social workers and DCO, in particular working at the institutional level to create appropriate policies that meet military family needs.

Smith (1998) used Bronfenbrenner's (1979) ecological framework in a qualitative study in the USA of 36 children aged eight to eleven years from military families. The main finding was that the primary disruption to children was being separated from a parent during deployment. Smith argues the macrosystem – that is, military culture and lifestyle 'permeated every aspect of the military child's life' (1998:275). Military culture affected neighbourhood associations because these determined who the children and their parents could socialise with. The military lifestyle was found to disrupt stable connections between families and the military member, neighbours, schools and the employment of non-deployed partners.

In a closing address to a Department of Veterans' Affairs National Rehabilitation Conference (2004), Professor Andrew Wilson, referring to the adverse effects of deployment, stated:

> …the Defence culture remains relatively insensitive to the psycho-social needs of people in such situations…we are continuing to miss

> opportunities to offer help early and therefore potentially help that recovery process. While we have heard that there are good policies that have been developed about that, there clearly is a problem about their systematic application… (2004: 4-6)

The application of policy at all levels is important. In the context of a deployment, given the new status of Veteran post-deployment, the new policy environment of the Department of Veterans' Affairs comes into play. Wilson (2004) suggests there are problems in the application of policies for younger veterans and that social workers need an understanding of such policies to assist Veterans and their families.

Policy aims to reflect the needs of all military families. Younger families with one partner in the military may have different requirements from dual military couples for example. The USA military has implemented a number of family-friendly policies such as an extensive childcare program, youth services that target the needs of older children and family centres that focus on preparing families for deployment (Huffman and Payne, 2006). Adams et al. (2006) argue that the military needs to improve the quality of life of its members.

A number of studies have highlighted the importance and effectiveness of policies. In a survey of USA Army sole parents, Bowen et al. (1993) found that childcare, on-post housing and emergency financial assistance contributed to a family-friendly culture. Bowen (1998) found that unit leader support decreased soldier's perceptions of work spillover to military family life with respect to time interference and energy. Given the characteristics of military family life and challenges of deployment, attention to policy is important. Social workers can amplify gaps in policy through avenues in Defence to address such issues.

Social workers consider micro, meso, and macrosystem levels of practice in an ecological understanding. An ecological understanding emphasises the constant interaction of the macro, meso, and microsystem levels (Harms, 2005:216). DCO social workers are employed as generalist workers which is compatible with an ecological framework as well as other practice frameworks (Martin, 2000; Mattaini, 2002b). Practice can be overwhelming and social workers can never 'know enough' in one sense which highlights the importance of ongoing professional development and career development for social workers in the military setting (Mattaini, 2002b).

Camilleri and Humphries (2005) provide an interesting example, which may be applicable in Defence, of a mutually beneficial partnership between a university and Centrelink, an Australian government agency that employs social workers. In this example, a social worker from Centrelink became a member of the academic team and Centrelink received 'in exchange intellectual capital through professional development training and expertise on research design and evaluation' (Camilleri and Humphries, 2005:29). Such a partnership may offer valuable opportunities for both DCO and a university social work faculty.

5.4 Conclusion

Seven main points have emerged in this literature review.

Firstly, the Australian military family has been almost entirely absent from research designs and is an unknown entity in the literature. The lack of research to draw upon to assist families in the context of a major deployment has been noted (Campbell, 2001; Siebler, 2003). Despite the presence of a rich body of literature overseas, the bulk of the literature past and present has had a focus on military concerns alone – that is, the operations of war and peacekeeping to the exclusion of military family life (Devilbiss, 1999). A majority of the research has been quantitative and mailed surveys. Military research has been discipline-specific, predominantly arising from medicine, psychiatry, psychology, sociology and, to a lesser extent, social work. The emphasis has been on the capacity of the military person to be mission ready.

Secondly, the Australian military family has a number of unique characteristics which set it apart from families in the general population. ADF members may be deployed overseas on warlike or non-warlike deployments, be apart from family for lengthy periods, face danger and significant risk of harm, have no recourse to industrial action and be required to relocate frequently. Families must navigate the military culture in their daily living.

Thirdly, a peacekeeping deployment reverberates throughout the military family system. Psychiatric sequelae such as PTSD are dominant in the literature. Non-deployed partners' quality of life may also be diminished. Little is known about the experiences of Australian military families with respect to deployment, particularly non-military partners, children, adolescents and extended family members.

Fourthly, the DCO and military family support organisations in the ADF provide programs and services underpinned by policy with the aim of assisting families throughout deployment. The perspective of military families on such organisations and their practices is limited. Some evidence of fragmentation in service delivery and 'turf wars' has been found (Cotton, 2001:5).

Fifthly, psychological and sociological perspectives of the military family and institution have illuminated understanding of the tensions between the institutional nature of military life and the family and has led to a significant body of research regarding how military families manage stress and develop coping strategies or descend in to crisis (McClure, 1999c; Swan et al., 2002). Tension exists regarding the extent of compatibility of military deployment with family life and whether work/family balance is ever achievable or realistic.

Sixthly, social work has a long history and the field of military social work is in itself a unique milieu for social work practice. The social work role in the Australian Defence Community Organisation in the context of a deployment is multifaceted consisting of a range of interventions from micro to macrosystem level practice. The perspective of military families regarding social work in the military setting is unstudied and would provide valuable knowledge for policy, education and practice.

Finally, research has failed to provide a perspective that seeks to understand military families' 'lifeworld' (Burns, 2000:11) from the most important people in the experience – the participant's themselves (Minichiello et al., 1999). An ecological perspective is proposed for this study to synthesise and develop understanding of the multiple factors involved in influencing military family life at the various macro/meso/microsystem levels.

The next chapter will explain the methodology used in this study in order to achieve the study's aim of obtaining greater knowledge and understanding of the experience of deployment in a sample of deployed and non-deployed family members during all stages of deployment.

Chapter Six
Methodology

6.1 Introduction

This chapter presents the methodological approach adopted for this thesis. Firstly, the research questions, aims and objectives are described. The research design is then examined followed by ethical issues and the importance of values. Pre-testing and piloting, sampling, data collection procedures, data analysis, validity and reliability, and problems encountered in conducting the study are then discussed.

Silverman (2000) provides a useful distinction between the terms 'methodology' and 'methods'. Methodology describes how a phenomenon is studied whereas methods are specific research techniques. The current study is located primarily within the traditions of qualitative research. Appendix 1 presents qualitative portraits of interviewees. However, some quantitative information was collected, namely a socio-demographic profile of the participants (Appendix 2).

6.2 Research Question, Aim and Objectives

The research question is: *What are the experiences of Australian Defence Force (ADF) peacekeepers and their families in relation to an overseas deployment?* Three subsidiary questions were posed:

1. What do ADF peacekeepers and their partners describe as the core features and key issues of the deployment experience?

2. What do ADF peacekeepers and their partners describe as the core features and key issues of their experiences of social work practice?

3. What are the implications for policy and practice?

The aim of this study is to gain knowledge and understanding of the experiences of ADF peacekeepers who deployed to East Timor as part of the International Force for East Timor (InterFET), and/or the United Nations Transitional Administration East Timor (UNTAET) force, and of their families who remained in Australia.

Formulating a research question is typically described as the first stage of the research process (Rubin and Babbie, 2005). This is done in conjunction with recognising a difficulty for which more knowledge is needed (Rubin and Babbie, 2005) within a social work context (Tutty et al., 1996).

As noted above (5.4), the conclusion to the literature review, a number of main points emerged. Deployment is a challenging event in the life of a military family. Individual and family functioning as well as physical and mental health may be negatively affected throughout and post-deployment. An ecological understanding considers the multiple level of influences on wellbeing. Further, the military family literature is dominated by quantitative methodologies. However, other commentators have noted that whilst quantitative studies continue to dominate in the social work field, there has been a significant increase in qualitative studies since 1990 (Gilgun and Abrams, 2002), although this has not been the case in military family research. Despite the fact that there is a significant international literature, knowledge and understanding of the Australian military family in the context of a deployment or in general is almost non-existent. Greater knowledge and understanding is needed of the Australian military family for social workers and other relevant personnel in the Department of Defence and other settings to develop appropriate service responses.

Historically, the majority of the military family research was conducted by the United States Army which led research in all the Services during the 1970s (Albano, 1994). An early research emphasis, and one that continues to attract the attention of military researchers, is the military's capacity to perform its mission successfully, which is the military's raison d'être. Brancaforte (2000) suggests that the implication of much of the military family research is that the military's response to the needs of families is solely due to the fact that the family can no longer be neglected. The military organisation is dependent on the ability of families to cope with the demands placed on them, particularly in an era of more frequent deployments.

Harrell argues that the military's needs will always take precedence over 'general goodwill attitudes towards Army families' (2000:7). Harrell claims the bulk of the military family research literature addresses the conflict between the military organisation and families. According to Harrell, research has examined the influence that military families have on the military mission and has largely ignored the experiences of families. Harrell argues that families' perceptions of efforts by the military to accommodate to them are scant in the research: 'this prior research of military families focuses primarily upon the effect of military partners and military families upon the military' (Harrell, 2000:7).

The Australian military family has been little commented upon in social work or other research. It is beyond the scope of this thesis to fully explain why this is the case. As Gilgun and Abrams note, the persons who are social work's constituencies are children who have been maltreated, people living in poverty, homeless families, persons with mental illness and the frail aged, to name a few (2002:42). These authors argue such groups are disenfranchised and excluded from the political system. The military family may have been absent from social work research since such families may not be viewed by the research community as disadvantaged, vulnerable or oppressed. Researchers may believe the 'military takes care of its own' (Hoshmand and Hoshmand, 2007:172). Further, it is possible the research community does not have ready access to this group. Notwithstanding, evidence abounds, as the literature review highlighted, that all military family members are vulnerable across a number of domains, particularly with respect to negative physical and mental health outcomes throughout and after deployment. McDermott contends that social workers 'frequently have direct exposure to the lives and realities of often marginalised groups and individuals' (1996:9). McDermott (1996) believes social workers are well-placed to develop community understanding for furthering new and creative ways of enabling the voices and experiences of vulnerable people to be heard and heeded.

In order to achieve the study's aim, the following objectives were developed:

1. to review the relevant literature on deployment;

2. to collect in-depth information from a sample of ADF personnel who had been deployed to East Timor and their partners who had not been deployed;

3. to contribute to the development of knowledge about the deployment experience for people who undergo it;

4. to obtain participants' perceptions of what helps and hinders their wellbeing throughout the stages of deployment;

5. to obtain participants' views of their interactions with Defence Social Workers with respect to the experience; and

6. to generate ways of informing a social work ecological understanding of the experience.

To achieve these objectives, the research tasks were to:

1. select a sample of deployed ADF personnel and non-deployed partners;
2. develop an appropriate data collection method to obtain the needed information; and
3. carry out analysis of the data with the information collected.

The next section explores the research design.

6.3 Research Design

The term 'research design' has a number of meanings in research. Rubin and Babbie (2005) suggest the term has two connotations. The first refers to the selection of either experimental, correlational or other research designs. The latter deals with the act of decision-making throughout planning, sampling, data collection and analysis, and interpretation of findings. Terms such as exploratory, descriptive and explanatory are used by some social work writers interchangeably to denote research design (Grinnell and Stothers, 1988: 219-220), the purposes of research (Rubin and Babbie, 2005:123) and the knowledge-level continuum (Grinnell, Unrau and Williams, 2005:15). According to Grinnell et al. (2005), any research study falls somewhere along the knowledge-level continuum, depending on existing knowledge of the topic.

Exploratory designs are chosen when the research topic area is relatively new (Grinnell et al., 2005). Neuman (2006:34) summarised the goals of exploratory studies which are to:

1. become familiar with the basic facts, people and concerns involved;
2. develop a well-grounded mental picture of what is occurring;
3. generate many ideas and develop tentative theories and conjectures;
4. determines the feasibility of doing additional research studies;
5. formulate questions and refine issues for more systematic inquiry; and
6. develop techniques and a sense of direction for future research.

Exploratory studies generally employ a qualitative approach, and explanatory designs are chosen when aiming to explain things and examine for causality. Explanatory designs are exclusively quantitative in nature according to Grinnell et al. (2005:19).

The research design chosen for this study is a descriptive design (Grinnell et al., 2005; Rubin and Babbie, 2005). In qualitative studies, descriptive designs are indicated when the researcher desires: 'a sense of what it's like to walk in the shoes of the people being described – providing rich details about their environments, interactions, meanings, and everyday lives' (Rubin and Babbie, 2005:125).

Such a design resonates with the intention to develop an ecological understanding of this sample of ADF peacekeepers and their families which considers the multiple levels of influence on their lives. This includes interactions between military families and their environments and how they make sense of their experience. Grinnell et al. (2005) suggest a descriptive study is appropriate when some knowledge of the research topic exists through previous study. Since a deployment literature exists as already illustrated, a descriptive design is appropriate. However, Grinnell et al. highlight the division of knowledge as exploratory, descriptive and explanatory is arbitrary since it is a continuum and not discrete categories.

Neuman (2006:34) summarises the goals of descriptive studies which are to:

1. provide an accurate profile of a group;
2. describe a process, mechanism or relationship;
3. give a verbal or numerical picture;
4. find information to stimulate new explanations;
5. create categories or classify types;
6. clarify a sequence, set of stages or steps; and
7. document information that confirms or contradicts prior beliefs about a subject.

Descriptive designs may use quantitative or qualitative methodologies and the type of research question posed determines choice (Epstein, 1988:195). The aim of this study was to gain knowledge and understanding of the life experiences of ADF peacekeepers who were deployed to East Timor as well as their families who remained in Australia. Since this study aimed to investigate at an in-depth level the complexities and multilevel influences of deployment for the peacekeepers and their families, a qualitative, descriptive study was considered the most appropriate method. Marshall and Rossman suggest descriptive studies consider action, events, beliefs,

attitudes and social structures and processes (1999:34). ADF peacekeepers and their families have been shown to be inextricably linked with the military organisation. Further, since deployment has been conceptualised in previous research as a series of stages (Herb, 1996), description of this process is appropriate. Because qualitative methodologies enable an exploration of issues, this will add to knowledge to stimulate alternative explanations that may confirm or contradict previous findings.

A number of writers have called for qualitative research regarding the military family (Ender, 1997; Ford, 2001; Isovaara et al., 2006:248; Jeffreys, 1999; Karney and Crown, 2007; Kenney, 2000; McClure, 1999a; Sareen et al., 2007; Siebler, 2003; Twiss, 1999). Curiously, although clients have been the subject of social work research, only a small proportion of that research has attempted to understand the world of clients (Ruckdeschel et al., 1994:255). More recently, Cree and Davis indicate there is interest and a rich amount of material available which considers the perspectives of who they describe as 'service users' (2007:5). However, this perspective is very limited in the context of the proposed study and does not consider military families.

Qualitative research methodologies are a novelty in deployment and general military family research. For example, in addition to the current author's extensive literature searches, a number of comprehensive literature reviews and research reviews regarding the military family have been published (Centre for Military and Veterans' Health (CMVH), 2007; Hosek et al., 2006; Karney and Crown, 2007; McClure, 1999c; Schwarz et al., 2003; Swan et al., 2002). However, only one of the 61 cited studies in Swan et al. (2002) used a qualitative methodology. None of the CMVH (2007) studies with respect to deployment used a qualitative methodology. No Australian studies were cited in any review. Overall, a majority of studies utilised a quantitative methodology including mailed surveys and questionnaires and consisted of samples of USA military families. Given the dominance of the ABCX family stress theory (Hill, 1949) and its variants in military family research, it is surprising researchers have not used qualitative methodologies to provide in-depth information about people's lives, particularly regarding the 'C' factor, people's perceptions of events (Padgett, 1998:8). As Silverman (2000) observes, quantification may conceal as well as reveal social phenomena. In the USA context, for example, Rostker (2007) highlights how the use of quantitative surveys and focus groups were the main way

Defence departments measured the effectiveness of programs. He argues that surveys were an inadequate way to assess the effectiveness of support services since surveys did not enable sufficient detail about family needs to be ascertained or their experiences with such programs.

Qualitative research focuses on context which meshes with the ecological essence of understanding the multiple levels of influence on a phenomenon (Ungar, 2003:93). In deployment research, there has been a focus on measurement of stressor events, resources, perception, coping, crisis and resiliency through the use of large-scale surveys. Fraser suggests research needs 'to delve beneath statistically driven generalizations' and validate the knowledge of '"ordinary" people' (2004:184). As stated by Ungar (2003), qualitative research resonates with the highly individual and contextual specificity of the solutions at-risk populations develop to manage high-risk environments. Such an approach enables an examination of uniqueness, and the capacity to discern in a particular context, the intelligibility of patterns of behaviour (Ungar, 2003:93). Boss (2002) suggests family researchers must rely on each family's story via a qualitative approach. The unique context of a military deployment presents as a topic requiring such an examination.

Thus, only a handful of military family studies, including academic theses, have employed qualitative approaches such as ethnographical approaches in their examination of the military family (Brancaforte, 2000; Harrell, 2000; Harrison and Laliberté, 1994; Jolly, 1992; Manson, 2002). Most of these studies were conducted by wives of military personnel and provide a perspective that previously cited research is unable to capture. However, none examined the deployment experience. Of the few qualitative studies of the deployment experience of relevance to the topic, only two Australian studies could be identified, which have been examined in Chapter Five (Kenney, 2000; Power, 2000). International qualitative studies that have examined deployment are also limited in number (Huebner et al., 2007; Smith, 1998; Wood et al., 1995).

Marshall and Rossman (1999) highlight that qualitative research enables examination of where and why policy and local knowledge and practice are at odds, which is important to social work. Gaining understanding of the life experiences of military families encompasses their perspective of the Department of Defence's military

family support organisations, their policies and programs, family support, community supports, and in particular social work practice.

The ADF military family is an unknown entity in the literature. As Yegidis et al. (1999) contend in their discussion of the stereotyping of Vietnam era veterans' behaviour as violent and troubled, what is generally perceived to be true may lead social workers and other helping professions to provide ineffective interventions. Similar to these authors, the researcher considers it important to develop a rich understanding of how military families live day-to-day, throughout and after a deployment, what it is like gaining assistance if that is needed and how they make sense of the experience.

For this study, a salient methodological concern was to portray the experiences of a range of ADF peacekeepers and their families with respect to the stages of deployment. Since qualitative research 'attempts to capture people's meanings, definitions and descriptions of events', a descriptive, qualitative research design is seen to be most suitable for achieving the study's aim (Minichiello et al., 1999:9).

6.4 Ethical issues

Ethical considerations are important in any research and particularly regarding military personnel. The National Statement on Ethical Conduct in Research Involving Humans suggests there is potential for a power imbalance between military personnel and their employers or supervisors such 'that their relationship may impair their consent.' (Commonwealth of Australia, 1999:30) The author of this thesis has frequently been addressed as 'sir' in his social work role in Defence with military personnel, suggesting the potential for a power imbalance as a researcher was possible. Notwithstanding, the researcher is a civilian and had no role as a supervisor in this study with any participant.

Applications were made to both the Monash University Standing Committee on Ethics in Research Involving Humans (SCERH) and the Australian Defence Medical Ethics Committee (ADMEC). The research protocol was approved by both committees. Since two Ethics Committees were involved two sets of information and consent forms were required. Ethics approval was obtained from the Standing Committee on Ethics in Research on Humans, Monash University, Approval Number 2000/475, and the Australian Defence Medical Ethics Committee, Department of

Defence, Protocol 233/00. A copy of the Monash University approval letter is provided in Appendix 3.

The Australian Association of Social Workers' Code of Ethics outlines fourteen specific, ethical responsibilities that social workers engaged in research will employ (AASW, 2002:20). Tutty et al. (1996) suggest the primary ethical concerns for all studies are informed consent, confidentiality and management of information.

Babbie states that the ethical norms of voluntary participation and no harm to participants have become formalised under the notion of informed consent (2001:471). Informed consent requires that participants must be competent to give consent, sufficient information must be provided to enable a reasoned decision, and consent must be voluntary and uncoerced (Grinnell, 1993). Tutty et al. (1996) caution that no person may be bribed, threatened or deceived into participating. In this study, no monetary or other inducements were offered to any participants.

Informed consent for participants was achieved by providing them with an Explanatory Statement (Appendix 4), which clearly articulated the study aims, procedures, potential risks and elements of discomfort, expected benefits and the right to withdraw. Providing an explanation to potential participants was an essential part of the process of obtaining consent.

Burns emphasises that researchers usually require potential participants to sign an informed consent form which outlines the aims of the research, its processes, risks and benefits, and the right to withdraw (2000:18). Participants in this study were required to sign an Informed Consent Form (Appendix 5) acknowledging their willingness to participate and that they were free to withdraw consent at any time without any detriment to their career or access to future medical and/or social work treatment.

Neuman (2006) indicates researchers should protect confidentiality. Participants were assured of confidentiality in the Explanatory Statement, via the Informed Consent Form and verbally at the commencement of the interview. Participants' names, addresses and other identifying information were not identified in any way with anything that they said to the researcher. A pseudonym, chosen by the participants or researcher, was used in writing up the findings of the study to maintain confidentiality.

The research was designed to ensure that any risks of discomfort or harm to participants was balanced by the likely benefit to be gained. For example, the findings of the current research could benefit future ADF family and personnel support during deployment. It was possible that participants could have experienced some discomfort in discussing some aspects of their experiences with separation, such as feelings of anger, sadness, loss and abandonment. It was made clear to participants that they did not have to answer all questions or could withdraw from the research at any time. Such risks were outlined in the Explanatory Statement. The researcher prepared for a suitably qualified social worker from either the Defence Community Organisation or other appropriate organisation to be available in the event of an ADF family member or non-ADF member becoming distressed and making such a request.

Particular attention is paid to interviewing couples in this study. Informants have less control over what may be said in a conjoint/couple interview (Larossa et al., 1981:307). Larossa et al. contend that informed consent in interviewing couples may be a vexed issue and pose the question of whether the consent of one party extends to the other.

Information about the research was made available to participants upon request. For example, a copy of the interview transcript of the study was made available to participants who requested a transcript. The researcher managed these issues as above via the Explanatory Statement which outlined the potential risks of participating, obtaining written consent and enabling access to a social worker if required.

In the above, the ethical considerations were guided by respect for persons. The researcher believed a balance had been achieved in participation in the research and that the selection, recruitment, exclusion and inclusion of participants was fair. Participants were not excluded on the grounds of age, sex, disability, religious or spiritual beliefs.

6.5 Values

Williams et al. contend that qualitative researchers must acknowledge and explore their values so that the joint shaping of realities that results from the interaction with their research participants is ‘more completely and honestly understood’ (2005:77). Minichiello et al. further state that complete objectivity in research is not really

achievable nor necessarily desirable, and that researchers should be critical and espouse particular values explicitly (1999:176).

In tandem with opportunities for positive growth, military families are embedded in a complex milieu with limited control over their own lives such as where they may reside. This milieu is determined by hierarchy, a military justice law and discipline code, geographic mobility, a regimented way of life, sanctioned violence which may place it at odds with the community, deployments at short notice; and exposure to risk of death and injury with concomitant effects on physical and mental health. Military family members have been said to informally wear the rank of their partners (Segal, 1986). Military families have been described by some researchers in negative terms in the research literature. Bell and Schumm, for instance, describe families who do not manage deployment well as 'excessively dependent', are known to the service community as 'overly demanding' and who 'scheme' to get the soldier an early return (1999:115). 'Military family syndrome' (LaGrone, 1978) and 'submariner's wives' syndrome' (Isay, 1968) are terms that have historically been applied. The former descriptors place responsibility for managing a deployment on the part of the military family and ignore the wider context of social policy, environmental and other multilevel influences (Harms, 2005).

This researcher does not share these perspectives, rather viewing military families nested in their environments as far more complex, influenced by and interacting with social policies, social networks, communities, groups and institutions. This researcher believes that the Australian Association of Social Work values of human dignity and worth, social justice, service to humanity, integrity and competence are important (AASW, 2002:8). These values will underpin the study in accordance with the AASW Code of Ethics (2002) discussed in the previous section.

6.6 Pre-testing and Piloting

Pre-testing of research instruments is applied to both quantitative (Mindel, 2005) and qualitative research (Berg, 1989). Pre-testing of a research instrument is important before it is used (Alston and Bowles, 2003; Mindel, 2005; Padgett, 1998) to determine whether the language is suitable and understood, to resolve any practical problems such as length and to understand how it may be improved. In order to achieve the above, it is considered good practice to pilot the guide with colleagues or individuals

drawn from the population to be studied (Mindel, 2005). Alston and Bowles (2003) suggest it is important that only the most effective questions are maintained. In addition, piloting enables the researcher to gain insight into their own reactions to information obtained from potential interviewees (Tutty et al., 1996).

After the initial construction of the interview guide, it was pre-tested with military colleagues from the Defence Community Organisation who role-played the interview as a couple undergoing the experience. During their military careers, the male and female colleagues had had overseas deployment experience. The female colleague had also experienced deployment as a non-deployed partner/parent when her ADF partner was deployed overseas. One colleague was an officer and the other a non-commissioned officer. Thus, the colleagues were able to offer feedback on the interview guide on the basis of being ADF personnel and as a non-deployed partner who had direct experience of deployment.

Mindel (2005) highlights that a debriefing session after the pre-test is an effective way to glean feedback. Consequently, a debrief session at the end of the interview was undertaken. Feedback indicated that the guide was very effective at eliciting a broad range of information. A number of suggestions were made for tailoring the wording in some questions to elicit more information from ADF personnel. The guide was modified accordingly.

6.7 Sampling Approach

Data was collected from a sample of ADF peacekeepers who had been deployed to East Timor and/or their partner. Sampling raises a number of important considerations in qualitative research (Minichiello et al., 1999; Schutt, 2005) such as sampling method, sample size, recruiting and gaining access to participants. Since little research had been conducted before with this population, the researcher was not sure to what extent this military family population would respond. Thus, a flexible method was employed (Anastas, 1999; Sherman and Reid, 1994).

The sampling method chosen in this study was non-probability sampling. Qualitative research relies mostly on this sampling method (Minichiello et al., 1999). Schutt (2005) states that because this form of sampling does not use random selection procedures, samples are not representative of the population from which they are drawn. However, qualitative research is not concerned with a large representative

sample since it seeks depth of information rather than breadth (Minichiello et al., 1999).

The type of non-probability sampling initially chosen was availability sampling (Schutt, 2005). This is described as using the first available participants. The initial sample criteria included:

1. members of the ADF – that is, Army, Navy and Air Force personnel with at least one dependent child;

2. and/or any partner of the deployed person where the partner is defined as a person who the ADF member identifies as their partner; and

3. ADF members had to have been deployed to East Timor in either InterFET and/or UNTAET for at least three months.

Thus, the initial sample excluded a number of family types such as couples without children and single ADF personnel without children. However, the sample was modified after interviewing commenced since more potential interviewees came forward than were able to be accommodated in the study. The sample was broadened to be reflective of the population that was deployed to East Timor and included ADF members without dependant children. Ethics approval was obtained for the modification to the sample. As a consequence of the unexpected level of interest in the study from potential participants, a sample that was more reflective of the population that was deployed to East Timor with the capacity to gain a deeper understanding of types of cases could be obtained . This type of non-probability sampling is known as 'purposive sampling' (Neuman and Kreuger, 2003:211; Rubin and Babbie, 2005:247). Hence, the sample was chosen for the purpose of gaining in-depth information from a wide group of participants across a spectrum of experiences (Minichiello et al., 2004).

Gaining access to potential participants was achieved by distributing an advertisement in a wide variety of settings. The advertisements were placed in the three service newspapers, the Navy publication *SeaTalk*, community newsletters at Defence locations around Australia and Defence Family Matters (see Appendix 6).

Padgett (1998) suggests researchers should estimate their sample size but be flexible due to the nature of qualitative research. Minichiello et al. (1999) contend that sampling is influenced by practical considerations and sampling categories. More

potential participants contacted the researcher than were required for a qualitative study. Potentially, sixty-nine interviews could have been conducted, demonstrating a high level of interest in the study. A manageable number of forty-four interviews was conducted. Thirty-two interviews were conducted with couples and twelve with individuals. A number of the individuals' partners chose not to participate in the study. In total, the study interviewed seventy-six participants.

Interviewing couples has advantages and disadvantages to be discussed in the next section. Since potential participants would be located on military bases around Australia, sampling suggested participants would be geographically widely distributed. When participants responded to the advertisement, background information was collected, including whether they were in the Army, Navy or Air Force, family composition, time since deployment, duration of deployment and interest in the research, in order to select as broad a sample as possible. Since more potential participants responded to the advertisement than was required for a qualitative study, this permitted the researcher to select categories.

The ADF personnel sample was reflective of the diversity of ranks and military occupations in the Navy, Army and Air Force and included legal, medical, a ship's commanding officer/Captain, infantry, a pilot, special forces, logistics, transport, armour, air defence, communications, intelligence and a United Nations Military Observer. The non-deployed partner sample reflected a range of ages and employment types. A variety of family types was also obtained.

Participants were aged 18 years and over. No children were interviewed in the project. Because the researcher was a social worker employed by the Defence Community Organisation and if by chance any potential participant was known to the researcher, that person was excluded from the research for ethical reasons.

6.8 Data collection procedures

In-depth interviewing is a respected method in social and health research settings (Minichiello et al., 1999; Minichiello et al., 2004) because interviews enable an understanding of the significance of a human experience as described by participants themselves and interpreted by the researcher. Interviewing is widely used to gather data in qualitative studies (Darlington and Scott, 2002; Alston and Bowles, 2003; Minichiello et al., 1999; Minichiello et al., 2004). Interviewing enables 'the researcher

to gain access to the motives, meanings, actions and reactions of people in the context of their daily lives'. (Minichiello et al., 1999:10)

Three types of interview types are generally available to researchers, which include structured, semi-structured and unstructured interviews (Minichiello et al., 1999). Couple/group interviews are also used in qualitative research and are discussed here since this approach was used in conjunction with interviews with individuals. Structured interviews are mainly used in survey research. Each research subject is asked exactly the same question, in the same order (Minichiello et al., 1999). This approach assumes the researcher knows what sort of information is required. Semi-structured interviews enable researchers to follow an interview guide or guide without fixed wording (Minichiello et al., 1999; Minichiello et al., 2004). This enables the researcher to focus the content of the interview on the issues that pertain to the research question. Such an approach enables an in-depth examination of participants and topics. Unstructured interviews rely on the social interaction between researcher and participant (Minichiello et al., 1999). The unstructured interview dispenses with interview guides and fixed question order to gain information. An original, semi-structured interview guide was created for this research on the basis of the extensive review of the literature to identify gaps in knowledge. The guide was able to be adapted for both single ADF participants and couples. The guide is found in Appendix 7. The semi-structured approach was utilised to allow for the exploration of individual perceptions and responses. The order in which the issues were covered varied and was determined by the natural flow of the exchange (Burns, 2000). Follow-up questions and probes varied between interviews, although all areas were covered in every interview as outlined in the guide. If respondents provided new insights, the guide was modified (Burns, 2000). Minichiello et al. (2004) contend that a reliance on asking the same questions in the same order for each interview is likely to provide less depth and omit new ideas.

In-depth interviews were conducted with individuals and couples. Interviewing couples shares the benefits and pitfalls of group interviews. Group interviews gather together more than one informant and may be semi-structured or structured (Minichiello et al., 1999) and are described as a qualitative data gathering technique by Fontana and Frey (2000). Minichiello et al. (1999) highlight the purpose of conducting a group interview is related to not only the research question but also the

practical exigencies of the research process such as access to the sample, funding restrictions or time limits. Disadvantages of group interviewing include the notion that responses are not independent, one party may dominate, and hence some participants may be inhibited in their responses (Minichiello et al., 1999:66). However, Fontana and Frey (2000) highlight the researcher has control over the process, and semi-structured approaches enable the widest range of meaning and interpretation of the topic. The authors state that rich data may be gleaned that is 'cumulative and elaborative' (2000:652). A distinction is made here in that it was couples being interviewed together and not parties unknown to each other.

The decision to interview deployed and non-deployed partners as a couple was made for two reasons. Firstly, it was thought couple interviews may generate a fuller understanding of the experience. A number of writers state that couple interviews enable a detailed presentation of information. As partners describe their experiences, the interaction and discussion generated between participants may clarify, expand, confirm or refute events and understandings (Allan, 1980; Laslett and Rapoport, 1975). Partners may jog each others' memories about the correct sequencing and nature of events (Sandelowski et al., 1992). Sayer and Klute (2005) state that researchers are interested in the contexts in which couples exist, including their communities and neighbourhoods. An ecological understanding was sought in this study and is reflected in the questions asked in the interview guide. Secondly, it was a pragmatic decision to interview couples where available since it enabled a larger sample to be obtained via an achievable number of interviews.

The interview guide (Appendix 7) was constructed to reflect the range of issues identified in the literature review (Berg, 1989). In constructing the guide, attention was paid to placing the least sensitive material first with the aim of establishing trust and rapport as early as possible. Attention is paid to what is and is not mentioned. Probes are used to elicit such information and may be prepared in advance or thought of on-the-spot. The guide is a flexible format to ensure all items are covered when talking to the person(s) being interviewed (Lofland and Lofland, 1995; Minichiello et al., 2004).

The guide covered the following topics:

Questions 1 – 14 established rapport with respondents by gathering general demographic information such as the operation deployed on, its duration, family details such as relationship status, education, rank, extent of identification with the military organisation and their role in East Timor.

Questions 15 – 22 considered the pre-deployment period. This considered what participants understood about the deployment, how much notice they had, communication about the deployment, preparations and plans.

Questions 23 – 33 examined the deployment or separation phase. This considered the experience in East Timor and at home, daily living, managing, capacity to access assistance, links to support organisations, community, neighbourhood, groups, how children and other family members fared, communication and highs, lows and turning points during deployment.

Questions 34 – 36 considered homecoming. This inquired about mid-way return if relevant, preparations, and experiences.

Questions 37 – 38 looked at post-deployment. This explored opportunities for talking about the experience, if desired, and a self-assessment of current health, mental health and family/individual functioning.

Question 39 asked about participants' solutions regarding family support throughout a deployment considering what interviewees considered to be practice.

Question 40 - 41 asked participants to look back on the experience and reflect upon any effects on them, including the best and worst aspects of the experience as well as what participants would change about the experience, if anything.

Question 42 asked participants to describe the essence of the experience.

Question 43 asked if there had been any questions that participants felt should have been asked but were omitted.

A single, face-to-face one and a half to two hour interview was conducted with individuals and couples and audio-taped with the signed consent of the participants. A digital minidisc recorder and professional microphone were used as this enabled recording of an interview in its entirety without interruption. Interviews were conducted mostly in participants' residences on weekends or after work hours during the week, although a small number were conducted in military accommodation on

bases, wardrooms, messes or DCO offices. The researcher travelled at his own expense to participants who were located in all States and Territories except Tasmania. One interview in Perth was conducted during the mid-point of a six-month deployment, known as Relief Out of Country Leave. One telephone interview was conducted and recorded since one partner was unavailable to be interviewed with her partner at the time during a visit to Canberra. At the completion of each interview the interview was replayed several times and an Initial Data Analysis Proforma completed (Appendix 8). An itinerary of visits is shown in Appendix 9.

The researcher was able to obtain funding from the DCO for the interviews to be professionally transcribed. The researcher worked closely with the transcriber since much of the language was unfamiliar. The researcher then edited all transcripts and became immersed in the content of the interviews (Minichiello et al, 1999). Interviews were also transferred from minidisk to CD-Rom to facilitate easier access to data and listening capability.

6.9 Data Analysis

Data analysis is the process of systematically searching and organising the interview transcripts and any other collected materials to enable findings to be developed. It entails working with the data, arranging them, breaking them into manageable units, coding them and searching for patterns (Bogdan and Biklen, 2007; Burns, 2000). As Minichiello et al. (1999) observe, data collection and analysis occur simultaneously while Minichiello et al. (2004) note that analysing and interpreting data run hand in hand. As cited in the previous section, data collection itself occurred over a twelve-month period. Parallel to this process, data analysis was occurring.

Transcripts comprise the raw data, which in this study involved many hundreds of thousands of words. Participants' accounts express their beliefs, feelings and lives as they see them (Minichiello et al, 1999). Researchers state the key process in the analysis of qualitative data is coding (Babbie, 2001; Darlington and Scott, 2002). Coding is the process of classifying and categorising the individual pieces of data coupled with the ability to retrieve the information. The researcher used NVivo 2.0, a software program that assists in electronic storage, filing and retrieval of large amounts of text (Bazeley, 2007; Richards, 2000). Considerable training in the use of the software was required which was provided by a number of workshops at Monash

University and private tuition. This researcher found the software useful in managing the data in the 44 transcribed interviews. Thus, interview data was transcribed, edited and imported into NVivo where data was able to be further edited, if required, coded and retrieved. Qualitative data analysis software is an accepted tool in data analysis, although the researcher is ultimately the 'analytic decision-maker' (Drisko, 2004:197). Interpretation, decision-making, developing meanings and themes are undertaken by the researcher.

A coding system was developed from the participants' stories, the research question and the theoretical framework of an ecological understanding (Minichiello et al., 1999). Bogdan and Biklen's list of categories (1992; 2007), useful for creating coding, was utilised as a framework. The rationale for this was that the author's categories meshed well with an ecological understanding which considers the multiple levels or domains of an experience. Bogdan and Biklen's (1992; 2007:173-180) categories and their explanations include:

1. Setting/context codes – This term refers to codes under which the most general information on the setting, topic or participants may be sorted. Material that enables the study to be placed in a larger context is found under such codes. Quantitative data that describes the setting may be coded. Examples include 'ADF Peacekeepers' and 'Partners'.

2. Definition of the situation codes – Units of data that describe how participants define the setting, their worldview or particular topics are found here. Two examples are 'Finding Meaning of the Deployment Experience' and 'Military Family Culture'.

3. Perspectives held by subjects – This includes codes oriented toward ways of thinking some or all participants share that are not as general as their overall definition. They indicate orientations towards particular aspects of a setting. One example is 'Respondent's Perceptions of Defence Social Workers' and sub-categories.

4. Subjects' ways of thinking about people and objects – This group of codes establishes subjects' understandings of each other, of outsiders and of the objects that make up their world. Such codes included 'Military Family Support Organisations' and 'Belonging to Community'.

5. Process codes – Such codes are words and phrases that enable categorising of sequences of events, changes over time or passage from one type or kind of status to another. Typical process codes point to time periods, stages, phases, steps, careers and chronology. The stages of deployment, that is, 'Before Deployment', 'Deployment', 'Reunion' and 'Post-Deployment' are examples.

6. Activity codes – These include codes that are directed at regularly occurring kinds of behaviour. 'Living and Working Conditions' and 'Day to Day Routines' are examples.

7. Event codes – These kinds of codes are directed at units of data that are related to specific activities that occur in the setting or in the lives of the subjects being interviewed. Event codes point to events that occur infrequently or only once. 'Family Crises and Return of Deployed' are examples.

8. Strategy codes – Strategies refer to the tactics, methods, techniques, manoeuvres ploys and other conscious ways people accomplish various things. It is important to distinguish between the researcher's judgements and people's behaviour. 'Gaining Access to Information' is one example which had sub-categories including 'Haranguing', 'By Chance' and 'It's Who You Know', to name a few.

9. Relationship and social structure codes – These include regular patterns of behaviour among people such as cliques, friendships, romances, coalitions, enemies, mentors and more formally defined relations. The total description of relations in a setting leads to a description of macro or social structures. One example is 'Social Networks' with numerous sub-categories including 'Social Support', 'Insider yet Outsider', 'Partners in Timor (PIT)' and 'Institutions', to name a few.

10. Narrative codes – These describe the structure of talk itself. These codes enable inquiry about the structures of people's stories, their beliefs, contradictions, conflicts or lack of language to express a particular situation. Examples include 'Stories about Homecoming', 'Peacekeeper's Stories' and 'Stories about Surviving'.

11. Methods codes – This group isolates material pertinent to research procedures, problems, dilemmas and insights. NVivo enables this in a variety of ways, for example, through the use of Analytic Memos.

Methodologists differ in their view on when to create a coding system. Miles and Huberman (1994) contend their preference is to create a provisional start list of codes

from the conceptual framework. Others such as Strauss and Corbin (1998) prefer to collect data and build codes, described as an inductive coding technique. In practice, this researcher used both methods. An initial group of process codes was created which consisted of the stages of deployment of pre-deployment, deployment, reunion and post-deployment. Other coding categories evolved as each interview was coded into meaning units which are the important ideas and significant experiences in the data (Unrau and Coleman, 1997:512).

Thus far, a number of coding categories have been created. In NVivo, coding is performed in a variety of ways (Richards, 2000). For example, similar to a word processor, dragging and dropping selected text or meaning units to a category was one method. Such meaning units may be made up of single words, sentences or paragraphs. The researcher reviewed transcripts line by line. Coleman and Unrau describe this first-level coding which involves identifying meaning units, assigning category names to groups of similar meaning units, assigning codes to categories, refining and reorganising codings and deciding when to stop (2005:410-411). This process is repeated for each interview. NVivo enables the capacity to undertake first-level coding. That is, it creates different types of categories which NVivo describes as nodes. One type, known as Free Nodes, enables emerging ideas or meaning units that are interesting or puzzling, and do not seem to belong, to be coded.

Another category, known as a Tree Node, permits the organisation of a hierarchy of categories and sub-categories. As an example, Deployment was a Tree Node (Category) which consisted of seven sub-categories: Farewells, Communication, Information Provision, Well-being, Managing the Separation, Family Crises and Return of Deployed, Effects on Relationships, DCO, Impact of Media, Ship/Base/Unit, Impact on Schooling, Family Support Groups, Day to Day Routines, Previous Separations, Stressors in East Timor, the National Welfare Coordination Centre, and Children. All of the stages of deployment were created as Tree Nodes with numerous sub-categories.

Coleman and Unrau state it is time to stop first-level coding when meaning units from new research participants fit easily into the coding system and no new categories are emerging, called ‘category saturation’ (2005:414). All transcripts have been coded into categories at this stage. This ‘saturation’ was evident by the time the final interviews were coded. Bryman (2001) states coding is not analysis. It is important to

attend to the significance of the coded material for the subjects being studied and develop interconnections between the categories. The next step is second-level coding (Coleman and Unrau, 2005).

Second-level coding aims to identify similarities and differences between the categories in an attempt to identify relationships (Coleman and Unrau, 2005). The categories are compared and contrasted in order to discover relationships between them and locate the major themes of the study. For example, there were similarities and differences between the process codes and their sub-categories of pre-deployment, deployment, reunion and post-deployment.

NVivo has the capacity to undertake the previous processes of first and second-level coding (Bryman, 2001). The search capacity and other features to be described enables the researcher to do simple word and phrase searches to develop relationships between categories. All instances of 'social work' or 'social workers' within their context may be found, for example.

A number of researchers (Bogdan and Biklen, 2007; Coleman and Unrau, 2005) argue that it is important to constantly look for meaning and relationships in the data. They suggest a number of ways including creating a diagram, exploring the literature, playing with metaphors and concepts, writing analytic memos, making a matrix, counting categories and noting contradictory evidence. The researcher used NVivo's capabilities in several of the above ways.

Analytic Memos were written throughout the data analysis phase and formed a useful tool. These entail thoughts and ideas in relation to coding (Neuman, 1997) and the tying together of different pieces of data to develop a more integrated understanding of events and processes (Miles and Huberman, 1994). For example, in coding the eleventh interview, the researcher noted a connection with a previous interview:

> Other partner mentioned 'making it real'- seems important for people - Evelyn and seeing her partner's tattoo on TV.

NVivo also has a visual modelling capacity. However, the researcher preferred to create informal diagrams on paper linking ideas. Symbols were borrowed from the family therapy field (Hartman and Laird, 1983).

NVivo has the capacity to create a matrix which is termed 'Attribute' (Richards, 2000:77). Thus, each interview/document was able to have attributes applied which

included demographic information – for example, whether the ADF person had a psychological debrief, time since deployment, rank, age, incidence of miscarriage, numbers of children. The goal is not to prove statistical relations; instead the use of attributes enables another form of comparing and contrasting data. For example, those new to the ADF could be compared with more experienced members.

In summary, all transcripts were coded and categorised, and compared and contrasted to integrate into themes. Data analysis thus led to the major themes and concepts of the study which are presented in detail in subsequent chapters.

6.10 Reliability and Validity

The issues of validity and reliability in research are important since the researcher wants to ensure the procedures and methods used are reliable and the conclusions valid (Silverman, 2000). In qualitative research a variety of perspectives are held regarding validity and reliability (Bryman, 2001). One stance considers the terms to have a similar meaning to how they are applied in quantitative research. Another view is to consider that qualitative research should be judged according to different criteria to that of quantitative research, and terms such as authenticity and trustworthiness should be used instead (Bryman, 2001). Another perspective is somewhere in the middle, considering validity requires that an empirical account must be plausible, credible and relevant to the field, the literature and the social setting being investigated (Bryman, 2001:276-277). Bryman states most qualitative researchers adopt a middle ground on this issue in practice.

Validity implies truthfulness and is determined in a variety of ways (Neuman and Kreuger, 2003:184). Using in-depth interviewing, the researcher aims to stay close to the empirical world (Minichiello et al. 1999:176). In-depth interviewing itself is a form of validity check. Asking the wrong question, or one that is not understood, is the source of most validity errors in qualitative research (Minichiello et al., 1999:177). Using strategies of good listening, building rapport and consistently ensuring questions are understood by informants aids in enhancing validity (Minichiello et al., 1999:177-178). Therefore the researcher needs to ask for clarification, summarise, paraphrase and avoid ambiguous questions. In this study, rapport was established readily with interviewees facilitated by the researcher's prior

experience in working with ADF personnel and their families in the setting. The pre-testing of the research instrument aided in ensuring validity.

Interviewing partners together as a couple is thought to promote validity and reliability. With two accounts a more reliable picture may be generated since the interaction of each party tends to keep each other honest (Allan, 1980). Bennett and McAvity (1985) suggest that interviewing a couple develops rich information resulting in the validation of agreement or clarification of differences between the couple. Valentine (1999) further adds that the dynamics of joint interviews can encourage spontaneous ongoing discussion which aids in developing more detailed accounts than interviews with individuals.

Noting contradictory evidence is important in ensuring reliability and validity (Coleman and Unrau, 2005; Silverman, 2000). Silverman terms this 'deviant-case analysis' (2000:180). One example in this study was the small number of Navy personnel who were at sea when the East Timor deployment occurred. Their experience of pre-deployment demonstrated some similarities but significant differences to others which the Findings and Discussion chapter will elaborate upon.

Respondent validation is seen to be an effective means of ensuring validity, and this may be achieved in a number of ways (Bryman, 2001). One way is to provide feedback to an audience regarding the findings of the study (Bryman, 2001). The author compiled a report for the Department of Defence in 2003 arising out of the study (Siebler, 2003). A number of other presentations of findings were made at an international and several national conferences (Siebler, 2004a; Siebler, 2004b; Siebler, 2004c; Siebler, 2005a; Siebler, 2005b) and to military audiences (Siebler, 2006). It was evident from the feedback provided to the researcher during and after a number of these events that the findings resonated with the experience of ADF personnel and professionals who worked in this context.

Reliability suggests dependability or consistency (Neuman and Kreuger, 2003). Qualitative research designs may change throughout and documentation of this is important in ensuring reliability. Further, clear articulation of design, data collection, interviewing, data analysis and development of categories aids in reliability (Franklin and Ballan, 2005:438). The current chapter has aimed to document these processes clearly.

Obtaining retrospective data in this study relies on respondents' recollection which may be compromised by memory lapses (Jarrett, 1992:193). This may limit validity and reliability. However, the broad sample, as 6.7 outlined, enabled the selection of subjects who had recently returned from deployment as well as those who had returned many months after deployment. This consideration is thought to enhance validity and reliability.

Reporting of any possible bias by the researcher is important to promote reliability (Burns, 2000). In this case, the researcher has been employed as a social worker with the Department of Defence throughout the study period. As Minichiello et al. (1999) contend, the decision to conduct research is not a detached, neutral or value-free choice. This raises the insider-outsider controversy regarding who should conduct the research (Buchanan et al., 1988; Minichiello et al 1999:182)? An insider, a researcher who works for an organisation, may have a special knowledge of the group they are studying whereas an outsider may be more independent and able to question the status quo in more direct ways than an insider. Outsiders can walk away from unwelcome outcomes whereas insiders may face their colleagues' or the organisations' displeasure (Kayrooz and Trevitt, 2004:13). As Minichiello et al. (1999:186) suggest, the terms insider and outsider are not absolute but rather are considered on a continuum. These authors contend in-depth interviewing enables researchers to access social cues and intended meanings of interviewees. It is suggested processes documented throughout this chapter demonstrate the issue of reliability has been considered thoroughly.

6.11 Difficulties and Problems Encountered

A number of difficulties and problems were encountered in the conduct of this research. Firstly, despite the benefits of having access to funding to enable transcription of the interviews, it was found the transcribers had considerable difficulty in understanding the language of the participants. Numerous acronyms and military terms were used which were not understood by the transcribers. Consequently, the researcher had to do major editing of the transcripts which was very time consuming. However, it has been noted previously this was helpful to immerse the researcher in the data. Secondly, a number of practical issues arose when undertaking the fieldwork phase of the study. Gaining access to ADF personnel, in particular, presented challenges due to short notice duties, exercises and unavailability

of some ADF personnel as a result of the attacks in the USA on September 11, 2001. Thus, leave periods had to be constantly renegotiated with the researcher's workplace to fit in with interviewees' availability. Since the researcher travelled to participants' homes, locating residences in capital cities and rural areas occasionally proved to be difficult necessitating changes of times of interviews. In northern localities of Australia, the noise of ceiling fans created some difficulties in recording. In one Navy establishment, the noise of a cappuccino machine was picked up by the microphone. A small number of interviewees had newborn children to care for, and interviews were interrupted from time to time. On one occasion in Sydney when the researcher arrived at a pre-arranged time to interview a potential participant, the interview was declined due to an unexpected visit of extended family members. A new time was unable to be renegotiated.

Finally, an ethical issue arose for the researcher some months after research interviewing. A non-ADF partner who had been interviewed for the research presented in crisis to the agency. Since the researcher was the sole social worker, alternative arrangements had to be made for another professional to assist the interviewee, now a client. The issue was resolved satisfactorily.

The next two chapters present the findings of the study. Excerpts from interview transcripts are provided to convey how the deployed and non-deployed interviewees described their experiences.

Chapter Seven
Qualitative Findings about Deployment

7.1 Introduction

This chapter outlines the qualitative findings regarding deployment. Pseudonyms have been used throughout to preserve anonymity. Portraits of interviewees are provided in Appendix 1. Appendix 2 provides a sociodemographic profile of respondents. An ecological framework was used to structure the qualitative findings into micro, meso, and macrosystem levels. Within each section, categories emerged from the data analysis. Language used by deployed and non-deployed ADF respondents across all levels reflected their military life world.

A total of 44 interviews were conducted involving 76 participants (Appendix 2). Thirty-two of the interviews were undertaken with couples, 12 with individuals. Forty participants were Army personnel and their partners. Twenty-two respondents were Air Force personnel and their partners, and 14 respondents were Navy personnel and their partners.

Microsystem level findings contained five categories: respondents' reactions to deployment; respondents' perceptions of children's and adolescents' reactions; physical and mental health and family functioning; maintaining communication throughout deployment; and finding meaning in the deployment experience.

Mesosystem level findings contained four categories: living and working conditions in East Timor; communities; social networks and social support; and perceptions of military family support organisations.

Macrosystem level findings contained two categories: military institution and culture; and respondents' perceptions of policies.

Chapter Eight will present further findings with respect to the micro, meso and macrosystem levels that pertain to Defence Social Work.

The next section will present microsystem level findings.

7.2 The Microsystem

7.2.1 Respondents' Reactions to Deployment

Respondents' reactions to deployment and homecoming/reunion provides insights into how interviewees perceive the deployment. Participants were asked of their reactions to hearing the news that their partner was to be deployed to East Timor. Reactions were conflicting. A universal theme was both acceptance and grudging support for their partner's deployment on the part of non-deployed respondents. The majority of the non-deployed interviewees expressed fear and dread that their partners may not return due to death or injury. At the same time, respondents accepted that their partners were doing something that they both wanted and trained for. For some, notice of deployment was described as surreal. The following quotes are illustrative:

> I was petrified. It was horrifying. I was happy for Mark because he really wanted to go but I wasn't happy that he was going to this environment that was hostile. (Mary)
>
> It felt surreal in a way because I think it was quite scary watching what was on the news and then thinking that that's where Josh was going to go. (Karen)
>
> I was absolutely speechless. All I wanted to do was tear my hair out, scream, yell and punch someone… (Liane)
>
> Well he just had to do it. I mean, there's nothing you could do about it. Just hope for the best, that's all. (Nancy)

Respondents described uncertainties since the date of deployment changed frequently, and whether or not a member would be deployed was subject to change at short notice. The amount of notice interviewees in this study had prior to deployment varied from a matter of hours to several weeks. Military Command dictated the terms. Jillian, a seasoned Army partner of over twenty years marriage recalled:

> …he's used to this being on stand-by thing and then they don't go and what have you, but he said looks like we might go this time…

For some, notice of deployment was described as traumatic. Respondents who found this especially difficult were families whose ADF partners had had multiple and back-to-back separations. As a case in point, some military personnel interviewed were members of units that were frequently deployed such as the Special Air Service (SAS). Ross highlights his reactions and the effect on his family of the deployment notice:

> From a purely professional point of view, I was glad to be going. But from the family point of view it was a quandary…a double edged sword, it really is. You're pulled two ways…They just see me walk out the door because it's like the mobile phone goes off or the pager goes off…the family's just like…bang. Shell shocked…

Ross' partner, Madeline, illustrates how she prepares for 'yet another deployment' and the practical and emotional stages that are part of her experience. Ross and Madeline stated they were having marital difficulties at the time of interviewing. Madeline described how deployments were a fact of life and came with relentless frequency to the point of family dissolution and exhaustion:

> Ross basically has been home 12 weeks out of 13 months.… it's still sickening… it felt like you're always waiting and I think it was the waiting to hear that he was going that was almost harder. Once you know, once you're given information, you've got the power to do with it what you want. It is the not knowing… the feeling that somebody else has got you dangling by a string which is really awful…

Dual military interviewees had more knowledge of deployment and military life than non-military although, similar to others, expressed shock at a sudden deployment:

> I don't think we had time to react. We sort of…we heard little bits on the news. We both work in the Intelligence Field so we've probably got a heads up more than what normal people would…I mean, what can you do? I can't write him a note saying 'no, you're not going'. It was just like 'oh, OK', no time to think, no time to prepare, no time to do anything especially at that hour of night, coming home and saying 'I'm leaving tomorrow morning'… It was just shocking. (Shona)

Generally, respondents deployed as part of InterFET had less notice of deployment than those deployed as part of UNTAET. In practice, the short lead time was seen as a positive by a number of deployed respondents since any doubt regarding the date of deployment was removed. Geoff, an Army officer, was deployed as a United Nations Military Observer and explains his preference for a short lead time since it also excised unwanted emotional reactions:

> It's a whole lot easier if my deployment is only about 24 hours notice. It makes it a whole lot easier because all I've got time to do then is pack my bags, kiss my wife and go…no psychological preparation… No warning, gone.

A number of Navy respondents differed markedly from others in their perception of deployment. Such Navy personnel were already on ships on exercise when given notice that they were now part of an operational deployment to East Timor. For some, no notice was able to be given of this change from exercise to deployment by the deployed partner to their families due to communication blackouts which created considerable uncertainty and concern for family members at home. As Paul explains:

> From the time we deployed on the 18th of September up until probably the first week in October… there was a total… no mobile phones, no using any sort of means to get back to Australia to let people know what was going on.

Navy interviewees already at sea when they received news of their involvement felt that 'this was for real' and a range of strong emotions was evoked. This was because the potential level of hostility and risk in East Timor was largely unknown, as Mitchell recounts:

> … a mix of excitement, anxiety, concern. All at once really. Excitement in that we were finally doing what we were paid to do. Anxiety in that… in what was likely to happen and how my wife would feel about it because she worries more than I do. And concern because you know, no-one wants to die…

Soon-to-be-deployed participants were unanimous in expressing positives regarding their selection for the mission. Some deploying respondents said they were elated at the news of deployment since they believed it gave them the opportunity to put their

training into practice. Jack, an Army Officer, crystallised the reactions of many personnel. Nathan, also an Army Officer, felt relieved since he had been overlooked previously:

> …it's what you work for, what you're excited about, previous to that time I'd felt very lucky to go to Somalia to practice what you preach and get out there and do a real job and help people…(Jack)

> I thought, God they've finally sent me. Basically if you're interested in being a career man and you haven't been to Timor you're probably not going to get the jobs you want and that's important. Operational experience, particularly in our field, is extremely important and it's, you know, the biggest show going. (Nathan)

Personnel with little service experience such as Matt, an Air Force member, with less than one year experience in the ADF, felt disbelief when chosen for InterFET. Matt was a paramedic in his former civilian occupation.

A number of ADF respondents never expected to be deployed due to their specialty occupational employment. Jon, an Air Force pilot who flew entirely in surveillance missions over the ocean, was surprised when selected for deployment in an initial Headquarters element. A number of Navy personnel interviewed were deployed on land in East Timor rather than at sea. Jeremy was posted to a land base when he was given notice of deployment which was unexpected:

> We had two youngsters, and essentially when I came ashore I said to the oldest one foolishly, having been away for a Christmas in Bougainville when he was a youngster, that dad wouldn't be going away any more. Well, I've learnt since that you never say never.

Military personnel are required to be deployable at short notice which includes practical arrangements for families such as childcare, finances, wills, power of attorney and next of kin contact details. A number of respondents stated they had difficulty in gaining such basic requirements as weapons training and equipment for the deployment. Four respondents indicated their partners had to drive them considerable distances to bases other than where they were posted to gain such requisites, which created undue hardship. Some deployed respondents were said to be detached from their families. As Katrina recollected:

> We had to go and quickly do our wills because we hadn't done that, and I think you'd call that a bit of a nightmare because everybody was there and you had to line up for hours to do that. And he also needed to do some powers of attorney and that was an inconvenience and long winded because everyone was in the same boat. Mainly my memory of that time is that he had already left in his mind and emotionally.

The microsystem considers family relationships. The next section considers respondents' perceptions of how their children and adolescents fared throughout deployment

7.2.2 Respondents' Perceptions of Children's and Adolescent's Reactions

Respondents were asked about their children's reactions to deployment and wellbeing throughout the stages of deployment. Some respondents initially indicated that their children managed 'fine'. Upon reflection, interviewees described significant changes in behaviour which affected their functioning.

According to some interviewees, initial reactions of children were occasionally a sense of déjà vu for some families that had had long involvement as Defence families. Jillian described how her children were resigned to the reality of their father's military lifestyle:

> …they are used to their father coming and going out of the house all the time. And they are used to having me there with them and so they were fine about it. They just said, 'Oh well he's got to go off and do something.' (Jillian)

However, many children were reported to be worried and upset about their mother's or father's deployment, particularly primary school aged children. Similar to their parents, children were reported to express anxiety both through their behaviour and language that the deployed parent may be injured or killed and never seen again. Mark explained how his children reacted to the impending deployment as part of InterFET.

> …they (younger children) were upset but they didn't understand the threat. Whereas my older boy understood the danger. (Mark)

A number of respondents expressed concerns about their children prior to deployment. Ruth's middle son made an attempt on his life during the deployment which will be described later in Chapter 8.1.2. Ruth described how her three children perceived their father's impending deployment:

> …they're probably thinking, 'oh yeah we've just got mum.' Mum's a piece of cake to deal with…

Although only two sole parents were interviewed, their situations would be similar to many sole parents in the ADF in terms of care requirements for their children. Both sole parents in this study were male and had primary care of their children. Both parents claimed their previous partners were incapable of caring fulltime for their children and were concerned that when they deployed their ex-partners would seek to undermine their relationship with their children. Consequently, these parents felt limited by the care they could muster for their children when they were deployed and in terms of how long they believed they could reasonably be deployed. Chris, a Navy reservist, organised his elderly mother to care for his children. Harry called upon his parents to care for his son. Harry believed the three-month period of separation of InterFET was all his parents could manage, although the care was eventually shared with his ex-partner:

> …if I had to put Lew with someone I didn't know or something like that, I'd be petrified. I'm just lucky I've got my parents up here. (Harry)

Harry stated his son also had some time living with his ex-partner towards the end of the deployment. He explained how Lew was distraught after the deployment and offered his explanation of his son's behaviour:

> He just wouldn't stop crying... and he wouldn't eat… I don't know, probably because he left his mum's place or something because he'd been down there for six weeks at that stage. So I don't know. It would be a big thing for him being around his mum. He doesn't get to see her much I suppose and then coming back and having me back after he hasn't seen me for so long. I think he was just all mixed up. He didn't know what was going on…

Family crises occurred regarding children when a number of respondents were deployed. Graham and Genevieve's daughter was sexually abused during Graham's

deployment period. Emily's son broke two fingers, and a heart murmur was discovered when he went for treatment.

Dual military respondents with children essentially made similar preparations to other families although their concerns centred on the possibility of both of them being deployed at the same time with concomitant arrangements for their children. In practice, this did not eventuate although Adrian and Tania, a dual military couple with a young child, indicated they were both to be deployed when the decision was reversed.

Participants reported that the deployment impacted on children's and adolescents' physical and mental health, and a number sought help. As was reported for Harry's son previously, sleeping and eating problems were reported as common for children, and these were reported to continue many months post-deployment. Children were reported to sleep with their parent during deployment and post-deployment stages. Shona's daughter slept on 'daddy's side of the bed' to soothe herself to sleep. Shona recounted how she could not bring herself to sleep on her partner's side of the bed because it was a reminder of his absence. She outlined her own struggle with depression, the separation, her daughter's suffering and how she attempted to manage the situation:

> Rachel would always sleep on Daddy's side…This was my side…you know. Even if Rachel didn't sleep with me at night I wouldn't sleep on his side of the bed… and then… she would cry. She would cry. Everything was always a constant reminder.

Major changes in behaviour that were reported for children included tantrums, enuresis, inconsolable crying and upsets, school refusal, difficulty getting to sleep, nightmares and 'clingier behaviour than usual'. When asked to reflect upon less obvious behaviours, a number of respondents commented that children were 'invisible', 'quiet' and 'moodier and sullen'. Verbally, children were reported to ask questions about the absent parent's safety: 'Dad'll be alright won't he?' Behaviours were described as ongoing at the time of interviewing for some children, many months post-deployment. Interviewees described such changes in behaviour and how they attempted to manage as follows:

> He must have been angry. He was getting a bit violent with me, just pushing and you know sort of getting angry at me and probably he was feeling all the stresses that I was having. (Emily)

> Screaming in the middle of the night, inconsolable crying… they continued… a real terror for him in the middle of the night so he was able to come into our bed or we would sleep with him… we've got a mattress under his bed where we can pull it out and sleep in the bedroom. (Katrina)

> …the one behavioural trait that was completely new to him… this awful crying that he would do and it was never over being hurt or something…almost hysterical crying when something didn't go quite right …he's never been a tantrum child either, you know. (Melissa)

A number of respondents relocated to gain extended family support when their partners were deployed which created a change in living conditions and social support networks for children. Changes in children's behaviour were observed. Mary described such change and how she observed enduring changes in her children's behaviour twelve months after her partner's return:

> Jennifer was totally toilet trained and she started wetting the bed as soon as we got to mum's and Christine wouldn't let me out of her sight…she got a big fear of being in a really crowded environment… the following year when Mark returned she started year one, she wouldn't go to school. And even the school said that that could have had the effect on her. (Mary)

Many respondents had leave at the midpoint of their deployment. These deployed respondents returned home to Australia for approximately two weeks. Described by some respondents as a 'double-edged sword', respondents said this compounded their children's existing sleeping problems and caused more worry. Some participants, such as Nathan described how he missed important milestone stages of his twelve month old baby's development:

> …but it did devastating things to our little boys because they were extraordinarily worried about me going, coming and going. They hated

> me going on the plane. I found that probably the most difficult thing about going … That was by far the hardest thing. (Geoff)

> …sleep disturbances lasted for a lot longer…by the time it was getting to Gavin's break, they were getting more stressed from being separated from their father… most people I spoke to about Gavin coming home, like people I knew within Defence would say, 'oh he may as well not come home, it would be more stressful for the kids'. And I disagreed saying they're stressed now, so what is the difference. (Thelma)

> I think for me to go back in a week's time everything will be changed. He'll eat differently, he'll go to sleep differently and I'll have to learn it all again……it's a double edged sword but having said that, the pros outweigh the cons. I would have gone insane if I hadn't been told to do it. (Nathan)

Madeline provided the backdrop to her family's experience prior to East Timor in 7.2.1. Her partner had been present in her estimation twelve weeks in the past thirteen months due to frequent, expected and unexpected deployments both overseas and in Australia for training exercises. She explained the effect on her son in his early years and the actions she took:

> …at three and a half I had him at a psychologist's and paediatrician's because he was losing hair through stress because daddy would go away and we wouldn't hear from him for weeks and he thought his dad was dead… (Madeline)

Madeline further recounted how the East Timor deployment was almost the 'straw that broke the camel's back' as she dealt with her own and her children's anguish during the separation:

> ….one night… the poor kids. They are sitting there (points) in pain and crying… and everybody's hurting so I sat down at the table…I said 'how do you feel about your daddy being away?' Let's just go for it. Let's just cut the wound right open and get rid of all the pus. And she just… it just started to flow…And we'd go and sit on the settee, get the blanket over and have a good cry…

Like a number of respondents, Madeline said Tom was withdrawn throughout the time her partner was away but 'exploded' at times:

> …he bottles up in terms of he does not talk about it but it comes out in his behaviour. A lot of angry, irrational, tantrums, loads of tears, aggression against me.

As well as positive changes reported by respondents, mental health, behaviour, and physical health were concerns for some adolescents during deployment. Eve's son was aggressive towards her. Mitchell's daughter lived with an anxiety diagnosis and received psychological counselling. Another broke out in rashes when her father deployed, and she refused to speak with him throughout deployment. Adolescents were reported to have conversations regarding their parent's deployment and were also reported to express support and worries about the deployed parent. Adolescents were more likely to act as caregivers for the non-deployed parent than younger children. Several adolescents were reported to manage the separation better than their parents. Some families reported that their older children's education actually fared better than previously while others indicated negative behaviours at home, school and in the community. Typical responses regarding adolescents were as follows:

> My kids were actually better behaved. As I said, I mean, I'm the one that looks after them… it was the other way around…And they were looking after me… (Jillian)

> He's not aggressive generally…He actually got picked up for shoplifting during that time… (Nancy)

> …she'd break out in rashes and all sorts of things...that's her way of dealing with it, by not talking to him because then she doesn't have to explain that she's feeling upset that he's not there. (Cara)

> …it was just that he was aggressive and he lashed out… even at me a couple of times. He can get quite uptight but he's never been that way before. (Eve)

When her partner was deployed, Josie was hospitalised and required emergency surgery for an ectopic pregnancy. Her teenage daughter was required to care for her since her partner was not approved to return from East Timor. Josie felt her daughter 'grew up suddenly'.

Mitchell's teenage daughter had a history of suicidal behaviour prior to this deployment:

> Slashed her wrists once, overdosed with sleeping pills and tried to poison herself. The sleeping pills were probably the closest she got…

Throughout the East Timor deployment Mitchell indicated his daughter's mental health was stable, although she was unable to complete Year Twelve:

> …she was 17 and doing Year 12 and she didn't do very well in '99 and ended up repeating Year 12 in 2000, and again she didn't do very well…She just couldn't handle the exam pressure… she'd put herself under so much stress. I mean, she'd panic and she'd go all anxious and that sort of thing.

Reporting of East Timor by the media was reported to worry many children and adolescents:

> …the Queensland Times newspaper had headlines about the militia going to eat the hearts of our servicemen. You know, really horrible headlines, and they saw that and it was very worrying (Allison).

> …they hear on the radio a newsflash an Australian soldier's been shot and killed. Bang! What's their first thought? (Glen)

> …they became more aware that Dad was doing something different to what he normally would do… if there was a story on the news, you know they'd show the guys in their combat fatigues and their bullet proof vests and their Kevlar helmets and carrying their weapon around with them. (Cara)

The next section presents findings regarding deployed and non-deployed family members with respect to physical and mental health and family functioning.

7.2.3 Physical and Mental Health and Family Functioning

Throughout the stages of deployment, physical and mental health issues were prominent themes for a number of deployed and non-deployed interviewees. Post-deployment in particular, the experience was reported to be reverberating on family functioning. Participants' experiences of social work interventions in the context of

physical and mental health and family functioning will be presented in the next chapter. Children and adolescents were considered in the previous section.

A number of non-deployed respondents outlined a history of mental health problems such as depression. Deanne stated she was on top of her depression during the deployment, although outlined how concerns had been expressed in the past about her capacity to safely parent her two children:

> I've suffered depression all my life basically. I've had my children through severe bouts of depression and not once have my children been touched. They are my world, you know. (Deanne)

Depression was reported by non-deployed respondents to be the most frequent mental health concern in this sample. As well as pre-existing diagnoses of depression, this condition was also diagnosed for the first time for a number of interviewees during separation. Respondents often kept their diagnosis secret from their deployed partner because they did not want to 'burden' them, cause 'unnecessary worry', or 'impact on their military work'. Most respondents diagnosed with depression were under the care of a general practitioner (GP). Respondents stated none of the GPs made or considered referrals to Defence Social Workers or other counsellors. Respondents were prescribed anti-depressants as the preferred treatment modality:

> She prescribed it to me but I think I took it for a week, I just don't like taking drugs, especially anti depressants. The reason I didn't take it because I had a friend and she was on anti-depressants and she just went into zombie land… (Shona)

> …the first doctor I went to… sat down for half an hour and he said 'here you go, here's a script. You're depressed'. The second one I went to said 'OK fine, but I'll do some blood tests'. (Ann)

As well as mental health issues, physical health was negatively affected for a number of respondents. A number of the conditions were pre-existing. Health issues described included overwhelming sadness, weight loss, tiredness, loneliness, sleeping difficulties including nightmares, two miscarriages during deployment, severe headaches, high blood pressure, an ectopic pregnancy, illnesses requiring hospitalisation, osteoarthritis, chronic fatigue syndrome, chronic pain and asthma:

> I did actually end up going into hospital for a couple of days, and I actually got some friends to look after the children, but I really needed to have been in longer than that. (Eve)

> I had a miscarriage while Jeremy was away so that would explain a lot of you know, loneliness…we sort of had everything thrown at us in that time. (Melissa)

Thelma, diagnosed with fibromyalgia, sleep disturbances, fatigue and headaches, described how she managed her physical and mental health when her partner was away:

> …we got people in to do the yard and I bought a different vacuum cleaner which was lighter to move around, and a different kind of mop to clean and just really worked out ways to minimise ways of doing the housework. You know, buy that stuff that you spray on the bathroom that you don't have to get on your hands and knees and scrub and things like that. And on bad days you think of easy things to cook for the kids and it was much easier that way. I lost 25 kgs in weight. I'm overweight now but I was very overweight before Gavin went away. (Thelma)

Sleeping difficulties were almost universal concerns for non-deployed partners as well as young children as previously cited. Non-deployed partners reported barriers to sleeping, the impact on daily living and strategies they employed to manage. Barriers included worry, physical health concerns, loneliness and nightmares. Negative outcomes of poor sleep included lethargy during the day and altered sleeping patterns. Respondents reported heightened activity late into the night and early morning such as cleaning or searching for online information about how to manage the deployment. The following quotes illustrate:

> Um, Jesus, constant nightmares. Yeah, always, you're going over a cliff or a soldier coming to work and telling me… or coming to the front door…that's why I could never sleep when you were away… Just constantly the fear…and what do you do? You're stuck in a lonely house in God knows where… (Josie)

> I've always been told I have arthritis but I've been diagnosed recently with fibromyalgia, a chronic pain condition, I had sleep disturbances and fatigue and headaches… (Thelma)

> I became a night owl. And do you know my biggest worry? The fact that I've got three children…I used to have nightmares that I wouldn't be able to get them out of the house to the point where I'd wake up in the middle of the night and wouldn't be able to get back to sleep. It used to be nothing for me to stay up until two or three in the morning. I just cleaned. (Mary)

> I thought about him, but it was just too hard. I think at night after everyone had gone to bed, I found it hard to sleep, it was like 'where are they, what are they doing?' (Phoebe)

> I think I stayed up late because you're…. lonely, there's not that companionship there… (Emily)

In addition to exposure to environmental hazards, ADF respondents outlined an array of health issues such as exposure to asbestos on ships, reactions to antimalarial medication, headaches, sleep deprivation, serious accidental injury requiring medical evacuation of one respondent to Australia, physical exhaustion requiring hospitalisation, gastroenteritis and diarrhoea:

> I started suffering major reactions to the doxycycline which is the anti-malarial drug. I was having headaches that I couldn't get rid of to the point where they felt like migraines. I was vomiting, had massive heartburn, right around the time I was really cranky as well. Yeah, I was feeling… all my bones were sore. I'm photo sensitive on doxi. (Nathan)

For some non-deployed interviewees, physical health and mental health symptoms were reported to develop or worsen upon return of their partner from deployment. The following quotes illustrate:

> I seem to get worse as soon as Jon gets home though because I know I can switch off or that the workload is shared and then I think, I'm buggered. And then I get sick…As I said, more from being run down so I picked up colds that were going around a lot quicker. I really probably

> did lose my appetite a fair bit, but it was more out of just not having the energy to eat. (Chloe)

> …it was after he came back that I suffered from headaches… your body relaxes and you're catching up with all the stress and what have you. I remember it took nearly three weeks that I hardly got out of bed without headaches. (Nancy)

Post-deployment, deployed respondents were reported to have experienced or be experiencing nightmares, sleeping difficulties, alcohol concerns, depression, suicidal ideation and ongoing difficulties in adjusting to living in their community. Irrespective of whether personnel had received a mental health screen by a psychologist, there was evidence that respondents were not getting necessary assistance for a range of relationship, family and mental health problems. A number of respondents indicated alcohol use had increased after they returned to Australia. Graham, an Army SNCO, reflected on his wellbeing and alcohol consumption in the light of atrocities he observed in East Timor. Jillian stated her Army partner had been diagnosed with depression for the first time:

> …what I saw over there, I'll keep that personal because I think you probably know. I'll ask you a question, have you ever… dug up a hole to plant a pot plant and you bring up a skeleton? There was a lot of that going on over there. But it's OK to look at a skeleton when it's been dead for a long, long time, but when there's still flesh on it and jewellery and little girl stuff and when you've got kids sitting at home, you know which country you're better off living in. Trust me. But you block all that out… you've still got your memories. Like my alcohol consumption went through the damned roof when I first got back… (Graham)

> …he's gone through a period of depression that he doesn't normally suffer from and he's just coming out of that now and he's been in that for about six months, really bad depression, that… he’s never… we've been together for twenty something years, and he's not a depressed person. He just doesn't get depressed and yet he was in a real hole and I

> don't know whether it's to do with Timor or could be a whole range of issues, but I've had to try and help him out of that. (Jillian)

A number of respondents had been through crises when their partner was deployed, to be presented in detail in the following Chapter 8.1.2. All families that had been through such crises were severely affected many months after the family was reunited. One non-deployed respondent was diagnosed with post-traumatic stress disorder (PTSD) and was continuing to receive counselling. Owen was returned from East Timor since the couple's child threatened self-harm. Owen's partner, Ruth, assessed her family's situation:

> Well we did continue seeing that psychiatrist…he thought we all needed sort of family therapy…We've gotta learn to back each other up better…because it is really affecting our family life… (Ruth)

Anthony, interviewed two months after return to Australia was having nightmares, agitation, difficulty with containing his aggression and disturbed sleep according to both Anthony and his partner, Stella. Anthony had responsibility for guarding and transporting a body during deployment. Anthony captured the challenges that currently confronted him as a military person with a new baby, a recent relocation for his family and ongoing nightmares:

> Because I'm an infantryman I have been, for want of a better term, brainwashed into being an aggressive individual and to switch off from being an aggressive individual to being a caring, loving dad is probably an exercise in will power itself. Going through nightmares and a few other things disrupted the way I thought. (Anthony)

Relationship and family difficulties that were hidden or communicated during deployment came to the fore at the completion of the deployment for some. Two homecomings resulted in couple separations for many months due to problems associated with extra-marital affairs. None of the couples sought any assistance for their relationship difficulties. Janet's marriage ended soon after return leading to ongoing and unresolved Family Court matters regarding the couple's children and property during which Janet was declared bankrupt:

> We had a joint loan and my husband reneged on that and I went bankrupt…I said 'look I want custody of the children' because he

> would come and go and disappear. So he contested the custody but then never showed up to court or put in any paperwork so I've got another session coming up. (Janet)

Family functioning was a paramount concern for a number of respondents who described their relationships as being in 'serious trouble'. A number of participants indicated their couple relationships were stronger after the deployment, although some were in considerable difficulty. At the time of interviewing, Madeline and Ross were contemplating separation:

> I've got as far as I can go without walking out, and I'm not the kind of person that gives up easily, so for me it's hugely, hugely serious. (Madeline)

Ross had spoken with an Army psychologist after returning form Timor, and Madeline had sought individual counselling. Neither had confidence in seeing a Defence Social Worker, a theme that is returned to in the next chapter.

Maintaining family communication throughout deployment is an aspect of the microsystem level which the next section outlines.

7.2.4 Maintaining Communication Throughout Deployment

All respondents stated communication in some form was important throughout the separation period. Communication throughout deployment was a key issue for all respondents, and respondents were generally adamant that the capacity to communicate maintained relationships, promoted wellbeing and enabled exchange of information. However, communication was described as a 'double-edged sword' with positive and negative aspects described.

Military personnel worked under strict security conditions limiting what they were able to tell their families about the deployment. However, distressing events that had occurred in East Timor were inevitably discussed such as Shaun telling his partner he had 'put a body on a plane today' (7.3.1). Most non-deployed respondents were unprepared for 'communication blackouts' which commenced before deployment overseas in the case of InterFET during which some personnel were reported to be unable to tell families where they were in Australia for security reasons.

In the case of InterFET, the deployed member was the determinant in when telephone calls would be made, although this situation changed as UNTAET continued and communications were enhanced. Telephone contact for some partners and their children during separation was a new experience, even though their partners had been deployed many times before. Jillian outlines what she found helpful about communication and her awareness of limitations on what could be discussed:

> …it was really good, you know, having phone calls once a week…I didn't talk to him about how he felt and another thing, they were supposed to be monitored, so I mean they couldn't tell you anything anyway. (Jillian)

For a number of couples, however, telephone contact comprised positive and negative communication. Brianna, an Air Force partner whose husband deployed as part of UNTAET for six months, explained how telephone calls became argumentative when family concerns were raised. Distressing incidents in East Timor were talked about at times. Upon reflection, Brianna felt their relationship was stronger for the experience:

> I tried not to make arguments over the phone when I phoned him at night. But there were arguments and you look back and think 'why the hell did we fight over that for God's sake?'...I think it makes a strong relationship stronger I think but it could certainly pull a bad one apart so easily. (Brianna)

Work and family demands appeared to spill over into both domains. Nathan, an Army officer, highlights the tension between his work demands and his partner's need to care for their baby:

> I'm briefing to full Colonels, Brigadiers, Generals and that's stressful. By the time I get on the phone and Kirsty's beside herself because Morgan won't sleep, he's crying and yelling in the background, it's… Hangup.

Telephone contact was used on occasion to maintain or rekindle sexual intimacy, but barriers such as timing and privacy of the call were a problem. Doug and Robyn had pre-existing difficulties in their relationship. Doug had an extramarital affair in East Timor which Robyn discovered. Robyn sought counselling with a social worker to

‘make sense’ which she described as helpful. Doug redeployed after a mid-way break and talked about how, on occasion, he tried to have ‘phone sex’ with Robyn. Robyn, on the other hand, had her newborn baby, Justin, to care for and describes how she was otherwise preoccupied:

> …if I'm in that mood, you know, talk dirty for five minutes. Just simple things like that… (Doug)

> …and Doug's like, 'I'm really missing you' and I'm like, 'well Justin, I'm ready to kill him and he's a little shit and he won't do anything'. I'm just like 'Oh God. Just get over it'. (Robyn)

Telephone was the preferred mode of communication for most respondents from East Timor, although privacy was cited as a major problem due to queues. In general, deployed interviewees were appreciative of access to one free telephone call home per week, although inconsistencies in this policy were commonly reported. Some respondents had liberal access to telephones which was seen as an abuse of privilege. A number expressed anger at the inequitable access to phone and other communications.

For non-deployed interviewees, a priority was the first contact with partners to ensure they were safe. In the case of InterFET, partners generally had no contact for periods from days to weeks after loved ones deployed since access to communication was minimal in East Timor. Furthermore, personnel were told not to take mobile phones at the commencement of deployment to East Timor, but this soon changed when communication systems were put in place.

Most Navy respondents and their partners described telephone communication to and from ships as variable quality with communication blackouts being common especially during InterFET. Grant, a Navy officer who deployed as part of InterFET, contrasted his deployment on land with that of his partner, also a Navy officer who deployed as part of UNTAET on a ship. Grant felt the telephone communication was the best he had experienced, especially the low cost, whereas other interviewees reported expensive telephone accounts:

> When I was home and Jenny was away, I was able to physically ring her ship while she was at sea through an exchange system for the price

> of a local call, which was really quite revolutionary stuff. In terms of our ability to communicate, the Timor experience has probably been the best we ever had. (Grant)

Where available to partners in Australia, e-mail was a popular form of communication. Indeed, a number of respondents communicated entirely by e-mail.

Communication from the theatre of operations in the initial phase of InterFET was unpredictable. Internet connectivity was not available for some time to personnel on land in East Timor. As with other forms of communication, e-mail was seen as vital in maintaining relationships, overcoming loneliness and sending information to all family members including schools:

> …we were able to keep in touch really well because of e-mails which made a really big difference… (Melissa)

> …he… did a presentation. A Power-Point presentation and e-mailed it back to the school, and all the classes watched it. Like this is where I am living and these are the children and they are mostly Catholic. And there was a picture of the children with the nun… (Dee)

Units and Ships also utilised e-mail to send newsletters to families:

> …we had the BSG [Battalion Support Group] newsletter which I was actually the typist, the editor of and each platoon would have to submit an article, and I'd type it all up and that would get e-mailed back to Australia and that would then get sent out to all the families. (Simone)

Children and teenagers alike were reported to enjoy the use of e-mail in particular:

> It's easy for the kids these days to just get on the e-mail. They don't have to go and buy a stamp and lick their envelope. We stayed in contact with e-mail mainly… (Ashley).

A number of respondents indicated e-mail was helpful in allaying their family's worries. Mitchell, a Navy officer on a ship, explained the effectiveness of e-mail for dispelling rumours running in the media that may have caused families concerns and unnecessary worry:

> You'd hear from the media that one thing was happening and then you'd hear from the grapevine, through the wives chain, that something

> else was happening and then you'd hear from the friend of a wife whose brother was serving in HMAS (names ship) that something else was happening… Email has totally changed the way we can keep in touch with families. (Mitchell)

Messaging systems were reported to be very supportive for some participants who had access. In this way a real-time conversation could be held which were more private than a telephone calls. Participants often made hard copies as living documents:

> On the weekends I'd try to stay as much online as possible because Neville would go on the web sometimes and they've got a messaging system and so some nights I'd be able to actually catch him so we could actually talk online… (Anna)

The Department of Defence enabled a policy of sending mail and packages up to twenty kilograms at no cost. The ability to send so-called 'Care Packages' by freepost was universally applauded by all participants. Although a simple concept, the ability to send parcels to deployed respondents was said to meet a range of needs which included a sense of staying in touch and the involvement of children in the selection of items for their parents:

> …the kids would go shopping, and they would each pick something to send to Dad…that made them feel good, getting something for Dad. (Sally)

John describes how school children kept up the morale of personnel by sending letters and packages. In turn, John compiled information to be e-mailed back to schools for a support group's weekly newsletter:

> …part of my job was to chase up each of the companies around the place like within the Battalion. Chase them up for their digital photographs and stories, poems, songs you know, various occurrences and we would put them into a newsletter and then I'd e-mail it back on a Sunday night…every Monday night the families were getting a newsletter of between ten to sixteen, eighteen pages including photographs…

Deployed interviewees who received parcels were unequivocal in stating how the packages helped them to manage the separation:

> …mum's sense of humour was outstanding…And I get this care package. It's got 'tropical sunset care package' and there was a half bottle of champagne, two tins of pate, a little jar of caviar and water crackers. And a mud facemask, some girlie things and everything and I cracked up laughing… (Natasha)

Although hearing the voices of family members by telephone or text and images by e-mail was mostly cathartic, the use of videos was particularly helpful for some families to 'make the unknown more real'. A number of interviewees reported their partners in East Timor sent videos to them in Australia. Respondents indicated they gained considerable benefit from such videos stating this gave them a greater appreciation of how their partners were living.

The microsystem considered the individual or family's meaning of the experience which the following section will describe.

7.2.5 Finding Meaning in the Deployment Experience

All respondents were forthcoming about their attempts to find meaning in and make sense of the experience of deployment, and this was described in a number of ways. Most non-deployed respondents stated they 'just do it', 'survive' and 'get through it.' Bernadette's acknowledgement of the experience as an ordeal, yet her pragmatism in 'getting through it' was typical:

> I had my role to play and my job to do, and Martin had his role to play and his job to do and I think we both just realised that that was the only way we were going to be able to get through it. (Bernadette)

Deployed respondents were generally proud of and satisfied with their peacekeeping roles. At the same time, respondents highlighted the tension in 'doing deployment' at personal cost to themselves and their families.

Most ADF respondents described their humanitarian and military work performed in East Timor as personally and professionally satisfying:

> Other high points within the deployment mainly related to the acceptance of the things that I did becoming models for the East Timor Defence Force. (Geoff)

> The bulk of our work, from right through the deployment, was civilians, and there are thousands and thousands of civilians who would not be alive, or would certainly not have all their arms and legs had it not been for the UN hospital. Now to me, that was my purpose. (Matt)

> I've made a difference. I've done something. We went to a couple of villages. We actually adopted one. The unit adopted this particular village, had not had any medical attention for 20, 25 years… this elderly gentleman came in, he sat down and I said 'what's the problem?', he goes his foot hurts, he had these ratty old shoes on, takes his shoe off. He had no foot. (Patrick)

> …twenty years of training, finally get to consolidate all that training and that I put into practice, that sort of is the crowning glory … I don't know if you'd call it glory or not but it's the end of it, it's the pinnacle of the career you know… (Glen)

> …they were happy to have us there. And we could see the changes to their lives you know. We were making a difference. Making them feel secure and comfortable as well. It just makes us realise how lucky we are in Australia compared to just over there. I've been to a lot of Asian countries, but there were a lot of people suffering over there. It makes us appreciate our own lives. (Warwick)

A number of non-deployed respondents expressed pride in their partner's work and themselves for 'surviving the experience'. Similar to many others, Phoebe highlighted her pride in her partner's work in East Timor and empathy towards families living in East Timor. Naomi said there was no choice regarding any independence she gained from separation from her partner:

> I have everything. I have my house. I have my clothes. I have my kids. My kids are healthy. Those children and those families over there have nothing, and it's not fair to deprive them of help that we can give them and I'm so proud… (Phoebe)

> I am independent, but I find as though I don't really have a choice. Like you have to be independent otherwise you can't, you don't have

> someone there…like most of the things he hasn't been around for like deaths in the family, or different decisions we have to make. (Naomi)

A number of non-deployed respondents such as Mary provided material aid in mailed care parcels for the East Timorese community as well as their partners. Similar to Phoebe, above, this illustrated Mary's compassion for the East Timorese community:

> We sent care packages to Mark to hand out. Second hand clothes, food and toys and at Christmas time, we sent Christmas stuff. (Mary)

Respondents emphasised a constant tension between the military's demands and the quality of life of their family. Respondents were unequivocal that military needs always took precedence. Ross and Madeline highlighted their vision of a future together, should they survive their current marital difficulties:

> Madeline will finish uni, and this is what we were working towards. Then I'm in a position where I will almost be finished my degree at that time... So with my degree, I'm a very saleable commodity…so it was okay, bang… cut the ties… let's get out of here…Let's live. For the last eight years we haven't, we've existed, survived… we're teetering now whether we are going to survive or not. (Ross)

> You're meant to be enjoying the journey as well, not just looking forward to the destination and for us, in this job, the journey is terrible… you get very little quality. (Madeline, partner)

Finding meaning regarding the deployment experience was brought to light by the problems respondents had faced post-deployment. Jillian stated her partner's behaviour was 'obsessive' and he was not the partner she had once known. Early warning signs of changed behaviour were apparent soon after return:

> He just wanted to clean everything and I thought the place was OK…he was just cleaning everything. He just said 'oh this is filthy' and he was washing floors and washing walls and doing everything so I just let him go. (Jillian)

Having had a prior 'terrible experience' with a Defence Social Worker, Jillian rang a Veterans' Service for assistance after hours:

> …one weekend he was so bad that I rang up the Vietnam Vets Association because I believed that they do counselling and I just told them the situation. I said 'he is a very depressed person, saying that he hates his life and hates everything'…to see it affect everyone in the house and you can only sort of put up with it for so long… but when I told him that he went off his brain and he said 'thanks a lot, now they're going to tell the Army'... he said 'no, I'll work it out myself"…he won't even talk to anyone about it...

For Jillian, the personal detriment to her partner, and subsequent effect on the family system, led Jillian to question whether her sacrifice was worth the distress suffered by her partner:

> It's probably taken me all this time to realise the sacrifice that you make and to me now… I don't think it's worth it.

A number of respondents stated the experience had dampened their commitment to the ADF due to the impact on their children. A small number planned to discharge within twelve months, and others stated they would reassess their family and work situation in the near future.

Homecomings and reunions were punctuated by uncertainty regarding when the deployment would end. Dates changed continually for many respondents which contributed to significant distress, resentment and anger since respondents said this made it difficult to prepare 'psychologically and practically'. Particularly in the case of InterFET, the end date was uncertain and changed frequently depending on service requirements, and according to some participants, the idiosyncrasies of their command. Neville felt the constant changes in dates contributed to ill-feeling about the deployment. For some respondents, homecomings often had a poignancy that reminded participants of the intergenerational legacy of war. Most respondents felt their service was valued by the broader community. Most returned home to satisfactory homecomings and welcomes by communities, family and friends. Jeremy felt humbled by the reception from Vietnam Veterans:

> …there were a lot of people for which it was an uncertain period. And I'm certainly not suggesting there were only a few of us. There were quite a few where that was. And that's what made it completely

> different from most other service separations of at least our experience. (Neville)

> There were five people standing at the bottom of the gangway, umbrellas inside out, soaking wet, obviously been standing there for sometime and the banner that they held was "welcome home from the Vietnam Veterans of Australia". And I will never forget that as long as I live, these five Vietnam veterans stood there. (Jeremy)

A small number of respondents found meaning in the deployment through their spiritual beliefs. Genevieve's daughter was sexually abused when her partner was deployed, and her mother-in-law had died prior to the deployment:

> But because of the things and events that happened and, I mean, I'm a believer in God. I really am. I just believe that this is a test, that he's putting me through all these tests to see if I pass and I mean and he wasn't going to beat me and I can tell you that now, I won. (Genevieve)

This section has considered microsystem level findings. The next section considers the mesosystem.

7.3 The Mesosystem

7.3.1 Living and Working Conditions in East Timor

All deployed respondents recounted events regarding their living conditions in East Timor. Respondents used terms such as 'weird', 'surreal', 'bizarre' and the military acronym, SNAFU (Situation Normal All Fucked Up) to describe events they witnessed in East Timor. Experiences included initial landing in East Timor and witnessing the devastation in the environment, contact with militia resulting in death and injury, body recovery from wells, transportation and guarding of bodies, road trauma, violence in villages and the ongoing threat of militia, to name a few. Illegal activity was reported by one respondent. The initial threat from militia was unknown, and as Mark said, he was 'out of practice controlling emotions'. Descriptions included:

> I learnt to recognise what a village looked like or the spot where a village used to be, what that looked like. These big grey squares on the side of the road that you suddenly realised were burnt down huts. And

> the way that some towns or some villages were absolutely wiped out, just gone. (Jon)
>
> …Navy was sending shore parties in and the first few weeks the workers were cleaning off body parts and brains off floors where massacres had happened to get the buildings habitable again… (Natasha)
>
> …seeing bits and pieces of bodies coming out of lakes… and what not… tend to have a bit of an impact on you, but you know…by the time we got there it was mainly bones and bits of clothing and Rosary beads and you know. People had been hacked to death and dumped in the lake in April 1999… by the time we sort of hooked them out in November, December there wasn't a great deal left. (Graham)
>
> It was a war zone, but it's not a war zone. We were over there, minimum amount of shots fired, but the threat was very high. We did have militia down around the outskirts of Dili. There were four shots fired off one night in and around the camp. The tension is there even though you're not actually in combat. (Ron)

At the commencement of InterFET, respondents stated Indonesian troops were stationed in East Timor. A number of respondents highlighted tensions between coalition troops and the Indonesian forces as well as their own concerns about known and unknown threats. One Navy respondent said joint exercises with the Indonesian Navy had been conducted two weeks prior to deployment. Another respondent highlighted the ambiguities of peacekeeping. Josh and Karen's exchange questioned how Josh may have reacted when he was on guard and threatened. The following quotes are illustrative:

> …the local East Timorese were very friendly, waving. Then you had some East Timorese with a machete behind their back, ready to have a go at you but all the locals pointed them out. Then all the Indonesians driving up and down in uniform with rifles, and I was going like 'Wow this is weird'… and our OC said from the start if anyone points a rifle at you or anyone you are within, your right's to shoot. (Dean)

> Indonesians walking around everywhere, are they friend or foe? Friend today, are they going to be enemy tomorrow? Where are the militia? There was a lot of concerns like that. Overwhelmed a lot… (Mark)
>
> ...we were doing exercises with them, we were boarding their ships… We'd been having beers with the boys three weeks earlier. Next thing we know we're going to put holes in them. (Jacob)
>
> …apparently we had a couple of Indonesian subs circling around us, so they really weren't sure what we were up against. (Janet)
>
> …when we were living hard and it was busy, especially when the Indonesians were there, you felt like you were doing a good job, a job that not many other people could do… when you're sitting on your arse on a checkpoint for three weeks or whatever, just eating rations, reading bloody magazines you just think… my kids are growing older without me and anyone could bloody do this… (Mark)
>
> …when we first got there, it was like: 'shit, we could get killed'…And it always runs through your head, like sitting on a gun piquet, and there might be people walking past and you think 'if one of them starts to shoot at me, I might have to shoot them' and it runs through your head 'well, could I do that?' (Josh)
>
> You said to me you could though, you felt you could? (Karen)

One respondent, Doug, described contact with militia which resulted in death:

> …we were just tracking these guys. And about half, halfway through the next day, about lunchtime, we had only just sat down to have a bit of a break. Next thing they come walking on top of us and it resulted in a few shots being exchanged. We killed two. We stayed there the night. Sleeping around these bodies. That was good. Sounds strange… Like I talk to my civvy friends and they say, 'What are you talking about? Are you excited about that?' And I go, 'yeah. That's the way you do this stuff.' It's taken me 12 years…

Deployed interviewees described their experiences of recovery and transportation of bodies and body parts. Anthony was tasked with security and initial investigation of

militia crime, although his partner and children were not aware of this at the time. Anthony described his experience of transporting and guarding a body:

> It was like Weekends at Bernie's. I don't know if you ever saw that movie where this Bernie died and the guys had to make him seem alive for the next three …bagging the body and all that sort of stuff, getting all the weapons and all that and then bring it all back in and pass it on down the chain as required and unfortunately I got caught out in the middle of the scrub in bad weather so I had to spend the night keeping Bernie company. Well he kept us company anyway. Talk to him, make a cup of tea with him and all that sort of stuff. I offered him some food but he didn't want any. I thought he was rather rude actually. And a couple of guys were driving him into Dili and they were talking amongst themselves there and asking Bernie for an opinion. Crazy stuff. Weird. Weird. Weird.

Interviewees described their exposure to disease:

> ...getting down in amongst human excrement…We knew there would be TB and possibly rabies, encephalitis virus or JEV as it's called and malaria and Dengue, but as we found out afterwards there are lots of other diseases that are associated with the tropics… (Patrick)

Air Defence guards were required to establish security for airfields and were amongst the first ADF personnel to land in East Timor. Martin described his experience:

> I think the crunch time for me was loading my magazines with live rounds and getting 40mm grenades for the grenade launcher and putting them in my webbing and thinking, 'well, this is the real deal you know'. This is life or death. I think that's when I started to get a little bit of fear coming in...once we landed I had a mate of mine… he was running around going, 'the life expectancy of scouts in Vietnam was 3.2 seconds'. (Martin)

Although interviewees thought that their training prepared them for most military eventualities, nothing could prepare them for the human suffering. Incidents involving East Timorese children affected a number of personnel, particularly those with young children at home in Australia. Some personnel were profoundly affected by the living

conditions of the East Timorese community. Martin vividly recalls a child who was injured in an accident, Glen describes a 'village beating', and Jeremy reflected on the atrocities that were part of his experience:

> I actually was the first one there to him and even today I still can smell the smell of his dirty hair with the blood and trying to clean him up and calm him down and trying to find his father in the village… (Martin)

> I don't think that anybody can be clued up enough to say, 'righto, we're giving you everything you need to know'… when you see things… a thirty-two year old mother standing there beside the body bag of her father she'd just beaten to death with a stick and the look on her face was… couldn't care less. I mean she'd bashed this guy to an unrecognisable pulp because he molested her children. And it's the sudden and swift vindictive justice they have over in Timor that's scary, you know. (Glen)

> But that brings home the enormity and the savagery of what the militia did and while the Indonesians stood by and let them do it and who knows how many people they hacked to death. (Jeremy)

Similar to others, Glen described his feelings of guilt in assisting the impoverished East Timorese community:

> ..my kids actually sent over a hundred Chuppa Chups, and I took them to the local nuns which is one of the missions over there to look after all the orphan kids. She said 'oh you can hand them out' and I went out the front and I pulled one out and I had three kids in front of me. I gave one to one, and in 30 seconds there would have been 200 kids just come out of the woodwork from everywhere. Food! They were screaming for food over there… we felt guilty about it because we were getting fed and we couldn't really do anything to help their side of it. (Glen)

Whether on land or on a ship, respondents described a constant sense of threat. Navy respondents on ships were not immune from such stressors:

> If you're on a ship you're either going to sink or not you know. There's nothing you can do to change the situation…I mean hell we can't travel

> more than sixteen knots. We're just sitting there in the water, a sitting duck. (Janet)

> And I went down the Mess and one of the guards who's in charge of the missiles, they had like dust covers on, keeps them all shiny and clean and they only get taken off for three reasons: one for maintenance, two to be taken out or three we're going to go active…and he goes 'I've just been told.. I've just taken the covers off the missiles'. (Jacob)

Respondents described their experiences of working with other countries' forces and the antipathy of the East Timorese community regarding the role of the United Nations (UN):

> Oh I never heard anything good about the UN, I have to say…. they had their floating brothel sitting in the harbour which would have done wonders… the locals used to yell out "Aussie, Aussie, Aussie" and then when the UN would go past, they'd just turn their heads away… (Janet)

> …the Timorese hated the UN with a vengeance because they had everything that they didn't, and the only reason that we weren't too badly isolated is the fact that all our vehicles had white kangaroos painted on the side. (Glen)

Some partners 'filled in the gaps' for deployed respondents. Jean, who was interviewed with Shaun, described Shaun's experience of loading bodies on planes:

> …you handled dead bodies, put dead bodies on planes and yeah, it's not something that you do everyday…you said the smell. Have you ever smelled a person? A dead person that has been dead for five days…that was just something he had to deal with. You know you weren't on the front line, but in the end you were on the bottom line… RAAF. (Jean)

Living conditions were described as harsh:

> …they were hungry because they were on ration packs. My mother couldn't believe that so we were sort of shopping and buying all this food to send over. (Mary)

> The instructions were quite clear, if it doesn't come out of a sealed unit, whether it's your rat pack or come out of a sealed bottle, don't drink it, don't eat it because you will get sick and those that didn't listen got sick. (Patrick)

Unauthorised discharges of weapons created angst for a number of respondents and their partners as Karen, a partner, explained. Owen indicated his weapon training was inadequate:

> …there was a UD [unauthorised discharge] behind Josh and that went into the wall behind Josh, and I was scared. Coming off a farm I knew Josh had a good sort of …he wasn't intimidated by holding a weapon, but to know that there's kids over there who could just UD and you think 'great, you could shoot my husband'. (Karen)

> You have to qualify, load the weapon you use once a year. In my humble opinion, I think that's inadequate because you're very unfamiliar with it… You don't touch one again unless you're on exercise or overseas on operational deployment. (Owen)

The mesosystem considered communities which the following section presents.

7.3.2 Communities

Respondents highlighted the functions of their communities in which they lived, better known as their posting locality. Some respondents had been living in their posting locality for several years. Others had only recently arrived in their posting locality when their partner received notice to deploy. A number such as Phoebe, Mary and Katrina relocated from their posting locality to extended family in another state or territory for support throughout the deployment. Some indicated they would have liked to relocate to another locality when deployment occurred but were unaware that such a policy existed.

Respondents highlighted that their military communities generally provided housing, neighbourhood centres with paid coordinators, churches and amenities such as cinemas, gymnasiums and heated pools. Access was available to military recreation facilities such as messes for those located near or living on military bases. A number of respondents stated some bases established Family Centres especially when the East

Timor deployment commenced. Family Centres provided a meeting space for families:

> …it's now the Family Drop In Centre. Basically they had DCO come in. We've got a Family Liaison Officer that's going to be there from the military plus your normal FLO that comes in as well from DCO. There's a whole swag of different people that are helping run that Family Drop In Centre. They've got an email facility, TV and videos for the kids, swimming pool. (Anthony)

A number of respondents highlighted an overall lack of connection to their community or neighbourhood. Some respondents described wanting to be 'down South', 'out of this hell-hole' and 'anywhere but here'. Nearly all respondents had extended family in other locations. One teenage child left an area to live elsewhere for her education:

> Our eldest did not like (names posting locality) and only lasted here two weeks and left. (Cara)

> The first place I'd be going is to the DCO and on the first plane out of this mongrel place. (Brianna)

> I've got no family here, no family, I've got a close friend and that's all I have. (Shona)

For others, communities were often composed of 'married patches', Defence housing areas comprised entirely or predominantly of ADF families. For some, married patches provided ready access to a 'helpful neighbour in the same boat'. Some respondents identified strongly as an 'Army or Navy' family. Others did not identify themselves at all as a military family. For some, married patches were viewed as 'cliquey':

> But living in the village where we were, we were all … you know we had SAS wives around us as well and they were great. Everybody understands. Like, civilians don't … civilians don't really understand like the Military. (Lois)

> We did over that period make friends with one next door neighbour specifically, who we still write to, whose son waits up the driveway for

> us. Their son waited up the driveway for us to come home, he's only six years. (Liane)

> I thanked my lucky stars everyday that I lived in a married quarter patch, which people hate and complain about, but it was the best situation to be in. (Dee)

> I always felt that I had a stronger identity as a civilian. I didn't feel very much like, I think, a typical Navy family. Having socialised with them and we have a lot of Navy friends and the like, but it's almost like he went to the Navy to do his work and comes home to the civilian world. It's like leading two lives in some respects for me. (Melissa)

A number complained about the state of their housing, and some reported problems with the Defence Housing Authority in resolving their concerns. Anna described problems with the state of a house, Bernadette was required to move because of the condition of a house, and Gavin and Thelma explained the unsuccessful outcome of a complex process of moving house for their daughter's special educational needs:

> One of them had a bullet hole in the window, but I won't go on about that. One of them even hadn't been cleaned…I was actually being pressured to take one of these married quarters. Now, they were saying to me 'well if I were you I'd accept one of these because if you wait, they might go and you might end up with something worse than what you think'. (Anna)

> I had to move because the house that they'd put us in there was a problem with it. I had to go through finding this house, and this is where we moved to so we actually moved house while Martin was away. (Bernadette)

> …we had all these meetings and paperwork went backwards and forwards. By the time I went overseas we had paperwork to approve the move. They said that we had to wait for a house. It would have been not even a month after I had been overseas that they turned around and go 'no, sorry, it's not going to happen'. So as far as my outlook on that was well you knew I was going overseas, before I was

> going overseas everything was OK and it's going to work out… and now that I'm gone you go and do that. (Gavin)

> I mean there were times when it was stressful because Gavin wasn't here but I really did feel that DHA caused me more stress than what Gavin being over in Timor did. (Thelma)

Communities generally provided access to services and recreational facilities. A number of respondents indicated their community provided access to a local DCO office or other service in the community where they could obtain counselling if required. For others who lived some distance from a DCO office, DCO was only accessible by telephone. This was the case for the parents of some respondents who lived in rural and regional localities. A number of non-deployed respondents themselves resided away from Defence facilities. Phoebe relocated to a small rural community in Western Australia soon after her partner was deployed. Phoebe stated DCO invited her to functions throughout deployment, although the distance was too great to attend.

A number of interviewees had strong links to Defence community centres in their posting locality. Childcare was often available through these centres. Craft, playgroups, social gatherings and other opportunities for interaction and recreation were often available for those who wanted to access them:

> They started a playgroup up for women expecting babies. There were things going on and I can remember I could have gone to a morning tea… that was more of a social thing. (Karen)

In one locality, the Returned Services League (RSL) was reported to be active in contacting families directly to offer assistance:

> …the welfare officer from the RSL said 'I am the local RSL welfare officer. Is there anything I can do for you?' And invited me to all the lunches and it was wonderful. They door knocked all the married quarters…And they would door knock them, they actually got off their butts and did that, which is really impressive. (Dee)

A number of respondents identified their church community as offering a place for worship and companionship:

> A fellow from our church, he was the Sergeant Engineer, he wasn't deployed and he used to ring and just make sure I was OK and I would see him on Sunday anyway at church so there was a sense of feeling somebody was there if you needed help. (Karen)

Interviewees indicated empathy towards them from the broader civilian community in which they lived. A number reported positive experiences with staff when they were shopping for Care Packages and with posting such items. However, a number said they felt resentment from people in the community who saw them as making 'easy money' from the deployment. A number of respondents described how local communities benefited from the increased income of ADF respondents returning from deployment.

Social networks comprised sources of positive and negative social support for respondents which the next section outlines.

7.3.3 Social Networks and Social Support

Social networks varied in their characteristics which changed throughout the stages of deployment. Most respondents expected they would receive social support from the Australian Defence Force (ADF) and/or the military family support organisations. Military family support organisations were a part of some respondents' social network and these findings are presented in the next section.

During pre-deployment, social networks were largely composed of the immediate household. Soon-to-be-deployed respondents also made or received contact from family and friends as part of their 'departure ritual'. For others who said they were largely cut off from their family, this was less important with respondents primarily focusing on the needs of their immediate family. Contact with extended family was predominantly by telephone since family members and friends were often located in other States. Social support consisted of providing information and expressing thoughts and feelings about impending deployment. Parents, friends and relatives were reported to be anxious about the deployment and unsupportive for some. The following quotes illustrated perspectives of interviewees:

> I was getting phone calls from my family saying 'leave the Army'. (John)

> …once you get married, what was your immediate family now becomes your extended family and I don't know if people take that into consideration that even though I'm married, the effect on my parents is still great. (Mark)

> …they'd ring up all the time… His mother was worried sick which is obvious and his father, they were really worried… (Jillian)

> …everybody was ringing up and, 'what's going on, what's happening?', things like that. It is really hard to say what's going on when you don't really know yourself. I just tried to reassure people I was going on deployment, I don't know when… where…how… (Warwick)

> …his mother, I know, was very upset and nervous. I felt like I did not want to talk to her when she used to ring because it was like I don't want to hear this - you're just - it was like it was like Tobruk. (Emily)

> My sister was concerned. My youngest brother was sort of 'look after yourself mate'. My brother who's in the Navy was 'how come you get a guernsey and I don't?' And my older brother, he and I aren't so close anyway so he was like 'bummer'. (Jeremy)

Many interviewees had grown up in a military family. Fathers, grandfathers and other relatives were mentioned that had served and were currently serving in the Armed forces. A number of parents and grandparents of respondents were reported to have their own concerns to grapple with when memories of Australia's previous wars, their own or other family member's military service were rekindled. A number of interviewees were dismayed and upset with their parent's interference. Some non-deployed respondents found themselves caught in the crossfire between their own parents' supportive views and their in-laws pleas for their partner not to deploy. Phoebe, whose partner deployed as part of InterFET, interpreted the experience of her mother-in-law who wanted her son to leave the Army rather than deploy:

> I think a lot of that came from Vietnam. That's what she was really concerned about, Vietnam. It was going to happen again, and her son was in the Army…

Pre-deployment was the period when many respondents reported attending unit-organised functions where information about the deployment was to be provided by units, DCO and other military family support organisations. During this period, a number of respondents established social support groups. Respondents indicated that many people attending these functions did not know each other, although attendees were all part of the Defence community. Jillian described how her self-help group arose when she attended a unit function:

> …and there'll be someone sitting there by themselves and then the next table, someone sitting by themselves… I just said I'm going to go over to those women… 'Do you know anyone?' She just burst out crying, and she said 'I feel like a fool. I'm just sitting here. I don't even know anyone.' So I said 'come over and sit with us'…

Throughout deployment, the social network changed with the deployment of the ADF interviewee. Frequency of contact with immediate family, the degree of give and take, and communication was rendered more difficult due to the limitations of the communication systems created and military regulations governing communication. For many, communication was less frequent and regulated by the deployed respondent. Deployed ADF respondents believed they were unable to take an active role in resolving issues families faced in Australia such as housing, legal or family matters.

A number of respondents were positive about the support they obtained from membership of unit-organised self-help groups. Perhaps the best known support group, which featured on the Australian Broadcasting Commission (ABC) television program, *Australian Story*, in 2000 was the PIT Crew, known as Partners in Timor. Sally, a participant in the group recalled how a Unit family briefing led to the formation of the PIT Crew:

> The CO's wife actually said 'look I'm interested in making sure that the unit,' because there was so many of us… kept the morale up at home she said, 'is anyone interested in forming a family support group?' And that's how it started…

John, an Army officer who deployed as part of InterFET, explained how the PIT Crew established a 1800 number and provided practical assistance to families such as

referral to organisations such as DCO which John felt provided a sense of connectedness:

> …we just fleshed it out with the PIT Crew and that sort of thing to give it a Battalion focus and make the Battalion as a family sort of thing…if somebody's not turning up you know, chase them up and find out why and then, if need be, then look at getting a counsellor in or whatever, but it was just there as a family….bond.

This group, like many others, continued to meet informally throughout the separation. Generally, only some of the participants knew each other prior to deployment and the group was seen as a life support sharing food, humour and something in common – mutual understanding of each other's unique deployment experience. Such groups dissolved when their partners returned.

Support groups were established for parents in many rural areas with the assistance of organisations such as the RSL. These groups provided vital support for the parents of personnel in particular. When groups established, group members were often surprised to learn of their neighbour's sons or daughters serving in East Timor:

> 'Oh I didn't know your kid was doing that'. And then everyone getting together and then they'd say 'oh are you coming to Goulburn shopping on Thursday, look come up and have morning tea with us' so they'd get their own little support group happening… (Natasha)

The size of respondents' social networks varied. For some, networks consisted of few people. Others had more extensive networks. Respondents experienced alienation from Defence's community at a number of levels. Deanne indicated she had cut herself off from her Navy community because her family had previously borne the brunt of gossip. Others believed the rank of their partner was a factor that excluded them from belonging to groups that were perceived to have an exclusive membership:

> I keep to myself. I have nothing to do with them…They're gossip mongers. I have met quite a few that fool around on their husbands. That's all they do, they talk about who's fooling around on who…Whose child's better than whose. My husband's this, my husband's that. They don't care. They're not there to talk about what

> they can do to band together to make the time pass fast. They're there to talk about gossip. (Deanne)

> His Sergeant actually went to Bougainville, well Glen went up and was helping his wife, you know, fix up the kid's bicycles and things like that, and in the six months that Glen was over there he didn't even bother to come in and say hello to me. And he's Glen's superior. And I'm thinking well, I didn't even get a phone call from him to say how are things going. I wasn't in the clique plus I was only a Corporal's wife. Comes down to the rank, my husband didn't have enough rank to warrant being looked after a little bit better. (Brianna)

Respondents were vocal in outlining the quality and quantity of support they obtained from their units, groups or neighbours in their community. Most respondents thought they survived mostly 'on their own', although social support in some form was wanted. Paula, a non-deployed ADF Officer, highlighted the barrier of rank which served to exclude her from providing or gaining meaningful social support from her neighbours. Others viewed social support groups within the military setting with suspicion or disdain. However, most respondents expected to have some contact with units via organised or informal activities. Some experienced negative comments from ADF families who were not deployed. Interviewees highlighted the tension between how support groups may include as well as exclude. The following quotes are illustrative:

> …the wives clubs are a laughing stock of the Military. You've got the Military here and the wives club over here. The commander of the wives club is the CO's wife and whatever she says goes, the wives will do that. If Shona had been a Corporal's wife or a Sergeant herself, she's right down at the bottom of the food chain… (Travis)

> I just sat there and watched this group of people bitch, bitch, bitch, bitch and I just said 'look, you guys don't know what you're talking about.' (Shona)

> …half of them are complaining about the husbands being away, another quarter are complaining their husbands coming home because they are sick of them, and the others are so doped up on anti-

> depressants they don't care as long as they have a drink, a fag and an antidepressant. (Madeline)

> And they were Army and Navy patches… really is the pits let me tell you. It's like watching episodes of *Neighbours*…You didn't want anything to do with it. You had kids who didn't get on with other people's kids. You had groups of wives that would be very tight and wouldn't let anybody else in. Joy's been burnt a few times from that and so she's more reluctant now to associate with maybe wives than she perhaps would have in the past. (Mitchell)

> …being a manager, it's difficult to socialise with the lower ranks. I don't want to be snobbish, but you know. So I didn't. The next door neighbour was a service family and I, sort of, the kids played together a little. (Paula)

> In the mess it was really uncomfortable. And the other members that never went over were so jealous, they made it really uncomfortable. They'd say some really horrible things, and you'd try and overcome that. (Sally)

Some respondents highlighted how their social networks contributed to a sense of isolation and loneliness at times. Dee resided in a 'married patch' and recalled her experience of Christmas without her partner. Melissa provided insights into her experience of being at a social gathering and not feeling understood:

> I was pissed that no one offered. I thought that was really rude because I wouldn't let someone have Christmas by themselves…to have Christmas dinner by yourself with your child. (Dee)

> I remember thinking 'that's not what I meant at all, I don't miss what he does around the house, I miss him, I miss him'. I think I maybe even subconsciously stopped volunteering perhaps how I genuinely felt about things because I thought you don't really understand what I mean because you never had to miss them. (Melissa)

Numerous examples were provided where respondents received social support from people respondents did not know very well or had not had any contact with for some time. The use of the internet was a case in point. Such social support provided a sense

of connectedness and a feeling of being understood. Melissa recalled one email contact from a friend of her partner which held particular significance. The friend's partner had a serious illness. Karen recounted contact from people she had not spoken to for years. Phoebe described her use of the internet:

> The most support I got as far as in an anonymous type of circumstance rather than someone I knew really well was the chap that Jeremy relieved. He and his wife emailed me from Sydney, to say, 'if there's anything you need, give us a call'. And now, I've only met this chap once, probably ten years ago. And I remember thinking 'aren't they lovely considering what his wife had gone through?'. You just sense when someone's going to comprehend what you mean or how you're feeling. (Melissa)

> I had contact from people I hadn't heard from for ages. I had phone calls from people, like friends that we don't… maybe send Christmas letters... It seems that it really got people motivated to say, 'Hey I've been thinking about you because I saw something on the news'. (Karen)

> I found on the internet they had the Timor family site which was an email based group… It was good to start with and then it got very catty and sometimes it got very nasty. 'My husband's in this unit and your husband's in this unit, and he's getting this and I'm not getting that' but it was good. I made some good friends out of it and that was good and so you'd be there at three in the morning still on the Internet talking to each other, just about everyday things... (Phoebe)

As well as friends and family, respondents explained their social networks included community resources such as churches, childcare centres, neighbourhood houses, employment and education. Karen, who had experienced the separation of a previous deployment to East Timor, was preparing for a second separation at the time of interview. Karen explained how she viewed her network. Bernadette, a newcomer to the Defence community, said she felt socially isolated and expressed anger towards the lack of formal social support provided by Defence. Bernadette worked in a bank

which was held up when her partner was away, and she gained support through an employee assistance program:

> …there'll be people at church keeping an eye on me, so I think if I didn't work and I didn't have that sort of support and I didn't know very many people, it would be very difficult. My mum comes up each winter so I'll see her, I've got a friend coming out from Sweden and probably Josh's grandparents will come up again. (Karen)

> It was more the social isolation that I found difficult to deal with and being new to the area. I really didn't know anybody and I found that I relied very heavily on my own work and my own colleagues, and I think that was the only thing that allowed me to actually get through it relatively unscathed…it just became sort of a bit of a running joke to me the way the military and the media were saying, 'We're offering so much assistance to these families.' And I would sit back and think, 'Well you're not actually offering any assistance to me'. (Bernadette)

Single respondents were not immune from preparations and had unique issues with which to grapple before they were deployed such as organising tenants for their private residences. Single interviewees were more likely to nominate their parents as important contacts than couples. All of the three single participants in the study reported their parents exhibited self-reliance in their preparations. Natasha's mother bought a new computer with all 'bells and whistles' with the main purpose to enable email communication with her daughter's ship. Similar to other single personnel, Natasha explained her mother fulfilled the role of 'post office' and 'administrative assistant':

> My mother is an additional card holder to my main bank account and credit cards so when I'm away she actually handles all my finances for me and she's also my post office. (Natasha)

Throughout deployment, deployed respondents' social networks consisted predominantly of ADF personnel in their work setting. In addition, the local community of East Timor formed a part of the network as well as humanitarian organisations.

Post-deployment, deployed respondents mostly returned to their original social networks. However, some respondents' social networks changed as they were posted as soon as they returned from deployment. This meant they were less able to talk about the experience with colleagues and friends they had deployed with. Postings also created problems in accessing psychological debriefs. Some deployed respondents indicated their unit or group with which they deployed provided the preferred social network for talking about and gaining social support with respect to the deployment. Others stated they did not want to talk about the deployment in any forum. Most said they spoke about the experience with their partners. As mentioned, respondents communicated throughout deployment and sent emails, videos and other information. On occasion, it was evident in the interviews that respondents were sharing some information they had not talked about previously. The following quotes are illustrative:

> …my three month follow-up debrief would have been December, January. I was supposed to have had an appointment made in about February, March and they cancelled, and nothing has happened since I'm not near the people I went to Timor with... I'm in a new job in a new location 2000 kms away. (Simone)

> …in Sydney they had the welcome home parades and all the rest, and personally I'm embarrassed. You look at like a Major I work with in at work. He's got thirty six, thirty seven years in the Army, couple of tours of Vietnam and all the rest of it. He earned what he's got… Rwanda, Somalia. Guys in at work, they've got the Active Service Medal, but it wasn't good enough to get a Campaign Medal whereas we get the Campaign Medal as well and yet these guys were shot at every night, you know, for the period of their deployment in Somalia. (John)

> …the only people that I will talk to about the deployment are people that were there with me at the same time so we can reflect back. That's… because a lot of jealousy… people see there's glory deploying and if you mention Timor, you just sort of 'oh here comes another Timor Warrior, he wants to talk about his deployment.' (Travis)

> …we get enough of the bullshit at work. We don't need any more. And if all those personnel are sitting down there wanting to have Army their life, their life, well they've got a big problem psychologically because there's a big world outside…. When I finish work from bloody six to whenever during the day, the last thing I want to do is go green. (Graham)

Non-deployed interviewees stated self-help groups or other social supports that were established throughout deployment waned as respondents focused on reunions and more pressing family needs.

Military family support organisations played a role in assisting military families which the next section examines.

7.3.4 Perception of Military Family Support Organisations

The assistance offered by military family support organisations was variable in terms of quality according to interviewees. Such support was to be available from the DCO, chaplains, the National Welfare Coordination Centre (NWCC), units, bases or ships and Defence psychologists.

The NWCC was to mail out packs of information to families with emergency contacts, policy and other information related to the Emotional Cycle of Deployment regarding 'How to Manage Separation.' A number of interviewees had no knowledge of the NWCC or received any information. Information was often received many months after partners had deployed. The NWCC was reported to have improved its service delivery over time.

The views of interviewees that received the pack in terms of the quality of information in the pack were mixed. Most respondents appreciated maps of East Timor, ideas for assisting children and colouring books if they had primary school aged children. In contrast, other respondents felt the booklet was 'too little too late', conveyed little they did not already know or lacked ideas about managing. The following quotes are illustrative:

> I'd learnt through experience that I feel these things…I know that I grieve prior to him going. I know that I go through these separation anxieties. I know that I cut myself off from him emotionally, sexually

> and everything else prior to his departure because it helps me to deal then with him going. I know that the day he goes I sink into almost a semi-comatose state, and I remain there for up to a week…I'm aware of all of that far more acutely than any booklet… (Madeline)

Madeline's partner, Ross, an Army NCO, highlighted his views on the booklet:

> I'm just speaking from the other side of the fence, I guess, is that if you were a partner, be it male or female, and this was your first separation and your partner was going on active Service to what is classed as a war-like zone and this was the longest separation period… like the battalion goes up there for six months…in no way would that have come close to preparing you for what was coming.

Contact made with non-deployed interviewees in the form of newsletters, telephone or via military units or ships was generally reported to be effective. However, a number of non-deployed and deployed respondents reported that Army and Air Force rear detail Units had neither the experience, time or training to deal with the myriads of family problems that arose during deployment:

> I think the only problem we had was because everyone's in such a hurry to go, they didn't leave anyone senior remaining behind. (Jack)

> And sometimes I would ring up and I would want to find out something and it's, 'leave a message, ring the next day, ring the next day.' If you get onto him it's great but it's getting onto him sometimes that's half the problem. (Robyn)

> …the Unit Welfare Officer is an extra regimental appointment. And they're not qualified…all their job is to ring the spouses once a month and make sure that everything is happy…they don't have the welfare or social or counselling skills background to resolve issues. (Simone)

A common theme was that non-deployed respondents felt frustrated that promises made by Units such as regular contact, information and home maintenance were not kept:

> The first phone call I had was from the padre but that was before they even deployed, and that was great. But then the second one I had was

> from a Corporal… He said ‘oh this is your monthly phone call’ and I said ‘what monthly phone call?’ (Robyn)
>
> …it’s better for people to be honest and say look you're probably going to have to look after yourself… if you're really desperate, you can contact DCO or the Army but don't sit at home thinking you're going to get all these phone calls. (Jillian)
>
> I wanted people to know that I was by myself and perhaps someone knock on the door and say ‘look, come over for a coffee’ or someone knock on the door and say ‘look, I notice your lawn's getting a bit long, do you want me to send hubby over?’ That really would have made me feel at least that someone gave a damn. (Liane)

DCO staff were criticised by some respondents. Criticisms included lack of contact, confusion over staff roles, disrespect, ‘not knowing’, a lack of professionalism and the ‘selling out’ of military staff who wore civilian attire rather than uniform. Respondents were forthcoming in their vitriol:

> I had gone to DCO for a special needs meeting, like the local meeting and I just asked at the front reception desk… I just said, ‘my husband's away, is there anything in place for someone to help me mow the lawns?’ We had every intention of getting people in because we had talked and discussed about that and the receptionist looked at me, and she just said, ‘well that's what you get the extra money for’ and just looked away. I thought… I was just devastated. (Thelma)
>
> …the family liaison officer phoned me and said ‘I have got your file in front of me, and I believe you are having some problems. Can I help?’ And I said ‘I don’t believe you have opened the file. I’m complaining about your services. And you have opened a welfare file on me’… and what was the FLO doing with the welfare file? You know what I mean? So, I washed my hands at that point. And thought ‘no it’s just not working’. (Dee)
>
> And DCO were organising picnics for the wives and the partners and all that to inform us and you'd go to these meetings and they had nothing to tell you, nothing at all… (Deanne)

> …uniformed members out of uniform… really that was fraud. (Ross)

> DCO doesn't have a clue what's going on and what the story is…because they don't know how things work. So I would rather they called us, and we do know how it works, and we can, we know who to call and we know what to say and what to do. (Jon)

> I got very irate and the lady who does DCO down here, she came up to the Unit I think the week after we got back or something and stood up in front of all of us saying she's done so much work for all of our families and was in contact all of the time with everyone's partner…I've stood at the back and I sort of said, 'Well where was it to my wife?' …no phone calls, no letters, no information packs, no nothing… (Martin)

> And it's not to discredit people in DCO but I have found it frustrating at times to phone them up and ask them questions that to me is like pretty basic and they can't answer me. Pretty basic military questions. (Lois)

Respondents in this study highlighted the variability across localities in terms of DCO making contact. The ability of DCO to make contact with non-deployed respondents was dependant upon whether DCO was aware that the family member was deployed. The mechanisms by which DCO became aware that a member was deployed tended to be via the NWCC passing on contact details to DCO offices, local arrangements with units or ships informing the local DCO office, or the family itself informing DCO that a family member had been deployed. However, both deployed and non-deployed interviewees had very high expectations that 'someone from Defence' and most likely DCO would make contact with them at least once during the deployment period. A typical response was:

> I had no contact whatsoever with DCO, they didn't contact … well actually, now I'm just trying to think, it would have been after that, would have been close to three months I got a message left on the answering machine to say 'this is DCO' or whoever it was to say 'if you need me you know where to find me'. (Brianna)

Defence psychologists provided mental health screens, described as a 'debrief,' to some ADF respondents. Respondents indicated considerable variations occurred in how psychologists conducted psychological screening or debriefs:

> It went for 6 hours… Well, I had to offload it somewhere…Timor the country is not stressful. Timor the job is not stressful. Timor the OC (Officer Commanding) I had was stressful. (Simone)

A number of deployed respondents indicated the debriefs were wholly educational providing information about the likely changes personnel would confront upon return to Australia including their partner's independence and behavioural changes in their children such as rejection:

> …how you know your partner is going to become more independent in your absence so you know you can't just step back in. The routine won't be the same because you've been away from the house, you feel as though things haven't changed at home. Of course things have changed for you because you're living somewhere totally different, but you wouldn't expect or wouldn't feel as though the home life would have changed. (Neville)

Respondents had varying views about the value of debriefs. Commonly, respondents seemed to be unsure of the purpose of the Return to Australia debrief:

> …it was basically, I think, more of a chance for you to spill your guts before you got home. Get it all in your head, straighten your head and all that sort of stuff. And they were very helpful and very good. The questions they asked were pretty true to what you were doing, you know, there was no sort of bullshit questions… (Martin)

> I'm not sure what it really achieved…I didn't find it necessarily a great benefit. If something was done with the information, then I would consider it of benefit but I'm not convinced that anything's ever done with any of the information. (Chris)

A number did not receive any form of debrief:

> They were there but they were too busy. There was such a movement in and out. I left after Christmas…They had a lot of people moving in and

> out of the country. And so there was a huge load of people leaving. It wasn't just me leaving. There were lots of people and they didn't have time… (Rick)

Most non-deployed partners were unequivocal about the importance of debriefing and follow-up. Respondents highlighted confusion about whose responsibility it was to organise the follow-up debrief post-deployment:

> They're supposed to find us… I was supposed to have had an appointment made in about February, March and they cancelled and nothing has happened since and it's nearly July. (Simone)

> None. It's just like, once you're back in country, wash their hands of you. (Ron)

Interviewees questioned the skill and experience of debriefers, and some felt it would have been better if content was Service-specific:

> They go 'it's come to our attention that you haven't had your post deployment psych debrief. We need you to make an appointment with one of our psychs just to dot the I's and cross the T's'. Now this girl was very nice, but the problem was she was exactly that. She was a girl. She was just out of uni… (Patrick)

> The whole survey that the psych put you through was written for Army. You're sitting there looking at this psych that's on board at Garden Island, Navy, giving you Army and it's been written only for Army. I said 'why haven't you done a Navy one?' (Natasha)

A number of respondents had experienced previous debriefings that they believed had 'done harm' to participants and were sceptical of their worth:

> …it probably brought it more home by having to talk about it because nobody wanted to. And then the cook, in fact, was the one who flipped. Once they started to try and debrief him, that's when he went to pieces, (Paul)

Other respondents had strong views that Defence psychologists needed to be more active in identifying ADF personnel with difficulties:

> The counsellor…in Psych Corps…basically said it's not our responsibility to find these people that are having troubles. You've got to identify it and come and see us, and I snapped straight back at him I said 'I didn't even know I had a problem'. I didn't understand why I was feeling like I was. (Nathan)

This section has considered mesosystem level findings. The next section considers macrosystem level findings.

7.4 The Macrosystem

7.4.1 The Military Institution and Culture

Respondents were forthcoming regarding the effect of the military institution and its inherent culture on their lives with respect to deployment and military life more generally. Interviewees' comments with respect to this theme also pervaded micro and mesosystem level findings presented in previous sections. The next chapter will present further findings with respect to Defence Social Work. This section presents specific findings regarding respondents' comments about their military lifestyle in the context of deployment.

ADF respondents described the impact of the military institution as all-encompassing on their identity and family life. A sense of 'duty first', working in a war-like environment and having a unique role was evident. There was evidence that respondents had strong thoughts about the culture of their own Service. The following quotes are illustrative:

> I hate being away from my family, but I'm duty bound by what I need to do. And it's a partof who I am now. The Army is who I am. (Mark)

> We are different to everybody else. We've got our own culture. And that's the other thing, the reason we are who we are and how we do things. I don't care whether Joe Blow doesn't like my sense of humour about the macabre and everything when I'm operational in Navy. (Jeremy)

> So as far as the Air Force specific goes, that would be the one biggest thing to remember is the fact that very few of our units deploy as a whole unit. (Patrick)

> … what the Army says is what the Army gets... (Ross)

> Last night in the country I sat down and wrote them an eight-page letter each you know, if I don't come back sort of thing. (John)

Non-deployed partners similarly described being a part of the culture of the military organisation. Karen indicated the role of ‘Army wife’ was prescribed. Some such as Deanne stated that the culture had its own language. Lois explained the stigma of seeking out assistance. Robyn explained that culture influenced thinking and planning about the possibility of death of her partner during deployment. Phoebe explained how the day before her partner was due to be deployed, he was recalled to work. Dee disagreed with implicit military culture that high ranking officers or their partners did not have difficulties:

> But when people ring up you can't really say, ‘I'm falling apart, I'm not coping’….like mum always says too… ‘this is part of being an Army wife’. (Karen)

> Dillon's first day at school right,.. the teacher goes, ‘c'mon Dillon, come sit on the floor’ and he just looks at the teacher, ‘See we don't refer to it as the floor, it’s the deck’. (Deanne)

> The military is just such a closed book really… military… you don't go to unless you really have to. It's like a brotherhood that all just sticks together, and you’re just dragged along for the ride and you can't really communicate with them because you don't want to… because… you’d embarrass your husband… (Lois)

> …we usually talk about what happens if you don't come back…Doug will say, 'I want this song at my funeral' and people go, 'what?' and they'll look at me and I'll go, 'yeah, we've talked about it for the last umpteen years’. (Robyn)

> …he got rung up at six o'clock in the morning and got asked to go in and it was like ‘how long will you be?’ ‘Only an hour, we've just got to fix this up,’… I think he got home about three… I was angry at the unit, very angry at the unit because everyone else was getting three days and I wanted one. (Phoebe)

> …a Brigadier's wife is no different to me. You know, she feels exactly the same things as I do and that really has to be recognised that support doesn't have a rank. (Dee)

Interviewees provided insights into their thoughts and feelings about how they performed their military work and were expected to behave. For example, Shaun described the distress he felt at returning to East Timor after a mid-tour break and how it was managed by a flight attendant. Mitchell explained how their marriage was predicated on military life. Doug stated he was involved in killing militia although he said that this incident had no impact on him. For some, cultural barriers existed to talk about their experiences:

> And I had tears rolling down my face, I was the last person on the aircraft and the flight attendant I knew, she said 'you better sit up the front here. We can't have the passengers seeing you cry.' Because it didn't look good. I'm sitting down, I've got my head in my bloody hand, I'm shaking, I've got tears rolling down my face. That's just going back… (Shaun)

> …when I asked Joy to marry me I said, 'You and I get married, you marry the forces as well and everything it stands for.' And she understands that, and at time when she bitches about it I just have to subtly remind her. (Mitchell)

> …you're shooting at me, I've got kids you know, it could easily have been the other way around. If he got in first. And so I thought, no I'd got the drop on this guy, he'd come off second best and I thought stuff him. Yeah but after that I had all the psych interviews and stuff like that, and that's fine. (Doug)

Interviewees provided a range of comments regarding ADF policy which the final section to this chapter presents.

7.4.2 Respondents' Perceptions of Policies

Interviewees offered numerous comments on ADF policy. Communicating policy to families is an essential undertaking of Defence. Respondents gave mixed responses to questions regarding timeliness, relevance and quality of information provided. In

general, information was provided to families about InterFET and UNTAET in several ways: Unit Information Sessions, by DCO, information packs from the National Welfare Coordination Centre, Defence newsletters and informal channels.

All respondents were satisfied with the level of pay they received whilst deployed. Most stated the allowance was used to purchase a range of wanted items such as cars or household items, save funds or pay off debt. One deployed respondent indicated the level of remuneration helped to manage to 'pass the time' whereas other respondents were embarrassed by the level of payment.

Commonly, interviewees were confused about policy provisions or unaware certain policies existed that could potentially assist them. Many respondents said policies needed to be more flexible in their scope and implementation. Policy advice that did not reach the intended audience was a common refrain. Respondents often found out about policy inadvertently, such as Eve, Mary and Brianna, who were not informed of important policy information such as an entitlement to travel at public expense for support. Brianna, an Air Force partner residing in a remote locality whose partner deployed as part of UNTAET, would have used such travel for support. Brianna outlined how she found out about the policy when shopping in the local supermarket. Mary obtained information from the unit's welfare officer in her hairdresser role as she explained. Other respondents were unequivocal that the remuneration for the deployment was beneficial. The following quotes are illustrative:

> I was the one who was sick… I found out later that I could have actually got my parents flown over here by the RAAF, but nobody knew about that and I only found out when I happened to meet the Squadron Leader who worked with Matt. (Eve)
>
> Don't look at the family, and say 'oh, you're just an incumbent to the person over there.' That family there is also part of that person over in Timor or on deployment wherever. And unless they're looked after, the one over there is not looked after either. That's something Defence has got to realise. (Anthony)
>
> You know I really don't care what people say, the money was a wonderful thing. It really was, and it did make things a bit easier. Because we were up there actually counting, you count the days by

> hundreds of dollars as opposed to how many days you were up there. 'So this is day 200.' It was actually on the wall, you crossed each as it went up. And that's what we did to pass the time… (Paul)

> I was in Woolworths shopping, and I came across a Warrant Officer that works out at the Orderly rooms and he actually asked me how I was going and I said 'not too bad' and he was the actual one that mentioned I could have flown home. (Brianna)

> …I mean I was lucky that I cut the guy's hair, and I used to get all my information in those sessions. I'd have him there by himself. So I found out all I needed to know… (Mary)

> And one of the areas I cleaned was the padre's office so I used to see him at least once a week. (Liane)

A number of interviewees highlighted that policy was well-disseminated. Interviewees who attended policy information sessions with their partners felt presenters from 'welfare', psychology, housing, unit and legal were able to alleviate concerns 'on the spot'. Common concerns raised according to participants were the expected level of hostility members were likely to face, finances, length of the deployment and communication during the deployment.

As for individual Air Force personnel deployed to East Timor, Army personnel deployed singly from Units known as 'individual reinforcements' were also likely to miss out on policy briefs with their partners. Travis, an Army NCO deployed as one of two personnel from a Unit, explained his understandings of why his Unit did not organise an Information Session:

> We had two people from our Unit so they're not going to organise a briefing… They don't supply family briefings, because we deal with classified information.

Non-deployed interviewees had mixed feelings regarding what they found helpful at the family briefings. Allison felt the information she received was helpful:

> …we got lots of information, we got a sheet of telephone numbers that gave us all the information, what to do if anything went wrong and the

> girls felt quite secure in their minds knowing that this was all organised. (Allison)

Many participants criticised the Information Sessions for being irrelevant and failing to cater for their particular family situation. Single ADF respondents and working partners felt excluded. Some were too upset to participate. Others were prevented from asking questions since their partners held their hands down:

> Basically everything was centred on little children and morning teas, during the day. Coffee meetings, you know, at ten o'clock in the morning. What was that to me? (Josie)

> And they just said, 'if anybody had any questions put up your hands' …women would put their hands up, and the blokes would pull their hands down. They did not want them to ask questions. And anyway I didn't sort of say anything because I was upset… (Jillian)

> There wasn't much room if you didn't fit in the male soldier married with children category… (Simone)

> With both people being in the Defence Force and one being deployed, the other one still having to go field, there was nothing written down… (Tania)

Dual military respondents expressed concerns regarding both being deployed at the same time and how Defence's policies could support them to do their work. One couple were faced with this situation until the decision to deploy both was revoked. However, the respondents believed the ADF was creating a situation where the female partner would be forced to discharge from the services. Another dual military couple interviewed anticipated problems with future deployments.

Military personnel are required to be deployable at short notice which includes, at a minimum, practical arrangements for families such as finances, wills and emergency contact details. A number of ADF interviewees observed gaps in the ADF's pre-deployment policies since they had considerable difficulty in gaining such basic requirements as weapons training and equipment for the deployment. Four respondents indicated their partners had to drive them considerable distances to bases other than where they were posted to gain such requisites which created undue hardship.

Related to the making or updating of wills, the process of creating a power of attorney created problems in nearly all situations. ADF policy was unclear, according to respondents, on how to undertake such a process. Neville, an Air Force officer, explained some of the issues for his partner that was a common theme:

> There is quite a difficulty, in that Anna was originally a Queenslander and she was coming to Melbourne or Victoria, and you need a power of attorney that's operative in both states which means two separate ones. There is no Commonwealth document which you can rely upon unlike a will which can just follow you.

Some policy was reported to be very effective. Interviewees who were aware of the policy with respect to relocation to extended family expressed strong support for this assistance:

> It made it better for me to deploy knowing that she could go to her mother. I mean it was such an immense relief. If she had to be home by herself with the three kids, it would have just preoccupied me… a psychological war winner. (Mark)

Post deployment, many respondents indicated they had 'no idea' what their new status as a veteran meant from a policy perspective. Travis indicated policy information was unclear and inaccessible:

> …your housing loans, medical service, Veterans Affairs things like that. There was no briefing or debriefing on 'you've just done active service.' All it takes is a kit. Where do you start looking? God knows.

Only one dual military couple without children was interviewed. This couple believed Defence was the beneficiary of their capacity and tendency to work longer hours when their partner was deployed. They felt Defence needed to explore possible policy implications and consult with more couples:

> Jennifer and I have given significantly more as a couple than we would have as individual members. A lot of people say 'you are married; you get free housing and you get reunion trips, and you get all this and you get all that.' Well, the fact is we own our own home. We don't get any support in terms of housing subsidy, and as a couple we have made more sacrifice than a non-military couple, I mean where one member is

> a military and the other is not. They are getting all the DCO support and they need it possibly, and they are getting all of the housing support, whereas we are not getting any of that because of our situation, and then there's no recognition within my chain of command. (Grant)

7.5 Conclusion

This chapter presented microsystem, mesosystem and macrosystem level findings about deployment. It described a range of deployment experiences and outcomes for deployed and non-deployed respondents. The findings illuminate the complexity of the deployment experience. Numerous points of intervention for assisting military families are suggested which is important to policy makers, program planners and services.

Respondents had a number of direct contacts with Defence Social Workers throughout the East Timor deployment which are explored in the next chapter using the ecological framework.

Chapter Eight
Qualitative Findings about Defence Social Work

8.1 Introduction

Defence Social Workers are employed as generalist social workers in the Department of Defence. As the literature review suggested, social workers may intervene in military and family systems at a number of levels. An ecological framework was used to code into four categories: perceptions of social work: the microsystem; perceptions of social work: the mesosystem; perceptions of social work: the macrosystem; and, respondents ideas for improving social work practice.

8.1.1 Perceptions of Social Work: the Microsystem

Most participants in this study had some experience of contact with a Defence Social Worker at some stage of the deployment. For most, this was at the mesosystem level via the social worker's participation at a unit information/policy presentation. A number of respondents also had contact at the individual or family level.

Opportunities for individual and family interventions were initiated by participants requesting assistance or by social workers being requested by the military network to contact a family around a specific need. Respondents clearly expected contact from a social worker. In the main, non-deployed respondents were 'frustrated' and 'disappointed' that social workers did not contact them as a 'matter of course'.

Two couples interviewed had experience of a pre-deployment interview. Ivan and Josie were critical of the social worker's language and dismissed the social worker as 'like a child' offering no useful information about the deployment:

> We had an appointment. Josie had to get to work. I had to get to work. Anyway, we were left waiting for quite a while, and we got interviewed. We walked in there and I don't know… she just seemed like she should have been interviewing children. There was a fly in the room, and this is the thing I really remember about it is the fly and she said, 'Oh there's a fly. That's yucky, isn't it?' They gave us a bag with colouring books and things in it. We have teenagers. And it sort of went along that tangent the whole interview. (Ivan)

Another couple, Karen and Josh, who was deploying for a second time at the time of interview, were positive about the pre-deployment interview:

> …there's a lot of things in place this time. I know how long he's away for. I know where he'll be and what he'll be doing. Yeah really, I'm quite lucky. I have good support. (Karen)

During pre-deployment and deployment, some non-deployed interviewees in this study contacted social workers on a range of matters including advice regarding children's behaviour, childcare, referral to other services, information about entitlements regarding relocation and requests for counselling.

As described in Chapter 7.2.2 and 7.2.3, physical and mental health issues were concerns for some respondents and their children and adolescents. Most respondents who were diagnosed with depression did not contact a social worker for direct assistance. A number of respondents were unaware social workers could intervene with mental health issues and did not consider contacting DCO for assistance. Non-deployed partners who were diagnosed with depression by a GP were not referred to a Defence Social Worker. There were instances where participants had contacted DCO for assistance but did not receive the appropriate care.

As a case in point, Katrina had been diagnosed with post-natal depression prior to her partner's deployment. Katrina had been placed in a mother-baby unit after the birth of her first child, and her newborn was four months old when her partner was deployed. Katrina wanted to relocate to be near her parent's residence in another state after her partner's deployment. Katrina was positive about her contact with a social worker in her previous location who advocated the case for relocation and temporary accommodation to Defence's housing authority:

> …the social worker in (names location) was quite supportive in terms of helping me get some paper work together and supporting my application for compassionate removal. (Katrina)

According to Katrina, the worker was aware that Katrina had been diagnosed with post-natal depression, yet did not refer her to a social worker in the new locality. Katrina was confused and frustrated when a Family Liaison Officer (FLO) conducted a home visit, even though Katrina wanted to discuss assistance with respect to the depression which is a social work role:

> I entertained her…I felt like really nothing came of it… And that I was better off doing it myself.

Katrina did not question the appropriateness of the FLO's visit because she thought information would be passed to a social worker. Katrina was familiar with the process for admission to a mother-baby centre and facilitated this herself. Katrina did not contact a social worker again and located support via a referral to a psychologist through her doctor.

Shona, an Air Force partner diagnosed with depression when her partner deployed, contacted a social worker for assistance with childcare. Shona did not disclose her diagnosis as she was getting assistance via her GP. Shona was shocked and annoyed when her request for assistance with childcare was unable to be met:

> …she said 'I'm your social worker for the East Timor deployment. I'll be looking after you while your husband is over in East Timor, anything you need please contact me… We're here to help'…. I knew it was coming up and I asked them could they arrange for some childcare because I didn't know anyone in the area… I'd given them like nearly a month's notice and on the Wednesday I said 'what's going on?' and they said 'we can't supply you child care' and I said 'well, thanks very much'.

Shona felt unsupported. When she contacted the worker near the end of the deployment to ask why she had not received ongoing contact and for the situation to be changed, Shona felt the social worker did not care and she 'gave up':

> …even the case person never came back to… you know after those couple of phone calls, that was it... I was left by myself for the rest of the time. And I did ring up towards the end of it and they just said 'oh we don't know what's happened there' but they didn't rectify the situation at all. And then you just lose the faith… and you're not going to go back to them, are you?

Concerns about children's mental health and behaviour were common throughout deployment. Commonly, respondents contacted social workers for information seeking professional assistance for their children and adolescents during deployment.

Emily's partner deployed with InterFET. Several weeks into the deployment Emily's eight year old son, Kevin, displayed aggressive behaviour:

> …he must have been angry, he was getting a bit violent with me, just pushing…I know he kicked a girl in the back, and probably he might have been clowning around in school…

Emily phoned a local DCO office and spoke with a social worker, although she was unsure of the worker's role:

> …he was a counsellor or something, because I had seen him once before. I don't know what he did - counsel people…

Emily explained Kevin's behaviour and that her partner had recently been deployed. Emily indicated the social worker said the 'situation was very serious' and that a referral to a child and adolescent health service was needed:

> ...probably the name put me right off. He suggested that I go to… it was something like children's mental health, and I though this is too serious, I'm not going to go there, they'll probably lock him up…

Emily told the worker she would 'think about it'. No offer to meet with Emily and Kevin was made, and Emily received no follow up telephone call. Instead, Emily sought the assistance of Kevin's teacher and a couple she had met through her church, and over time Kevin's behaviour was reported to settle:

> I spoke to his teachers about it saying what situation he was in and also I had an old couple that I was friendly with. He sort of took him under his wing…

A small number of respondents described positive experiences with social work counselling interventions. One respondent whose partner, Doug, had been involved in contact with militia in East Timor, during which a number of militia were killed, sought counselling with a social worker. Robyn was concerned about how to make sense of the incident and talk about it with her partner, family and friends:

> I found it very hard saying, thinking that he'd done this and I understood what he had done, but do I ask him about it? Do I talk to him about it? Do we one day tell Justin what has happened? …I talked to her about that and she helped me get over that…

Interestingly, when Robyn engaged with the worker, she described how she was able to disclose that her husband had an affair when on deployment. Friends and family had implored her to leave her partner. Robyn felt family members did not understand, and she discussed this with a social worker:

> …I just wanted someone to listen to me about how I feel… I knew I needed help if I wanted to get over it, and I wanted our marriage to work. Like I knew I had to get myself better or get over it before he came home…

Robyn's experience of being listened to by the social worker led her to recommend counselling to a friend:

> I've got a girlfriend whose husband is away at the moment for five months and she's got two younger kids… and I talk to her and say look, 'why don't you go and talk to someone?'

Similar to Shona, accessing childcare was a concern for some non-deployed respondents. Further, dual military families with young children often had to make special arrangements for the care of their children, particularly if the remaining partner was in a setting which entailed nights away from home. Respondents reported annoyance with social workers who 'failed to deliver'. During preparations for his deployment, Tania's partner, Adrian, an Army NCO, paid to relocate his elderly mother to care for their infant son. Adrian requested that a social worker make contact with his mother. Adrian felt the lack of follow-up was incompetent:

> I explained the situation… with my mum looking after Sam and the fact that she was seventy years old…I said 'I'd appreciate it if maybe you went out and saw her on a more regular basis than what you do or at least phone her a few more times' and they said 'yep, yep, fine'. It never happened though. (Adrian)

No respondent in this study described any involvement with a Defence Social Worker post-deployment.

Respondents were involved with social workers in situations where their partner had to be returned from East Timor for compassionate reasons, known as Compassionate Return to Australia. Social work practice straddled microsystem and mesosystem levels in these situations, and findings will be presented in the next section.

8.1.2 Perceptions of Social Work: the Mesosystem

The mesosystem level was the level at which most respondents had some contact with a Defence Social Worker when they attended an information/policy presentation organised by military units.

One of the social workers primary activities at the local area level during pre-deployment was to participate in presentations in collaboration with Units, as previously outlined in section 7.3.4. During this time, respondents who attended a unit briefing regarding the deployment were likely to hear a social worker introduce themselves and present differing levels of educational information about the deployment dependant upon the time allocated.

In general, participants were satisfied with social worker's role at presentations, and two couples were impressed with the depth of knowledge of social workers regarding separation issues in particular. However, other interviewees were critical of social worker's role in presentations and felt that presentations were superficial, little useful information was offered and opportunities were missed for engaging their audience and promoting their value:

> Which is…I'm a counsellor and if you need me here's my card, this is the range of Services we provide for you, thanks very much… (Ross)

Apart from participation in Unit presentations to the ADF community, social work interventions at the mesosystem level during the East Timor deployment were limited according to participants. Although social workers were not reported to assist in the formation of social support groups in this study, social workers were available to such groups for referral of family members experiencing difficulty. Such was the case of the PIT Crew outlined in 7.3.3.

For some participants, social workers were seen to thwart the formation of self-help groups. For example, when Dee approached a worker in her capital city locality to explore how she could make contact with other ADF families undergoing separation, Dee was told that due to privacy restrictions, this was not possible. No other options were given such as the social worker gaining the permission of families to pass their contact details on. This lengthy quote illustrated Dee's frustration:

> I said I'm one of few families in this area, 'can I organise a coffee morning or something so that we can get together and support each other?' And the response I got was, 'well we can't give you any information because it is confidential'. And I said, 'that's fine. I can understand that'. And I said 'would you be able to get these people's permission for me to ring them?' And they said, 'oh we don't have the resources to do that.' And I said, 'well, could you organise a coffee morning or something and I'll attend it'. 'We don't have the resources to do that.' This is true. That was the response I got. 'We don't have the resources'. (Dee)

A small number of participants were contacted by social workers during the deployment stage due to workers becoming aware via the NWCC or Units of family crises involving physical or mental health concerns. A pivotal social work role at the mesosystem level during deployment was inter-agency collaboration with the NWCC and other Defence services previously outlined in section 7.3.4. Compassionate Return to Australia and medical evacuations were a case in point.

The Compassionate Return process required effective communication and coordination across states and territories and between organisations such as the NWCC, the military unit, the social worker, the deployed person and any family members, medical staff, chaplains and allied health professionals. Work with agencies external to Defence was also required on occasion. Social workers were required to carry out an assessment and compile a report to assist the Commanding Officer in determining whether compassionate return to Australia was to be approved.

In this sample, there were two situations where the deployed interviewee was returned to Australia: one case where return was assessed by a social worker and not supported, and one situation where the deployed respondent may have been returned if the support system had been aware of a partner's medical condition. Another situation was a medical evacuation. Two of the experiences were 'horror stories' from the perspective of the respondents, and formal complaint processes had been implemented. One process had been resolved, and the other was ongoing at the time of interview.

Eve reported a lack of communication between a chaplain and social workers in her situation. Eve was hospitalised when she became unwell with hepatitis and was unwell for a further eight weeks. Eve had attended a pre-deployment unit briefing at which social workers spoke:

> ….basically my body sort of got hepatitis. The Chaplain knew I was sick only because I would see him quite often... He knew I was sick, and he didn't do anything about it. I had no contact from DCO at all.

Eve stated she eventually heard about the policy by chance whereby ADF personnel could be returned from deployment:

> I only found out when I happened to meet the Squadron Leader who worked with Matt who's wife was in the same boat as me and he actually flew home and when he got home, they said 'oh but there's a Deployment Contingency Plan that this could happen'. My comment was 'well why doesn't anybody at the base know that there is that Contingency Plan?'

Ruth and Owen's experience reverberated throughout the entire family post-deployment. Ruth contacted a non-government family support agency when her middle child, Aaron, eight years old, became 'out of control' several months after her husband deployed. Ruth stated that Aaron became 'unsettled' when Owen deployed in the past but not anywhere near the extent when Owen deployed to East Timor. Aaron was also reported to be 'excellent and popular' at school and 'mad keen on sport'. He had never had any diagnosed mental health concerns prior to deployment according to his parents. Ruth called on her own social network for support initially. This had strained relationships:

> I enlisted help from my family like my dad who'd come and stay over sometimes or my mum. My parents are divorced. And even Owen's mum would come and stay with me for periods of time to help out because I was working as well but she couldn't stand it.

Ruth had contacted her local DCO office but did not establish rapport with the social workers:

> I just found that they were a little bit harsh… just the couple that I had spoken to. It depends on who you get, really. Some people are better social workers than others, have better skills with talking to people.

The experience with the social workers deterred Ruth from contacting further. She was prepared to be placed on a waiting list for service rather than utilise DCO again:

> That's why I'd got my own sources… gone through the community centres and found out about this person who could come out to my home and got on the waiting list...

Ruth contacted a family support agency in her state, and a family support worker assisted her by visiting weekly and developing parenting strategies. As Ruth described it, 'she was a mobile worker who came to me'.

Ruth's son was also referred to a child psychiatrist. Ruth described how the situation with Aaron came to a head one evening when the family support worker was present:

> …he would just be running into his bedroom, running into the walls at full pelt…Sarah witnessed this episode with Aaron where basically he threatened to stab himself with a really sharp knife in the kitchen. You know, really severe stuff which I, you just can't understand it. And she rang the psychiatrist and said, 'look, this is getting to breaking point.… He said 'well I can put him in the psychiatric facility at the children's hospital or we can put him on some drugs or we can try and get the husband back'. And so obviously I said, 'I don't want 1 and 2'…

Ultimately, the child psychiatrist provided a report for the Defence network, and Ruth contacted a Defence Social Worker as well as Owen in to inform them of the psychiatrist's assessment. Ruth emphatically 'told the social worker' she did not want Aaron placed in a psychiatric facility. Although the family were unclear of the NWCC and social work roles, Owen was returned to Australia within forty-eight hours of the event.

Both Ruth and Owen stated they felt shattered by the experience. Ruth indicated she felt inadequate as a parent as a result of the experience. Owen believed he had let his unit down in East Timor by returning for a 'family matter' in which he had little control. The following quotes also highlighted the role of military culture in their thinking about the experience:

> …I felt like a real failure because I couldn't keep it together, and Owen had to be pulled off the exercise but I had to think of my child first…People were saying to him, 'you know, don't you just want to hang out for an extra two weeks so you can get that medal?' (Ruth)

> I did feel a little bit guilty about sort of leaving the people I worked with in the lurch…So, you know, I felt a little bit disappointed in that regard that I couldn't finish the job that I was there for. (Owen)

No social work follow-up was made according to Ruth. Although the respondents felt the social work role was 'invisible', an offer of early contact throughout deployment, and follow-up assistance may have been accepted. The interviewees stated the family had been referred to a family therapist by the psychiatrist post-deployment.

Eric, an ADF officer, was medically evacuated to Australia due to receiving a serious injury in East Timor. Allison said she had a 'premonition' that something was going to happen. Eric's partner, Allison, was scathing of a social worker's lack of understanding of the 'trauma she was experiencing' at the time the social worker conducted a home visit. Allison believed at one stage her partner was near death due to the severity of his injury. Although appearing to 'function on the outside' when a social worker conducted a home visit to her, Allison asserted that the social worker lacked understanding and the training to assess her emotional state and level of functioning. In Allison's view, the home visit had no purpose since no information or assistance was provided, and she felt criticised by the social worker. The couple questioned whether the worker was 'qualified anyway'. Allison said that all she wanted was information concerning Eric's condition which was not forthcoming. Allison travelled interstate to visit her partner in hospital who eventually returned home. Allison indicated the experience 'shattered her', and she was unable to continue her fulltime employment. She experienced enduring nightmares after Eric's injury. Allison undertook psychological counselling and was diagnosed with posttraumatic stress disorder as a result of the experience. Both Eric and Allison stated they had lost confidence in social workers and DCO as a result of the experience. The following quotes illustrate:

> I had this premonition that it was so wearing…I felt there was going to be a knock on the door…maybe after going through what happened

> with an FI11 pilot and his wife and how it affected my neighbourhood, maybe that was just playing on my mind. (Allison)

> She told me I would be an embarrassment to the Air Force if I went to Darwin, and she told me how bad it was for the guy that was very badly injured. (Allison)

> …they were not proactive…and I think it was most of the personalities. They were rather timid, and it was a case of you know… (Eric)

> She couldn't stay with me for too long because the wife of the Chief of the Airforce was coming for coffee out to the base. (Allison)

> I always feel that there should have been some feedback afterwards. Someone should have learnt from my experience. Someone should have asked me who I spoke to, what I did…if the procedure that I heard about at the information sessions had happened, it would have been good. (Allison)

A final case illustrated a couple's perspective of a social work intervention involving a partner who had complications with her pregnancy. Josie found out three weeks after her partner Ivan had was deployed that she was pregnant, and her fears of an ectopic pregnancy as she had had seven years before were confirmed after an ultrasound. Josie contacted her husband's unit to advise them she would need to go into hospital. Josie and Ivan had also had a pre-deployment interview with a social worker some weeks before Ivan deployed although found the experience 'bewildering' and 'belittling':

> She didn't actually speak to me. 'And how will your wife cope?' and 'Has she been on her own before?'…I'm sitting here thinking that I've suddenly gone invisible... (Josie)

Consequently, Josie did not contact a social worker to request assistance. After more medical tests Josie was hospitalised and underwent surgery:

> …the surgeon said straight away that it would be ectopic, and I knew the whole drama. I knew I'd be cut open, and I knew I'd be stuck in hospital. So they raced me off to theatre and I'd already been bleeding internally…

Although Josie was unaware of processes, a social worker was requested to contact Josie in hospital to make an assessment to determine whether the situation warranted Ivan being returned from East Timor. A social worker interviewed Josie in hospital four days after the operation:

> I'm drugged up to the hilt as you can imagine… I'm still on heavy pain killers…My entire abdomen has been sliced open. This twenty something year old from DCO, she's…a social worker comes in to interrogate me about whether or not they should get him home. She basically told me that in a nutshell he was not coming home, and he wouldn't want to come home anyway. They had a policy. They were told that nobody was coming home under any circumstances so I would just have to look after myself. And the children could look after me...

Ivan was not approved to return to Australia for compassionate reasons, although a surgeon provided a recommendation in writing to the social worker that this should occur. Josie discharged from hospital. According to Josie, no follow-up contact or assistance was offered by either the hospital or social worker at the time. Josie indicated that some assistance in the home after discharge may have been helpful since her movement was restricted. Josie was hospitalised for six days, and the couple's two teenage children were required to look after themselves for that period. Ivan and Josie reflected on the social work intervention:

> …they're civilians that have come into Army world, and it's a different world, and they have no comprehension of that. (Josie)

> And the only other calls you got were to say they were going on Christmas holiday. (Ivan)

Interviewees reported limited inter- and intra-agency working relationships by social workers with other Defence Community Organisation (DCO) offices and community services such as General Practitioners (GPs) at this level of practice. Such was the case with Katrina, Shona and Emily, presented in 8.1.1.

Respondents provided illustrations of social work interventions at the macrosystem level, the subject of the next section.

8.1.3 Perceptions of Social Work: the Macrosystem

At the macrosystem level of practice, a number of cultural and institutional factors were reported to act as barriers to the formation of a social worker-military family relationship. These included perceptions on the part of participants that social workers did not and could not understand them or the military lifestyle, previously unhelpful experiences with workers, a lack of knowledge of what a social worker could offer and concerns about the possible affect on the military career. Further, respondents highlighted a culture which expected social workers to 'go the extra mile' and contact them rather than 'wait for the wheels to fall off'.

A recurring theme throughout the interviews was that social workers failed to understand respondents' needs as both a military family and the military lifestyle, and 'what we go through'. Interviewees also thought workers did not validate their experience. Some respondents thought this was due to the fact that social workers were civilians with little knowledge of the military family:

> … to me that's that civilian thing, can't quite relate… and they don't understand it and you think maybe if you're used to being military, you'd be better at this job… (Lois)

One respondent believed a civilian social worker could 'never understand' 'Navy life' unless it was 'lived'. However, there were contrary perspectives, highlighting some interviewees' views that the relationship was dependant on the military family's personal agency as well as the social worker's capacity to tailor assistance to the military family's needs. Others such as Chloe said that social workers demonstrated a lack of commitment to servicing the needs of the military lifestyle through an infrequent outreach service to a large Air Force base:

> …they provide as much support as you want and if you want to get in there and work through issues or try and find out what's happening or whatever, you can do that. (Jack)
>
> …the social worker, she came along and she said who she was and if we needed anything… (Sally)
>
> She goes out there one day a week and I remember at this particular thing her saying, 'It is more than enough because my days are so full

> and so busy that sometimes in my own time I go out for half a day on another day'. And see I didn't see that to be proud of. I saw that as, your presence out there is not enough. (Chloe)

Social worker's lack of understanding was further reinforced from participants' perspective when no contact was made throughout deployment when contact was wanted. Respondents expressed a profound distrust and lack of confidence in social workers which was a major barrier to any propensity to form a working relationship. Participants generally expected social workers to make contact with them. Interviewees stated social workers were waiting for them to 'knock on their door'. The expectation of contact tended to be around a reciprocal obligation on the part of not only the deployed person but also the family member themselves: 'I'm going off to serve my country and place my life on the line. I expect someone to look after my family'. When this did not occur, the notion that social workers did not understand the requirements of the military lifestyle was reinforced.

Previous experiences with social workers positively and negatively influenced a number of interviewees' willingness to contact a worker in the future. Respondents highlighted ethical concerns of dual relationships, a lack of confidentiality and inaction, as well as positive experiences:

> I was actually quite close to one of the social workers, really, really nice lady…very supportive. But she had spoken apparently to a friend of mine and had actually said, this is years ago, that our marriage was on the rocks. (Madeline)

> I had a bad experience with a social worker years ago, and I've never sort of asked for help and the one time and I really did need help and asked for it, I got nothing. So, that's why I haven't got much faith. (Jillian)

> …they make promises of coming to you wherever but I've been on the other end. It's, 'we can't get a car… we're sharing cars'. (Chloe)

> Thank Christ for them really, I mean there's just such a gap without them…it's just amazing to compare the difference between talking to my mum about when my dad went to Vietnam in the sixties. (Jack)

Some, such as Deanne, and a couple, Genevieve, and Graham had had very negative experiences and were unlikely to access help in the future. Both illustrate respondents' experiences of social workers obtaining information and writing a report for Command to aid in decision-making. These quotes illustrate a number of aspects of social work practice:

> I think there should be less over the phone crap. I rang the social workers, I was hysterical, all I wanted to do was talk to my husband, and their response was get a medical certificate from my doctor and then they'll contact my husband and let me speak to my husband…She was just so heartless about the whole thing. (Deanne)

> …when I left, she butchered my wife on how to bring up kids. And that wasn't the purpose of what we were there for. So the report was geared around religion and what she thought that we were supposed to be doing with our children. So it all went off the wire and I snapped. (Graham)

> …all we were asking for was an early posting. They more or less said it was going to crucify him, his career, and they were just horrible. Like I said it was the only time we've ever asked for help through the Army and I'll never, ever do it again. (Genevieve)

A number of respondents described a glaring gap in knowledge of what social workers could do 'apart from listen' and 'what they could do for me during a separation':

> …what they actually do I don't know. Do you know what I mean? I know that they're there and I know if I need them I can ring them and get help…I've got the numbers but what they actually do… and I've read all the literature. (Phoebe)

> …well I really don't know what DCO provides for soldiers returned. So not knowing…you know like they may actually have things in place… (Warwick).

> …they're a mixed bag. I query sometimes whether the COs understand and appreciate what services they have to offer and how they could be properly used .(Paula)

Respondents indicated a barrier to the formation of the social worker-military family relationship was the perception that seeking assistance may affect their military career:

> I think social workers in Defence have a very difficult job because there's that endemic, 'If I'm getting the help of a social worker, my husband might be seen as a welfare case, and that may affect his promotion'. (Mitchell)

Although a number of respondents indicated they were reluctant to contact a social worker because of a perceived negative impact on their partner's military career, social work interventions that respondents indicated had a negative impact on their ADF employment were minimal. Janet, a deployed Navy NCO, and her partner, Allen, were experiencing relationship difficulties before deployment. Allen wanted Janet to return to Australia and contacted a worker for assistance. Allen threatened to go to the media. Janet said that her husband had been told by a social worker to contact her ship which had ramifications for her. Natasha, a single Navy officer, stated a social worker's report created career problems for her:

> Yeah, they told him he could ring the ship, on the ship's phone, on the officer of the day's phone. …he was ringing up saying 'I'm not coping'. He'd ring the ship fairly regularly, and I'd get piped up to the bridge. You're not supposed to ring the ship at sea…the Captain hauled me into the office at one stage and said…'if you don't call off your dog, I'll have you discharged' (Janet)

> My mother has got a fantastic habit of when she gets talking to social workers all of a sudden she opens up… and my mum went back into my bloody childhood, and this social worker is making all these notes and everything and I said to mum 'what the hell do you think you're doing?'… So I think social workers need to be able to also turn round to next of kin and say 'uh no, this is the issue we're focussing on. Because I actually had that used as ammunition against me. (Natasha)

Respondents were vocal in response to the question, 'What constitutes optimal social work practice with respect to deployment?' the subject of the final section to this chapter.

8.1.4 Respondents Ideas for Improving Social Work Practice

Interviewees provided a range of ideas for improving social work practice during deployment. Respondents thought that relational and competent professionals, an ability to advocate or 'go in to bat for them', tangible offers of assistance, knowledge of resources and a focus on a 'product' or result were in concert with 'optimum social work practice'.

At the microsystem level, a common response of participants for improving social work practice was for workers to make tangible offers of assistance during deployment before 'the wheels fell off'. This comment was in counterpoint to the common lament, 'where were they?' Interviewees suggested assistance should consider all family members. Participants were adamant social workers needed to persist with contact and not 'just leave messages on telephone answering machines'. Individual contact was viewed as more helpful than a unit presentation. Responses reflected the salience of the social worker-client relationship. Most respondents felt social workers needed to offer assistance rather than waiting for families to ask for help:

> I really don't like the attitude of … if people are having problems, they come to us. I really think that it has to be proactive. And the reason for that is because military people won't ask for help…But as soon as you start to put things in place that they can attend or regular phone calls or whatever. I think that actually helps people. (Dee)

> On an individual level… not just stand up in front of everyone and say, 'This is where we are if you want us. Come to us.' It might have actually been nice to have it a little bit more intimate because maybe they might have been able to get a bit more information out of us. I didn't exactly want to stand up in front of all these other people and say, 'Well I can cope with the everydayness but I'm lonely…' (Bernadette)

> I think that's what it boils down to, you've got to be seen around. You've got to be known. Your face has got to be known. You've got to be approachable. (Jillian)

> Get out there. They can't just wait for the problems to happen and say, 'If Mrs Bloggs has got a hassle, she'll come and let us know.' Well she won't. She's not going to do that at all. (Jon)

> If it's DCO who's responsibility it is to provide some sort of counselling service before anyone goes away… it would have been beneficial for them to contact those people and just touch base…'look I'm a social worker and I've been assigned to you'. (Owen)

> It's almost like our next of kin are second class citizens. Because 'oh it's only your next of kin'. Well yeah, that's only my mother and if something happens to me…they're very important people to me… (Simone)

At the microsystem level, respondents suggested social workers could contact their children and assess their wellbeing throughout deployment

> …having someone who's from social work because they would be aware of any emotional problems and things that you could talk about, like they could allay fears of children and understand. They'd know how to respond to someone, like especially to a child… (Thelma)

From the participants' perspective, social work offers of assistance were described in a variety of ways such as 'a chance to find out what we need', 'a bit of a check in or consultation', 'shows someone is looking after us', and 'expected'. Both deployed and non-deployed respondents viewed an offer of assistance by a social worker as 'something that could be refused' and did not describe it as an 'intrusion'. Participants indicated social workers could be forthright and directive in their questions and feedback as long as the focus was on understanding their experience and using the obtained information to offer concrete assistance. Participants' responses reflected the view that social workers may engage with military families if there was a focus on daily living, behaviour and practical concerns:

> I would see it as part of a face to face mechanism… if someone came in and said 'look we just want to have a chat to you in terms of our understanding of your separation… And physically then stepping through…'what hours are you working, what are you eating, how much contact are you having with outside people, what are your bosses

> doing, what are you spending your money on?', some of that. You'd have to carefully think about that… I would feel comfortable with a social worker coming to do that. (Grant)

> …everything that's available that the wife may need, or the dependent at home, whichever the case may be, or children, should be put down in black and white in front of them say look, that is everything we know that you can do or we can do or we can help you to do or whatever, there's your choice. (Anthony)

> I think people would just like to know that someone is taking an interest in them because a lot of people feel very neglected. And even if you went to a family and they just said 'look, we've got all our family here, piles of friends, we work, we're not interested.' That's fine but then that way you might catch the ones who… and there are a lot, they're sitting in their houses, depressed. (Jillian)

At the mesosystem level, the pre-deployment policy information presentation was viewed as an opportunity to engage the Defence community and provide policy and other advice. Respondents felt there was an assumption on the part of social workers that 'everyone knew everyone' at the presentations which was reportedly not the case. Respondents indicated some partners sat alone 'looking stunned' and 'in tears'. Some respondents made suggestions that workers could have 'done more' to bring people together at Unit presentations such as forming support groups:

> …if they are left sitting at a table on their own, no one is speaking to them, they are not going to come back. So you really need someone to get in there and introduce people…to really start the ball rolling… (Jillian)

> I also felt that they didn't really come together and mix very well either, and I think maybe the social worker may have been able to work a bit more at uniting these people… (Mary)

Children's needs were paramount to respondents in any consideration of social work intervention at the mesosystem level. Respondents suggested social workers could work more closely with schools where significant populations of students from the ADF community had deployed parents.

As well as a focus on individuals and families, most respondents indicated a more significant role in the community could be made by social workers by establishing and maintaining groups before and during deployment in particular. Respondents' ideas reflected the need to link people together who were going through a similar experience and build social networks:

> …it is primarily women to be somehow brought together and bonded together in some kind of group. And socialising as the emphasis with some kind of team support… (Anthony)

> The other thing I would actually do is right from day one have fortnightly meetings. If you can make it good. If you can't good, doesn't matter. But this is it, we'll have morning tea and that way you can discuss anything you need. (Liane)

> I think maybe to have tried to put me in contact with other people in the same situation as me. I didn't really relate that well to the women who were on their own who had no children. (Anna)

> …getting out there in the community, getting known, finding out what the community wants and doing something about it and not saying 'well if the community wants it, the community can get off its arse and do it'. (Dee)

Mitchell, a Navy Officer, suggested social workers could make greater use of computer-mediated technology such as email, online support groups and ADF Internet sites such as those for ADF ships:

> I think one of the most useful things for the social workers would be to have the e-mail address of all the wives of the people who are away and put out an electronic bulletin of things that are going on… It might be to do with the anxieties of being separated… (Mitchell)

Respondents made suggestions for how DCO could assist in developing the capacity of their social workers at a macro-organisational level. As well as the 'mere contact and offer of assistance by a social worker', a competent professional who could relate to military families was suggested by a number of respondents as important. A number of respondents stated social workers should have more 'training' and knowledge of the 'military lifestyle', counselling skills, knowledge of child and

adolescent behaviour, the accessing of available resources, and must be able to obtain answers to policy questions regarding deployment. Respondents recommended workers needed to be able to locate resources to maintain family wellbeing. The resources needed to be ongoing rather than 'just one off' according to participants. Participants expected social workers to be resource experts. The following quotes illustrated suggestions:

> More training. More understanding of what, what you're doing, look into how it really does affect, not, this is how it should affect. What really happens and how people deal with it. (Josie)
>
> They need to know about children's behaviour but be able to tell me what to do… (Emily)
>
> … family care and family assistance could be more regular. Like for me, someone to come and clean my home for maybe a period of five weeks, once a week would have been an enormous help to me when I was sick but that sort of thing isn't available. You can sort of get a one-off. (Katrina)
>
> …if you do have problems that we can put you onto a therapist who specialises in these sorts of anxieties or problems… (Madeline)

Respondents stated social workers could improve their policy knowledge and better advocate for families. The Defence Department was viewed by participants as complicated to navigate, particularly from the point of view of obtaining information about policy entitlements with respect to housing, relocation, pay and power of attorney. Respondents suggested that workers could advocate on their behalf for flexibility in policy implementation within the Defence Department and external services:

> I would have liked someone to help me fight the battles against the bureaucracy. (Katrina)
>
> …they would have been better off giving me $1500 and getting me a cleaner paying for my before and after school care for the children and being able to get take away meals every night for a fortnight while I went through a stress period with university. (Madeline)

> I think on this level you've got to have a balance. You've got to have a civilian contact, and you've got to have that military contact. (Warwick)

> I would have liked to have known before I left, the issues that we could resolve which is exactly what were her entitlements. What could she get. And I would like that in black and white, bang, bang, bang, bang, We can remove you, we can move you here, we can move your next of kin to you, you know, bang, bang, bang…it would have helped us plan what she was going to do when I left. (Mark)

At the macrosystem level, one respondent expressed the view that DCO and its social workers were not prepared for large-scale deployments. The respondent suggested DCO need to create a 'surge plan' and restructure the organisation with reservists to enhance its capacity:

> Have like a surge plan, they don't do it. They just rely on a couple of social workers around the traps. Everyone goes away, comes back and then they send 5000 overseas. They couldn't handle it. If I planned an exercise that way I would have been taken out and been shot you know, because that's just not how you do business in the Army. (Rick)

None of the seventy-six respondents in this study indicated any involvement by social workers in any aspect of the homecoming or post-deployment experience such as individual or group briefings. However, respondents made suggestions for how they believed social workers could enhance service provision during homecoming and post-deployment. One of the prominent themes regarding debriefs was participants' suggestions for providing opportunities for couples and older children to talk about their experiences after deployment which participants felt was a social work role. Interviewees thought this would be educational, enable referral if necessary to a specialist service, and optional although part of a whole 'deployment support package'. Respondents felt it could be conducted individually, as a couple or family depending on perceived need of participants:

> As long as both parties understand exactly what each is going through, they can adapt and adjust a whole lot quicker, particularly when the deployed partner comes home…She or he knows that upon return of

> the deployed partner that things may have happened over there that could trigger aggression, could trigger depression and a whole swag of emotions and therefore he or she that stayed at home has been educated… (Anthony)

One respondent suggested the flexible nature of this research could be adopted by Defence in future studies to obtain the responses of the military family population:

> If you had posted us over the forms so we could complete, you would have got half a dozen quick responses which would have been very much the party line on separation. And if you had to say 'look I can fit you in at 4 o'clock on Tuesday afternoon. Can you come into the DCO office to talk to us?', Jennifer probably might have got there. I would have been too busy. But the fact that you are here on a Saturday talking to us, when we are available and you've gone through a lot of effort to get here and you've been at this for 2 hours… But that ability to be flexible in terms of allowing us to communicate. You would not get us in this sort of situation without providing the level of flexibility with your time. (Grant)

8.2 Conclusion

This chapter presented micro, meso, and macrosystem level findings about Defence Social Work. Respondents' perceptions of social workers and Defence Social Work practice varied from positive to neutral to hostile. Respondents made numerous suggestions for improving social work practice. Defence Social Workers were said to be conspicuously absent from aspects of the deployment experience. Responses suggested there were numerous opportunities for social workers to play an important role through all stages of deployment.

The next two chapters will examine the findings in the light of the literature review and research question. Chapter Nine will discuss the findings pertaining to the micro, meso and macrosystem levels of deployment whereas Chapter Ten will examine the findings that relate to Defence Social Work.

Chapter Nine
Discussion of Qualitative Findings about Deployment

9.1 Introduction

The aim of this thesis was to gain knowledge and understanding of the life experiences of ADF peacekeepers who deployed to East Timor as part of the International Force for East Timor (InterFET), and/or the United Nations Transitional Administration East Timor (UNTAET) force, as well as their families who remained in Australia. To achieve this aim, this chapter discusses the findings presented in Chapter Seven. Defence Social Work findings will be discussed in the following chapter.

This chapter is organised in three sections that parallels the findings chapters. The microsystem level contained five categories: respondents' reactions to deployment; respondents' perceptions of children's and adolescents' reactions; physical, mental health and family functioning; maintaining communication throughout deployment; and finding meaning in the deployment experience. The mesosystem level contained four categories: living and working conditions in East Timor; communities; social networks and social support; and perception of military family support organisations. Finally, the macrosystem level contained two categories: military institution and culture; and respondents' perceptions of policies.

Since respondents are presented in the findings chapters in multiple sections, links to these findings sections will be provided to aid the reader in the discussion chapters. The discussion chapters will not provide a formal conclusion section. The conclusion to the thesis will be reserved for the final chapter.

9.2 Discussion of the Microsystem Level

9.2.1 Respondents' Reactions to Deployment

The first factor that influenced interviewees was their reactions to the deployment. Most respondents had had experiences of separation due to military training or a previous overseas deployment (Appendix 2). Seventeen ADF respondents had had previous experience with an overseas deployment such as Rwanda, Bougainville,

Somalia and the first Gulf War. Two couples were experiencing a second deployment of the ADF partner to East Timor at the time of interview.

From the outset, the 'mission first' characteristic of the military institution was an irrefutable influence on interviewees' reactions to the impending and actual deployment. As outlined in the Literature Review 5.3.5, the military family's needs are secondary to the military mission, particularly in the context of a deployment (Knox and Pryce, 1995, 1999; Segal, 1986). As Nancy said, 'there's nothing you could do about it.' Deployment and other work separations were a fact of military life from the perspective of interviewees. Although deployment was a fact of life for military families, reactions were profound. 'Yet another deployment' was described as traumatic for those who had experienced multiple and back-to-back deployments and other duty-related separations such as Madeline and Ross who described feeling 'shell-shocked.' It was evident that prior experience of deployment did not make a subsequent deployment less demanding for respondents. For some non-deployed partners such as Liane who had recently relocated to a rural military base area, her partner's order to deploy was unexpected and a shock to her. Surprisingly, Shona, a military, non-deployed partner who worked in the Intelligence Field, said she was shocked at the sudden deployment of her partner. For most respondents that deployed as part of InterFET, conditions in East Timor were largely unknown such as the nature and level of conflict and expected duration of the deployment. Some ADF interviewees were relatively new to the organisation and had no experience of deployment or separation from family when they were required to be deployed. Others had had long careers and never been deployed, while some had been deployed on earlier operations including Rwanda, Somalia and the first Gulf War. Some, such as Ross, were employed in ADF units that deployed frequently.

Consequently, this sample described a range of conflicting thoughts and emotions about the impending deployment. On the one hand, non-deployed respondents expressed support for their ADF partner and the ADF's peacekeeping role in East Timor. On the other hand, reactions of this sample encompassed shock, anger, fear, dread, anxiety, concerns about safety and a begrudging acceptance on their part: 'he just had to do it'. Previous research with USA Army wives has shown wives experience dread and anger in the lead up to deployment, a finding which accords with this study (Wood et al., 1995:221-222). For most interviewees deployed on

InterFET in particular, non-deployed interviewees felt their partners were being deployed to an environment of unknown threat level and such dangerous conditions that they may not return.

Soon-to-be-deployed ADF respondents were very positive about the deployment since it would provide them with experience and enable them to put their training into action. However, similar to non-deployed respondents, a range of conflicting reactions were evident. These included concern for their own safety and how their families would manage particularly if they were killed or injured. Although most of the deployed ADF respondents in this study described 'an adrenalin rush' or feeling excitement about the 'order to deploy', this was also tempered by an expression of guilt about leaving their family. Similar to others, Katrina said her partner Jack had 'already left in his mind and emotionally' at this time. This required Katrina to assume the bulk of the parenting demands amidst a severe bout of depression which the next section examines. This finding accords with previous research that has suggested military personnel may be physically present yet psychologically absent during pre-deployment (Wiens and Boss, 2006). As described in Chapter 5.2.3(a), when there is ambiguity regarding a family member's absence or presence, the situation is described as an ambiguous loss (Boss, 2002:94). A critical point noted in the Literature Review 5.2.3(a) is that this type of loss is 'the most stressful loss because it defies resolution' (Boss, 2004:553). It is evident that resolving the loss of their partners was made more complex since the loss was further compounded by the many preparations all deploying respondents needed to undertake as part of their military duties. Shigemura and Nomura (2002) describe how military personnel have numerous preparations to make prior to deployment that removes them from their families, which accords with the findings of this study. These include getting to know peers and leaders which, combined with the competing time demands of military employment and family needs, has been found to contribute to stress.

For this sample, many practical military and family preparations needed to occur when notice of deployment occurred. Such preparations may be considered cultural factors in the contextual model and are unique to military families (Boss, 2002). Some ADF respondents were not eligible to carry a weapon until they had undergone weapons proficiency training since weapons were required to be carried at all times in East Timor. Some respondents had to purchase their own equipment for the

deployment. Many respondents had to create or update wills. Couples needed to make decisions about whether they required a power of attorney. Sole parents needed to make childcare arrangements for their children. Single ADF personnel depended on their parents to organise their financial and other affairs. Some couples reported doing some preparations together.

Respondents' reactions to the deployment clearly affected their children, as previous research has shown (Drummet et al., 2003). The next section will discuss interviewees' responses regarding their children and adolescents.

9.2.2 Respondents' Perceptions of Children's and Adolescents' Reactions

The preceding section discussed respondents' reactions to the deployment. As Table 3 (Appendix 2) showed, approximately thirty percent of the sample of 75 children consisted of pre-schoolers, the majority were primary school children, and over ten percent were adolescents. Interviewees reported many changes in their children and adolescents in terms of behaviour and their physical and mental health.

As suggested in Chapter 5.3.3, the pre-deployment period contributes to children's stress and upset since parents are focused on the impending separation at the expense of meeting children's needs (Amen et al., 1988; Stafford and Grady, 2003). The previous section 9.2.1 demonstrated all respondents were required to make numerous practical arrangements prior to deployment and manage their conflicting thoughts and emotions about the mission. It is suggested that respondents would have been unable to meet their children's and adolescents' needs at times throughout the pre-deployment stage. Katrina and Jack's experience of heightened activity and Jack's emotional unavailability to his family at this time (Chapter 7.2.1) was typical of others. A number of children such as Mark's children were reported to be upset and worried about their parent's imminent deployment which accords with previous research (Amen et al., 1988).

As outlined in the Literature Review 3.4.2(c), deployment has an effect on, and poses risks for, children and adolescents in a number of ways. There was compelling evidence from respondents in this study that children experienced significant problems throughout all stages of deployment. Most young children were reported to exhibit one or more behaviours such as inconsolable crying, tantrums, nightmares, eating and sleep problems, enuresis and aggression. Both boys and girls between the

ages of two to eight years were reported to exhibit such behaviour. Externalising and internalising behaviours were described such as tantrums and aggression for the former, and 'overwhelming sadness' and 'being withdrawn' as examples of the latter. Madeline and Ross's family was a case in point. The family had endured frequent and unexpected separations. The East Timor deployment became the deployment with the potential to be 'the straw that broke the camel's back' as Madeline described it. Madeline's five year-old son, Tom, had been diagnosed with an anxiety disorder when he was three years of age which was manifested by Tom pulling his hair out in response to his father's deployments. Madeline described a poignant moment during the separation stage of the deployment when Madeline and her two children were reported to cry together. Madeline reported Tom exhibited 'irrational tantrums, loads of tears, aggression against me.' Harry's son, Lew, had to live with his grandparents because Harry was a sole parent. He also spent some time with his mother and reported several signs consistent with depression such as sadness, eating and sleeping problems, and crying. The evidence of this study is that grief reactions affect all family members. These findings are consistent with previous research that has shown children experience sadness when a parent deploys (Rosen et al., 1993), as well as crying, tantrums and sleep problems (Stafford and Grady, 2003). However, the findings go further than previous research in two ways. Firstly, pre-existing mental health problems in young children may recur during subsequent deployments. Secondly, symptoms such as sleeping and eating problems, and crying and sadness require a thorough assessment to determine whether a mental health diagnosis is present.

Chapter 3.4.2(c) outlined how children's reactions to a deployment may reflect their mother's reactions. Drummet et al. (2003) suggested that if a parent's reaction to the partner's deployment is depression, then the child may mirror the depressive symptoms or behaviours. As noted in the Literature Review 5.3.3, research studies indicate mothers with depression are less nurturing towards their children, may use more physical punishment, and that there is an increased chance of delays in children's language, social, emotional and cognitive development (Cohn et al., 1990; Field et al., 1985; Seifer and Sameroff, 1992: Zayas, 1995). In this sample, it is possible a number of children's reactions mirrored their parent's reactions. Shona's, Madeline's and Katrina's situations provided evidence of this phenomenon and some

evidence of delays in their children's development. Shona, diagnosed with depression soon after her partner was deployed, reported that her young daughter cried herself to sleep in Shona's bed throughout the deployment. Katrina, diagnosed with post-natal depression, explained how her pre-school son was still suffering ongoing night terrors and sleeping difficulties more than twelve months post-deployment. Katrina and her partner had a mattress in their child's room so they could sleep near their child many months after deployment due to his reported disturbed sleep and ongoing distress. Madeline's son was reported to display sadness and 'irrational tantrums' indicative of a delay in development. None of these children received any appropriate mental health assessment or intervention during or after the deployment.

Children's emotions of sadness, anxiety and fear in reaction to the separation of the deployed parent have been described as 'normal' behaviour (Chapter 3.4.2(c); Black, 1993:277). Similar to other proponents of the Emotional Cycle of Deployment (ECOD) model, Stafford and Grady (2003) argued the ECOD model posited a series of predictable emotional responses throughout deployment. However, it is simplistic to describe Shona's, Madeline's and Katrina's situations with respect to their children as a normal, predictable response to separation. It is suggested these and other children's behaviours that endured throughout, and after deployment, are concerning and may have indicated a developing, undetected and untreated mental health condition. Given that mental health problems in young people may have a chronic course and contribute to difficulties not only in childhood but adult life (Sawyer et al., 2000), this has implications for services and policy.

As outlined in the Literature Review 3.4.2(c), in a survey study of children's responses to the Gulf War, children of deployed personnel experienced elevated depression scores, as did their parents. Deployment itself rarely promoted pathological levels of symptoms in 'otherwise healthy children' (Jensen et al., 1996:441). Whilst this thesis did not measure depression scores, it is conceivable that a number of children's mental health conditions in this study were undiagnosed. It is important to note that not all children in this study were reported to be 'otherwise healthy' and mental and physical health problems were reported. It is suggested this study provides insight into how children suffered and their parents struggled with the experience. It has been proposed that children's mental health symptoms reflected their parents' mental health (Drummet et al., 2003). Younger children were reported

by their parents to display the greatest symptoms. However, in contrast to a study by Jensen et al. (1996), the current research found that young children, described as healthy by respondents, have the capacity to threaten self-harm (see findings, Chapter 8.1.2).

Children's sleep-related problems were widely reported by respondents and included night terrors, disturbed sleep, nightmares, early waking and difficulty getting to sleep. Bed-wetting was reported for a number of younger children in particular. Stafford and Grady found that children may exhibit many reactions to deployment which are dependent on their age, stage of development, personality, special needs and external environment (2003:112). Toddlers may display extremes of behaviours such as tantrums and difficulty with sleeping. Pre-schoolers may regress to previously mastered behaviours and develop bedwetting or enuresis. The findings of this study accord with findings by Stafford and Grady (2003). Given these findings, respondents' descriptions of their children's behaviour as 'changed' in terms of internalising and externalising behaviours may be tentatively explained. As shown in the Literature Review 5.3.3, sleep problems have two components (Alfano et al., 2005:224). Intrinsic factors consider difficulty getting to and maintaining sleep. Extrinsic factors consider behaviours such as bedtime resistance and poor sleep hygiene. Since many children were reported to have 'poor sleep', this may partly explain children's irritability, 'unexplained angry outbursts', 'clinginess' and other behaviours described by respondents. It is suggested that separation from one of the caregiving parents, namely the deployed parent, disrupts bedtime routines and creates considerable difficulties for the parent remaining at home. It is also conceivable the parent's depressive symptoms or behaviours contributed to children's changed behaviours.

In a USA study of Navy mothers who experienced deployment, children with deployed mothers exhibited greater levels of stress than children with non-deployed Navy mothers. Navy children whose mothers experienced deployment were more likely to exhibit clinical levels of internalizing behaviour than Navy children with non-deployed mothers or civilian children. The authors concluded Navy children did not exhibit greater pathology than other children, although particular attention should be paid to the children of deploying mothers (Kelley et al., 2001). On the basis of the

findings of this study, this thesis argues attention needs to be paid to all children of deploying mothers and fathers irrespective of their branch of service.

Physical and mental health, and behavioural concerns of adolescents were reported by a number of respondents. Concerns included crime, taking on a more responsible role, soothing the non-deployed parent, aggression towards parents, worry, anxiety, outbreak of rashes and educational difficulties such as incompletion of the final year of schooling. A number of these findings are consistent with previous research by Huebner et al (2005; 2007) which found that adolescents were very aware of and worried about the dangers of deployment. There was some evidence of pre-existing mood and anxiety difficulties as well as changes that occurred throughout deployment. Pre-existing mental health conditions included suicidal behaviour and anxiety. Such was the case for Mitchell's daughter who had received counselling prior to and during the deployment period. Mitchell's daughter was unable to complete her second attempt at the final year of secondary education due to an anxiety and panic disorder. Some adolescents were reported to 'do better' at school during this separation period.

As the Literature Review 5.3.3 indicated, during adolescence, mental health disorders to emerge are psychosis, eating, mood and anxiety disorders (Keeble-Devlin, 2001). Adolescence is a critical period in all domains including social, emotional, physical and cognitive. The onset of a mild mental health condition alone has been shown to have significant effects such as limiting educational and vocational attainments (Commonwealth Department of Health and Aged Care, 2000a). It is considered that deployment and a mental health diagnosis constitute a risk factor for educational attainment as crystallised by the example of Mitchell's daughter.

Sawyer et al. (2000) observed that parents who care for children and adolescents who exhibit behavioural and emotional difficulties report greater concern and worry and less time for their personal needs. Indeed, deployed and non-deployed respondents provided evidence of their own struggles with mental and physical health as well as family functioning more generally, the subject of the following section.

9.2.3 Physical and Mental Health and Family Functioning

Mental and physical health difficulties with concomitant impacts on family functioning were significant findings for this sample. It is axiomatic that military

personnel would be likely to witness devastation in their living environment of East Timor, violence in the community, road trauma, body recovery and combat resulting in death and injury. Non-deployed interviewees themselves were not immune from physical and mental health problems during and after deployment.

The deployed sample reported the following: excessive use of alcohol; exposure to asbestos during deployment; symptoms of trauma post deployment; threat to their life through contact with militia; adverse reactions to antimalarial drugs during deployment; dengue fever and other tropical diseases; serious injury during deployment requiring medical evacuation to Australia; body transportation and handling; body recovery; causing death to another in contact with militia; witnessing unauthorised discharge of a weapon; and witnessing road trauma. Non-deployed respondents reported: diagnoses of depression/postnatal depression for the 'first time ever' during deployment; symptoms of depression; changes in eating habits; significant weight changes; poor sleep; illness requiring hospitalisation during deployment; chronic pain; migraines; sleeping difficulties; loneliness; social isolation; diarrhoea; and miscarriage and medical problems with pregnancy. One non-deployed respondent reported being held hostage in a bank robbery in her employment as a bank employee. This respondent was exposed to a traumatic event which illustrates how the mesosystem factor of working conditions has the potential to impact on mental health.

For a small number of non-deployed respondents, such as Shona and Ann, the separation appeared to serve as a precipitant to the first onset of depression in their lives. The finding for Ann and Shona is in accordance with research that posits stressful life events may precipitate onset of depression among vulnerable people (Chapter 5.3.3). The deployment literature regarding family stress theory has long established that deployment may be a stressor that triggers a crisis (Hill, 1949).

It is suggested women are twice as likely as men to have a depressive disorder and women between the ages of eighteen and thirty-four years of age have prevalence rates between eight and eleven percent (Commonwealth Department of Health and Aged Care, 2000b). Over half of this sample was in the above age range. Approximately one third of the children in this sample were pre-schoolers. Given that depressive disorders are under-diagnosed (Cunningham and Zayas, 2002), and combined with the cultural stigma of help seeking in military populations (Knox and

Pryce, 1999), it is conceivable more participants than were reported in this study had mental health problems.

As suggested in the Literature Review 5.3.3, an increased prevalence of depression is also found for women after childbirth (Barton et al., 2001). Ten to fifteen percent of women will endure a major depressive episode within the first three to six months of childbirth (Commonwealth Department of Health and Aged Care, 2000b:81). Katrina, diagnosed with postnatal depression during pre-deployment, was admitted to a mother-baby unit when she relocated interstate to be near her family for support. Katrina was devastated and felt like a 'bad parent' when her mother-in-law criticised her prior to deployment regarding her parenting skills. Katrina also had considerable difficulty in obtaining Defence's approval to move interstate which Chapter 10.1.1 discusses. These findings highlight how events in daily life, as well as those that occur across micro, meso, and macrosystem levels, may act as cumulative stressors (McKenry and Price, 2005; Wiens and Boss, 2006). Manifestations of depression could also be interpreted as reflecting respondents' ongoing uncertainty regarding their partner's safety, known as ambiguous loss (Boss, 2004). As Boss (2004:556) observes, psychological problems can occur when feelings of hopelessness lead to depression and passivity.

Unlike Katrina, the evidence of this study was that non-deployed partners diagnosed with depression generally managed alone and were not recommended counselling or other interventions. Some respondents did not tell their partners about their physical or mental health status out of concern for 'worrying them unnecessarily'. Medication alone appeared to be the treatment of choice by General Practitioners (GPs) and compliance with medication did not always occur. As outlined in the Literature Review 5.3.3, depression has been described as an invisible disability (Keigher and Jurkowski, 2001), may be undetected (Nelsen, 2002) and can be more incapacitating than diabetes, arthritis, gastrointestinal disorders, back problems and hypertension in terms of physical functioning (Claiborne and Vandenburgh, 2001). This highlights the importance of early identification and appropriate treatment which did not occur for most respondents in this study.

As well as mental health, physical health was a paramount issue for non-deployed respondents. Physical health conditions reported included asthma, high blood pressure, fibromyalgia, chronic pain, tiredness, sleeping difficulties, two miscarriages,

an ectopic pregnancy, illnesses requiring hospitalisation, osteoarthritis and chronic fatigue syndrome. Physical health affected daily living. Thelma, diagnosed with fibromyalgia and other physical health complaints, noted she modified her environment to manage and cooked easy to prepare meals for her children. Thelma lost 25 kilograms in weight and also had poor sleep. It is conceivable Thelma and others with physical health problems and poor sleep were suffering from untreated mental health conditions. As suggested in the Literature Review 5.3.3, people with a severe physical illness are more likely to develop a mental disorder (Commonwealth Department of Health and Aged Care, 2000a:63). The finding of physical and mental health issues for this sample is significant and has implications for social workers in this setting to be discussed in Chapter Ten.

Sleep problems have been discussed with respect to children in the previous section. Similar to their children, sleeping problems were almost universal concerns for non-deployed respondents which is consistent with previous research (Chapter 5.3.3). Sleep disturbances have been found throughout deployment for non-deployed (Van Vranken et al., 1984) and deployed family members (Reeves et al., 2005). Individuals with sleep problems are at significant risk for developing mood disorders (Ford and Cooper-Patrick, 2001). Given respondents' descriptions of sleeping problems and those of their children, it is contended this would have a significant impact on their quality of life and daily functioning (Drake et al., 2003:163). Further, if coupled with physical health concerns such as pain, mental health conditions may be exacerbated which can affect functioning which was evidenced in a number of respondents including Thelma, described previously. As described in Chapter 5.3.3, daytime functioning and work performance may be negative consequences of poor sleep. Insomnia is associated with an increased risk of major depressive disorder. Evidence also links the onset of insomnia to stress (Drake et al., 2003). Previous research confirms a number of the findings of this thesis. Non-deployed partners have been shown to experience loneliness, anger and depression as well as headaches, menstrual irregularity, weight change and sleep disturbances according to Wood et al. (1995:218). This thesis goes further and suggests that the cumulative effects and interactions across system levels for non-deployed respondents have been overlooked in previous research which may have contributed to their consequent sleep and other problems.

A number of Australian studies have found ADF personnel experience significant levels of psychiatric morbidity and increased alcohol intake (Ward, 1997), significant levels of distress up to six years after the deployment (Hodson, 2002) and the stress of separation from family (Sim et al., 2003). Physical and mental health issues were paramount for deployed respondents in this study. A military deployment has the potential to involve almost all of the traumatic events associated with a diagnosis of post-traumatic stress disorder (PTSD) (Chapter 4.3.6; Deans, 2002). These include: threat to one's life or bodily integrity; severe physical harm or injury; receipt of intentional harm/injury; exposure to the grotesque; violent/sudden loss of a loved one; witness or learning of violence to a loved one; learning of exposure to a noxious agent; and causing death or severe harm to another. Deployed interviewees in this study recounted events (Chapter 7.3.1.) during deployment that were clearly, or had the potential to be, classified as traumatic. Previous Australian research has shown that at least one-fifth of Australian veterans of the Somalia peacekeeping deployment were experiencing significant levels of psychiatric morbidity fifteen months after return to Australia, rates that were double those of their non-veteran peers (Ward 1997). It is likely deployed ADF respondents in this thesis would experience comparable rates.

A number of examples that may meet the criteria for PTSD or other mental health conditions were recounted by respondents. Graham, who stated his alcohol use 'went through the damned roof' post-deployment, was involved in digging up body remains, recalling that 'it's OK to look at a skeleton when it's been dead for a long, long time, but when there's still flesh on it and jewellery and little girl stuff and when you've got kids…'. Graham's use of language such as 'little girl stuff' and reference to his children illustrates how he was attempting to find meaning in this grotesque, 'out of the ordinary' experience. Anthony, an Army infantryman, interviewed two months after return to Australia, spoke about his aggression, nightmares and disturbed sleep. Anthony had handled, guarded and transported a body during the deployment. As outlined in Chapter 3.4.2(a), a number of Anthony's self-reported behaviours mesh with the symptoms of acute stress disorder which include an initial state of daze, followed by agitation, withdrawal or psychic numbing, acute anxiety, amnesia for portions of the event, disorientation, flashbacks, intrusive memories and hyper-arousal (Barton et al., 2007). When these symptoms continue, the patient usually has

developed PTSD (Barton et al., 2007). Jillian, whose partner chose not to participate in the study, described her partner's depression and the consequences for Jillian on her family's functioning. As stated in the Literature Review 3.4.2(a), Sareen et al. (2007) found that peacekeepers who had been involved in combat and witnessing atrocities were at risk of developing mental health problems after deployment.

As shown in the Literature Review 3.4.2(b), people who come into contact with someone who has been traumatised may experience the feelings vicariously and be traumatised themselves. This is known as secondary traumatisation (Figley, 1993a; Figley, 2005; Solomon et al., 1992). Further, intergenerational transmission of trauma has been identified by researchers such that the children of those affected by trauma may carry the trauma into the next generation negatively influencing their functioning (Courtois, 2002). Secondary traumatisation has been researched in military family populations (Dirkzwager et al., 2005; Figley 1993a; Solomon et al. 1992). There was compelling evidence in this study that secondary traumatisation may have occurred for some respondents such as Eric and Allison (further discussed in Chapter 10.1.2). Eric had a serious accident in East Timor necessitating a medical evacuation. Eric's partner was later diagnosed with PTSD. For others such as Anthony, reported to be suffering with disturbed sleep and nightmares, and Graham, secondary traumatisation of family members was conceivable. Robyn's partner, Doug, experienced combat which has been shown to be a significant risk factor for mental health problems (Sareen et al., 2007). Notwithstanding, Doug said he displayed no negative consequences. This aspect will be returned to in Chapter 9.3.1 and provide further evidence for this phenomenon.

Hawthorne et al. (2004) investigated how veterans recently compensated for a mental health condition sought access to mental health care. Peacekeepers (n=187) were a part of the overall sample, and a significant proportion had been deployed to East Timor and other peacekeeping operations. Peacekeepers reported poorer health compared to World War Two and Vietnam veterans. Their quality of life was between 11% and 63% worse than that of comparable age-adjusted Australians (Hawthorne et al, 2004:3). These matters are significant, and the findings of this study suggest serious mental health problems are likely to endure and onset with time as the results of previous studies have shown.

A number of respondents such as Patrick described how they required hospitalisation in East Timor with tropical diseases such as such as Dengue fever. Others such as Nathan had severe reactions to antimalarial medication. Nathan was prescribed doxycycline and had severe headaches, heartburn and vomiting which he said felt 'like migraines.' Nathan trialled a new medication which he claimed was successful. However, other respondents were reported to be unwell even after return to Australia. Non-deployed respondents stated their partners were unsure of how long they should continue to take antimalarial and other medications after deployment.

With respect to family functioning, Johnson et al. (2007) suggest military communities may include a range of risk factors for child abuse including occupational stress, geographic isolation, frequent separations and young families living away from social supports. No clear evidence of child abuse or domestic violence was found in this study, although this aspect was not specifically explored unless it arose during interviewing and respondents felt it was safe to talk about it. Previous research has examined family violence in military families. Rentz et al. (2006) found that there are few studies regarding the extent of violence in military families. Their review found physical child abuse and physical partner abuse composed the majority of reported and substantiated cases in the USA military. In this study, it was found that some respondents struggled with mental health concerns such as maternal depression, and it is conceivable this would have affected their capacity to care for their children. It is suggested there is a need for further research in this area since risk factors for child abuse are evident in this population.

As well as physical and mental health difficulties, a number of respondents reported serious relationship and family problems. Research has shown one of the most consistent predictors of positive or negative outcomes in military marriages is the mental health of the service member and their experiences with deployment (Karney and Crown, 2007:175). This research omitted consideration of family members. The findings of this thesis suggest that the mental health status of the non-military family member as well as the service person needs to be considered in any program to address the health or otherwise of a military marriage. A number of marriages were reported to be in difficulty, and two couples separated for some months after the deployment although eventually reconciled. Return from deployment led to a number of temporary separations when extra-marital affairs were discovered. Janet's marriage

ended soon after her return. Few respondents of those who reported difficulties with their relationship sought assistance.

Communication during the deployment period has positive and negative aspects for respondents as the next section will demonstrate.

9.2.4 Maintaining Communication Throughout Deployment

The capacity to communicate throughout the deployment was a pivotal issue for all participants and may be viewed as a resource for respondents. Promoting communication between family members during deployment is a good practice strategy at the microsystem level (Chapter 5.3.3; Bell and Schumm, 2000; Wiens and Boss, 2006). In contextual family stress theory, the family's internal and external resources, the 'B' factor, may also alleviate the impact of stressor events (McKenry and Price, 2005). The capacity to communicate maintained relationships, promoted wellbeing and enabled exchange of information. However, communication was described as a 'double-edged sword' since positive and negative aspects that were distressing were described.

Participants in this study who had previously deployed to operations including Somalia and Rwanda noticed significant changes in their capacity to communicate by telephone from the front to home, particularly as communications evolved in East Timor. For most, this mode of communication sustained interpersonal relationships. In essence, the ability to have access to telephone enabled a reciprocal exchange of care and concern for the deployed and non-deployed person. Communicating in real time meant the deployed family member was at least safe.

For some, communicating by telephone during deployment was marked by conflict. A number of relationships deteriorated, and Natasha's ended as 'email arguments' ensued. Others expressed frustration and anger over the monopoly of communications by higher ranking officers. Military officers who had liberal access to communication to contact family were viewed by some respondents as 'abusing the system'.

A small number spoke of the difficulties of maintaining relationships and intimacy by 'phone sex'. Doug and Robyn had successful and unsuccessful encounters of this kind. The couple were struggling in their relationship prior to the deployment since Doug had 'found comfort in the arms of another woman.' Doug would call and want

phone sex when Robyn was busy with their child. Robyn expressed frustration and a level of aggression towards her child: 'well Justin, I'm ready to kill him and he's a little shit and he won't do anything.' This finding illustrated one couple's attempts to rebuild their relationship in the context of separation. As shown in the Literature Review 3.4.2(a), Newby et al. (2005b) found that deterioration in marital and romantic relationships was a major negative factor of deployment for American soldiers.

A number of barriers to telephone communication were described. These included access to communication media, the fact that the deployed respondent generally controlled the timing of the call, differences in time zones, queues, lack of privacy for calls, parenting demands of non-deployed partners at time of call and infrequency of calls. Previous research has highlighted the changing nature of communication during operations (Ender, 1995; Ender, 1997; Segal and Harris 1993), the growth of new communication media and the delicate balance for the military in meeting the need for deployed personnel and families to communicate without infringing on operational matters or security. This sample wanted and expected liberal access to communication. As an example, the ADF policy on mobile phone use was ambiguous to many deployed respondents since the 'big stick approach' of charging and disciplining personnel for possession of a mobile phone at the outset of InterFET soon changed when internet cafes and mobile phone towers emerged.

E-mail was found to be a positive form of communication for this sample. Many deployed respondents and their partners had access to e-mail and the internet, with the exception of deployed respondents in the remoter regions of East Timor. Navy respondents in particular had access to e-mail throughout deployment since Navy ships generally enabled this mode of communication. Some respondents' parents in their seventies were reported to purchase computers for the first time to communicate with sons or daughters. Respondents could e-mail each other in real time. Respondents were also able to personalise their e-mails with photographs and materials for their children to use at school for newsletters and projects. As Wiens and Boss have suggested, during deployment the military member is physically absent and it is important for the family at home to keep the deployed person 'psychologically present' (2006:28). Maintaining communication throughout enables the family to keep the absent member psychologically present (Wiens and Boss, 2006). Active

coping such as emailing or letter writing in contrast to passive coping such as watching news coverage of a deployment has been shown to be more helpful for families (Wiens and Boss, 2006:20), which accords with the findings of this study. However, previous research has omitted that communication also enables the 'absent family' to be kept 'psychologically present' for the deployed person, which was a significant finding in this study.

The policy of enabling mail and packages to be sent freepost was found to be a very effective means of involving children, partners and other family members to demonstrate support through the careful selection of items for not just their loved one but the East Timorese population, as well as the next section will demonstrate. The increased cost of communicating by telephone throughout deployment caused financial hardship for American families, particularly during the Gulf War (Caliber Associates, 1993) and more recent deployments (Varcoe et al., 2003). For this sample, financial difficulties were not reported for any increases in telephone and allied costs associated with communicating throughout deployment due to receipt of the East Timor allowance for ADF personnel.

Finding meaning in the deployment experience was important to respondents as the next section explains.

9.2.5 Finding Meaning in the Deployment Experience

Thus far, respondents' reactions to deployment, physical and mental health and family functioning have been examined. How do respondents find meaning in an experience that has a number of negative consequences, in particular at the microsystem level? As noted in Chapter 5.2.3(a), in family stress theory, the family's definition or perception of the stressor event, the 'C' factor, is thought to buffer the effect of the stressor event on the family's level of stress (McKenry and Price, 2005:12). Boss argued the 'C' factor was the least studied variable in the theory since it was difficult to measure (2002:47). Patterson argued that family meaning-making was important to understanding family resilience (2002:359). Other authors believe a social constructionist approach to understanding peacekeeping missions is useful and suggest such missions are what military families define them to be (Eyre et al., 1993:52). Ecological understandings consider spirituality (Harms, 2007) and the life course (Forte, 2007; Harms, 2005) as part of the microsystem. An important

consideration is how a deployment experience will affect the trajectory of the life course (Chapter 5.3.2; MacLean and Elder, 2007). Life events such as a deployment that change a person's self-concept, beliefs or expectations are likely to be significant turning points in people's lives (Rutter, 1996:612).

Ambiguity characterised respondents' attempts to find meaning. Finding meaning is one element of Boss's framework (2006) for dealing with the ambiguous loss associated with deployment and consequently is an important concept. On the one hand, most respondents in this study were philosophical and felt they 'just do deployment' and 'survive it.' Deployed respondents were generally proud of and satisfied with their peacekeeping roles. Non-deployed respondents were similarly proud of their partners' military work and satisfied that they had been able to 'get through a difficult and testing experience'. At the same time, respondents highlighted the tension in 'doing deployment' at a personal cost to themselves and their families. After deployment, a number of non-deployed respondents such as Jillian, said their partners had changed irrevocably. No respondents said they were better off as a result of the deployment. Rather, respondents seemed to 'survive rather than thrive'.

As Chapter 3.4.1 indicated, deployment may provide non-deployed partners with opportunities for new friendships, personal growth and independence (Wood et al., 1995:218-219). In their study, the personal meaning associated with undergoing the deployment experience had a positive effect on a couple's quality of life (Wood et al., 1995). Non-deployed respondents in this study expressed considerable pride in their partner's military work and themselves for 'surviving the experience'. Phoebe was very proud of her partner's achievements and gained personal satisfaction in seeing positive outcomes from the humanitarian work the ADF conducted with the East Timorese community. Phoebe felt 'she had everything' and 'those families over there have nothing.' It is suggested Phoebe and a number of other non-deployed partners such as Mary demonstrated empathy towards the East Timorese which assisted them in the process of finding meaning. The finding that a number of military families demonstrated empathy and provided instrumental social support (Compton et al., 2005:259) to the East Timorese community is a new finding and of interest since social support is linked to positive physical and mental health outcomes (Berkman et al., 2000; Harms, 2005; Tracy, 2002). In this instance, social support was provided and highlights that providing social support is important as well as receiving it.

On the other hand, Ross and Madeline (see 7.2.5) provided evidence of a struggle to find meaning in the deployment and military life. These and other respondents highlighted the constant tension between the military's demands and the quality of life of their family (Segal, 1986). Ross thought they were 'teetering', depleted by constant deployments and separations with attendant effects on their children and relationship. Madeline said 'the journey was terrible.' Ross and Madeline both highlighted their vision of a future together should they 'survive' their current marital difficulties. For them, the experience of military life post-deployment was to provide a springboard for life out of the Forces once they both qualified in their respective fields. In contrast to the findings of Wood et al. (1995) above, Ross and Madeline along with other couples such as Jillian and her partner, and Robyn and Doug, provided cogent examples of how the deployment experience was having a deleterious influence on these couples' marriages and quality of life for their families. In Goffman's terms (1982), their military life was reported to be largely unsuited to family life.

Some respondents made sense of the experience of deployment by weighing up the advantages and disadvantages of the experience. Jillian stated that her partner's behaviour post-deployment was 'obsessive' and that he was 'depressed'. Jillian's partner was angry with her when, in desperation one weekend, she contacted a Veterans' service after hours for emergency assistance. This had a negative consequence for Jillian since her partner refused to see anyone and 'went off his brain' with Jillian, believing that the service would 'tell the Army'. The negative consequences of a distressed family system far outweighed the positives for Jillian. For these respondents, it was evident their partners and consequently their family had changed for the worse. This was further compounded for Jillian by a prior negative experience with a social worker in Defence which acted as a barrier for Jillian in gaining assistance for herself. The notion of a physical presence of someone set against their psychological absence is consistent with Boss's concept of ambiguous loss (2002:94). Boss also termed this 'there but not there' which accords with the experience of a number of respondents in this study such as Jillian and her partner (2004:553).

Couples recounted unique experiences. A small number of respondents in this study found meaning through their spiritual beliefs. Genevieve's daughter was sexually abused while her partner was away, and the family had experienced a bereavement

prior to deployment. Genevieve's partner, Graham, was involved in recovery of human remains from wells in East Timor. Genevieve felt her belief in God sustained her through their difficult experience. Graham (7.2.3) paused before he recounted his 'atrocity story': 'what I saw over there I'll keep that personal because I think you probably know.' Graham then said he tried to block out the experience but, as he observed, 'you've still got your memories.' This finding suggests that many of the traumatic experiences of deployment will remain untold, are complex and persist in people's memory. As outlined in Chapter 5.3.2, the microsystem includes the 'inner world' of biological, spiritual and psychological dimensions and spiritual dimensions are considered part of an ecological understanding (Harms, 2005:5; Kaplan et al., 2000). However, this finding goes further since it illustrates how couples may have overlapping yet very different events and turning points in the deployment experience that contribute to how they make sense of respective situations (Rutter, 1996). It is likely Graham and Genevieve's respective 'inner worlds' would cause significant pain for them and influence their mental health and family functioning (Harms, 2005). Compounding this, Chapter 10.1.3 will show that Graham and Genevieve had a negative prior experience with a social worker, and they said they would never approach a social worker again.

As the Literature Review 3.4.1 observed, some writers questioned whether it was possible that military personnel would derive benefits from a peacekeeping deployment given that most are trained for combat (Britt, 2003:71). Britt highlighted that peacekeepers' self confidence increased, political understanding was heightened, stress tolerance increased, military qualifications were improved, and soldiers felt the local population had been helped. The evidence of this study demonstrated deployed respondents' humanitarian and military work was very satisfying and provided a purpose to their deployment. No ADF respondents experienced any conflict regarding their military training and their peacekeeping role. Geoff was proud of the model he had established with the East Timorese military. Matt and Patrick expressed pride in saving lives and limbs in their work with the civilian population of East Timor. Others such as Glen thought that they had been able to put their training to useful practice. Similar to Phoebe above, Warwick indicated he was humbled by the experience and gained insight into the needs of the local East Timorese community. These findings resonate with Britt (2003) who argued that peacekeepers would derive benefits when

military personnel perceived meaning during the deployment. However, this finding is contrasted by others above who were struggling to find meaning in the experience.

A number of studies have examined soldier's experiences of deployment and found them to be meaningful and satisfying. Newby et al.'s survey (2005a) of male and female soldiers deployed in a peacekeeping deployment found that soldiers rated earning additional money, self improvement, time to think, improved marital/significant other relationship, helping the people of Bosnia, ability to travel to another culture and seeing how good a soldier's life back home was in the USA provided a positive purpose for the deployment (Chapter 3.4.1). They argued that deployment has a differential impact of 'positive/negative' consequences, based on an interpretation of written comments (2005a:818). Hosek et al. (2006) similarly found that additional pay, tax exemption, fewer opportunities to spend money on deployment and increased capacity to use money to pay off debt were viewed as compensation for the risks associated with deployment. Further, using training and skills in a deployment as opposed to military training was described as positive. A number of the findings of these studies accord with the findings of this thesis. This section and Chapter 9.2.1 have shown that the opportunity to use skills developed in their military training fulfilled their ultimate military goal. Chapter 9.4.2 will show that the additional deployment allowance pay was viewed as very positive and helped to sustain the time away from family. However, it is suggested that in-depth interviewing of respondents about their experiences has yielded a greater understanding of the significance of, and variations in, the experience. The findings of this thesis suggest the deployment experience and finding meaning is too complex to be described as 'positive or negative' (Newby et al., 2005a). This thesis has found experiences are far more nuanced.

Thus far, microsystem level findings have been discussed. Next, mesosystem level findings are examined. They include: Living and Working Conditions in East Timor; Communities; Social Networks and Social Support; and Perceptions of the Assistance of Military Family Support Organisations.

9.3 Discussion of the Mesosystem Level

9.3.1 Living and Working Conditions in East Timor

Microsystem level experiences of deployed Australian Defence Force (ADF) respondents and their partners were discussed in previous sections. This section discusses living and working conditions in East Timor as reported by respondents. As outlined in Chapter 2.3 and 2.4, one of the defining characteristics of a military family is that the military member may be deployed to a war or war-like zone (Whitworth, 1984). Australian military personnel are remunerated, in part, on the basis of separation from family and exposure to war-like conditions overseas (Commonwealth of Australia, 2001a:36). Although respondents are physically separated during deployment, this separation is never absolute since they are able to communicate via modern technologies as Chapter 9.2.4 discussed. Thus, the 'theatre of operations' may be brought into the 'living rooms' of families at home (Ursano and Norwood, 1996:535-6).

As outlined in Chapter 5.2.3(b), Bartone et al. found five categories of psychological stress as being important in the living environment of a deployment which included physical and psychological isolation, ambiguity, powerlessness, boredom and danger (1998:591). In Goffman's terminology, during deployment in particular, the military is akin to a 'total institution' since it is largely cut off from the outside world (1982:18-22). Indeed, deployment is defined as unaccompanied military duty (Stafford and Grady, 2003) and is indisputably 'incompatible with family life' (Goffman, 1982:18-22). All deployed respondents were forthright when they recounted events regarding their living conditions in East Timor. Respondents used language such as 'weird', 'surreal', 'bizarre' and the military acronym, 'SNAFU' (Situation Normal All Fucked Up) to describe events they witnessed in East Timor. This language highlighted the uncertainty and ambiguity of the experience and that the experience was largely out of the realm of respondents' normal experience (Bartone et al., 1998).

Respondents reported harsh living arrangements. Many respondents outlined how they lived on 'Rat' (Ration) Packs. Navy respondents described their crowded living conditions on ships, although most Navy respondents said they had access to fresh food. A lack of privacy, constant proximity to or carrying of their weapon, the

uncomfortable climate, inadequate equipment, boredom for some and long work hours were evident. A number said they lost considerable weight during deployment. Bottled water was the only safe water, and a number became ill throughout deployment requiring medical treatment.

Indonesian troops were stationed in East Timor as Australian troops landed in East Timor in 1999. A number of respondents highlighted tensions between coalition troops and the Indonesian forces as well as their own concerns about known and unknown threats at this stage. Dean provided an account of the known and unknown extent of threat towards ADF personnel. Dean said the local East Timorese were 'very friendly'; however, 'then you had some East Timorese with a machete behind their back, ready to have a go at you'. Dean stated, 'Indonesians "driving up and down in uniform with rifles, and I was going like '"Wow this is weird".' Dean's description is illustrative of the complexity of the peacekeeper's role (Marie-France et al., 2001; Mehlum and Weisaeth, 2002; Segal and Segal, 1993; Ursano and Norwood, 1996).

Respondents described the devastation and danger in the local environment when the ADF first landed in East Timor. As Grant recalled, 'I think the crunch time for me was loading my magazines with live rounds and getting grenades for the grenade launcher and putting them in my webbing and thinking "well, this is the real deal you know. This is life or death."' Respondents observed remnants of villages. Some said they worked amongst 'human excrement' smeared on the walls of buildings, reportedly left by Indonesian Forces which were made habitable as ADF quarters. Respondents were directly exposed to other biological hazards such as pathogenic bacteria, viral agents, water-borne diseases and other disease agents. Others had to remove and handle body parts and human remains from buildings, off walls and wells.

Navy respondents were not immune to the ambiguity of the experience and witnessed villages burning from their ships. One Navy respondent said joint exercises with the Indonesian Navy had been conducted two weeks prior to deployment. Previous military partners became potential combatants. Many respondents highlighted the ambiguities of peacekeeping with respect to identifying the potential enemy and exercising restraint when threatened. As outlined in Chapter 3.3, peacekeeping is thought to be a more complex role than war-fighting because peacekeeping soldiers are not expected to engage in regular war activities and must control their hostility

and fight impulses as well as natural flight impulses they are trained in (Mehlum and Weisaeth, 2002). This accords with the experiences of the interviewees in this study since respondents had to curb their impulses to respond in situations that posed risks to them.

As outlined in Chapter 3.4.2(a), deployed personnel are exposed to traumatic events such as observing or handling dead bodies and remains, being shot at, ambushed or attacked, and they may injure combatants or civilians. Living conditions may be harsh, and peacekeepers may be required to exercise control in the event of hostilities which may arise from a number of conflicting parties (Dirkzwager et al., 2005). As previously cited, evidence of all of these situations was found for this sample. Anthony, introduced in section 9.2.3, was tasked with security and initial investigation of militia crime during UNTAET. Anthony described his experience of transporting and guarding a body and likened it to a film he had seen where the body was treated as if it was alive. Anthony may have used this 'black humour' to distance himself from difficult thoughts and feelings. Anthony was experiencing disturbed sleep and nightmares soon after return to Australia. Anthony said he had to manage his natural aggression given he had a newborn baby to parent. It is possible Anthony's symptoms at the microsystem level were related to conditions he experienced on deployment in his living and working environment. Those who exhibited behaviours such as startle reflexes at noises at post-deployment are likely to have had their origins in the living environment of constant threat.

A small number of respondents experienced combat conditions, and one respondent stated he killed a member of the militia. Doug stated, 'they come walking on top of us and it resulted in a few shots being exchanged. We killed two.' Although this respondent was adamant the experience was positive, combat exposure combined with witnessing atrocities places soldiers at risk of developing mental health problems after deployment (Sareen et al., 2007). Doug's partner, Robyn (8.1.1), sought counselling to help her manage the experience to be discussed further in Chapter 10.1.1. It will be shown Doug's experience in his living and working environment affected Robyn's decision to seek counselling at the microsystem level with a social worker.

Some non-deployed respondents commented on their partner's omissions of detail regarding their work in East Timor. When Jean and Shaun were interviewed together,

Jean highlighted her concern regarding her partner's work that she felt he was not trained for. Jean said, 'You handled dead bodies, put dead bodies on planes, and yeah it's not something that you do everyday.' It is suggested that Jean wanted to ensure this point was not missed by the researcher. It is considered that Shaun may have found this experience too difficult to talk about to the researcher and his partner prompted him. This and other similar findings provided evidence that interviewing couples together did enable richer and more accurate details to be obtained than would have been the case if only individuals were interviewed. As shown in Chapter 6.8, couple interviews may enable a fuller presentation of information. As couples describe their experiences, the interaction and discussion generated between participants may clarify, expand, confirm or refute events and understandings (Allan, 1980; Laslett and Rapoport, 1975). Partners may remind each other about the correct sequencing and nature of events (Sandelowski et al., 1992).

Respondents outlined how their military training prepared them for most military eventualities. However, it is suggested no amount of training could prepare respondents for atrocities that they bore witness to. Respondents expressed feelings of horror, disbelief and helplessness regarding witnessed events and the constant threat that was 'out there'. Incidents involving East Timorese children affected a number of personnel, particularly those with young children at home in Australia. Martin recalled a child who was injured in an accident. This was typified by his vivid description of the experience: 'I can still smell the smell of his dirty hair'. Martin reported startle responses after deployment. Glen described a 'village beating' he witnessed: 'a thirty two year old mother standing there beside the body bag of her father she'd just beaten to death with a stick.' It is suggested this may explain why respondents gained satisfaction and meaning through offering practical assistance to the East Timorese community such as repairing buildings, providing direct aid and repairing schools. Such work may have served to ameliorate the distress that they were experiencing.

Respondents were also exposed to the danger of Unauthorised Discharges (UD) of weapons which created considerable concern for deployed respondents as well as their families in Australia. Owen felt annual weapon training was insufficient. One ADF member was killed in East Timor in this manner. It is likely the possibility of Unauthorised Discharges, as an intrinsic risk of deployment causing injury or death,

adds to the worry of family members. As suggested in the Literature Review 5.2.6, military Command through the Department of Defence needs to ensure the wellbeing of the ADF men and women who deploy as well as their families. Occupational health issues that arise in the living environment require attention to minimise negative consequences where possible (Adler et al., 2005).

Non-deployed respondents expressed mixed thoughts regarding their communities as the next section will examine.

9.3.2 Communities

Respondents highlighted the importance of their community throughout the separation period, in particular, known as the posting locality. Respondents had been residing in their posting locality for varying periods of time prior to the notice to deploy, most for a year or more. Some such as Liane, however, had only recently arrived in their posting locality when their partner received notice to deploy. Others such as Phoebe, Katrina and Mary (7.2.2) relocated from their posting locality to extended family in another state or territory for support with their young children throughout the deployment. A small number of respondents stated they were actively involved in their immediate neighbourhoods as coordinators of Defence community houses or other Defence groups. A number had limited involvement in their neighbourhoods. Posting locality was therefore a significant factor for this sample in providing or limiting opportunities for developing social networks and gaining social support to be discussed in the next section.

As described in the Literature Review 5.2.3(a), community assets are considered in the contextual family stress model as the 'B factor'. The resources of the community may alleviate the effect of stressor events on the family's level of stress (McKenry and Price, 2005). Respondents who resided on or near military bases stated that their community provided access to facilities such as a DCO office, their partner's mess, a gymnasium, heated pool, cinema, churches, community house, education and childcare. A number of respondents stated some bases established Family Centres especially when the East Timor deployment commenced. Family Centres provided a meeting space for families throughout deployment and were described as child-friendly with play equipment for young children and safe play areas. Facilities were available in the local, non-Defence community for others who resided significant

distances from their military base. For some that relocated to extended family in rural or remote areas, community resources were more limited.

Although respondents had access to facilities for recreation and social support, a number had limited involvement with or engagement in their community. Ife described a sense of belonging and active contribution as elements of a community (2002). Nearly all respondents had extended family and friends in other locations. Shona, previously introduced in 9.2.2 and 9.2.3, said that she had no family and only one friend in her community. Shona's 'community assets' were limited, and she had been recently diagnosed with depression over and above her parenting responsibilities for her children. Some respondents said they felt frustrated and angry regarding the isolation of their posting location and wanted to be 'anywhere but here.' One adolescent left the area soon after the family relocated. A number of respondents identified their church community as offering a place for worship and connection with others. Karen described this as a 'feeling somebody was there if you needed help.'

Some communities were composed of 'married patches', that is, Defence housing areas comprised entirely or predominantly of ADF families. For some, these married patches provided ready access to a 'helpful neighbour in the same boat'. Dee and Lois resided in 'married patches' and had ready access to at least one neighbour. Lois resided in the 'Village', the enclosed community of the Special Air Service Regiment. For Lois, and others in this study, the sense of belonging as a 'military family in the same boat' and being immersed with others who understood her situation was paramount. Similar to others in this study, she felt the civilian community was unable to understand her experience. This close-knit community reflects the notion of a local or community-based culture with unique characteristics (Ife, 2002). Melissa, on the other hand, believed she straddled the world of the Navy/military and her world as a civilian. Although living in a 'married patch', she felt isolated.

Housing problems when associated with other lifestyle problems may create stress for families (Paulus et al., 1996). Paulus et al. argued that housing agencies should enable choice in housing. These authors found that housing problems alone did not influence health and wellbeing. A number of respondents stated they had problems with their housing and the Defence Housing Authority processes in attempting to resolve their concerns. Anna described problems with the state of a house and felt pressured to accept a house she did not believe was suitable. Bernadette was required to move

because of the condition of a house whilst her partner was deployed. Gavin and Thelma explained the unsuccessful outcome of a complex process in requesting to change residence so they could reside closer to their daughter's school which catered for her special educational needs. This process commenced prior to Gavin's deployment. As Thelma described the outcome, 'DHA caused me more stress than Gavin being over in Timor.' It was evident that housing problems and dealing with the housing agency were significant stresses for some respondents which is consistent with previous research (Paulus et al., 1996).

In one community, the RSL was reported to be active in contacting families directly to offer assistance. According to one respondent, this organisation conducted door knocks of houses in the 'patch.' This was interpreted by the respondent as an organisation caring for the Defence community and understanding family needs in a practical manner. This theme of understanding respondents' needs is returned to in the next chapter.

Interviewees indicated some positive support for the ADF community from the general public and empathy towards them from the broader civilian community in which they lived. A number reported positive experiences with staff when they were shopping for Care Packages and posting such items. However, a number felt antipathy from people in the community who saw them as making 'easy money' from the deployment. Other respondents expressed resentment towards businesses in their local communities who appeared to benefit financially from the increased income of ADF families.

As outlined in Chapter 5.3.2, communities may be both protective and pose risks for families (Corcoran and Nichols-Casebolt, 2004:217-211). One study has shown that families that manage deployments in ways that are satisfying to them had strong connections to their community (Wiens and Boss, 2006:20). It is suggested most respondents in this study resided in communities which possessed varying numbers of assets which were realised at times with mixed outcomes. However, a lack of engagement with their community was influenced by a range of factors including limited social networks, previous negative experiences in making friends, physical and mental health problems, parenting and family demands and the separation. This meant the role of professionals and military family support organisations would be important if accessed for assistance.

Social networks and social support will be discussed next.

9.3.3 Social Networks and Social Support

Social networks are the primary means through which social support is enacted (Chapter 5.3.4; Tracy, 2002). They include the families, relationships, groups and communities in which people live (Harms, 2005:29). Harms (2005:18) identified a good social environment as a key protective factor in a review of the literature.

Geographic dispersion of networks considers the ease with which members can contact and communicate with each other (Harms, 2005; Tracy, 2002). Given that respondents were mostly residing in other states or territories at a distance from extended family, communication with family was mostly by telephone.

During pre-deployment, social networks were predominantly composed of immediate household and extended family. Contact by telephone was problematic for Emily, John and Jillian who found the difficult emotions and distress of parents in particular hard to bear. Social support consisted of providing information to family members and listening to their thoughts and feelings about impending deployment. However, respondents indicated they were mostly providing rather than receiving support at this stage by listening to their parents' distress. Thus, reciprocity – that is, the degree of give and take, and the extent to which support provided was balanced by support received – was asymmetrical at this stage for most interviewees (Harms, 2005; Tracy, 2002). A number of grandparents of respondents were also reported to have their own concerns to grapple with when memories of Australia's previous wars, their own or other family member's military service were rekindled.

Some parents reported to be worried to the extent that they wanted the ADF member to be discharged rather than be deployed on the dangerous mission. A number of interviewees such as John were dismayed and upset with their parents' interference and lack of support for the deployment. Some non-deployed respondents such as Phoebe suddenly found herself caught in the crossfire between her own parents' supportive views and her in-laws pleas for her partner, John, not to accept deployment. This placed respondents in the difficult position of being deployed against the wishes of their parents compared to their partner's support for the deployment. Family arguments often ensued. Thus, it was evident that the reactions of extended family members to the imminent deployment of their son or daughter

added to the mix of family reactions. For others, interviewees expressed frustration with their parents' lack of support for their capacity to manage. ABCX theory and military family research in general has tended to discount the experiences of extended family members (Black, 1993; Eastman et al., 1990; Frankel et al., 1992). None of these studies considered extended family members in their research designs. This omission is notable and suggests that extended family could be considered more in policy and service responses.

Social networks changed with the deployment of the ADF interviewee. Frequency of contact was significantly less between deployed interviewees and their immediate and extended family. The degree of give and take and communication was more difficult due to the military security policy governing access to communication. As shown previously, communication was for many less frequent and determined by the deployed respondent. Deployed ADF respondents stated they were unable to take an active role in resolving issues families faced in Australia such as housing, legal or family matters by telephone or email as section 9.2.4 has discussed.

It is difficult to accurately assess the size of respondents' complete networks (the total number of people in their network) (Harms, 2005; Tracy, 2002). It was evident that some respondents appeared to have few friends. Such was the case for Shona, Melissa, Deanne, Madeline and Brianna for example. Limited social networks may have contributed to a sense of isolation and loneliness. Although it is difficult to determine what constitutes an optimum size, researchers suggest large networks may provide access to more resources (Harms, 2005). In a sense, the limited resources placed greater responsibilities on the parent remaining behind, since support was not close at hand. As observed in Chapter 5.3.4, social support is linked to positive mental and physical health outcomes (Berkman et al., 2000; Harms, 2005; Tracy, 2002). Shona, who described herself as having 'one close friend,' was diagnosed with depression, and her children were reported to be inconsolable throughout deployment. Melissa had a miscarriage (7.2.3) during the separation and was struggling with her young children who were also said to be exhibiting externalizing and internalizing behaviours (7.2.2). Melissa outlined her loneliness and provided experiences of being at a social gathering and not feeling understood. Deanne stated she had cut herself off from the Navy community because of 'bad' experiences: 'They're gossip mongers.' Deanne outlined a history of major depression (7.2.3) and a negative experience with

a Defence Social Worker (discussed in Chapter 10.1.3). Brianna said she was not part of the 'clique' and felt isolated and unsupported. The pain of exclusion from social networks was mentioned, and it served to colour their future experience. It is conceivable their limited social networks may have had a deleterious impact on mental health, physical health and family functioning.

As described above (9.3.2), many respondents resided in 'married patches.' Dee said, 'I thanked my lucky stars everyday that I lived in a married quarter patch.' Interestingly, Dee indicated later into the interview reservations about the lack of support in her 'patch' which appeared to contradict her comment, above. Dee recalled her experience of Christmas during her partner's deployment: 'I was pissed that no one offered. I thought that was really rude because I wouldn't let someone have Christmas by themselves.' It is possible that the perception of support that a 'married patch' could provide was paramount for Dee rather than actual support received. It may be that a perception of support is a form of protection against threats of isolation and loneliness. Paula, a non-deployed Army Officer, highlighted the barrier for her of rank and her role which served to exclude her from providing or gaining meaningful social support from her neighbours in the 'patch'. Paula said that being a manager of soldiers meant she was unable to socialise with 'subordinates.' Thus, although Paula allowed her child to play with the next-door neighbour's family whose breadwinner was of a lower rank, Paula said she did not feel comfortable socialising with the family. This suggests non-deployed ADF respondents are presented with unique challenges in accessing social supports in their communities. For others, married patches served to monitor people and gossip about them, leading respondents to withdraw from the community around them.

The USA military enshrines in policy the role of the Family Support Group as a pivotal support mechanism (Chapter 5.3.4). The social work literature (Bell et al., 1996; Black, 1993) also identifies social support as fundamental to military family wellbeing during deployment. Some ADF units in this study promoted self-help groups. During East Timor, an Australian version of a group known as the aforementioned PIT Crew established. In addition, a number of Army units created Family Support Centres on military bases. A number of respondents were positive about the support they obtained from membership of unit-organised, self-help groups.

Sally felt the group maintained morale. For others, social support groups within the military setting were viewed with suspicion and contempt.

Respondents in this sample who became part of self-help groups such as the PIT Crew felt they took control of their lives which increased their sense of personal agency and empowerment. As well as receiving support, they supported others in the form of telephone contact, get-togethers, child minding and, importantly, a sense of 'being in this together'. Mostly, these groups happened by chance when a unit had a morning tea or formed out of a pre-deployment briefing. Members of the group often did not know each other beforehand. Some groups met frequently throughout the deployment often at participants' homes or in cafes. In general, the groups lasted for the duration of the deployment and disbanded after partners returned home. Social network intensity refers to the strength of relationships within a network (Harms, 2005; Tracy, 2002). Face-to-face interaction with other non-deployed partners was sought and received through belonging to a group. Single members such as Natasha highlighted the important role of groups for parents as well which were reported to be established through ex-service organisations such as the RSL.

Interviewees' suggestions for improving support in the future centred on enhancing contact with 'others in the same boat' and mechanisms for overcoming perceived barriers such as privacy considerations. Significantly, for some, any sense of disconnection and not being understood was overcome by being with others who were also going through separation. Such a finding is in accord with the numerous studies linking social support and adjustment to separation (Bell et al., 1986; Orthner and Rose, 2003).

As well as having the capacity to enable social inclusion, some avoided groups or friendships because they had had negative experiences in the past with military family support groups. Respondents felt their partner's rank, lack of confidentiality, lack of purpose, 'cliquiness' and 'bitchiness' were barriers to becoming involved in military-focused self-help groups. Travis felt his wife's low rank gave her little status or authority in a 'wives' group.' Melissa's comments crystallised the reactions of many respondents which, when not feeling validated or understood in a social setting, withdrew from the conversation. As described in Chapter 5.3.4, social support is linked to positive physical and mental health (Berkman et al. 2000; Harms, 2005; Tracy, 2002). It is conceivable the lack of social support for a number of non-

deployed respondents negatively affected their physical and mental health outcomes. Notions of 'cliques' and 'gossip' acted to inhibit the formation of social networks for some and may be likened to what Goffman termed 'surveillance' since some respondents felt they were under the scrutiny and judgement of others (1982:18). This explains why a number of respondents withdrew or would have 'nothing to do' with groups or their neighbours.

An interesting finding in this study was that some respondents felt they received strong support from others they barely knew or indeed had never met, particularly via the internet. Melissa said 'the most support' she received was an email from someone she had met ten years earlier and who was a friend of her husband. Karen was touched by contact from people she had not heard from 'for ages.' Phoebe made 'good friends' on an internet site when she interacted with partners she understood to be going through similar experiences. It is suggested that these examples typify the value of 'weak ties' outside one's usual network (Chapter 5.3.4; Cheers et al., 2007:11; Granovetter, 1973). This finding that weak ties were perceived as valuable is notable given that a number of military families have limited social resources such as immediate family. The notion of weak ties also raises questions regarding strong ties or friendship in the military environment. It is evident that, for those who had had negative experiences, forming a meaningful friendship is fraught with difficulties similar to those above for group formation.

After deployment, respondents' social networks changed as the deployed family member returned. Deployed respondents had new members of their network who they had deployed with overseas. However, ADF respondents were often posted elsewhere when they returned which limited frequency of contact with their ADF peers. It is suggested mobility, a characteristic of military life, may exacerbate the capacity to obtain social support and have other unintended consequences for the ADF, particularly in a post-deployment context. A number of respondents emphasised that psychological debriefs tended to be missed if they were posted to a new locality. High posting frequency has been shown to lead to dissatisfied personnel, discharge from the military, a lack of job mastery and a high level of relocation that adversely affects the military family (Commonwealth of Australia, 2001b:21). Some deployed respondents stated that their unit or group with which they deployed provided the preferred social network for talking about and gaining social support with respect to

the deployment. Others stated they did not want to talk about the deployment in any forum. Some were reluctant to disclose that they had been deployed to East Timor out of a concern for being negatively labelled a 'Timor Warrior' which will be discussed in 9.4.1. It is possible some deployed respondents' social networks offered very limited opportunities for expression of thoughts and feelings about the deployment which would constrain their capacity to obtain social support if required. Social workers in particular need to consider those who have returned from a deployment and recently relocated.

Military family support organisations are discussed in the next section.

9.3.4 Perception of Military Family Support Organisations

The Literature Review 4.2 and 4.3 has highlighted the important role of military family support organisations. Interviewees believed the assistance of military family support organisations varied considerably in terms of access, effectiveness and responsiveness. Significantly, for some, knowledge of what the various organisations could do to assist was limited. In particular, knowledge of policy entitlements and conditions surrounding the deployment was lacking. This is to be further discussed in section 9.4.2. As noted in Chapter 4.3, the main military family support organisations included in the rubric of support in the Australian context include the National Welfare Coordination Centre (NWCC), the Defence Community Organisation (DCO), the units/bases/ships and Defence psychologists.

The military-staffed NWCC was established at the commencement of InterFET. The NWCC established a 24/7 1-800 number and provided written information and policy advice specifically for the East Timor deployment. Before deployment, the NWCC's role was to be a central database of family contact information, to provide a point of telephone contact for family members and to send information packs to family members where nominated by deploying personnel. During deployment, the role of the NWCC was to provide a central coordination point for referral of national welfare and family support and monitor the provision of welfare support to personnel and their families. In other words, the NWCC was to be a point of linkage for families and personnel in situations such as casualty notification and Compassionate Return to Australia of ADF personnel. However, the effectiveness of the NWCC was limited by the fact that it was not mandatory for units or ships to provide contact details to the

NWCC. This limited the capacity of the NWCC to send information or make contact with respondents.

Respondents were generally welcoming of information packs that were sent by the NWCC, although perceptions of their usefulness varied. The pack included information about the emotional cycle of deployment based on Logan's emotional cycle of deployment (1987) cited previously (Chapter 5.2.3(b)). However, very few respondents indicated they read this information. Few respondents stated the cycle of deployment literature was of relevance to them in this written form. Most respondents felt the information was 'too little, too late' and 'out of date.' As Madeline described it, 'I'm aware of all that far more acutely than any booklet.'

A number of respondents indicated their community provided convenient access to a local Defence Community Organisation (DCO) office or other service in the community where they could obtain counselling if required. For others who lived some distance from a DCO office, DCO was only accessible by telephone. This was the case for the parents of some respondents who lived in rural and regional localities. A number of non-deployed respondents themselves resided away from Defence facilities.

As stated in the Literature Review 4.3.4, the DCO Operational Plan (1999, cited in Siebler, 2003) stated that DCO would: participate in Unit organised briefings; ensure contact with family members to assess level of contact to be provided on an ongoing basis; assist and encourage the formation of self help support groups; provide general support to family members such as information, sponsor social gatherings, counselling, and referrals; sponsor individual and group briefings with families; and maintain close liaisons with Units, Senior Psychologists and Chaplains regarding debriefing issues.

The Operational Plan was established at the commencement of the East Timor deployment and was the framework for practice. Most respondents stated they were not contacted by DCO. This sample expected a DCO staff member would contact them throughout deployment. Most respondents were annoyed and bemused that DCO staff failed to contact them if only to 'see how I was'. Failing to be contacted elicited strong responses from participants: 'No one contacted me!' When respondents were not contacted, this suggested Defence 'didn't care'. Thus, this sample viewed

the DCOs assistance along a continuum of responses, ranging from positive to neutral to hostile.

Some respondents were confused about the respective roles of Defence Social Workers and other staff in DCO known as Family Liaison Officers (FLOs). This situation was not helped by considerable variation across DCO localities in terms of which staff were responsible for contacting families throughout the deployment. Some respondents indicated the FLO or administrative staff contacted them exclusively throughout the deployment whereas other participants reported this role was carried out by the social worker. One primary role of the FLO was to provide information about community resources and contact family members during deployment. If the FLO identified a 'problem', referral was to be made to a social worker. Social workers also contacted families in some localities. However, a number of respondents were unable to distinguish between the two roles.

Disparaging remarks were made about DCO staff and their lack of respect and professionalism. Thelma, introduced in section 9.2.3, stated that she felt humiliated and dismissed when she inquired about potential home help services to assist her when her partner was away. Thelma was physically unwell and had tried unsuccessfully prior to deployment to resolve a housing issue (9.3.2). Thelma felt that there were limits to the help available. Military staff in DCO, known as Military Support Officers, were also criticised for wearing civilian attire rather than their military uniform. It is possible respondents felt this compromised their privacy and/or increased the likelihood that their personal experiences may be used against them or their partner in the future. Some respondents were critical when DCO military staff of a different service attended a presentation or a family crisis. Dee made a complaint about DCO to a Commanding officer and was irate because a Family Liaison Officer had apparently opened a file on her. This highlights, as Jones and May (1999) described, that it is the actions of front-line workers in organisations that constitute the actual policies. Therefore, how reception, administrative, military and professional workers interpret and apply policy in their domains, determines what military families will and will not receive or perceive in practice.

Apart from 'morning teas' and other social events which many respondents could not or would not attend, DCO was seen to offer little information to non-deployed respondents. Many respondents felt DCO 'did not understand.'

Previous evaluations of military family support organisation have found mixed results. The findings of this study were similar to Flemming and McKee's research (2000) in Canada. This research found the role of the Canadian Military Family Resource Centres was inadequate during deployment of troops to Kosovo. According to an early American Department of Defence report, *Family Policy and Programs: Persian Gulf Conflict* (1992), Family Centres worked well and provided financial advice, counselling, rumour control, childcare referral, respite care, emotional support, emergency/crisis intervention and practical assistance. It is possible that the USA military is less likely to be self-critical than the Canadian Defence organisation. Further, it is conceivable that the USA military is all-around better resourced and therefore better positioned to support the family members of deployed troops. The primary finding of the Persian Gulf report (1992) was that accurate information was crucial to family wellbeing. Those who had limited information experienced more anxiety and stress. In contrast to military families involved in the Gulf War, respondents in this study received a less comprehensive array of services and felt DCO's role was very limited. It is evident that Australian military families in this study were openly critical of the DCO.

Respondents indicated unit/base/ship support during deployment was of variable quality and consistency. Units that failed to deliver on promises of regular contact and home maintenance, such as 'mowing lawns', were judged harshly by participants. Respondents highlighted that military personnel often had no training and limited skills in dealing with family problems. Those that contacted units complained that calls were often not returned for days. As outlined in Chapter 4.3.5, the findings of this study resonate with previous research which suggest that military personnel remaining behind who are required to assist families must be adequately resourced and trained for the role (Wood et al., 1995).

Similar to Sareen et al.'s Canadian study (2007), this study found a lack of confidence in Defence's support services was a barrier to gaining help for mental health concerns. For most deployed respondents, mental health screens which most respondents described as a 'debrief' were conducted in the context of preparing to return to Australia. Although the DCO Operational Plan suggested linkages between Units, Senior Psychologists and Chaplains should be made with respect to debriefing, no respondents indicated any involvement with DCO. Ward's important study into

Australian peacekeepers recommended early intervention and identification for those at risk which is consistent with the espoused Operational Plan (1997:192). The findings suggest this aspect of the DCO's services needs to be strengthened.

Interviewees reported the debriefs undertaken in East Timor prior to return to Australia were mixed in their usefulness. Although the return to Australia debrief conducted in East Timor was viewed with scepticism and limited support for its relevance, interviewees that received educative material about 'homecoming issues' generally found this helpful. A number of participants viewed debriefs as a routine 'tick and flick' exercise and resented having to discuss the deployment in this context. Respondents felt some debriefers were inexperienced and lacked knowledge themselves in the process. A number received no debrief or follow-up upon return to Australia (Appendix 2). As described in Chapter 4.3.6, ADF personnel were to receive a mandated psychological screening prior to return to Australia and at three months post-deployment in Australia conducted by a psychologist or psychological examiner (Deans, 2002). Many missed one or the other debriefs. A number of respondents were unsure whose responsibility it was to make contact with psychologists when they returned to Australia. Irrespective of their age or years of service in the military, most respondents thought debriefs should be retained, although doubts lingered regarding their value and how the information was used.

In their UK study of debriefing, Greenberg et al. (2003) found that most respondents made use of informal networks and that formal psychological debriefings were not required by all. However, in contrast, the present research found respondents expressed guarded support for maintaining debriefs. This study also found strong support for consideration of a family-centred debriefing approach to be offered to couples, which is discussed in Chapter 10.1.4. It is suggested that interviewing non-deployed respondents in this study was useful in eliciting this finding which other studies have not considered.

The macrosystem level is discussed next and this includes two aspects: the Military Institution and Culture and Respondents' Perception of Policies.

9.4 Discussion of the Macrosystem Level

9.4.1 The Military Institution and Culture

Harms describes culture 'as the ways of life we assume, the influences on an individual's life that are the taken-for-granted ways of life' (2005:66). As emphasised in Chapter 5, the contextual model (Wiens and Boss, 2006) considers culture as an influence on behaviour, and ecological understandings consider culture as a macrosystem factor. Military command dictated who, when and where personnel would be deployed. As a case in point, the InterFET force was established rapidly, and this sample had limited time to prepare themselves for the impending deployment. For InterFET, the amount of notice interviewees in this study had to deploy varied from a matter of hours to several weeks. Further, it was unknown at the commencement how long the actual deployment would be which created uncertainty for families. The InterFET deployment was predictable for most, although deployment dates changed considerably. However, for those deployed on UNTAET, notice of deployment was more predictable with a longer preparation stage and the certainty of a six-month time frame.

ADF respondents described the effect of the military institution as all-encompassing in terms of their identity and family life as typified by Ross who said, 'What the Army says is what the Army gets.' This aspect was a 'taken-for-granted' way of life for ADF respondents as evidenced by their descriptions. A sense of 'duty first', 'the Army is who I am,' working in a war-like environment and having a unique role were prominent considerations. Respondents had strong thoughts and pride in the culture of their own Service of Navy, Army or Air Force. These findings are unsurprising and are supported in other research regarding the priority of the mission over family needs (Martin and McClure, 2000; Segal, 2006). However, the descriptions highlight the inexorable notion of the institutional military (Segal, 1986) and characteristics of a 'total institution' that Goffman suggests were incompatible with family life (1982:18-22).

As cited in the Literature Review 2.4, characteristics of the military institution include a strict code of discipline and a regimented way of life (Commonwealth of Australia, 2001a:36). A handful of respondents such as Simone (Chapter 7.3.4) said their chain of command was a significant problem for them throughout deployment. This

contrasts with the study by Newby et al. (2005a) that found all soldiers mentioned problems with their chain of command as the most common category of negative comment.

Military culture was enacted in other ways such as expressing shame about vulnerability and stoicism. Deployed respondents provided vivid descriptions of their thoughts and feelings about how they performed their military work. Shaun described the anguish and embarrassment he felt at returning to East Timor after a mid-tour break and being so upset on the plane that the flight attendant asked him to sit in the front area upon take off. As previously cited, Doug stated he was involved in killing militia and that this incident had no effect on him.

As outlined above (9.3.3), a number of interviewees stated they would only talk to ADF personnel they had been deployed with about their experiences. Ironically, for some, ADF non-deployed personnel were reported to be resentful of those who had deployed – for example, Travis's experience of being described deridingly upon his return as a 'Timor Warrior' by those who had not deployed. Such abuse may be likened to what Goffman terms 'mortification' (1982:24). It is suggested this would create a barrier to wanting to talk about the experience in some social settings. Previous UK research found that an inability to talk about peacekeeping experiences when participants wanted to contributed to the most distress in their sample (Chapter 3.4.2(a); Greenberg et al., 1993).

Non-deployed partners outlined how they were immersed in the culture of the military organisation, with similar evidence of 'mortification' and 'surveillance' (Goffman, 1982:18-22). For example, their role as a 'military partner' prescribed particular behaviours. Karen stated that the role of 'Army wife' meant she could not tell someone freely that she was 'not coping'. Some, such as Deanne, said the culture had its own language, which was evident throughout all interviews and created difficulties in the transcription process . Deanne, for example, recounted how her son had referred to the floor as the 'deck' on his first day of school. Lois described the military as a 'closed book' and 'brotherhood that just all sticks together.' Lois felt families were 'dragged along for the ride' and, similar to many respondents, highlighted the 'embarrassment' to their ADF partners if they were seen to be 'whingeing'. Families were then said to become 'admin problems' and a 'liability'. Robyn described how the culture of inherent danger on deployment determined how her family planned for

death or injury. Phoebe explained how her partner was recalled to work the day before he was due to be deployed. Dee, whose partner was a Non-Commissioned Officer, made the interesting observation that a 'Brigadier's wife… feels exactly the same things as I do.' Highlighting the cultural notion that non-deployed partners informally wear the rank of their partners (Segal, 1986), Dee said that the military organisation needed to acknowledge that anyone may experience problems in the context of military life, and that 'support does not have a rank.'

Research has shown that the regimented way of life has a number of effects on the military family. For example, non-military family members may informally wear the rank of their partner, may be told how to act at social functions, that their behaviour may be under scrutiny and that they should refrain from 'troublesome behaviour' (Segal, 1986:23). The preceding evidence of this study supports this research. Building on Segal's thesis that the military and family are 'greedy institutions' (1986), it is suggested an ecological understanding of the various factors creates further possibilities for intervening at different levels. An important concept outlined in Chapter 5.2.2 is Goffman's concept of a 'total institution' (1982). Characteristics of a 'total institution' include mortification or degradation of the self, routinisation or tight scheduling of daily activities, surveillance or monitoring of every aspect of people's behaviour, restricted contact with the outside world, exclusion from knowledge of decisions regarding their fate and incompatibility with family life (Goffman, 1982:18-22). This study has provided illustrative accounts of this from deployed and non-deployed interviewees.

Similar to ADF respondents, for non-deployed respondents, military culture conferred 'taken-for-granted ways of life' for respondents in this study (Harms (2005:66). It is suggested these taken-for granted perspectives of military culture may interact and affect other levels such as help-seeking behaviour at the mesosystem level which in turn influences mental health outcomes and family functioning at the microsystem level. The next chapter will discuss this aspect further in the context of Defence Social Work.

Policy is a macrosystem factor, and respondents were vocal in both their support for and criticism of Department of Defence policies.

9.4.2 Respondents' Perceptions of Policies

As described in Chapter 5.3.5, in an ecological understanding, the macrosystem level considers social and economic policy (Kaplan et al., 2000). Good practice is dictated by appropriate policy that enables interventions to occur at mesosystem and microsystem levels. All respondents were satisfied with their level of remuneration for the East Timor deployment. Chapter 9.2.4 outlined financial difficulties were not reported as a result of increases in telephone and allied costs associated with communication throughout deployment. This was as a result of the East Timor allowance for ADF personnel. Some respondents indicated the 'deployment allowance' enabled them to pay off debt, 'put some funds aside for a rainy day' and purchase items they wanted. As described in the Literature Review Chapter 3.4.1, additional pay may act as compensation for the risks of deployment which accords with the findings of this study. Given that Harms (2005) identified a good economic environment as a protective factor, the level of remuneration for ADF families is reasonable compensation from their perspective.

After a deployment is announced Lewis (1984, cited in McClure, 1999c:111) has suggested family members want information and, if it is not obtained, worry ensues (Chapter 5.3.3). Obtaining information was crucial for all interviewees. It is suggested that providing policy information would empower respondents and symbolise that 'Defence cared' and understood military families. Some respondents were critical of the policy information they received about the deployment whether in written or verbal form. The main purveyor of written information was the NWCC.

Policy dissemination was a concern for most respondents who gave varied responses to questions regarding timeliness, relevance, and quality of policy information. In general, information was provided to respondents in several ways: Unit Information Sessions; by the DCO; information packs from the NWCC; Defence newsletters; and the informal social networks of respondents. If received at all, policy information was obtained very late into the deployment, of variable relevance and lacking in detail.

A number of respondents such as Mary, Phoebe and Katrina began to organise relocation prior to deployment since they were aware of the Defence policy to travel at public expense to extended family for the duration of the separation. This finding is consistent with previous research that found partners with young children moved prior

to deployment to be near family and friends to gain positive support (Rosen et al., 2000). However, this study found that policy processes were unclear and created unnecessary stress. Katrina was a case in point. For Katrina, diagnosed with postnatal depression, the process of gaining policy advice and a determination with respect to relocation and housing policy with Defence's agencies was very stressful, which negatively affected her mental state and that of her children as previously discussed in Chapter 9.2.2 and 9.2.3.

Interviewees were confused about policy provisions or unaware of the existence of certain policies which may have been able to help them. Respondents noted information about practical matters such as the need for a Power of Attorney was confusing and difficult to organise. Policy commonly did not reach the intended audience. Respondents often found out about policy inadvertently. For example, Eve, Mary and Brianna were not informed of important policy information such as an entitlement to travel at public expense for support. Eve was hospitalised after her partner deployed, and it will be seen in Chapter 10.1.2 that her partner may have been returned from overseas to assist her. Eve said that she would have considered getting her parents flown interstate to support her at the time if she had been aware of the relevant policy. Brianna, an Air Force partner residing in a remote locality, would have travelled to her family, but only found out about the policy when shopping in the local supermarket some months into the deployment. Mary obtained information by chance from the unit's welfare officer and said, 'I was lucky that I cut the guy's hair.' For deployed respondents, policy advice for their families was also crucial in ensuring 'they were looked after.'

A number of interviewees highlighted how policy was well-disseminated. Interviewees obtained policy information at unit-organised presentations prior to deployment. Respondents felt the benefits of such presentations were that the presenters from 'welfare', psychology, housing, units and legal were able to alleviate concerns 'on the spot.' Common concerns raised according to interviewees were the expected level of hostility respondents were likely to face, finances, length of the deployment and communication during the deployment.

Many participants criticised the information sessions for being irrelevant and failing to cater for their particular family situation. Information did not meet the needs of some respondents such as single ADF respondents. A majority of respondents in this

study attended mass meetings where a variety of civilian and military service providers presented information about a range of topics. Some respondents explained that they were reluctant to ask questions out of fear of embarrassing their partners who stopped them from putting their hands up. This highlights the issue of how 'private troubles' are transformed 'into public issues', as described by Schwartz (1969:22). It is conceivable that military partners did not want to appear unprepared for their deployment or place themselves under the scrutiny of their commanders and thus prevented their partners from asking questions. This also resonates with Goffman's notion of surveillance or monitoring. Although ADF families are not monitored in an absolute sense, the evidence of this study suggests that they perceive to be scrutinised and monitored in their daily lives.

Dual military respondents with children expressed concerns regarding both being deployed at the same time and how Defence's policies could support them to do their work. One couple were faced with this situation until the decision to deploy was revoked for both. However, one respondent believed the ADF was creating a situation where the female partner would be forced to discharge from the services to care for their children.

A lack of follow-up mental health screening was reported post-deployment. Policy was unclear for respondents regarding this aspect. Given the exposure of respondents to potentially traumatic and traumatic events as discussed in 9.2.3 and 9.3.1, this raises a number of issues. The need for early identification of mental health issues is clearly indicated in the literature (Commonwealth Department of Health and Aged Care, 2000a). Follow-up, ongoing assistance and referrals to appropriate clinical services are suggested as effective practice (Wiens and Boss, 2006:34). A number of respondents in this sample had previously deployed on operations to Somalia and Rwanda. Given the research regarding these operations and their mental health sequelae (Hodson, 2002; Ward, 1997), it is suggested policy and service attention to this gap is important. Since screening is purported to provide education about homecoming issues, enable early identification of mental health concerns and create linkages with the ADF's mental health services including Defence Social Workers, greater attention to post deployment follow up of ADF families via Regional Mental Health Teams is required (Tebble, 2002).

The next chapter discusses respondents' perceptions of Defence Social Work interventions at the micro, meso and macrosystem levels.

Chapter Ten
Discussion of Defence Social Work

10.1 Introduction

The previous chapter discussed the findings relating to deployment, in which the multidimensional nature of the deployment experience is demonstrated. All of the categories discussed have significance for social workers who work with military families in the Defence setting in Australia. This chapter will discuss the findings presented in Chapter Eight pertaining to Defence Social Work.

The literature review demonstrated military family perspectives of the Defence Social Work role have not been examined in general or in the context of a deployment internationally and in Australia. This study aimed to address this gap by asking participants about their views of social work interventions.

This chapter is organised in four sections: social work: microsystem social work: mesosystem social work: macrosystem social work; and respondents' ideas for improving social work practice. The subject of the final chapter is the conclusion of this thesis.

10.1.1 Social Work: the Microsystem

As observed in Chapter 5.3.3, the microsystem level (Figure 2) considered individual/military family risk and protective factors, genetic/constitutional/biological factors and individual health and wellbeing (Kaplan et al., 2000:73). Chapter 5.3.3 outlined what some writers have described as good practice strategies which social workers may employ (Bell and Schumm, 2000; Wiens and Boss, 2006). However, respondents provided little evidence of the use of good practice strategies.

What did respondents say about social work practice? Most respondents had some contact with a Defence Social Worker throughout deployment. Fourteen out of the seventy-six respondents contacted a social worker throughout deployment at the microsystem level. Many had had previous contact with a social worker in the Defence Community Organisation (DCO), although most of these respondents said they would be unlikely to contact a social worker again. Four respondents described their experiences of medical evacuation, compassionate return from East Timor and concomitant social work assistance, which is described in the next section 10.1.2.

Most respondents who experienced a social work intervention described it as inadequate and unhelpful. Three interviewees, comprised of one couple, Karen and Josh, and Robyn, a partner, said their experience was helpful. One respondent, Katrina, gave a mixed response. A number of respondents may have benefited from assistance at the microsystem level due to a range of physical and mental health and other difficulties. These respondents tended to manage alone, received limited assistance and suffered emotionally which is likely to have also influenced their children's wellbeing. Some respondents stated social workers provided counselling prior to and during deployment. However, post-deployment, no respondent stated that they had any involvement with a social worker.

Two couples were required by their commanders to have a single session, pre-deployment interview with a social worker. This process aims to provide psychoeducation to families regarding the deployment. Josie and Ivan described their experience as unhelpful. Josie (8.1.2) said she did not feel included in the interview since questions were directed to Ivan, 'Has she been on her own before?' Ivan remarked the language of the social worker was off-putting, and neither Ivan nor Josie engaged with the worker. The lack of a client-worker relationship with Josie and Ivan at this time would be relevant after Ivan deployed since an unexpected event occurred for Josie, to be described in the next section. In contrast, Karen, and Josh who was re-deploying after a first tour to East Timor, found the experience very helpful since information about social support in place for families was made available. This is in line with good practice that suggests providing education about the deployment such as community resources is beneficial (Wiens and Boss, 2006).

Previous research has found physical and mental health conditions are likely to be presenting issues for social workers in the context of deployment (Chapter 3.4.2; Nice, 1983; Rundell and Ursano, 1996; Sareen et al., 2007; Shigemura and Nomura, 2002). Of the respondents who stated they were diagnosed with a mental health condition, only Katrina informed the social worker of her condition. Deanne stated that she had a long history of depression, although said that she was well throughout the deployment. Shona and Ann, who were both diagnosed with depression during deployment, had contact with social workers but did not disclose their mental health conditions. Indeed, both did not tell their partners about their mental health status until after the deployment. Chapter 9.2.2 indicated children and adolescents faced a

range of physical and mental health problems during deployment. Chapter 9.2.3 provided evidence that physical and mental health concerns were significant for non-deployed and deployed respondents. It is apparent that many of these respondents struggled significantly with these concerns during and after deployment as Chapter Nine outlined. A telling finding was that social work or other professional interventions were sought infrequently. As noted in Chapter 5.3.3, ecological understandings of physical health recognise the biological/genetic determinants of health as well as the social determinants which includes income, education, housing, employment, working conditions and geographical location in determining the health status of groups or communities (Taylor, 2006:132). It is suggested a number of these families could have been better assisted if social workers made routine contact with families throughout deployment, built trust (Mattaini, 2002a:159) and used sound assessment skills (Harms, 2007:160-161) to provide a pathway to care where required. Section 10.1.4 will show that this was suggested by respondents as a means to improve social work practice.

Chapter 9.2.3 argued that a number of other respondents in this study were likely to have had an undetected mental health concern. A number of deployed respondents had symptoms consistent with a mental health diagnosis at post-deployment, although none reported any contact with a social worker or other service provider. In addition, in Chapter 9.2.2, it was suggested a number of children and adolescents were living with an array of physical or mental health conditions. Thus, social work interventions in this context were limited for this sample which was a surprising finding given that mental health issues such as depression have been long known as a concern for partners who experience separation (Logan, 1987; Nice, 1983; Pearlman, 1970), and peacekeeping impacts negatively on the physical and mental health of peacekeepers (Shigemura and Nomura, 2002) and families (Wood et al., 1995). One explanation for this was that the sample was not selected to represent those who had sought the assistance of a social worker.

However, as the next section also discusses, a number of respondents provided case examples. Katrina sought assistance and disclosed her mental health status to a social worker. Similar to other respondents, multiple and co-occurring factors were evident for Katrina across micro, meso and macrosystem levels that presented a greater impediment than one factor alone. Katrina's social work assistance was limited to

advocacy, even though Katrina had explained her condition to the social worker. She was diagnosed with postnatal depression when her partner was required to deploy. Katrina described how the social worker in the initial locality advocated and wrote a supporting report to obtain approval for Katrina and her two young children to travel and be housed in another state close to extended family. Bland et al. (2007) has shown that advocacy is an important intervention in the mental health area. Katrina felt the approval process and housing policy were confusing and caused her considerable stress, as was similarly reported for Gavin and Thelma in Chapter 9.3.2. Unbeknownst to Katrina, the advocacy would have involved liaison between the social worker and policy determining bodies in Defence. Katrina stated her social network in the previous locality was limited and she would not have 'survived.' Katrina also experienced an argument with her mother who felt she would be unable to manage her children, and they did not speak to each other for some time.

Katrina's partner, Jack, was reported to have disengaged from the family during pre-deployment preparations. Coupled with parenting demands of two young children, an acute episode of postnatal depression and the imminent loss of her partner to deployment, Katrina said she was 'very unwell' at this time. She recontacted DCO in the new locality to obtain ongoing social work assistance. However, it was apparent no liaison between workers in the two localities occurred since no assistance ensued, and in frustration, Katrina contacted her GP and obtained a referral to a mother-baby unit and a referral to psychological counselling. She was also confused about social work roles and other roles within DCO and was visited by a Family Liaison Officer in the new locality who had a different role to a social worker. Significantly, when interviewed over twelve months post-deployment, Katrina explained that her pre-school son was still suffering ongoing night terrors and sleeping difficulties. Katrina's situation crystallised a range of issues such as the need for social workers to ensure that intra-agency linkages occurred and to possess the necessary knowledge to comprehend, assess and intervene in Katrina's mental health context. Katrina's experience negatively influenced her willingness to consider contacting a social worker in the future. As described in Chapter 5.3.3, social workers may utilise interventions such as advocacy, educating clients and families, working with families, case management, intensive casework, locating resources and community work (Bland et al., 2007:208). If this aspect of practice had been better applied for Katrina,

it is possible mental health outcomes may have been improved for Katrina and her newborn child and two year old son.

Pertaining to an ecological perspective, a number of risk factors of deployment were identified in Chapter 5.3.2. Similar to many others, Shona's situation illustrates a number of risk factors: sudden deployment; military person was not deployed with their parent unit; and caring for a child with a degree of disability. As outlined in Chapter 9.2.3, Shona was diagnosed with depression and prescribed antidepressants when her partner deployed, although Shona did not comply with the medication. Shona also had few friends, and throughout the separation, her young daughter was reported to be exhibiting disturbed sleep and sleeping on 'Daddy's side of the bed'. Shona made several inquiries regarding her need for childcare so she could attend a social function via her 'social worker for the East Timor deployment' which was unable to be met 'at the last minute.' Whilst Shona had not disclosed her mental health status to the social worker, it is evident that there was limited opportunity to do this since the engagement phase, intake process, information gathering and initial assessment of Shona's circumstances was inadequate. Shona understood that a social worker had been appointed to help her throughout the deployment and she was told, 'I'm your social worker for the East Timor deployment.' Social workers require sound assessment skills in the Defence setting. As Harms (2007) observes, the type of assessment required depends in part on agency context and establishes a mutual agenda for action. Social workers conduct a range of assessments including eligibility assessments, investigative assessments for Command, suitability assessments for potential recruits and, in counselling, to determine what the focus of the work should be (Chapter 5.3.3; Harms, 2007:161-162). The missed opportunity to assist and engage with Shona also shaped her future help-seeking attitude towards social workers. As Shona stated, 'you just lose the faith.' If engagement had been achieved, a range of interventions may have assisted Shona, including advocacy, intensive casework and seeking out resources (Bland et al., 2007).

Similar to others in this study, it is likely Shona's and Ann's reluctance to disclose their mental health condition was strongly influenced by the culture they lived in and the 'surveillance' characteristic of the military institution (Goffman, 1982). Canadian research has shown how the Canadian military organization is 'hypervigilant' regarding all aspects of their member's deployability (Harrison and Laliberté,

2008:217). Military personnel were shown to be at risk of having their private lives and social problems uncovered which placed them at risk of disciplinary action, non-deployment and discharge action. Harrison and Laliberté (2008:218) argue that a 'silent pact' culture was created which constrained military members and their families, a finding which resonates strongly with this study. It is argued Shona and Ann would have been reluctant to disclose their mental health conditions out of concern for exposing their private lives and problems which may have created difficulties for their deployed partners. Notwithstanding, good social work practice and a positive client-worker engagement may have achieved a different outcome for respondents.

It is evident that inadequate child and family assessment by social workers was a common experience, as demonstrated by Katrina and Shona, who both had young children and diagnoses of depression. It is suggested these very young children's needs were overlooked which could have posed risks to their language, social, emotional and cognitive development (Cohn et al., 1990; Field et al., 1985; Seifer and Sameroff, 1992; Zayas, 1995). This is in accordance with Costello's (2003) claim that children are often not considered in social work practice. Further, this is akin to Rutter's process of 'negative chain effects' where early adverse experiences may predispose a person to subsequent negative experiences in later life (2000:656). Studies have shown that young families with children in particular do not adapt well to deployments and are a vulnerable group (Bell and Schumm, 1999; Wolpert et al., 2000). The evidence of this study supports this previous research and suggests social workers need to focus their attention on families with young children. In particular, sleep disturbances are suggested as a target for social work early intervention via psychoeducation and referral since most respondents and their children were found to be negatively affected in this regard (Chapter 9.2.2), which accords with previous research by Reeves et al. (2005) and Van Vranken et al. (1984). Studies have shown that early onset of sleep problems at age four years may predict onset of anxiety/depression in adolescence (Gregory and O'Connor, 2002), onset of anxiety disorder in adulthood (Gregory et al., 2005) and interference in family functioning (Alfano et al., 2007).

Social workers need to be knowledgeable with respect to children and adolescents given that the literature and the current study underpin mental health as a factor for

this group throughout deployment (Literature Review, 3.4.2(c), 5.3.3; Black, 1993; Jensen et al., 1996; Watanabe and Jensen, 2000). During deployment, some respondents initiated contact with social workers requesting information about worrying changes they observed in children's behaviour. Emily sought advice by telephone about her eight year old son, Kevin, who was 'getting a bit violent' according to Emily. Emily was deterred by the suggestion of the social worker that Kevin needed to see 'Children's Mental Health' since Emily felt 'they would lock him up.' It is evident a working alliance was not established since Emily dismissed the social work advice and sought the help of others (Harms, 2007). As Watanabe and Jensen (2000) have shown, boys and younger children are particularly vulnerable to parental separation, and monitoring by health professionals and parents during deployment is important. Emily and Kevin may have benefited from a range of options. For example, the social worker may have offered to meet with Emily and Kevin and make an initial assessment of the situation. Further information may have elucidated whether Kevin's behaviour was normal in the context of the deployment or suggestive of further exploration. An explanation of how child and adolescent mental health services work with children and families may have tempered Emily's concerns. Taylor suggests social workers require knowledge of solution-focused approaches, crisis theory, ecological theories, strengths perspectives and anti-oppressive approaches (2006:143-144). A brief, solution-focused intervention may have been a less intrusive option if assessed as appropriate. Educating clients and families about resources is a feature of mental health social work (Bland et al., 2007:207), and it is suggested attention to these aspects may have better assisted Emily and Kevin.

As described above, it is argued that, for most interviewees, their negative experiences of social work began when there was a lack of engagement with social workers. Respondents could have benefited from skilled assessment and intervention although this was not achieved since engagement did not occur. Practice at the microsystem level is premised on the formation of the social worker-client relationship or therapeutic alliance with the military family (Chapter 5.3.3; Knox and Pryce, 1999). Payne argue 'clienthood' is a process whereby 'clients' bring the outside world with them into social work activity and change the nature of social work (2005:19-20). Dominelli also argues that clients shape the relationship and influence the range of options available through their belief systems, behaviour and

how they present the problem(s) they want to address (2004:69). Chapter 5.3.3 posed that the route to clienthood for a military family in the Defence setting could be challenging, and such was the evidence of this study. Respondents clearly brought 'their worlds' into their contacts with social workers and presented their problem(s) in particular ways. An important point made in Chapter 5.3.3 was that, at the microsystem level, social workers need to treat clients as active citizens who obtain resources and contribute to practice (Dominelli, 2004:231).

It is reasonable to suggest the first social worker who assisted Katrina had formed a 'worker-client' relationship since it was evident some agreement had been reached about solving Katrina's relocation problem. It is evident Shona and Emily among others did not find what was offered to them to be of any value (Compton and Galaway, 1999), and no engagement ensued. On the other hand, Karen and Josh, above, and Robyn, had a positive experience of a social work intervention which involved a single session of counselling. Robyn originally contacted a worker regarding her partners' involvement in contact with militia whilst on deployment which resulted in the death of several militia. She eventually divulged to the social worker that her partner had had an extramarital affair. Robyn felt that she 'connected' since, as she described it, 'I just wanted someone to listen to me about how I feel'. The social worker allowed Robyn to explore and vent her feelings consistent with a crisis intervention approach (Healy, 2005:126). Interestingly, Robyn's positive experience influenced her to recommend social work involvement with a friend.

Respondents had a number of experiences with social work interventions at the mesosystem level which is the subject of the next section.

10.1.2 Social Work: The Mesosystem

The mesosystem level considers social relationships, living conditions, inter-agency collaboration and community (Figure 2). Westhuis described this as the level at which social workers need to get out of their counselling role and into the military community (1999:286). Many respondents experienced their first contact with Defence Social Workers at policy information sessions organised by military Units or DCO sponsored events such as 'morning teas'. The Literature Review 5.3.4 highlighted a number of good practice strategies at this level (Bell and Schumm,

2000:144; Wiens and Boss, 2006:33-34). Similar to the microsystem level, few examples of such good practice strategies were provided.

Predominantly, contact with a social worker was made at the mesosystem level such as a Unit organising presentations where policy and other information about the deployment was presented by a range of people to large groups. This was also discussed in Chapter 9.3.4 where it was found that, apart from 'morning teas' and other social events which many respondents did not attend, social workers were seen to offer little useful information to non-deployed respondents. As previously mentioned, information provided about the prospective separation was viewed as useful by two couples. This information was generally premised upon the Emotional Cycle of Deployment (ECOD; Chapter 5.2.3(b), cited as a good practice strategy in the literature above. Pincus et al. (2001) suggested that promoting understanding of the stages of deployment may avert crises, minimise the need for military command intervention or mental health counselling and minimise suicidal threats. There was no evidence in this study that the ECOD materials provided in mailout packs or at presentations assisted respondents in this way. From the perspective of a number of respondents, workers provided useful information about the deployment such as practical ways of managing the separation. For most, the information presented was too brief and superficial to be of any value and served merely to introduce the social worker. Notwithstanding, pre-deployment presentations were very significant 'information events' for this sample. As Jillian observed, emotions were 'running high' and respondents wanted information about many aspects of the deployment. Social workers required the skills to provide relevant information in an accessible manner to a military family audience. From this sample's perspective, this ability was lacking. Social workers routinely undergo skill development in small group work in their social work education which is a core social work function (Germain and Bloom, 1999; Magen, 2002). However, it is suggested less attention is likely to be paid to engaging and presenting to large groups, which has implications for education of social workers for DCO in the military setting. It is important that social workers ensure that military organisations allow sufficient time for their presentations. Given that respondents felt the information was of variable quality, the appropriate presentation of information requires the attention of policymakers in DCO. Given the array of difficulties reported by participants in this study, the provision of

psychoeducation seminars similar to that outlined by Van Breda (1999) may be beneficial in terms of both prevention and intervention in relation to the range of complex, intertwined problems presented. Van Breda created a Deployment Resilience Seminar for South African Navy military families which may be adapted for Australian military families.

Small group formation has been previously discussed in Chapter 9.3.3. Respondents formed their own self-help groups on occasion which respondents found helpful. Evidence of social workers conducting groupwork was non-existent for this sample. As described in Chapter 5.3.4, Magen (2002) outlines several types of groups which have different degrees of social work involvement. Self-help groups rely on little social work involvement and leadership and control or agency for the group's formation and organisation lies with the group members themselves. Social workers are outsiders to the self-help group, although a potential resource as consultants or referral sources (Magen, 2002:214). However, in this study, social workers had very limited involvement with self-help groups such as the PIT Crew and the group referred clients on occasion. Wiens and Boss (2006) contend that partner-led groups destigmatise support for non-deployed partners, particularly if there is a mechanism to access professional services if required. This accords with the findings of this study.

For some, such as Dee, social workers were seen to hinder the formation of self-help groups. Dee resided in a Capital City locality and wanted to organise a get-together with partners of deployed ADF personnel. However, Dee reported social workers in the Area DCO Office gave valid reasons regarding privacy restraints but were resistant to other options presented by Dee such as social workers organising and getting people together at a function due to 'limited resources.' This is ironic, given that the DCO Operational Plan (1999) states a role of social workers and other staff is to organise such functions. Similar to others in this study, Dee 'gave up in despair' and was dismissive of social workers' lack of help. As described in Chapter 5.3.4, promoting groups in the context of a deployment is considered by a number of writers as social work's 'core business' (Bell and Schumm, 2000:144; Black, 1993; Wiens and Boss, 2006: 34).

As suggested in the Literature Review 5.3.4, social workers require a knowledge of the service system within and external to the Department of Defence, pathways to care in the health and mental health service system (Poole and De Snyder, 2002:57)

and interdisciplinary team practice with respect to the Regional Mental Health team (Abramson, 2002:44). Rothrauff et al. (2004) recommend military-community collaboration to increase the availability of services and increase community members' understandings of military family needs (2004:19) (Chapter 5.3.4). This may have assisted Shona and Ann. Despite diagnoses of depression and prescription of antidepressants by GPs, respondents such as Shona and Ann (7.2.3; 8.1.1) did not receive any other assistance such as psychosocial interventions. Effective practice in this field suggests that a combination of medication and counselling is effective (Sanderson et al., 2003). Shona and Ann did not comply with prescribed medication due to a concern about side effects. According to respondents, GPs made no referrals to social workers or other community services in these situations. As noted in the Literature Review 5.3.4, intersectoral work is important in the context of mental health (Renouf and Meadows, 2007). As Liaw and Meadows (cited in Meadows et al., 2007:219) suggest, GPs are the frontline providers of care for people with mental health concerns in Australia. Collaborative initiatives between GPs, Area Mental Health services and their Divisions of General Practice have arisen to coordinate care to clients (Liaw and Meadows, cited in Meadows et al., 2007:217-218). The findings of this study suggest social workers in DCO need to educate GPs and other services about their roles and military family needs with respect to deployment in particular. An important point made in the Literature Review 5.3.4 was that social workers may need to model, teach and support skill identification and development when working at the community level (Kemp and Scanlon, 2002:249). Service linkages between social workers, GPs and the wider mental health system may have provided more effective and coordinated care for respondents in this study. Social workers and GPs require a knowledge of the service system within and external to the Department of Defence as well as pathways to care in the health and mental health service system (Poole and De Snyder, 2002:57) and interdisciplinary team practice with respect to the Regional Mental Health team (Abramson, 2002:44). Working with other agencies is important particularly in the context of physical and mental health and relationship services.

An important function of formal military family support networks, such as social workers, is to strengthen informal networks which Bowen et al. (2000) argue are untapped resources in building community capacity (Literature Review 5.3.4;

Mancini et al., 2003). In such a model, social workers would work to form partnerships with military unit leadership, strengthen the interface of DCO with informal networks and work collaboratively with community agencies internal and external to Defence (Bowen, Martin and Nelson, 2002:555). The responses of interviewees suggest a limited application of such a model, although further research is needed in this area.

The Compassionate Return to Australia and medical evacuation examples enable a useful analysis of the social work intervention and inter-agency processes from the deployed and non-deployed interviewees' perspective. How effectively this process worked was indicative of the effectiveness of Defence's military family support networks such as the Unit/Base/Ship, DCO, Psychology, Medical, Chaplains and the NWCC. These situations typified the interactions between microsystem, mesosystem and macrosystem levels.

Each of the compassionate return and medical evacuation situations in this sample involved negative physical or mental health outcomes and a lack of engagement with the social worker. A social work assessment was required in all cases. For example, Ruth contacted a non-government family support agency when her middle child, Aaron, eight years old, became 'unmanageable' after her husband was deployed. Ruth had spoken with several social workers in the past about Aaron but felt they were 'a bit harsh' and was reluctant to contact them again. Ruth felt there had always been a problem when Owen had been deployed in the past but not nearly to the extent when he was deployed to East Timor. Aaron had never had any diagnosed mental health concerns prior to deployment, according to the couple. Ruth called on her own extended family for social support initially. A family support worker assisted Ruth by visiting weekly and developing parenting strategies and working with Aaron, who was also referred to a child psychiatrist. Ruth described how the situation with Aaron came to a head one evening when the family support worker was present when Aaron threatened to stab himself with a kitchen knife. Ultimately, the child psychiatrist wrote a report, and Ruth contacted DCO as well as Owen in East Timor to inform them of the psychiatrist's assessment. Social work contact was limited to the worker obtaining information by telephone and writing a report. Owen was returned to Australia within forty-eight hours of the event.

In another situation, Eric was medically evacuated to Australia after receiving a life-threatening injury in East Timor. Eric's partner, Allison, described her experience of shock and numbness in response to news of the injury. Allison felt support was poorly coordinated at all levels and that procedures that were outlined at a policy information briefing she attended were not followed. Although appearing to 'function on the outside' when a social worker conducted a home visit to her, Allison stated the social worker lacked the training to assess her emotional state and level of functioning, and no contact details or follow-up contact was undertaken. Allison said she was unsure if the social worker 'was qualified anyway.' Allison stated the experience affected her to the extent that she was subsequently diagnosed with post-traumatic stress disorder and resigned from her permanent full-time employment.

As described in 10.1.1, Ivan and Josie had a pre-deployment interview prior to deployment where rapport was not established with the social worker. In Ivan and Josie's situation, Josie was hospitalised at short notice with respect to an ectopic pregnancy and contacted her husband's unit to advise them. Prior to being admitted she contacted the unit for assistance with travel since she was not permitted to drive although Josie did not contact her husband. She had no trust in contacting the worker. The same worker who conducted the pre-deployment interview ultimately interviewed Josie in hospital, and Josie requested that Ivan be returned from East Timor. Josie was condemning of her social work contact, and no working relationship ensued. Return to Australia was not recommended in the social workers report. Josie was hospitalised for six days, and her two teenage children were required to look after themselves for that period.

The preceding situations highlighted a number of aspects of relevance for social work practice at all levels. Firstly, all respondents were dealing with events that had arisen through serious threat of harm, injury or a medical condition, and a number of risk factors were present (Literature Review 5.3.2; 5.3.3). In the above examples, a number of these risk factors were apparent in various combinations. Two cases provided examples where the ADF person was not deployed with their parent unit. Suicidal behaviour is rare in childhood (Commonwealth Department of Health and Aged Care, 2000a), and caring for Aaron's psychiatric condition was clearly a challenge. In a USA study of hospitalisations of Navy children in a psychiatric clinic, it was concluded that, in vulnerable families, the father's deployment could

precipitate a young person's decompensation (Levai et al., 1995). Josie's ectopic pregnancy is a risk factor identified in the literature. Likewise, Eric's medical evacuation from East Timor is a cogent example of a risk factor which appeared to affect Allison to the extent she was ultimately diagnosed with post-traumatic stress disorder (PTSD). All respondents indicated limited social support was provided by social workers. Policy outlined at information sessions was not followed, according to Allison. It is apparent that various combinations of these difficulties were compounded, significantly affecting physical and mental health for respondents.

Secondly, respondents' accounts of their deployment experience suggested that social workers did not pay sufficient attention to engaging with respondents from their own perspective. Similar to a number of other interviewees in this study previously discussed, it was evident that Ruth and Owen, Allison and Eric, and Josie had no trust in their social worker. Engagement with the social worker was not achieved in any of the situations. As noted in Chapter 5.3.3, engagement requires being available at times that are convenient to clients, in their locality, and in a way that the client finds acceptable (Compton and Galaway, 1999:205). It is suggested by the experiences of interviewees in this study that social workers may not have clarified their role and purpose with respondents since a number did not understand the purpose of their visit. Allison did not know why the social worker conducted a home visit. Ruth's contact with the worker was by telephone whereas a home visit may have been more appropriate. Engagement is a core function of social work practice in any setting including health, mental health and military settings (Bland et al. 2001; Westhuis, 1999), which has implications for education of social workers in this setting.

Thirdly, apart from the information gathering, no assessment of respondents' needs was undertaken, according to interviewees. Westhuis considers follow-up to be a hallmark of the ecological approach (1999:286). However, in these instances, no follow-up to offer ongoing assistance or referral to appropriate services was made. Allison may have been linked to appropriate services such as the Veterans' and Veterans' Families Counselling Service (VVCS) for counselling with respect to post-traumatic stress disorder (PTSD). With Josie's consent, the social worker may have liaised with the hospital social worker to ensure a workable discharge plan was in place. Wiens and Boss recommend that marriage and family therapists be available to families facing deployment or when needed to build resiliency (2006:34). The USA

military has accepted such therapists as part of their approved panel of mental health providers. This area needs policy attention in the Australian setting on the basis of these findings. Effective follow-up with Ruth's family may have ensured the referral to family therapy occurred, which is in accordance with good practice (Wiens and Boss, 2006). All respondents could have benefited from skilled assessment and intervention, although none was received.

Fourthly, there was little evidence of collaborative or intersectoral practice (Renouf and Meadows, 2007) between Defence's mental health services of social work, psychiatry, psychology, medical and chaplaincy services. Respondents made no reference to these services communicating with each other or following through with them. Allison felt support in her situation was poorly coordinated, and information about her partner's medical condition was not forthcoming. As described in Chapter 4.3.2, Cotton, (2001:3) suggested mental health services in Defence were fragmented, which this study has provided evidence of.

Finally, the effect of these experiences was enduring for this sample more than twelve months after the events. Peebles-Kleiger and Kleigers' (1994) research positing that family life stabilises in the final stage of a peacekeeping deployment was challenged by the findings of this study (Chapter 5.3.4). Numerous studies highlight homecoming problems such as marital conflict and estrangement, behavioural changes in children and physical stress symptoms (see Jensen et al., 1996; Teitelbaum, 1992; Wood et al., 1995). Further, military families may have to confront the reality upon return of an injured member or mental illness such as Allison's and Eric's situation. This may entail role changes from breadwinner to a secondary status and adjustment of family members in taking on caring roles (Drummet et al., 2003). Mental and physical health and family functioning concerns were evident for all respondents. Further, since serious injury, risk of self-harm and loss due to the ectopic pregnancy characterised the examples, it is likely grief and loss were paramount issues from the outset and would be ongoing for this sub-sample. Ruth and Owen were continuing to struggle as a family and had not accessed the recommended family therapy at the time of interview. Allison felt 'shattered' by the experience, had not returned to work and was under the care of a psychologist. Josie reported sleep disturbances, and Ivan had submitted his discharge application. The above experiences raise questions about how these respondents could have been better assisted from their perspective. Such

responses are suggestive of the need for follow-up by social workers and have organisational and policy implications.

The next section to this chapter discusses Defence Social Work practice at the macrosystem level.

10.1.3 Social Work: the Macrosystem

As outlined in Chapter 5.3.5, this level encompasses institutions (Cox, 1999; Hanson, 2002; Netting et al., 1998), culture (Harms, 2005), and social and economic policy (Akabas and Kurzman, 2005; Kaplan et al., 2000) (Figure 2). Good practice is dictated by appropriate policy that enables interventions to occur as described in the previous sections. As noted in Chapter 5.3.5, good social work practice strategies at the macrosystem level in the military context are limited in the literature.

Section 10.1.1 outlined that social workers faced a number of challenges in engaging and working with respondents in this study who became clients. As well as the need for improved social work skills in engaging, assessing, intervening and following up at the microsystem level, cultural and other barriers to relationship building between social workers and respondents were found at a macrosystem level in this study. A prominent theme was that some respondents indicated workers did not understand them or military lifestyle. Others felt previous negative experiences with social workers such as a breach of confidentiality and failing to help hindered any alliance. Others such as Deanne, Genevieve and Graham felt they were treated disrespectfully, judged harshly and worse off for the experience. Genevieve said she would 'never ever' seek help again. For some, knowledge of what a social worker could offer was limited. A number indicated they were reluctant to seek the assistance of a social worker due to stigma and a perceived deleterious impact on their military career. It is suggested the 'stigma of help-seeking' in this setting was constantly at play for this sample. As previously outlined, a number of respondents were reluctant to render their 'private troubles into public issues' out of concern for repercussions for them (Schwartz, 1969:22). As suggested in the Literature Review 5.3.5, one of the challenges for social work practice in the military setting is the cultural stigma of seeking assistance for mental health concerns (Knox and Pryce, 1999).

Listening to and understanding the perspectives of clients is enshrined in social work education and effective social work practice (Compton et al., 2005). An ecological

lens that considers the military culture is a critical practice principle for social workers (Knox and Pryce, 1999:133). The authors argue that social workers need to understand military culture and the environment in which the family lives. Many respondents in this study indicated social workers 'did not understand' them. A significant gulf in understanding by social workers of respondents' needs was a recurring theme. Indeed, a number of participants suggested that a civilian social worker could not possibly understand them since they were not part of the military culture. These are notable findings given the military family literature is scant in this area. As stated in the Literature Review 5.3.3, engagement is fundamental to good social work practice with clients (Harms, 2007; Mattaini, 2002a). Harms outlined a number of challenges to engaging with clients including cultural differences and discordance between the worldviews of clients and workers (2007:118). A relevant issue in terms of the interviewees in this study is that there is strong evidence that a lack of understanding of their military culture exists on the part of social workers. Although further research is warranted, it is evident there is a discordance between the worldviews of social workers and military families which also acts as a barrier to engagement. Lois's comment supports this notion: 'that's that civilian thing, can't quite relate… and they don't understand it and you think maybe if you're used to being military you'd be better at this job'. The military family is a population with a unique lifestyle (Whitworth, 1984). Social workers 'learn on the job' and receive limited orientation to the Defence setting, raising questions about the extent of social worker's knowledge of military culture.

Despite the evidence for respondents perceiving that seeking the assistance of a social worker may cause problems for their military career, few respondents provided an example of how a social work intervention negatively affected their career. Janet, who was serving on a ship at the time of the deployment, was a case in point and illustrates the influence and compounding affects of family functioning, culture, communication to the living and working environment, and social work practice. Janet said a social worker had given her then husband the contact details for the ship, who was constantly phoning the ship with personal concerns almost leading to disciplinary action for Janet. The Ship's Captain told Janet to 'call off your dog,' or she would be discharged. Natasha said a social worker obtained unnecessary information regarding her childhood from her mother that she believed was used against her. The military

social work literature highlights the negative impact on the military career as an issue of concern to military families (Wolpert et al., 2000) and one reason why families may not 'ask for help' (Knox and Pryce, 1999). However, this literature arises from the USA context where overseas military social workers are often uniformed and may be required to report to Command. For example, an American military social worker may be required to disclose sexual orientation of a military member to a commanding officer, although this would not be the case in the Australian setting. Notwithstanding, these findings suggest that a negative effect on the military career due to a social work intervention is possible, which social workers need to be mindful of.

Good practice strategies suggest policy should enable referral to couple or family therapists as required such as post–deployment (Wiens and Boss, 2006). The ADF does not employ such therapists whereas the USA military has accepted such therapists as part of their approved panel of mental health providers (Wiens and Boss, 2006:34). A number of respondents did not obtain necessary assistance after deployment due to a lack of follow-up by social workers such as the compassionate cases cited previously. This suggests a significant policy practice gap on the part of the Department of Defence given the findings of mental health concerns for this sample. Along with other ADF providers, social workers are the policy implementers. Rose et al. have shown front-line practitioners and managers also have a vital role in informing policymakers regarding the intended or unintended consequences of policy (2007:289).

A study by Hawthorne et al. (2004) of Australian veterans highlights that a previous negative experience with help-seeking was a barrier to seeking help in the future, which accords with the findings of this study. For a number of respondents including Deanne, Genevieve, Graham, Shona, and Jillian, previous negative experiences with a social worker shaped participants' willingness to seek the assistance of a social worker during the East Timor deployment. As outlined in Chapter 5.3.5, military families may perceive service quality quite differently from the social worker who implements a particular program or intervention (Jones and May, 1999). Jillian, a case in point, had contacted a worker several years prior to InterFET requesting advice about accessing home care services due to an illness. However, Jillian felt the worker was 'not interested' and was told she had no entitlement to service or offered options. Jillian did not contact a social worker at any stage of the deployment, although after

deployment she contacted the then Vietnam Veterans Counselling Service due to concerns about her partners' mental health. It is conceivable the social worker did not understand the service system outside of Defence and the policy environment within Defence since options were available to consider. Deanne provided another example. Diagnosed with major depression and evidently unwell, she stated that a social worker told her she would need a medical certificate before she could speak to her husband who was at sea at the time. Deanne describes her experience, 'She was just so heartless about the whole thing.' These examples accord with Dominelli's notion cited earlier that clients are not passive recipients of agency services. Clients do construct the relationship and influence the range of options available through their belief systems, behaviour and how they formulate the problem(s) they wish to address (Dominelli, 2004). As Jones and May (1999) argue, social workers may involve client groups in the assessment of effectiveness and efficiency of a human service program to impact policymaking. The lack of such evaluation research attention in Australia points to a critical failure on the part of policymakers to consider what constitutes good practice.

In the context of the deployment to East Timor, previous research has suggested information was not adequately disseminated to families (Kenney, 2000; Power, 2000). Military families are the intended beneficiaries of policy. As Rose et al. contend, the assumption of policymakers of 'a unified, ordered, seamless process of translation…thereby bringing about the desired improvements' does not necessarily match reality (2007:265). Policy practice confusion regarding DCO's function and the roles of social workers in particular was a recurring finding. The findings suggest participants had limited knowledge of what social workers could do to assist them in general, and in the context of a deployment. Phoebe presented as a typical example. She felt she had read all the literature provided by DCO regarding social workers but that, because she had not used a social work service, she was unaware of how a social worker could be of assistance (Chapter 8.1.3). This finding has implications for policy dissemination and Defence's communication strategy since, as it has been shown, military families received newsletters, attended presentations and received packs of information from the NWCC and DCO throughout deployment. This suggests that the policy and other information that is disseminated to families may be limited in content about the social work role in a form that is comprehensible. The USA military has

implemented a number of family-friendly policies such as an extensive childcare program, youth services that target the needs of older children, and family centres that focus on preparing families for deployment (Huffman and Payne, 2006:127). Adams et al. (2006) argue the military needs to improve the quality of life of its members. Bowen et al. (1993) found that childcare, on-post housing and emergency financial assistance contributed to a family-friendly culture.

Studies suggest a strong association between the military institution and culture, which influences how or whether military families seek assistance, which accords with the experiences of interviewees in this study. Dunivin argued military culture is dominated by a 'combat, masculine warrior' paradigm (1994:533). The military's core business is combat which includes peacekeeping. Rothrauff et al. (2004) note that the combat, masculine warrior paradigm is potentially harmful since it may contribute to the stigma associated with seeking assistance. Drummet et al. (2003) suggest culture affects how military families manage stressors in addition to their willingness to seek assistance. Smith (1998) used Bronfenbrenner's ecological framework (1979) in a qualitative study of 36 children aged eight to eleven years from American military families. The main finding was that the primary disruption to children was being separated from a parent during deployment. Smith argued that the macrosystem, that is, military culture and lifestyle, 'permeated every aspect of the military child's life' (1998:275). Military culture affected neighbourhood associations because these determined with whom children and their parents could socialise. The military lifestyle was found to disrupt stable connections between families and the military member, neighbours, schools and the employment of non-deployed partners. Smith (1998) argued aspects of the military lifestyle were detrimental to family wellbeing and consequent support for children. Other research has shown that Army culture is at odds with a counselling service that is premised upon delving in to emotional life (Briggs and Atkinson, 2006:57). In Briggs and Atkinson's study (2006), the brief intervention model of one worker for five sessions had to be abandoned. Military families were uncomfortable talking about emotional life and appointments were often not kept due to busy work schedules and time away. These studies highlight social workers and military family support organisations need to be adaptable and flexible in their practices and services.

Most respondents in this study expected some contact from a social worker at some stage before, during or after the deployment. This was suggested by respondents themselves as a way of improving social work practice, the subject of the final section to this chapter.

10.1.4 Respondents' Ideas for Improving Social Work Practice

Respondents were forthright and made numerous comments across the micro, meso, and macrosystem levels for improving Defence Social Work practice. Interviewees used action-focused language to describe what social workers needed to do to assist them at individual, family, community and policy levels: 'just check on me/my family/my mother'; 'get in before the wheels fell off'; 'go in to bat for them'; 'get out there'; 'get a result'; 'be experts'; and 'see how we are travelling'. Respondents' comments indicated good practice strategies would consist of understanding their needs at an early stage of intervention, relevant and timely information, concerted attempts to contact them, comprehensive assessment, outcome-focused interventions, an option of ongoing face-to-face and telephone contact throughout deployment, referral to specialised services when needed, service coordination and competent social workers. Interestingly, respondents identified many of the good practice strategies cited in the literature (Wiens and Boss, 2006) as well as made other suggestions for practice.

As noted in Chapter 4.2.2, a UK study found that half of the surveyed sample felt a critical time for a visit from a representative of the Army community was when their partner was away on tour. Approximately one quarter of partners saw this visit as an opportunity to ask for information rather than emotional support (Army Families Federation, 2000-2001:3). This finding accords with this study. As a case in point, most interviewees stated that universal social work contact, as required during deployment, rather than waiting until a situation escalated into crisis, would be helpful and act as a counterpoint to the stigma of seeking assistance (Knox and Pryce, 1999; Pryce and Pryce, 2006). This finding is notable since military families are described as loathe to ask for help and be wary of service providers (Knox and Pryce, 1999; Wolpert et al., 2000). Dee's comment illustrates, 'I really think that it has to be proactive. And the reason for that is because military people won't ask for help'. Individualised telephone contact and face-to-face contact was suggested for families

who may not be able to, or feel comfortable in attending a policy/information presentation. Respondents described this contact as a form of 'wellbeing check-up' to see how they were 'travelling'. It was evident respondents were not requesting a counselling approach that focused on emotional support but rather informational and instrumental support (Compton et al., 2005) were viewed as a priority. This is a salient finding that accords with Kenney's study (2000). In Kenney's study of Army partners in Australia, whose partners were deployed to East Timor, it was recommended that regular contact be made with partners, particularly at the commencement of deployment. A number of studies have implied that military families need to be provided with a robust outreach component to attract those who are socially isolated, although they suggest the onus be placed on the military family to contact social workers or support services (Black, 1993:277; Westhuis, 1999:284-285). A feature of qualitative research such as the approach used in this study is that it 'attempts to capture people's meanings, definitions and descriptions of events' (Minichiello et al 1999:9). It could be argued that the finding that contact by a social worker was wanted is paradoxical since this may be viewed as reinforcing the stigma associated with help-seeking. However, as Knox and Pryce (1999) contend, social workers need to consider how to advocate for prevention and interventions without stigma by normalising the use of family support and counselling as a form of self-help and self-reliance. It is suggested normalising contact as a universal, minimum practice strategy with the intention of providing informational/instrumental support is likely to be perceived as helpful. Anthony's description was apt, 'everything that's available that the wife may need, or the dependent at home …in black and white in front of them… that is everything we know that you can do…'

Orthner and Rose's study (2003) analysed how well Army families adjusted to deployment and separation demands, as reported by non-deployed partners. The strongest predictor of successful family adjustment was found to be the military family being comfortable in dealing with Army agencies. It is argued military families may feel some level of security through the contact of social workers.

As Chapter 9.2.1 has demonstrated, the time before deployment was characterised by fear, dread and tension and interviewees were 'crying out for information'. Prior to - and during deployment in particular may be pivotal times for social workers to contact families. During deployment, respondents with children believed social work

contact needed to consider all family members needs. Children's needs were seen as paramount, and respondents thought social workers would have the skills to assist children and adolescents. Single ADF respondents without children felt their parents needed to be included as part of routine social work contact. Interviewees said that social workers ought to provide follow-up with families after deployment in the form of 'family consultations'. It is suggested this may complement and strengthen the early identification process through mental health screens conducted by Defence psychologists facilitating referral to specialist services if required. As described in Chapter 4.3.2, the ADF Mental Health Strategy was launched in 2002 to prevent, treat and manage mental health problems. However, the strategy did not include the military family in its policy (Defence Health Services Annual Report, 2006b). Interviewees suggested family members need to be catered for including children and adolescents. If families are to be excluded from the ADF's mental health strategy, other options need to be considered based on the findings of this study. Most respondents conceived of post-deployment interventions as optional, attended by couples and children if appropriate, and with an emphasis on information, education, and referral if required. Respondents felt this needed to be offered at some stage after deployment since families were unlikely to contact themselves and request. Since ADF respondents are required to have a post-deployment debrief with a military psychologist three months post-deployment, consideration would need to be given to the timing of a family consultation. The literature documents secondary traumatisation of family members (Dirkzwager et al., 2005; Figley 1993a; Solomon et al. 1992) and the omission of family members in debriefing may place the military family at considerable risk. Previous research has shown counselling military families where trauma presents is 'very challenging', and social workers need to avoid becoming rescuers or detached bystanders and referral to specialist counselling may be required (Basham, 2008:91). Hence, social workers would need to be alert to trauma and provide appropriate referral pathways.

This sample indicated policy information presentations may enable the social worker to facilitate the formation of self-help groups. As cited in Chapters 9.3.4 and 10.1.2, respondents indicated that large group information/education presentations were very 'user-unfriendly', and respondents felt workers could have taken a more active role in forming 'smaller break-off groups' so people who did not know each other could

connect with someone. A number of respondents thought social workers could play an important role in getting people to introduce themselves to a 'newcomer' and consider other ways of facilitating social interaction between attendees at large group presentations. Good practice suggests social workers need to organise families to form support groups particularly those living outside of a military base, families of Reservists, families new to the military system, and those dealing with multiple stressors and/or risk factors (Wiens and Boss, 2006). It is suggested that social workers need to take the lead in developing creative ways to perform this task to help families build their social networks.

Self-help groups were discussed in Chapter 9.3.3. Most respondents highlighted a more significant role in the community could be made by social workers by establishing and maintaining groups before and during deployment in particular. There is a strong role for social workers to play in establishing and supporting self-help groups during all stages of deployment on the basis of findings in this study. Indeed, this could be facilitated and normalised when contact is initiated. Use of networks such as support groups highlighted that many interviewees preferred these to contacting a social worker because of the perceived stigma of being unable to manage their own problems. Such groups have been shown to be effective for many people (Bell et al., 1996). These perspectives are consonant with Bell and Schumm's (2000) good practice strategies regarding family support during a deployment.

As outlined in the Literature Review 4.2, military family support organisations have proliferated both internationally and in Australia. However, few evaluations of whether they meet the needs of their consumer base have been undertaken. Strategies to enhance the responsiveness of organisations to consumers are well documented in the literature (Chapter 5.3.5; Jones and May, 1999). Gaining a consumer's perspective is a vital element of such a strategy. Ongoing consumer participation in evaluation of DCO and its services was suggested by interviewees in this research. Grant's response was interesting since he indicated a researcher would have received a token response and the 'party line on separation' if a survey had been mailed. Enabling time and flexibility in interviewing was viewed as a means to obtain valid information from military couples.

A number of respondents made use of computer technology as a social support mechanism. Mitchell, a Navy Officer, suggested social workers may be able to make

better use of computer-mediated technology to provide educational materials and facilitate online support groups. Such practice is consistent with a community capacity model of social work that seeks to strengthen informal networks of social support (Bowen and Martin, 1998).

At an organisational level, one respondent felt DCO needed to prepare for large-scale deployments to increase its capacity to cater for families and have the capacity to employ additional social workers at short notice if required. This is evidence that interviewees have expert knowledge and are astute interpreters regarding the Defence organisation. Respondents stated social workers could improve their policy knowledge and better advocate for policy flexibility for families. Interviewees described how Defence's polices were not user-friendly, unclear and inaccessible. Pryce and Pryce argue social workers and military family support organisations need to promote and make their services available in a 'user-friendly way' (2006:7). Some respondents said that being able to transfer some of their entitlements into cash to buy services would be very helpful. Respondents indicated workers needed detailed knowledge of the service system and policies such as any Defence entitlement provisions to be able to make assistance tangible.

The need for ongoing social work education and skill development was mentioned by respondents as essential. 'More training' was cited by respondents. Responses highlighted that this sample expected social workers to have good relational skills, understand the military lifestyle, counselling skills, knowledge of children and adolescents, expert knowledge of resources, and focus on results. The focus on results, as opposed to feelings and emotions, reflects military culture. This is in accordance with Briggs and Atkinson's (2006:65) study that found military families were expected to engage with a service that delved in to emotional life as a vehicle for change that was counter to the military culture. Use of good practice strategies (Wiens and Boss, 2006) is suggested. This may be achieved by developing psychoeducation materials (Van Breda, 1999) and an ecological perspective of the military family and their communities which moves away from simplistic solutions to sole factors, to practices, programs and policies that consider prevention, intervention and postvention to be multidimensional (Harms, 2005:viii-ix; 2007:68).The preceding two chapters have discussed the findings. An attempt was made to capture the multiple experiences and voices of the participants across micro, meso and macrosystem

levels. The military families that comprised the sample provided a panoply of perspectives regarding their experiences.

The next chapter provides the conclusion to the study.

Chapter Eleven
Conclusion

11.1 Introduction

This research is one of the first international or Australian examinations from an ecological perspective to examine the experiences of Australian Defence Force (ADF) peacekeepers and their families in relation to an overseas deployment.

This study aimed to develop knowledge and understanding of the experiences of ADF peacekeepers who deployed to East Timor as part of the International Force for East Timor, and/or the United Nations Transitional Administration East Timor force, and of their families who remained in Australia. The study focussed on two main areas: experiences of deployment; and experiences of Defence Social Work. These areas were examined with respect to microsystem, mesosystem and macrosystem levels.

Although there is a considerable overseas literature regarding deployment (Bell and Schumm, 2000; Dirkzwager et al., 2005; Eastman et al., 1990; Frankel et al., 1992; Hill, 1949; McClure, 1999c; Solomon et al., 1992; Wiens and Boss, 2006), these studies have mostly examined military personnel or individual or family functioning using a quantitative methodology. The bulk of the research has not considered the experiences of families (Harrell, 2000:7). Qualitative research methodologies were shown to be uncommon in deployment and general military family research. There has been little Australian research that has examined Australian military families in general, or in deployment specifically. Only two studies, limited in scope, exist regarding the Australian context for deployment (Kenney, 2000; Power, 2000). The findings of the current study, it is suggested, have significantly enriched the findings of previous research by listening to the experiences of Australian military families undergoing the experience of deployment. As Fraser has suggested, research needs 'to delve beneath statistically driven generalizations' and validate the knowledge of '"ordinary" people' (2004:184). The potent stories of the interviewees have enabled greater understanding to be gained of the multifaceted nature of the deployment experience.

11.2 Conclusions about the Research Question

The research question asks: What is the experience of Australian Defence Force (ADF) peacekeepers and their families in relation to an overseas deployment?

Three subsidiary questions were posed which will now be addressed.

11.2.1 What do ADF peacekeepers and their partners describe as the core features and key issues of the deployment experience?

A number of conclusions may be drawn regarding the deployment experience at the microsystem, mesosystem and macrosystem levels. The study's first conclusion is that the overall deployment experience is affected by a complex array of circumstances at each of the levels which compounded and interacted to influence interviewees' outcomes with respect to physical and mental health and family functioning. Although participants described variations in their deployment experiences, for most there were notable similarities in the circumstances examined.

There was compelling evidence that respondents' lives are, above all, affected by the characteristics and policies of the military institution and its culture. In tandem with other factors, the military institution and its culture pervaded every aspect of respondents' daily lives and influenced behaviour and consequent outcomes. It is concluded non-deployed and deployed family members in this study share a number of the characteristics of a 'total institution' (Goffman, 1982). Even though families may be physically separated from the military, and contact is restricted, this is never absolute. Modern communication technologies now enable contact to occur between military members and their families even from the war-zone. Further, separated respondents in this study kept the absent family member(s) present in their thoughts and feelings.

It is concluded that, if the military and the family share characteristics of a 'total institution', military family life is incongruent with military duty associated with deployment and its aftermath (Goffman, 1982:18-22). That is not to suggest that a 'total institution' is 'right' or 'wrong'. An incongruency does not imply that family life cannot coexist with a military deployment. Respondents did not describe their experiences in absolute terms as 'good/bad' or 'compatible/incompatible'. They find meaning in their experiences in more nuanced ways and display an array of thoughts and emotions about military family life, deployment and its consequences. Perhaps the most important conclusion of this study is that these disparate lifestyles, in the context of deployment in particular, need to be understood, validated and addressed by policymakers and governments of the day. This incongruency highlights that

significant attention is required to ameliorate the uncertainty of deployment as a part of the military family life course. The onus is on the military institution to openly inform military families about the potential risks, characteristics, supports available and benefits of deployment.

At the microsystem level, interviewees' reactions to deployment highlighted the ambiguity and uncertainty of the experience for them. ADF families have no input or control over the military institution which determines the process. Thus, managing the stress of ambiguity in the context of respondents' reactions to deployment was a significant challenge for interviewees. Mental health and family functioning problems and manifestations of ambiguous loss (Boss, 2004) are likely to have been influenced by the considerable uncertainty surrounding the experience.

The findings regarding children's and adolescents' reactions were concerning. Children and adolescents were very aware of, and worried about, their parent's military employment and deployment. A major theme of respondents was the enduring suffering before, during and after deployment of a significant number of young children, in particular. Children's and adolescents' symptoms were consistent with undiagnosed mental health conditions, including depression. The evidence that some interviewees sought assistance for their children and did not receive adequate help is a significant cause for concern. As worrying was the finding that many children's and adolescents' problems were not identified or treated.

Children's reactions to deployment reflected that of their parents. A number of interviewees were struggling with additional parenting demands and their own significant physical and mental health concerns. This situation compounded their children's and adolescents' wellbeing and posed risks to their development which is supported strongly by the literature described in Chapter 5.3.3. Evidence of delays in a number of young children's development was apparent after deployment. Given that childhood and adolescence are critical periods of development that may predispose people to adverse experiences in later life (Rutter, 2000), these findings have a number of important policy and practice implications to be outlined later.

A range of concerns relating to physical and mental health and family functioning were critical issues for most respondents. Deployed ADF respondents were exposed to a host of potentially traumatic experiences in East Timor. An array of physical and

mental health problems were apparent for deployed and non-deployed as well as children and adolescents. It was apparent that non-deployed participants developed or exacerbated existing mental health problems such as depression across the full spectrum of diagnoses from mild to severe. Physical health problems affected a number of interviewees and placed respondents at risk of mental health difficulties as well as daily managing. There was evidence of symptoms consistent with post-traumatic stress disorder (PTSD), acute stress disorder and secondary traumatisation of family members (Deans, 2002; Figley, 1993a and 1993b; Figley, 2005). Similar to their children, sleep problems were paramount for non-deployed respondents in particular. Physical and mental health problems need to be considered in context since a range of factors at all levels acted to compound interviewees' outcomes. The absence of definitive findings regarding the presence of child abuse and domestic violence should be interpreted cautiously since there are inherent sensitivities in conducting research in this area. Evidence that the mental health of interviewees negatively affected family and couple relationships was apparent. Evidence that interviewees' attempts to seek assistance were mostly unsatisfactory and often led to further stress for them was of concern.

Healthy communication was found to be a protective factor for respondents. Communication during deployment was reported as vital for respondents to maintain family connections and enabled a 'psychological presence' for both the absent member and the non-deployed partner to be maintained (Wiens and Boss, 2006). This was a significant finding since previous research has placed less emphasis on the benefits for the deployed person in keeping their partner and/or family 'in their hearts and minds'. Communication is a two-way process. Distressing aspects of deployed respondents' work in East Timor was communicated at times. All communication modes had strengths and limitations. Real time communication made the separation real and was a recognition that the deployed respondent was safe. Some 'elderly parents' were very adept at using electronic media to gain and provide information to their deployed son or daughter as well as receive social support. The evidence of this study suggested technological approaches such as online communities, enhanced websites and the internet have great potential in complementing other social networks.

Finding meaning in this particular deployment was important for respondents since it acted to justify the importance of the deployment to them. Most deployed respondents

were very satisfied with their work in East Timor and what they contributed to their mission and the community of East Timor. Non-deployed participants were similarly proud of their partner's achievements and themselves for getting through the experience or 'surviving'. However, attempting to find meaning in the deployment was characterised by ambiguities as respondents weighed up the costs and benefits of the experience. An interesting finding was that non-deployed respondents found meaning in assisting the community of East Timor and its people. A sense of empathy and philanthropy towards the community of East Timor was evident for some, demonstrated by practical assistance provided in mail packages for children and schools in East Timor. For couples that indicated they were depleted and exhausted by frequent and unrelenting deployments, finding meaning was about envisioning a future life as a family out of the military. In contrast to literature that conceptualises deployment as positive/negative, the process for respondents of finding meaning suggests deployment is a more nuanced experience.

Considering mesosystem level factors, respondents' living and working conditions in East Timor epitomised Goffman's description of a 'total institution' (1982) and provided the environment for all of the traumatic events associated with a diagnosis of PTSD (Deans, 2002). Experiences at this level for deployed participants were characterised by uncertainty, a sense of 'not knowing' who the enemy was and the constant threat of harm. This uncertainty contributed to conundrums for respondents in deciding to exercise restraint or use force. Conditions were harsh and respondents confronted numerous environmental hazards. A number of respondents were involved in recovery of bodies from wells, combat resulting in death and handling and transporting bodies. Physical and mental health symptoms and behaviours were influenced by the living and working conditions and were likely to have had their origins at this level. Since respondents in East Timor were able to communicate with home and distressing events were discussed at times, experiences at this level compounded and interacted to influence family functioning, and physical and mental health symptoms of non-deployed family members.

Ife describes three types of communities (2002): geographical, functional and virtual. A striking finding was a theme of disconnectedness from any notion of community with consequent loneliness (Ife, 2002). The mobility of respondents in this study acted to sever affiliations for some, such as those who relocated when their partners

deployed. Communities had a number of assets which some respondents utilised. For some, with a strong sense of affinity as a 'military family', there was a strong sense of connection to military family resources on bases. Others with less of an affiliation had some or no contact with these facilities. Some respondents experienced antipathy from the broader community. Community resources such as the Defence Community Organisation (DCO) acted as a form of insurance for some since they could be accessed if needed in an emergency. Findings regarding the lack of support of Defence's Housing Agency, quality of housing and considerable stress in dealing with housing problems were evident. Community support from the broader civilian community was contrasted by a perception of hostility that ADF families were making 'easy money'. It is concluded 'finding community' with respect to the characteristics of a community is problematic for some Defence families.

Social networks have the potential to provide the structure for social support (Harms, 2005; Tracy, 2002). The social networks of respondents in this study were found to have a number of characteristics which varied throughout the stages of deployment: geographically dispersed; composed of immediate, extended family and friends; significant amounts of telephone and computer-mediated contact; variable in terms of giving and receiving help; limited in size; and enabled less frequent communication during deployment. Some respondents' networks were composed of few people which may have contributed to isolation and loneliness for some and influenced mental and physical health, and family functioning at other levels. Social supports such as family, friends, church and use of the internet sustained a number of respondents throughout deployment in particular. A number of self-help groups provided evidence of a model that was effective and reported as helpful for a number of respondents. However, negative perceptions of self-help groups served to exclude and alienate a number of non-deployed respondents. Barriers to forming friendships and becoming members of groups included a lack of confidentiality, no purpose for the group, difficulties in 'breaking into established cliques', 'bitchiness', previous negative experiences in groups, feeling under the scrutiny of others and rank. A perception that support was available for some respondents, even though in practice it was quite limited, was an important finding. Interestingly, weak ties such as contacts with others that respondents barely knew were perceived as very supportive for some, suggesting it was the 'small actions' of people that were very significant (Cheers et al., 2007;

Granovetter, 1973). These were predominantly via the internet and suggest a host of options for policymakers that may be helpful in sustaining families throughout deployment. Upon return, deployed respondents' social networks offered limited opportunities for expression of thoughts and feelings about the deployment which limited their capacity to obtain social support. This was particularly evident when ADF respondents were required to post to a new locality upon return.

At the mesosystem level, military family support organisations were helpful for some respondents and strongly dismissed as unhelpful and irrelevant for others. Information flow between organisations limited their effectiveness. Most respondents wanted and expected some form of contact from Defence, particularly DCO. DCO did not always meet the goals of its Operational Plan since many respondents had no contact from DCO. Follow-up psychological mental health screens were also reported to be conducted sporadically. Since this study has shown many respondents were experiencing a range of complex problems at this time, this is a concerning finding. The literature described in Chapter's Three and Five is testament to the notion of the adverse affects of deployment for all family members and the need for effective pathways to care and treatment.

At the macrosystem level, the influence of the military institution, culture and policies permeated every aspect of all respondents' experience (Cox, 1999; Harms, 2005; Wiens and Boss, 2006). All parameters of deployment are the remit of the military institution. ADF respondents and non-deployed family members have no input or control over this process which contributes to its uncertainty. Unsurprisingly, from the outset, the mission was a priority over any family concerns for deployed respondents. Military culture influenced ADF respondents' identity and family life, expressions of vulnerability and stoicism, who they would talk to after deployment and who they would avoid. Military culture was seen to have a language of its own and conferred roles on family members such as being seen as 'a problem', 'an embarrassment' and 'whinger', not only if they complained but 'spoke up'. Families were 'dragged along for the ride'. These taken-for-granted ways of life permeated all levels and compounded and influenced physical and mental health, behaviours and attitudes at mesosystem and microsystem levels.

The final macrosystem factor, policy, was very important to respondents since it provided a framework for actions they could take or benefits they could receive

(Kaplan et al., 2000). Remuneration policy was found to be positive for respondents and adequate compensation for the demands of their employment. Gaining interpretations and rulings on policy from the Department of Defence was very complex and stressful for some respondents. No clear avenue for who was responsible for decision-making regarding some policies such as removals, travel and housing was evident. It was clear that some respondents who were unwell were negatively affected by these cumbersome processes. Some respondents found out about policies that may have assisted them early on, well into the deployment. Examples of good policy information dissemination was evident, and this information enabled interviewees to understand the expected level of hostility they were likely to face, finances, length of the deployment and communication during the deployment. Mental health policy was reported to be confusing regarding who was responsible for mental health screening post-deployment, when it should occur and whether it was mandatory.

11.2.2 What do ADF peacekeepers and their partners describe as the core features and key issues of their experiences of Defence social work practice?

The preceding section informs the knowledge base for social work policy and practice. Regarding the second subsidiary question, a number of conclusions may be drawn regarding Defence Social Work practice at micro, meso, and macrosystem levels. This sample also offered invaluable insights into how social workers could improve their practice. It is timely to return to the International Federation of Social Workers (IFSW) definition of social work (IFSW, 2000):

> The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.

Given the conclusion in the previous section that military life is incongruent with military duty associated with deployment and its aftermath (Goffman, 1982:18-22), it is suggested social workers need to heed the principles of human rights and social

justice to enhance the wellbeing of this unique, and arguably, vulnerable population (Ife, 1997, 2002:48-69). Military families have human rights and the inherent risks of being negatively affected by deployment suggests social workers have a strong role to play in addressing this.

At the microsystem level, most interviewees who had involvement with a social worker described the intervention they received as inadequate. Little evidence of good practice strategies cited in Chapter 5.3.3 was reported by interviewees. Formation of the social worker-client relationship which underpins social work practice was problematic (Chapter 5.3.3; Knox and Pryce, 1999). Social workers needed to pay particular attention to relationship building with this sample which did not occur for many interviewees. Interviewees did not 'suffer fools' and became impatient with social workers who did not produce results.

Respondents sought or were offered assistance with respect to an array of presenting issues. Of significant concern was that respondents often did not gain the necessary assistance they sought. Respondents had complex physical and mental health needs which were not acknowledged, identified, assessed or addressed at the time of contact. From the perspective of respondents, social work knowledge of prominent issues with respect to deployment including risk and protective factors (Literature Review 5.3.2; 5.3.3), physical and mental health, family functioning and sleep-related problems was limited.

Respondents experienced significant gaps in core social work micro-skills with respect to intake, engaging, information assessment and intervention (Harms, 2007). Interviewees described many problems at post-deployment, and no process of follow-up by social workers or other services was evident. This was concerning since the literature highlights difficulties at homecoming (Jensen et al., 1996; Teitelbaum, 1992; Wood et al., 1995). Respondents' descriptions demonstrated that children's and adolescents' needs were disregarded by social workers. This was a concerning finding since respondents had identified significant changes in behaviour and wanted help.

At the mesosystem level, evidence of good practice strategies cited in Chapter 5.3.4 was limited. Most respondents in this study had some form of contact with social workers at this level at DCO-organised functions and policy information sessions organised by military units. Although findings were mixed, large-scale group

presentations were ineffective ways for interviewees to receive information about deployment from social workers who demonstrated a range of skills in presenting relevant content.

Respondents reported little evidence of social workers or other services such as GPs, mental health and relationship services working collaboratively. Medical evacuation and compassionate cases provided salient case examples of limited intersectoral or interdisciplinary practice with respect to Defence's mental health teams. Interdisciplinary teamwork via mental health providers in Defence, education of services such as GPs external to Defence regarding military family needs and pathways to care were reported as limited. Respondents who were diagnosed with physical and mental health problems were generally not referred to appropriate counselling services or social workers. Medication was the sole treatment provided by GPs which was not complied with.

It was concerning that evidence of strengthening informal networks was limited since, as Bowen et al. (2000) have noted, this builds community capacity. As shown in the previous section, communities offered a rich source of potential assets for the ADF military family. Indeed, it is evident respondents have access to untapped resources that would be willing and able to be offered to the Defence community. Organisations such as the RSL and other groups referred to by participants are examples. No formal linkages between these organisations and social workers or DCO were evident. As Ife (2002) notes, there are challenges and benefits for social workers employed as community workers by a government agency such as the Department of Defence since the agenda of the employing body may be at odds from social justice principles. Social workers can identify community assets and create mutually beneficial partnerships for both the ADF and broader community.

At the macrosystem level, respondents' experiences suggested social workers are unlikely to 'get past first base' with military families without a strong focus on understanding military culture which was found to limit their effectiveness (Drummet et al., 2003). From respondents' perspective, cultural and other barriers to relationship building between social workers and respondents were apparent. These included a discordance between worldviews, a lack of understanding of military life, previous negative experiences of social work practice, breaches of confidentiality, being treated disrespectfully, being judged, not knowing what social workers could do and stigma

associated with seeking assistance (Harms, 2005). A small number of participants experienced repercussions for their careers due to social work involvement.

A concerning finding was that respondents received no follow-up by social workers after deployment and consequently no referrals were made to family and other therapists in accordance with good practice strategies at this level.

Respondents' suggestions for improving social work practice were numerous and a number reflected good practice strategies cited in Chapter 5.3. Interviewees' descriptions demonstrated they are not passive victims and that they are astute, informed and receptive to improved practice. From the perspective of interviewees, good social work practice would reflect: understanding and knowledge of their needs; early identification of their needs; relevant and timely information; concerted attempts to contact them rather than simply leave telephone messages; comprehensive assessment; outcome-focused interventions; an offer of ongoing face-to-face and/or telephone contact throughout deployment; referral to specialised services when needed; service coordination; and competent social workers. Making universal, family-centred contact throughout deployment, with an emphasis on providing informational and instrumental support (Compton et al., 2005), was suggested by interviewees to alleviate the stigma of seeking help, prevent problems from occurring and ameliorate crises. As one respondent aptly described, 'it has to be proactive… military people won't ask for help'.

After deployment, in particular, respondents suggested an offer by social workers of an optional, single-session, family consultation may be helpful. This would complement the 'debriefing' that ADF respondents receive after deployment. Interviewees were adamant social workers needed to work at the community level and be more active in establishing and supporting self-help groups during all stages of deployment. Some groups formed spontaneously while others faced barriers in 'getting people together'. Use of trained volunteers from groups such as the RSL and other veterans' organisations may be options. As outlined in the previous section, computer-mediated technologies were used by respondents to obtain and give social support. One interviewee suggested social workers could use this technology to assist military families by providing deployment information, social support, and facilitate online self-help groups.

From a policy perspective, it has been shown that many interviewees had significant problems in gaining access to policy information, knowing which agencies were responsible for policy and obtaining decisions. Respondents felt social workers could play a more active role in Defence in advocating for enhanced processes.

Finally, respondents indicated social workers need to be well-trained in military life and social work skills to be equipped to help them. Participants emphasised that social workers need to focus on achieving concrete outcomes and results. This highlights that respondents prefer an initial focus on concrete outcomes as opposed to exploring emotional life.

11.2.3 What are the implications for policy and practice?

Regarding the final subsidiary question, a number of conclusions may be drawn regarding the implications for policy and practice. An ecological perspective provided a wide lens for examining participants' experiences. The identification and naming of an incongruency of military deployment with family life highlights the need for comprehensive intervention strategies and policy at micro, meso, and macrosystem levels. Since the military institution and its culture pervaded every aspect of respondents' daily lives and influenced behaviour and consequent outcomes, it is recommended that policies need to change those aspects of the military institution and its culture that negatively influence outcomes for families. Given the high tempo of ongoing deployments and inherent risks for personnel and families, the Department of Defence needs to conduct an urgent review all of its policies pertaining to families and determine if they are effective in meeting family needs. Defence needs to enable innovative ways of addressing the incongruities of military family life in the context of a military deployment. Defence also needs to urgently examine and address the barriers for families in obtaining relevant policy information about deployment and translate policy into language families can understand. It should also explore the development of user-friendly mechanisms for families to obtain policy advice in a timely fashion. Defence requires a flexible, inclusive definition of the ADF family to determine who is eligible to receive assistance (Jamrozik, 2005).

Given that Defence Social Workers are the only professionals in the Department of Defence setting who work with the military person and family members, the role for social work, and the DCO, is significant. The role for all military family support

organisations is also vital. This study provided considerable evidence that military families that undergo the experience of deployment are subject to a number of risk and protective factors and constitute a sub-group within the overall ADF population that requires nuanced policy and service consideration.

Vulnerable groups were suggested: children and adolescents; families of those that frequently deploy; parents with young children; those with limited social networks; those with pre-existing physical and mental health conditions; families that relocate before or during deployment; extended family members such as parents of single personnel; those that develop physical and mental health conditions; and families of deployed respondents who were exposed to traumatic events. A policy and practice of universal contact of the families of deployed personnel by social workers or other trained staff or volunteers is recommended to enable early identification of any concerns. This needs to be implemented in collaboration with all of the military family support organisations and particularly military command so that roles and functions are understood.

The uncertainty of deployment may be addressed in a number of ways. Clear, realistic and balanced information about start/end dates of deployment and its nature needs to be provided at the outset. ADF personnel and their families should be provided with all policy information about the deployment at the commencement in an accessible form. A viable means of communication throughout deployment needs to be accessible to families. Policy with respect to Emergency Care plans in the event of family or other crises need to be developed.

A comprehensive approach to service provision is needed which incorporates a family-centred perspective. Social workers require the skills to engage, assess and intervene across the full gamut of concerns that present with respect to a deployment including physical and mental health and family functioning. Social workers need to be responsive to vulnerable groups and particularly children's and adolescents' needs throughout deployment.

The experience of deployment to the living and working environment, separation of family members and their subsequent return require a system of coordinated and targeted care for all families to maintain their wellbeing. This system of care needs to be provided throughout all stages of deployment, including after deployment.

Intersectoral linkages and the promotion of better pathways to care both intra-and inter-Defence are required to ensure military families get the services they need. The Department of Defence and DCO needs to establish stronger linkages and partnerships with organisations and services in communities including non-government agencies as well as local, state and federal government. These include the Veterans' and Veterans' Families Counselling Service and Department of Veterans' Affairs to provide an effective referral system of care for veterans and their families.

The Department of Defence needs to establish more effective policies and practices to track, monitor and assist military personnel and their families, as required, after deployment. GPs were involved with some interviewees in the context of mental health, although referral pathways were not evident. The Divisions of General Practice would be one of a number of means for social workers to explore to improve inter-agency linkages between DCO and GPs. Further linkages with community mental health agencies are important. The findings of this study were that these connections needed to be strengthened. Service linkages between social workers, GPs and the wider mental health system may have provided more effective and coordinated care for respondents in this study. Lack of collaboration between Defence's mental health services was evident.

The Department of Defence Mental Health Strategy (Department of Defence, 2006b) created no additional resources across chaplaincy, psychology, social work, nursing and medicine. It is recommended additional positions be created to create fully staffed Regional Mental Health Teams as well as increase the cadre of external providers to Defence such as mental health counsellors, family and couples therapists. It is recommended these teams function as a multidisciplinary entity under a separate management structure and provide therapeutic care. Providing an array of confidential, external counselling options before, during and after deployment and normalising self-referral as a means to 'look after yourself and your family' would contribute to removing some of the stigma of seeking help. It is recommended that the family needs to be elevated to prominence and enshrined in policy to promote their wellbeing. A comprehensive ADF Family Wellbeing Strategy is recommended, and this needs to become part of DCO's suite of programs to ameliorate barriers to care.

Social workers have a strong role to play in building the capacity of military communities. The findings of this study show Defence communities have numerous

assets that may be used to strengthen informal supports such as self-help groups that form during deployment. A focus on enhancing connections between families and the community they live in is required. Defence communities are also rich resources for the communities in which they are embedded, and this reciprocity ultimately benefits the whole community.

As new communication media develop, the military organisation will be forced to adapt further. Enabling a number of modes of communication during deployment by the Department of Defence is likely to promote wellbeing for all family members. The Department should facilitate access to a variety of communication media for those who do not have access. Special attention needs to be paid to enabling developmentally appropriate communication during deployment for children and adolescents. Examples such as the USA, internet-based Military OneSource (Sprenkle et al., 2006) may be adapted for use in Australia. This service enables ready access to counselling and information 24/7.

Living and working conditions provide the environment for access to a range of hazards and potentially traumatic situations for deployed personnel. As a consequence, the ADF needs to recognise that occupational health policy needs to consider risks in the deployed environment but also their potential impact on families during separation via communication, and after personnel return home. An analysis of this phenomenon is recommended to ameliorate negative consequences and further minimise risks for families.

The findings show social workers need to develop ways to better understand military culture since effective practice and relationship building is not possible unless this is attended to. It is recommended social workers be supported to undertake military awareness training such as the Army Familiarisation Course and other courses. Enabling exchange programs with military social workers in other countries is recommended. Knowledge obtained in this study suggests a range of practice domains that may be considered in ongoing professional development of social workers understanding: military culture and how it influences practice; barriers to forming relationships; physical, mental health and family functioning; ambiguous loss; helping families to find meaning; communicating throughout deployment; informing policy development; community capacity building; promoting and forming groups; and enhancing social work micro-skills and outcomes for clients in an institutional

context. Professional providers may be contracted by Defence to develop professional development for new and existing social workers. DCO requires policy and practice guidelines inclusive of all staff regarding deployment support which reflects micro, meso, and macrosystem levels for intervention.

Policy development to better assist families in the context of a deployment is necessary. A 24/7 1800 number for families to obtain policy information and outcomes is essential. The creation of more flexible, family-friendly policies such as enabling families to convert existing policies into cash to purchase services that they perceive as helpful is one means. Deployment support policies and entitlements need to be readily available so military families can understand and access at short notice as required. The Department of Defence could utilise web technologies to enhance this capability.

Preparing existing and new military families to the ADF for deployment and its challenges is recommended. Families should be provided with realistic information about potential deployments in the military career including its potential risks and benefits for families and personnel. A recognition and acknowledgement in policy and practice of the family's contribution and sacrifice throughout deployment is long overdue.

It is recommended the Department of Defence develop and fund an external military family research centre similar to existing partnerships such as the Australian Centre for Posttraumatic Mental Health (ACPMH) and Centre for Military and Veterans' Health (CMVH). Scope exists to form partnerships with universities and privately funded organisations to develop a good practice research model. Camilleri and Humphrey's (2005) innovative partnership model between Centrelink and a university provide a good example of how DCO could form effective university alliances. However, the military family needs to be elevated in prominence within such a partnership. A primary focus would be to promote the wellbeing of the Australian military family at family, community and population levels. This would be beneficial for whole-of-government policy, the ADF, military families and the DCO. Via policy, the Department of Defence needs to enable researchers external to Defence unfettered access to its personnel and families to undertake independent military family research that can be disseminated both within the Department and broader research community.

11.3 The Limitations of the Current Study

There were a number of limitations to this study.

Firstly, the sample size of some groupings of individuals was small. Under-represented groups included single personnel, reservists, female ADF deployed personnel and male non-deployed partners. As such, findings associated with these groups should be treated cautiously.

Secondly, since interviews were conducted retrospectively, participants were required to recall events, although this was not a difficulty for most participants.

Thirdly, although interviewing couples yielded rich information, interviewing together may have constrained openness about some sensitive experiences such as domestic violence or child abuse. Respondents could have been interviewed separately and then a joint interview conducted but this would have entailed an additional ninety interviews which was beyond the scope of this study.

Fourthly, the gender of the male interviewer may have impacted on the openness of female interviewees to disclose sensitive information such as family violence.

Finally, children and adolescents were not interviewed in this study. Thus, children's voices have been heard through their parents' descriptions which may limit the conclusions that can be drawn regarding children and adolescents.

11.4 Future Research

This study was unique in that it is the first research to attempt to understand the experience from the perspective of ADF personnel and their partners. It is unlikely that a survey approach would have generated the depth of data yielded in this research. The study has demonstrated that a qualitative research approach and in-depth interviewing can be very effective in describing, interpreting and explaining the experiences of ADF respondents and their partners through the stages of deployment.

Respondents were eager to talk about their experiences, possibly creating a new research paradigm in Defence. Respondents indicated they were unlikely to respond to Defence's surveys and that if they did 'It would be the party line.' Interviewing respondents 'on their turf', in their time and after hours enabled interviewees time to reflect and may have been liberating.

The most pressing need for further research is children and adolescents. The lack of research in this area is a glaring omission from Australian military family research and urgently needed given the tempo and nature of contemporary deployments to 'theatres of war' such as Afghanistan and Iraq. Qualitative research would be well-suited to interviewing children and adolescents. In the context of Australia's ongoing deployments, how are Australia's military children faring with respect to mental and physical health, education attainment, incidence of trauma and child abuse? The findings of this study suggested children and adolescents struggle with many serious issues, and it is important to gain a fuller understanding of their experiences. As silent sufferers, children are not at the front-line of the Department's family support response and are likely to be a population at considerable risk.

Qualitative research regarding deployment with units that frequently are deployed to war zones is important since this is a feature of contemporary deployments. It is likely these units will have similar and different demands placed upon them. Further family-centred research would be important to develop more effective ways of providing family support.

Little is known of the extent to which family functioning and mental health is negatively affected after deployment across the ADF service family community. Epidemiological, population health studies of health and mental health of the general population would suggest this is likely to be significant, particularly coupled with a major stressor such as separation. The ADF Census is one means by which the mental health of the ADF population could be measured on a four-year cycle.

Social networks offer promise for military families and are worthy of further research. The value of 'weak ties' was noted in this study. What constitutes optimum networks for military families? How are 'weak ties' constructed and enhanced? How does the social support received and provided compare between living on and off a military base?

Community work and notions of community require further exploration in the context of deployment. As Ife (2002) explains, communities are felt, experienced and therefore defined by people. Further research regarding concepts of belonging, membership and identity is required (Ife, 2002). It is evident families use some facilities and not others. Families have differing levels of connection to their

communities. What community capacity measures may social workers employ to promote military family wellbeing? What synergies exist between Defence communities and the locale in which they are embedded, and how may each community prosper?

The study has made a number of important contributions to enable the voices of a sample of Australian military families to be heard. The research has played a small role in leading to important policy and practice changes for Australian military families with respect to deployment such as Deployment Support policy and practice.

This current study raises further questions for consideration. Where are these military families now? Some will have left the service. How is their physical and mental health, and that of their children and adolescents? How will they fare in the civilian world after military life? Some respondents will have been deployed to recent operations such as Iraq and Afghanistan. The ADF continues to maintain a presence in East Timor. The interviewees in this study have told their stories – stories which do not end with this research. It is critical that the Australian Government, policymakers in the Department of Defence and military family support agencies pay heed to their concerns and capture the voices of other family members such as children and adolescents that have yet to be heard.

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Appendix 1- Portraits of Interviewees

In the following portraits, the deployed person is named first. Pseudonyms are used throughout.

Interview 1– Mark and Mary

Mark and Mary were interviewed together. Mark described the Army as 'who I am'. Mark was deployed on InterFET for three months and had previously been deployed to Somalia. Mary relocated with her three children to reside with her parents via a Defence policy which Mark described as a 'psychological war winner'. Mary reported sleeping difficulties and behaviour changes in her children. Mary said she stayed up until three in the morning and reported nightmares about not being able to look after her children.

Mark said he had limited contact by phone throughout the deployment and was stationed in a remote part of East Timor with no email. Mark indicated unfounded worries about his children entered his mind at unexpected times on deployment. Mary found out about a number of policies and other information about the deployment since she was a hairdresser and cut the hair of someone in the unit where her husband worked.

Mary and the children were very fearful of Mark's deployment. One child began bed-wetting upon relocating, and the other child was reported to be very clingy. Mary said her daughter refused to attend school during the year after Mark returned home.

Mark and Mary had contact with a social worker during an information session.

Mark's living and working environment was hazardous with a constant and unknown level of threat from Indonesian troops and militia. He became bored at times. Mark said the deployment had an effect on his parents and felt that DCO should provide support to them also.

Mary demonstrated empathy for the community of East Timor and sent Care Packages to them as well as her partner.

Interview 2 – John and Phoebe

John and Phoebe were interviewed together and had two pre-school children at the time of deployment. John deployed for several months on InterFET. Phoebe was upset

when John was recalled to work the day before his deployment. John wrote a lengthy letter to be read to his children, should he be killed in East Timor.

Phoebe was part of a support group in Darwin, the Partners in Timor (PIT) Crew. Phoebe relocated to a remote part of Australia to reside with her parents after John was deployed. She felt isolated from the Defence network and wanted information. Phoebe was unable to sleep, and accessed and provided social support through the internet and online chatting when her partner was deployed. Phoebe felt she had read about social workers via DCOs brochures but did not understand what they did. Phoebe expressed pride in her partner's work and expressed empathy towards the community of East Timor. However, Phoebe and John experienced the antipathy of John's parents regarding his imminent deployment. They wanted him to discharge rather than deploy.

John said he did not feel worthy of being a veteran and was embarrassed when he compared his experience to Vietnam veterans.

Interview 3 – Josh and Karen

Josh and Karen were interviewed together. Josh had been deployed to East Timor once and was preparing to re-deploy when interviewed. Karen gained support from people through a local church. The couple had a pre-deployment interview with a Defence Social Worker which the couple experienced as helpful since it reinforced the support network that was available.

Karen was worried when watching news reports about East Timor. She had heard about unauthorised firing of weapons from her partner and was worried he would be injured. She felt very lonely throughout the first separation and was reluctant to seek assistance from anyone because she felt 'this wasn't what Army wives do'. Karen felt she was better prepared for the second deployment and was planning to have family and friends stay with her. Karen felt she gained considerable support from people she had not seen for many years.

Interview 4 – Anthony and Stella

The couple were interviewed together two months post-deployment. Anthony returned from deployment to meet his newborn son for the first time.

Anthony and Stella described a Family Centre that was established during the East Timor deployment. This had facilities for children and parents, enabled communication with deployed partners and was described as family-friendly.

Anthony described transporting and guarding a dead body of a militia in East Timor. Anthony was experiencing symptoms consistent with Acute Stress Disorder at the time of interviewing. These included nightmares, agitation, difficulty containing his aggression and disturbed sleep.

Anthony and Stella made a number of suggestions for improving social work practice, although they had had little involvement with social workers. Anthony highlighted the importance of family-centred policy, catering for children, and providing all information relevant to the deployment prior to deployment. Anthony felt the offer of a family consultation after the deployment may be helpful for some families. It was evident Anthony and Stella were facing difficulties at post-deployment.

Interview 5 – Jillian

Jillian was a non-deployed partner whose partner chose not to participate. Jillian had three children of 17, 12 and 8 years of age.

Jillian had attended information sessions where social workers were present but felt that they were not user-friendly and said that attendees were reluctant to speak out of concern of embarrassing their soon-to-be-deployed partners. Jillian said she was emotionally devastated when her partner deployed. Jillian formed a family support group which met throughout the deployment at people's houses and restaurants.

Jillian felt her children fared better than her when her partner eventually deployed after an uncertain period of waiting. Jillian had a previous negative experience with a DCO social worker which made her reluctant to contact a social worker again. Her partner was reported to be depressed when he returned. Jillian contacted a Veterans' service and her partner was irate with her because he thought it would effect his career. The couple and family were reported to be struggling at post-deployment.

Interview 6 – Graham and Genevieve

The couple were interviewed together. Graham was deployed for eight months. Genevieve said that the uncertainty of pre-deployment was 'hell' and that she experienced relief and hurt when he finally deployed.

Genevieve's daughter was sexually abused when Graham was deployed. Genevieve had also experienced a family bereavement and felt her spirituality helped her through the experience.

Graham was involved in recovering bodies from wells in East Timor, and he said his alcohol intake increased when he returned.

The couple had had a negative experience with a DCO social worker prior to the deployment and felt judged, blamed and criticised as parents. The couple were adamant they would never seek the assistance of a social worker in the future through DCO.

Graham said people did not know how lucky they were to live in Australia given the atrocities he witnessed.

Interview 7 – Emily

Emily was a non-deployed partner. Emily's partner chose not to participate.

Emily reported difficulties in sleeping, loneliness and staying up late during the separation period.

Emily experienced distress and angst from her partner's parents throughout the deployment who were worried about their son. This added to her worry about her partner.

Her eight-year old son Kevin had a heart murmur and broke a finger around the time that her partner deployed. Emily contacted a social worker for advice about her child during deployment and was advised of a child and adolescent mental health service without any assessment of her child and family. Emily was unsure about this service and thought it may 'lock her son up'. Emily rejected the advice and sought the help of the school and a local couple from her church. No social work follow-up was offered. Emily felt the social worker needed to understand children and be able to offer her practical advice in the first instance.

Soon after the return of her partner from deployment, Emily discovered her partner had had an extramarital affair. The couple separated for some months, although eventually reconciled.

Interview 8– Warwick and Sally

The couple were interviewed together. Warwick said pre-deployment was a very uncertain time, and he received calls for family and friends inquiring about the imminent deployment.

Sally became an active member of the aforementioned PIT Crew, which was reported to be helpful. However, no social work involvement in the group was reported other than some references being made to social workers. Sally heard social workers present information at policy information sessions and said social workers provided useful information for her.

She also said her children benefited from sending food parcels to their father as it maintained a connection with him. Sally said she experienced aggression in the messes from ADF families whose partners had not been chosen to deploy. Sally said this lack of social support was hurtful and disappointing.

Warwick said the deployment was important to him because he made a difference to the people of East Timor. Warwick said he did not understand what social workers did in the context of a deployment. He was unaware of any DCO services that could assist his family.

Interview 9 – Travis and Shona

Travis and Shona, interviewed together, were a dual military couple with three young children. Travis and Shona both worked in the Intelligence field. Travis was deployed within 24 hours of notice of his deployment. Shona was shocked at the rapid deployment and felt there was little time to prepare.

Shona's daughter slept with her during the deployment period to soothe herself to sleep. Shona said she could not sleep on Travis's side of the bed because it reminded her of his absence. Shona's daughter's behaviour regressed during deployment.

After Travis was deployed, Shona was diagnosed with depression for the first time in her life, although she refused to take the prescribed medication because she had seen a friend become a 'zombie' on medication. No other assistance was offered.

Shona had few friends in her social network and no family living nearby. She felt isolated and lonely and slept poorly herself.

Travis and Shona did not attend an information session since his unit would not organise one for the two personnel who were deployed.

Travis felt partners' self-help groups created barriers for non-deployed ADF members such as his wife, Shona, due to her low rank. Travis described how he was derided as a 'Timor Warrior' when he returned from deployment. His social network for talking about the deployment consisted of those he was deployed with, although these personnel had mostly posted to other localities.

Shona said DCO assigned a social worker to contact her throughout the deployment, but the social worker left only phone messages. Shona said she had no faith in social workers as a result of her experiences.

After deployment, Travis felt policy information regarding his veteran status was difficult to obtain and unclear. Travis felt information kits should be readily available.

Interview 10 – Jacob

Jacob was a single Navy sailor without dependents in Defence's terms, although Jacob had a girlfriend who was not recognised by Defence as a partner. Jacob's mother was very concerned about his wellbeing.

Jacob described how the Navy had been on exercise with the Indonesian Navy just prior to InterFET. At one stage Jacob said the ship made preparations for battle since missiles were prepared.

Jacob had a number of ideas for improving social work practice. He felt social workers could create videos about their services for educational purposes on ships.

Jacob had no direct contact with a social worker, although his Navy job had provided him with good knowledge of the social work role.

Interview 11 – Owen and Ruth

Owen and Ruth were interviewed together. Owen was deployed for several months as a 'sole reinforcement' and not part of a larger group. Ruth provided care of the couple's three children whilst maintaining employment and university studies. Owen and Ruth's situation provided a case example of social work practice.

Ruth contacted a non-government family support agency when her middle child, Aaron, eight years old, became 'unmanageable' after Owen deployed. Ruth had spoken with several social workers in the past about Aaron but felt they were 'a bit harsh' and was reluctant to contact them again.

Social work contact was limited to the worker obtaining information by telephone and writing a report. Owen was returned to Australia soon after his son attempted to stab himself with the knife.

The family were facing significant difficulties at post-deployment and referral to a family therapist had not been made. No social work follow-up was offered.

Interview 12 – Doug and Robyn

Doug was part of a unit that deployed frequently, and the couple were interviewed jointly. Robyn had a young baby to care for and felt that better practical support for mothers with young children should be made available. Doug and Robyn were constantly aware that Doug could be killed and felt an up-to-date will was important.

Robyn discovered Doug was having an affair when he was in East Timor. Doug returned home mid-way through the deployment, and the couple attempted to resolve the difficulties.

When Doug re-deployed, he was involved in combat in which militia were killed. Doug felt this was the pinnacle of his ADF career.

Robyn sought counselling with a DCO social worker to make sense of the situation and understand ways of talking about Doug's experience to her son when he was older. Robyn found counselling very helpful, and she also spoke about the affair.

Robyn thought the support of her husband's unit was inadequate, and Rear Details personnel often did not return her calls for days.

Interview 13 – Ross and Madeline

Ross was part of a unit that deployed frequently, and the couple were interviewed together. Madeline felt it was the uncertainty of deployment that was most traumatic for her family. Although Ross was frequently deployed, Ross's family was devastated when he was deployed. Madeline said the East Timor deployment was 'almost the straw that broke the camel's back'.

Madeline's son was diagnosed with anxiety when he was a toddler and pulled his hair out when his father deployed. There was evidence of depression and regression in his behaviour.

Madeline had previously been an active member of self-help groups but chose not to use them now since she felt they were 'bitchy' and made up of 'depressed whingers'.

Madeline and Ross indicated the deployment information based on the Emotional Cycle of Deployment that was mailed to them by the National Welfare Coordination Centre was inadequate and did not match their experiences.

At the time of interviewing which was post-deployment, the couple's relationship was reported to be teetering. The couple felt they had no quality of life and were planning for the day when Ross would leave the ADF.

Ross and Madeline had both sought individual counselling, Ross with a psychologist, and Madeline with a counsellor external to Defence. Madeline felt confidentiality had not been maintained when she once saw a Defence social worker with whom she said she was 'friends with'. As a consequence, she would not talk to a DCO social worker.

Madeline felt policies should be more flexible and be able to be converted into cash to purchase necessary services such as homecare. Madeline also felt DCO social workers should be able to refer people to qualified therapists and provide written and audiovisual educational materials about deployment to families.

Interview 14 – Nathan and Kirsty

Nathan and Kirsty were interviewed together when Nathan was on his mid-deployment leave. Nathan had been deployed previously to Rwanda 'after the massacres' and had to return to East Timor one week after being interviewed.

Coupled with Army Reserve employment, university study by distance and care of the couple's six month old baby, Kirsty felt concerned about being able to manage as a 'sole parent' whilst Nathan was deployed. As a consequence, Kirsty relocated to her parents in Perth for support.

As a father, Nathan recognised his infant son would develop during the deployment and that, as a result, he would miss important developmental milestones.

Communication was available throughout the deployment, although the couple had hung up on each other at times. The couple experienced competing demands of parenting and military duties which acted as a barrier to communication.

Nathan experienced physical health problems throughout the deployment as a result of side effects of antimalarial medication. Nathan sought psychological assistance, although he felt follow-up by Defence psychologists should be mandatory following a deployment.

Interview 15 – Simone

Simone was a single ADF member who was very pleased to deploy as part of InterFET since it provided her with experience and enabled her to put training into practice. Prior to deployment, Simone attended an information session which she felt did not cater for single people.

The deployment experience was reported to be soured for her due to constant monitoring by her Commanding Officer of her performance. Simone was responsible for creating a newsletter which was emailed to families throughout deployment. Simone felt military personnel charged with contacting families were unqualified and capable of doing harm.

After deployment, Simone was posted to a new locality but a psychological debrief had not occurred. Simone was unclear whether the onus was on her to contact a psychologist.

Simone thought the ADF needed to place a greater policy emphasis on parents' requirements throughout a deployment.

Interview 16 – Neville and Anna

Neville and Anna were interviewed together. Neville deployed as part of InterFET for several months. The couple had no children.

Neville and Anna made extensive use of the internet and talked online throughout. Anna felt she managed well by forming a friendship with a couple and through her employment. However, Anna thought it would have been helpful for her to have a more extensive network of support through meeting other couples without children. Anna thought Defence focused on parents with children and did not consider the

needs of people without children. Anna faced problems in dealing with Defence's housing agency.

Prior to deployment, the date of return changed many times, and this created uncertainty and resentment. Neville received a psychological debrief in East Timor which he felt provided helpful information about potential issues he may face upon his return.

Interview 17 – Shaun and Jean

The couple were interviewed together, although Shaun and Jean said they were separated at the time of the interview and aiming to reconcile their relationship. The couple had two primary age children, one diagnosed with a genetic disorder.

Shaun experienced traumatic events on deployment and did work that he normally did not do. Shaun was responsible for loading bodies on to Aircraft. Jean brought this issue up in the interview which prompted Shaun to provide further detail. Jean reported physical health changes and had a 'tummy tuck' to reduce weight.

Similar to others, Shaun described retuning to East Timor after a mid-tour leave period as very distressing. Shaun was embarrassed at his show of emotions when he returned to East Timor.

Interview 18 – Ivan and Josie

Ivan and Josie were interviewed jointly. Ivan and Josie had a pre-deployment interview prior to deployment where rapport was not established with the social worker. In Ivan and Josie's situation, Josie was hospitalised at short notice as a result of an ectopic pregnancy. Josie contacted her husband's unit to advise them. After more medical tests, Josie was hospitalised. Prior to being admitted, she contacted the unit for assistance with travel since she was not permitted to drive, although Josie did not contact her husband. Josie had no trust in contacting the social worker. The same worker who conducted the pre-deployment interview ultimately interviewed Josie in hospital, and Josie requested that Ivan be returned from East Timor. Josie was condemning of her social work contact, and no working relationship ensued. Return to Australia was not recommended in the social workers report. Josie was hospitalised for six days, and her two teenage children were required to look after themselves for that period.

Interview 19 – Janet

Janet, married at the time of deployment, was interviewed individually since she had separated from her husband soon after she returned from deployment. Janet was serving on a ship at the time of the deployment. Similar to others, Janet's two children were said to be wary of their mother being apart from them after the deployment.

During the deployment, Janet said a social worker had given her then husband the contact details for the ship and was constantly phoning the ship with personal concerns which almost led to disciplinary action for Janet. The Ship's Captain told Janet to 'call off your dog' or she would be discharged. The couple separated after deployment and Family Court hearings were ongoing at the time of interview. Janet said she had been declared bankrupt due to legal costs. Janet, now a sole parent with two children, was considering transferring to the Air Force where she expected military life may involve less separation from her children.

Interview 20 – Rick and Dee

Rick and Dee were interviewed together. Rick was involved in establishing communications in East Timor. Rick emailed PowerPoint educational presentations to their son's school throughout deployment. Dee resided in a community composed of a 'married patch' when Rick was deployed. She perceived support to be available in the 'patch', although it was not at times when she wanted it. Dee was very impressed that the RSL door-knocked every house in their area to offer assistance to families. Dee was annoyed when a DCO staff member opened a case file on her when she had tried to initiate a self-help group in her area.

Prior to the end of deployment, Rick was one of many who did not receive a post-deployment debrief. Rick and Dee had ideas for how social workers could assist families such as having a surge capacity to employ additional social workers as required in an emergency situation. Dee felt social workers needed to offer assistance to families because military families would not ask for help. She thought social workers also needed to work more with communities, understand their needs and respond accordingly.

Interview 21– Matt and Eve

The couple were interviewed together. Matt was surprised to be chosen for deployment since he had had only one year of experience in the ADF. Prior to that

Matt had been a paramedic. After Matt deployed, Eve's teenage son became physically aggressive towards her.

Matt was exposed to many tropical diseases during deployment. Eve became unwell and was hospitalised when Matt was away. Eve was discharged early to care for her children. Eve found out about a policy that may have enabled Matt to return to look after her well after the hospitalisation. Eve was frustrated that this information was not made available at a pre-deployment policy information session. She felt social workers and chaplains failed to communicate in her situation. Eve had an expectation that a chaplain would tell DCO about her hospitalisation.

Matt was clear that saving lives and healing sick people was important to him throughout the deployment and was how he found meaning in his work.

Interview 22 – Natasha

Natasha, a single Navy officer, deployed for several months at sea. Similar to other single personnel, Natasha's mother was her primary contact who collected her mail and paid bills whilst Natasha was deployed. Natasha enjoyed her mother's care packages when she was deployed. Natasha's mother purchased a computer when Natasha was deployed, and email was an important form of communication. Her mother became connected to other families in her rural area providing a social network that sustained her mother.

Natasha described how Navy shore parties witnessed body remains when conducting their work. After deployment, Natasha felt the psychological debrief did not cater for Navy personnel and was focused on the Army context.

Natasha thought social workers needed to be mindful, when conducting assessments, of what was reported back to decision-makers. Natasha said a social work report had been used against her in her military career.

Interview 23 – Paul and Naomi

Paul and Naomi were interviewed jointly. Paul, Navy, was deployed on and off for 12 months at sea. Naomi gave birth the day after Paul was deployed. Paul said he experienced communication blackouts for months after he was deployed which created uncertainty for family members. Paul and some other Navy personnel were unique in the sense they deployed on an exercise prior to InterFET. Hence families

thought personnel were being deploying on a benign exercise. Naomi was anxious when she discovered her partner was on a major deployment that entailed unknown risks.

Paul had had a previous unhelpful experience of a psychological debrief after a deployment that he felt did harm to the participants.

He thought the remuneration for the deployment was generous and made the deployment worthwhile.

Interview 24– Harry

Harry was a sole Army parent with one primary school age son, Lew. Harry's primary concern prior to deployment was organising care for his son. Initially, Harry's parents provided care for Lew. However Harry did not want to burden his parents with Lew's care for the whole deployment period and organised for Lew to spend some of the time with his previous partner, Lew's mother. This entailed changes in residence and schooling for Lew. After deployment, Lew was said to be distraught and cried constantly, had a reduced appetite and poor sleeping.

Harry's vehicle overturned in East Timor, although he said he was unhurt. Harry felt it would be difficult for him to be deployed again.

Interview 25 – Patrick and Liane

Patrick and Liane were interviewed together. Patrick was deployed soon after arriving in his new posting locality. Liane was shocked and angry about her partner's deployment and said it was unexpected. Liane did not know many people in her neighbourhood. She was critical that information sent to families was 'too little too late' and of the limited practical support offered by her husband's unit. She also felt unacknowledged. Similar to others, Liane found out inadvertently about Defence's policies that could benefit her. With respect to social work, Liane felt regular meetings throughout a deployment would be helpful.

Patrick felt he had made a difference to the East Timorese community through the medical care he provided. Like others, Patrick was exposed to many hazards in the living and working environment of East Timor. Patrick was critical of the debriefing process and thought the debriefers were inexperienced and unqualified.

Interview 26 – Adrian and Tania

Adrian and Tania, dual Army parents who were interviewed as a couple, were expected to both be deployed at one stage. However, this decision was rescinded, and only Adrian was deployed. The couple said the uncertainty of their simultaneous deployments when caring for young children placed stress on their relationship.

Prior to his deployment, Adrian contacted a social worker requesting some contact with his elderly mother who was to care for the couple's child. According to Adrian, this did not occur, leaving Adrian with little confidence in social workers.

Interview 27 – Ron and Cara

Ron and Cara were interviewed together. Cara said their teenage daughter would not talk to Ron when he was deployed and became anxious, withdrawn and broke out in rashes. Similar to other children, the couple's children were upset by media reports of ADF involvement in peacekeeping. The couple's eldest child left the posting locality after Ron's deployment to attend schooling elsewhere.

Ron explained that his living environment was one of constant and unknown threat and that shots were fired on occasion. He described the process of follow-up debriefings after returning to Australia as inept.

Interview 28 – Ashley and Ann

Ashley and Ann were interviewed together. Ann was diagnosed with depression after Ashley was deployed. Ann kept her diagnosis to herself and received no offer of counselling or referral from her GP to a social worker. Ann's situation highlighted that linkages between social workers and GPs were limited. Ann felt on edge at night since she lived on her own and was alert to noises.

Interview 29 – Glen and Brianna

Glen and Brianna were interviewed together. Similar to others, Brianna and Glen communicated throughout deployment by telephone and arguments ensued about unresolved family matters. On occasion, distressing information about the deployment was disclosed.

Glen and Brianna's young children were worried by news reports. Brianna thought that her partner's low rank explained why she received little support from Glen's military workplace. Brianna felt disconnected to her local community and would have

relocated had she known about a Defence policy which enabled this. She thought the support offered by the DCO to be limited and was angry that a message was left for her from DCO with no attempt to speak to her. Brianna did not feel part of the Defence clique.

Glen witnessed an East Timorese person beaten to death during his deployment and said that nothing could prepare someone for that. He highlighted that the ADF had a duty of care to personnel who were exposed to traumatic events. Glen felt guilty and powerless to help people in the community.

After a long military career, Glen thought the deployment was the pinnacle.

Interview 30 – Jeremy and Melissa

Jeremy and Melissa were interviewed together. Jeremy was deployed on land which created uncertainty for his partner since Jeremy was in the Navy and previously had only been deployed at sea. Melissa's pre-school son was reported to have tantrums and cry frequently when Jeremy was deployed which she found difficult to manage. Compounding this, Melissa had a miscarriage while Jeremy was away which she thought explained her sense of loneliness.

Jeremy and Melissa communicated by email and found this very beneficial in maintaining their relationship. Melissa identified with the civilian community more strongly than the military community, although recognised she straddled both. Melissa's social network was limited in size, and she felt people did not understand her experience of separation. Melissa's experience of one email contact from someone she barely knew was very positive for her. Jeremy highlighted the importance of military culture and its influence on his behaviour and beliefs.

Jeremy was moved by the welcome he received from Vietnam veterans when he returned home who had reportedly waited in the rain for some time to greet them. Jeremy experienced this event as very significant.

Interview 31 – Dean and Trish

The couple were interviewed together. Trish cared for the couple's ten-month old child while Dean was deployed. Similar to others, Trish relocated to her parents throughout the deployment. Dean was deployed with little notice, and Trish described this as very distressing. Trish received no policy information from Dean's unit.

Dean experienced anxiety around the uncertainty of his living and working environment. He highlighted the unpredictability of deciding who was foe or friend in East Timor.

Trish expected contact from a social worker which she did not receive. Similar to many, Trish felt people would not ask for assistance.

Interview 32 – Chris

Chris was a sole parent with two children who arranged for his elderly mother to care for his children which limited the time he was able to be deployed. Chris had no confidence in his former partner caring for the children.

Chris had a psychological debrief but had little confidence that Defence would analyse the information in any meaningful way to learn from people's deployment experiences.

Chris was critical of the lack of a structure for professional groups in Defence such as social workers, psychologists and doctors to be able to work together for the benefit of ADF personnel and their families.

Interview 33 – Eric and Allison

Eric and Allison were interviewed together. Eric, an ADF officer, was medically evacuated to Australia due to a serious injury received in East Timor. Allison said she had a 'premonition' that something was going to happen. She was scathing of a social worker's lack of understanding of the 'trauma she was experiencing' at the time the social worker conducted a home visit. Allison believed at one stage her partner was near death due to the severity of his injury. Although appearing to 'function on the outside' when a social worker conducted a home visit to her, Allison felt the social worker lacked understanding and the training to assess her emotional state and level of functioning. In Allison's view, the home visit had no purpose since no information or assistance was provided. Allison felt criticised by the social worker. Allison said that all she wanted was information concerning Eric's condition, which was not forthcoming. Allison travelled interstate to visit her partner in hospital who eventually returned home. Allison indicated the experience 'shattered her', and she was unable to continue her fulltime employment. She stated she had enduring nightmares after Eric's injury. Allison undertook psychological counselling and was diagnosed with posttraumatic stress disorder as a result of the experience. Both Eric and Allison

stated they had lost confidence in social workers and DCO as a result of the experience.

Interview 34 – Martin and Bernadette

Martin and Bernadette were interviewed together. The couple had two young children at the time of deployment and Bernadette worked full time in a bank. Childcare was well organised. Martin had had a career change, and the couple felt prepared for military life. However, Martin's deployment with less than a few days notice was a shock since he had been in the Air Force less than a year. Bernadette was philosophical about the deployment and thought it was an ordeal that she would 'just do'.

Bernadette felt she 'just survived' the experience and came through it 'unscathed'. She felt socially isolated, and both were very dissatisfied with the lack of any coherent DCO or social work assistance, information or contact. During the deployment the bank in which she worked was held up and Bernadette accessed counselling which she felt was helpful in managing the separation and incident. Bernadette also moved house due to the poor condition of her residence and experienced difficulty in dealing with Defence's housing organisation.

Martin described the dangers of the living and working environment when he landed in East Timor and recalled vividly a serious injury to a child and devastation in the environment. This and other experiences had left an imprint on Martin which he was still making sense of.

Similar to others, Bernadette thought social workers could assist people by making contact as well as providing general information to large groups. Bernadette felt that social workers needed to emphasise the building of relationships with Defence families.

Interview 35 – Geoff and Paula

The couple were interviewed together. Geoff and Paula were a dual military couple with three young children under the age of three years. Paula became pregnant at the time of the deployment and had had a prior miscarriage. Paula had few friends, a limited social network and a demanding ADF job.

Geoff thought the short lead time to deployment was beneficial since there was little time to prepare emotionally. In contrast the children were reported to suffer. In particular, when Geoff returned for a mid-tour leave period and then returned to deployment, devastating effects were reported for the children including sleeping problems, hysterical crying and 'really bad behaviour'.

Paula, an Officer, felt restricted in communicating with her neighbours who were of a lower rank to her. Although the children played together, Paula kept her distance.

Geoff found meaning in the policy work he did with the East Timor military, which he described as ground-breaking.

Interview 36 – Gavin and Thelma

Gavin and Thelma were interviewed together. Thelma cared for the couple's two children when Gavin was deployed. One child had a communication disorder and had special education needs. Thelma was diagnosed with arthritis and fibromyalgia. Thelma undertook ten hours of voluntary work a week. The children were reported to have sleep disturbances and be upset at Gavin's deployment which was exacerbated when he had a mid-tour leave period.

Thelma described how she modified her daily living activities when Gavin was away so she could manage. Thelma said she lost 25 kilograms in weight when her partner was deployed, with her physical health affecting daily living. Similar to others, it was possible Thelma was living with an untreated mental health condition.

The couple described a lengthy, stressful and unsuccessful experience in trying to obtain a residence close to their daughter's special education services. This was described as more stressful for Thelma than the actual separation.

During the deployment, Thelma approached DCO for advice about gaining help with lawn mowing at home. Thelma did not have the expectation that DCO would provide this and was seeking information. Thelma felt humiliated and devastated to be told that her husband received a deployment allowance for that.

Thelma suggested social workers could improve their practice by being able to talk to children about a deployment and suggesting strategies for parents and children in how to manage.

Interview 37 – Rob and Lois

Rob and Lois were interviewed together. Lois looked after the couple's two primary aged children and performed paid work at a community house. Rob was about to discharge from the ADF when the deployment occurred. Lois was strongly connected to the informal Defence community and thought most people outside of this community did not understand military life. Lois felt DCO as a civilian organisation did not understand military life since, in her experience, DCO could not answer basic questions about military policy and conditions. Lois felt this was important since ADF family members were unlikely to go to the military for information out of concern for affecting their partner's career. However, Lois thought that if social workers were better at understanding military life this would be beneficial in their practice.

Interview 38 – Trevor and Deanne

Trevor and Deanne were interviewed together. Deanne had had depression throughout her life and her capacity to care for her children had been questioned in the past. Deanne felt she was relatively well throughout the East Timor deployment. She had cut herself off from the Defence community and had a limited social network. She viewed Defence groups as 'gossipy' and had been judged in the past when she participated.

Deanne and Trevor were dismissive of DCO as an organisation and social workers in general. This perspective was gained through previous negative experiences and the lack of information provided throughout the deployment. In particular, a working alliance had not been formed with a social worker in the past, and Deanne felt judged and unsupported.

Interview 39 – Mitchell

Mitchell was married, although was living unaccompanied on his posting at the time of interviewing and therefore Mitchell's partner, Joy, was not interviewed. Mitchell's partner had responsibility for the couple's two primary age children and teenage daughter during Mitchell's deployment. Mitchell was anxious when he was deployed and concerned about how Joy would manage as she had a history of mental illness, as did their teenage daughter. Their daughter was in her final year of secondary education at the time of deployment and was unable to finish the year due to poor mental health.

Combined with her mental health concerns, Joy no longer felt connected to the Defence community and their support groups due to previous negative experiences. As a consequence, Joy's social network was limited.

Mitchell felt email and the internet had changed communication for the better in the context of a deployment. Mitchell described many opportunities for Defence and social workers to better support ADF families by using modern technology.

Interview 40 – Jennifer and Grant

Jennifer and Grant were interviewed together. Both were members of the ADF who had been deployed to East Timor at different times. The couple had no children and were the only dual military couple without children interviewed. The couple communicated extensively by email throughout the deployment and found this to be positive. Both had the privilege of rank and ready access to email to assist in this regard. The couple felt they made significant contributions to the ADF during the respective deployments in their deployed and non-deployed functions. From a family policy perspective, they felt unacknowledged by Defence and thought Defence should conduct additional research on their needs. The couple thought that talking to people directly rather than conducting a survey was a suitable methodology. Grant thought he and others in his situation may find an interview with a social worker to be useful in a future deployment if it focused on practical issues.

Interview 41 – Jack (partner of Katrina, Interview Forty-Four)

The couple were interviewed separately since Katrina was unavailable at the time of the pre-arranged interview with her partner. A number of factors compounded Katrina's experience of deployment. Jack was delighted to be deployed to East Timor since it enabled him to put his training into practice in an operational setting, although he was reported to be detached from his family prior to deployment. Katrina was diagnosed with post-natal depression after the birth of her first child. At the time of Jack's deployment, Katrina was seriously unwell and felt she would not manage in her current posting locality since she had a limited social network and social support. The couple's young children exhibited an array of disturbances throughout and long after the deployment. Katrina enlisted the aid of a social worker who advocated for housing and a removal to the new locality. She relocated to be near her parents. Katrina had contact with DCO social work and other staff, although service

coordination between DCO offices was limited. Katrina located her own care network and was referred to an in-patient mother-baby centre and a psychologist.

Katrina felt social workers had the potential to be able to advocate for Defence families in the 'policy bureaucracy' internal and external to Defence. Katrina thought in-home services were very limited in their scope and that social workers should do more to advocate for policy changes. Like other interviewees, Katrina expected that social workers could develop better linkages and knowledge of the service system. Jack explained that military welfare officers remaining behind in Australia were inexperienced and generally unable to manage the complex family situations that arose. Jack had a positive perspective of social workers from a command point of view.

Interview 42 – Nancy

Nancy was a non-deployed partner whose Navy partner chose not to participate in the study. Nancy accepted the deployment as a matter of course and felt it was beyond her control. Nancy described changes in behaviour of her son who became physically aggressive towards her and was caught shoplifting after her partner was deployed. Nancy described feeling stress during deployment which peaked after her partner returned. Nancy described migraines and needing to sleep for several weeks when her partner returned.

Interview 43 – Jon and Chloe

Jon and Chloe were interviewed together and had three young children. Both were sceptical of the role of DCO and social workers in particular. Chloe described social workers continually 'making excuses' for not attending their base and outreach was sporadic and interpreted as a DCO's lack of commitment. Jon felt DCO had no idea of what ADF personnel and their families needed and that DCO needed to liaise better with commanders. However, Jon thought social workers could assist if they adopted a preventative, early contact approach with families rather than waiting for families to contact them.

Jon described the environment of East Timor and the remains where houses and villages once stood. Similar to others, Chloe described feeling exhausted after Jon returned from deployment.

Interview 44 – Katrina

Partner of Jack, see Interview 41 (above)

Appendix 2- Sociodemographic Profile of Participants

Table 2 presents the general characteristics of the sample. A total of 44 interviews were conducted involving 76 participants. Thirty-two of the interviews were undertaken with couples, 12 with individuals. The average length of the interviews was approximately one and a half hours. Forty participants were Army personnel and their partners. Twenty-two respondents were Air Force personnel and their partners, and 14 respondents were Navy personnel and their partners. Four females and 36 males were deployed which reflects the ratio of males to females in the ADF. Only one of the thirty-six non-deployed partners was male.

Military personnel of rank equivalence from Private to Colonel were interviewed. Almost half of the participants were junior and senior Non-Commissioned Officers (JNCO & SNCO). Approximately one quarter of the sample were officers (Lieutenant and above). Three Privates, or 'Other Ranks' as they are known, participated.

A majority of the 76 participants were in the age range 18 to 31 years.

One quarter of the deployed personnel had served less than five years, three quarters less than 11 years.

Table 2 - General Characteristics of the Sample

	Deployed Partner	Non-Deployed Partner	Total Number
Service			
Army	20	20	40
Navy	9	5	14
Air Force	11	11	22
Total	**40**	**36**	**76**
Sex			
Male	36	1	37
Female	4	35	39
Rank Equivalence			
Other	3		
JNCO	14		
SNCO	12		
LT - MAJ	10		
LTCOL and above	1		
Total	**40**	**Not Applicable**	**76**
Age			
18 – 24	9	7	16
25 – 31	17	16	33
32 – 38	10	8	18
>39	4	5	9
Total	**40**	**36**	**76**
Years of Service			
0 – 5	10		
6 – 11	18		
12 – 17	7		
18 – 23	4		
>24	1		
Total	**40**	**Not Applicable**	

The personnel sample was reflective across the Navy, Army and Air Force of the diversity of military occupations including legal officers, medical officers, a ship's commanding officer, infantry, pilots, special forces, logistics, transport, armour, air Defence, communications, intelligence and a United Nations Military Observer. The non-deployed partner sample reflected a range of employment categories including clerical, administration, hospitality, health and welfare.

There were thirty-five couples with children which consisted of seventy-five children in total of varying ages at the time of deployment, the youngest being born the day

before one Navy member sailed. The majority of children were of primary school age. Nearly one quarter of the children were under four years of age. Three families had newborn children at the time of interview often referred to as 'our Timor baby'.

Table 3 - Number of Children in Families by Age

Age of Children (years)	Number
0 – 4	21
5 – 9	28
10 – 14	15
>15	11
Total	**75**

The Department of Defence has a special needs policy which may determine assistance measures in the case of a family member with a disability other than the Serving person. At the time of this study, the policy was named 'Families With Special Needs'. Figure 3 presents the numbers of recognised Families With Special Needs (FWSN) in the sample. Single members, reservists and dual military members without dependents were ineligible and are thus not included.

Families with special needs in this sample consisted of parents and children. Special needs included learning difficulties in children, developmental disorders such as autism, language disorders, osteoarthritis, speech disorders, chronic fatigue syndrome, chronic pain and asthma as well as psychiatric disabilities.

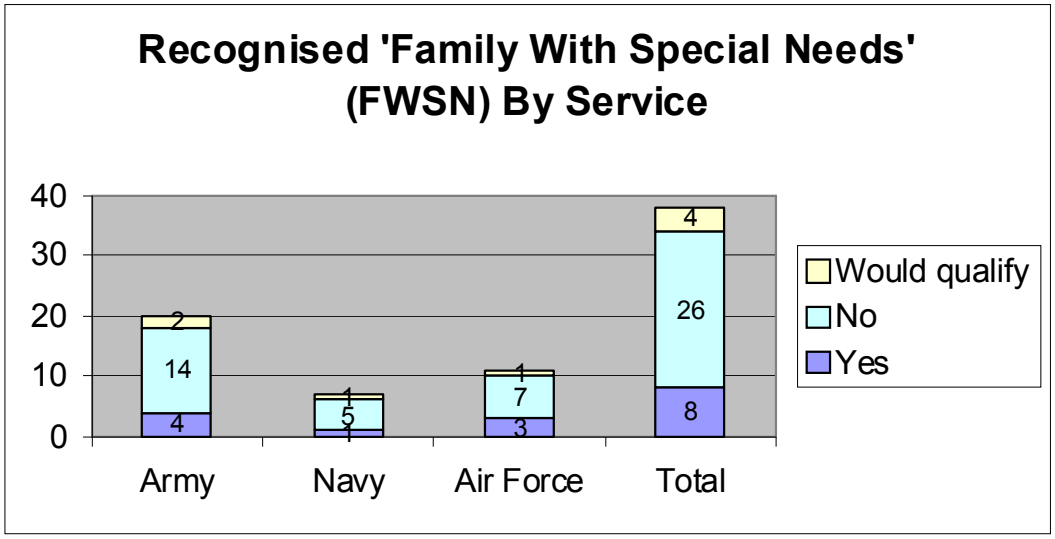

Figure 3 - Recognised Family With Special Needs By Service

Deployment Information

Figure 4 presents the Operation Deployed by Service and indicates over half the sample deployed on InterFET, about one third deployed on UNTAET and about one quarter were involved in both deployments. Some Navy personnel stated their ship was in the region before InterFET, a period known as Operation Spitfire. Several of the dual military couples had deployed to East Timor at different times themselves, although these were counted as one deployment for convenience. Three non-deployed partners whose partners declined participation were interviewed making the total number of 'deployment experiences' 43. Seventeen ADF personnel had previous experience with an overseas deployment such as Rwanda, Bougainville, Somalia and the first Gulf War. Two couples were facing a second deployment of the ADF partner to East Timor at the time of interview.

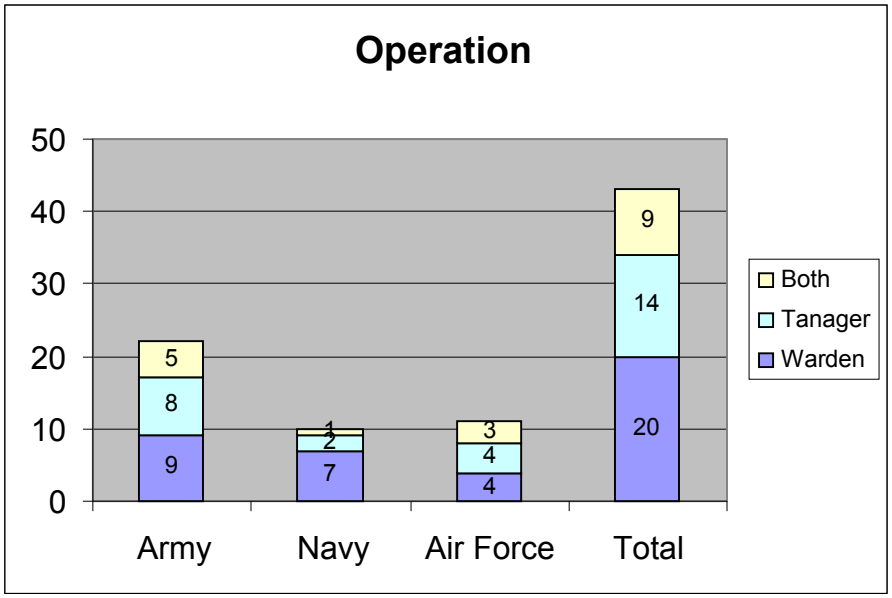

Figure 4 - Operation Deployed By Service

During deployment, the National Welfare Coordination Centre (NWCC) was to provide a central coordination point for referral of national welfare and family support and monitor welfare support to personnel and their families. Disseminating information packs to families was one function. Figure 5 shows the numbers of families by Service in this study who received a pack of information from the NWCC. The total number is 43.

The data in Figure 5 are presented to give an indication of participants who received an information pack in this study. However, Figure 5 suggests just over one third of families in this sample did not receive an information pack. Approximately 46% of families that did not receive an information pack were Navy families, about 33% were Army and 20% Air Force. Overall, families in this sample were more likely to miss out on receiving a pack for InterFET than UNTAET suggesting processes improved with time.

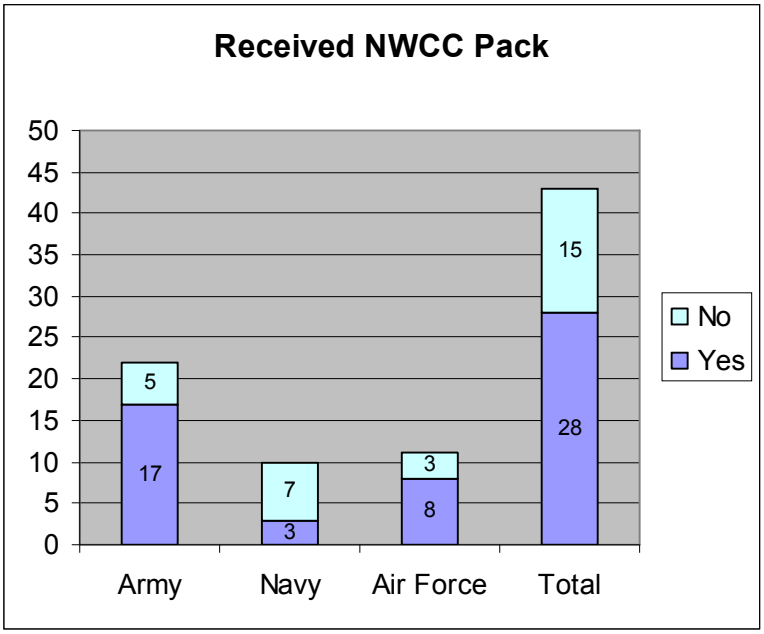

Figure 5 - Number of Families who Received NWCC Pack By Service

During InterFET and UNTAET, personnel deployed were to receive a Return to Australia Psychological Screen (RtAPS) conducted by a psychologist or psychology examiner from the Defence Force Psychology Organisation within two weeks before departure from the theatre of operations.

Figure 6 presents the numbers of personnel by Service in this study who had such a screen prior to returning to Australia, which respondents described as an 'In-Country Debrief'. As cited, the total number of deployment experiences was 43.

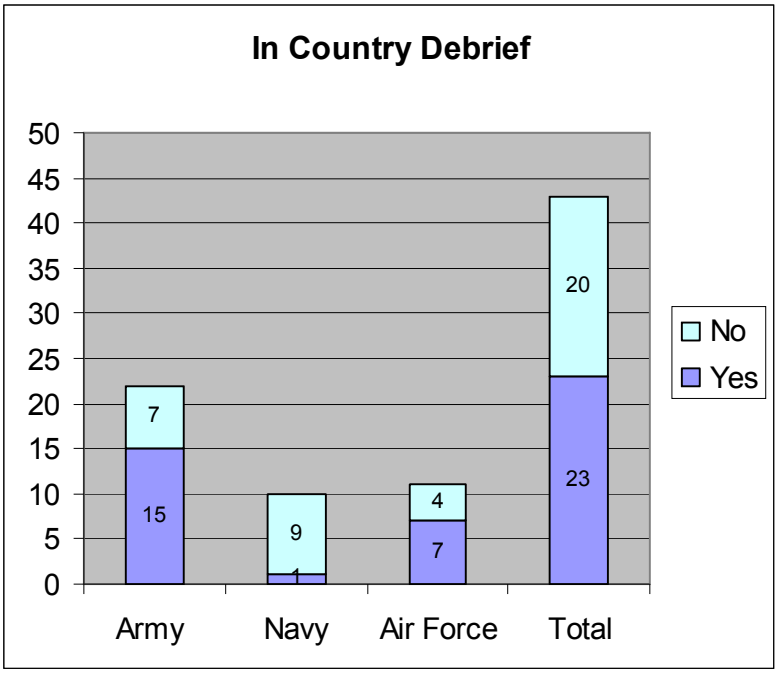

Figure 6 - Numbers of ADF Personnel By Service Who Received an In-Country Debrief

Some personnel were excluded from this data if they were ineligible to receive a screen due to Compassionate Return To Australia (CRTA) or were at the mid-point of their tour. Although this data cannot be generalised to the overall population of deployed personnel, nearly half of deployed personnel in this study did not receive a psychological screen even though personnel deployed overseas in this operation were the first to have teams of Defence psychologists deployed with them. Only two Navy personnel (officers) received a screen of the ten Navy personnel interviewed. Indeed, most Navy personnel indicated this was not a requirement.

As well as a psychological screen prior to return, personnel were expected to receive a follow-up mental health screen in Australia in the three month period after deployment. This screen is described by psychologists as a Post-Operation Psychological Screen (POPS) although described by respondents primarily as 'a debrief'. Figure 7 illustrates the numbers of personnel by Service in this study who received a post-deployment debrief. The data are not generalisable. However, personnel who received an initial debrief did not necessarily receive a follow-up, and some personnel who did not have one in East Timor were required to organise their own.

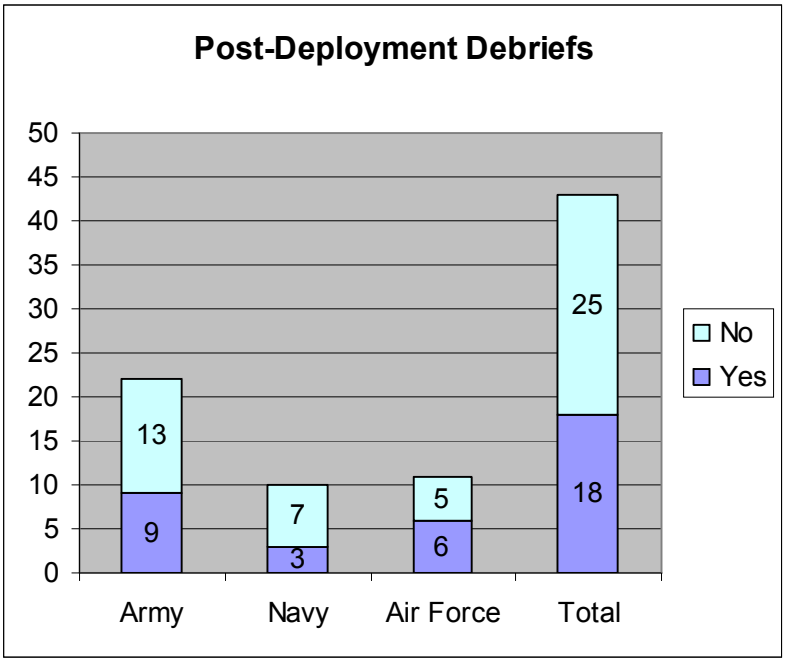

Figure 7 - Numbers of ADF Personnel By Service who Received a Post-Deployment Debriefing

Appendix 3- Monash University Ethics Approval Letter

Appendix 4- Explanatory Statement

1/3/01 (Explanatory Letter)

Project Title: The Separation Experiences of Australian Military Families During Overseas Deployment

My name is Philip Siebler. I am doing research towards a PhD under the supervision of Dr Chris Goddard, an Associate Professor in the Department of Social Work at Monash University in Melbourne.

The aim of this research is to gain a better understanding of the needs of Australian Defence Force personnel with dependants and their partners, before, during and after overseas deployment. I hope that the information gained will assist the Defence Organisation to better help families that are part of the Defence community to both strengthen families and the member's ability to carry out his/her work.

I am seeking Army, Navy and Air Force personnel with dependants who were deployed to East Timor in either Operation Warden or Operation Tanager. I would like to talk with personnel and any partners or caregivers of children whilst the member was overseas.

I would like to interview personnel and their partners or other caregivers together at a mutually convenient time and location such as your residence or local DCO office. The interview will take about one and a half hours of your time. Interviews will be audiotaped to help me have an accurate record of what you say. It is possible that some people may find the questions upsetting because we will be talking about your experiences of being separated during deployment. If necessary, counselling can be made available through your local DCO office or other suitable service and contact details will be provided.

If you agree to participate you may withdraw your consent at any time. No findings which could identify any individual participant or couple will be published and your name and address will not be identified in any way with anything you may say to the interviewer. A pseudonym, which you may choose, will be used in writing up the results of the study. Only my supervisor and I will have access to this data which will be stored for five years as prescribed by University Regulations.

You are under no obligation at all to take part if you prefer not to. If you decide not to participate in the study it will not affect in any way anyone's career. If you do decide to participate, but at some time before or during the interview you change your mind, you are free to withdraw at any time. You also do not have to answer any particular questions if you do not wish to.

On request, a copy of the transcribed interview and/or the results of the project will be made available to you. If you have any concerns before, during or after the research project you may contact Philip Siebler on 03 5735 7723.

Should you have any complaint concerning the manner in which this research (project number 2000/475) is conducted, please do not hesitate to contact The Standing Committee on Ethics in Research Involving Humans at the following address:

The Secretary
The Standing Committee on Ethics in Research Involving Humans
PO Box No 3A
Monash University
Victoria 3800
Telephone (03) 9905 2052 Fax (03) 9905 1420
Email: SCERH@adm.monash.edu.au

Appendix 5- Informed Consent Form

INFORMED CONSENT FORM

PROJECT TITLE: SEPARATION EXPERIENCES OF AUSTRALIAN MILITARY FAMILIES DURING OVERSEAS DEPLOYMENT

I agree to take part in the above Monash University research project. I have had the project explained to me, and I have read the Explanatory Statement, which I keep for my records. I understand that agreeing to take part means that I am willing to:

- be interviewed by the researcher
- allow the interview to be audio-taped

I understand that my name and address will not be identified in any way with anything that I may say to the interviewer and will not be disclosed in any reports on the project, or to any other party.

I also understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way.

Name…….(please print)

Signature……(Date)……

Appendix 6- Advertisement

WOULD YOU LIKE TO TALK ABOUT YOUR EXPERIENCES OF DEPLOYMENT TO EAST TIMOR?

My name is Philip Siebler and I am conducting a research project which aims to find out about the experiences of serving personnel and any partner before, during and after deployment of the member to East Timor. I am doing this study for a PhD, under the supervision of Associate Professor Chris Goddard, in the Department of Social Work at Monash University. It is hoped this information will assist the Defence Community Organisation (DCO) in better understanding and responding to the needs of ADF families who experience separation. In particular, I seek a wide range of Defence families- full-time, reserve, sole parent, dual career, single members and so on.

If you agree to take part, the interview will take about one and a half hours at a mutually convenient time and place. **I will travel to your location.** Your name and address will not be identified in any way with anything you may say to the interviewer.

For further information, please contact me at DCO-Puckapunyal on 03 5735 7723 or 03 5735 7731 (work hours) or e-mail philip.siebler@defence.gov.au. This will not place you under any obligation to proceed with an interview. The research is approved by the Australian Defence Medical Ethics Committee and Monash University.

Appendix 7- Interview Guide

Interview Number…….

Date…… Time…….

Place of interview…….. Contact Details…….

Interviewee's

name(s)……

Family Pseudonym(s)……..

…….

CHECKLIST

- MIC ON
- CONSENT FORMS SIGNED
- COPIES OF CONSENT FORMS PROVIDED

INTERVIEW SCHEDULE – SOLE PARENT, COUPLE/CAREGIVER, SINGLE MEMBER

Introduction I would like to thank you very much for agreeing to take part in this interview. I want to emphasise that your name and address will not be identified in any way with anything you may say in this interview. A pseudonym, which you may choose, will be used in writing up the results and nothing you say will affect your career or access to appropriate HealthCare or Service through the Defence Community Organisation.

Before we begin, I would like to say that what I am most interested in is your experiences and your knowledge and views about these experiences. Although I have developed some questions that I feel might be helpful in exploring these issues, please feel free to talk about any experiences, as they arise, that you feel are important.

The purpose of this interview is to conduct research. Some of the questions may seem farfetched, silly or difficult to answer, the reason being that questions that are suitable for one person may not be suitable for another. Since there are no right or wrong answers, don't worry about these just do the best you can. Feel free to interrupt, ask clarification or criticise a line of questioning.

As you know I am doing this research for a PhD in social work to hopefully help DCO understand the needs of personnel and their families better during all stages of deployment. The research is approved by both ADHREC and Monash University. I have worked for DCO for three years and take my work seriously. I enjoy working with military families very much and this PhD grew out of my practice in Defence. This topic about separation during the East Timor deployment has evolved over two years. As well as being a social worker I am a clinical family therapist and qualified child and family mediator and my practice interest is 'the family' in all its shapes and forms.

Do you have any questions before we start?

General Information - Firstly I'd like to get some background information (member and partner if appropriate).

1. Serving member -Name of Operation deployed on-

Operation Warden
Operation Tanager
Other

2. Date (month and year) of deployment-

So you deployed ------ months ago?

3. Date (month and year) you came home-

So you have been home --- months? Length of deployment? ---- months

4. Your role in East Timor?

5. Family Type? Can you tell me how you identify as an Army/Navy/Air Force family? (Probe- Belonging to unit/base/ship, lifestyle, strong or ambivalent identity)

Dual military career with dependant(s)……..
Sole (serving) parent with dependant(s)…….
Military member, civilian partner……
Single…….

6. Gender of deployed ADF member
Male
Female

7. Relationship status Years
Married
Defacto
Separated/Divorced
Single

8. Couple -Please tell me about the age and gender, and any Special Needs of each child living with you beginning with the oldest

Age	M	F	Special Needs
Eldest			
2nd child			
3rd child			
4th child			

Do you have any children living elsewhere? With father or mother, relative? Location?

9. Age group of participant(s)
18-24
25-31
32-38
> 39

10. Rank Equivalence

PTE

JNCO

SNCO

LT-MAJ

LTCOL and above

11. Service

Army

Navy

Air Force

12. Are you -

Reservist

Regular Service

13. Years of Service

0-5 years

6-11 years

12-17 years

18-23 years

>24

14. Education- Level of Participant(s)

Some High School

Completed Year 12

TAFE

Diploma

Degree or Higher

Now I'd like to talk with you about your experiences before deployment.

PREPARING FOR DEPLOYMENT

15. To couple - What were your initial reactions to hearing news that you were to be deployed? (To partner- Your reactions? Children? Extended family?)
(Probe- Emotional reactions, was partner told?)

16. To couple - Can you tell me about previous experiences of being apart due to military life? (Probe – duration, type)

17. To couple - Could you tell me about the amount of notice you were given of your deployment and arrangements that needed to be made? (Probe- discussions with partner/extended family, finances, legal, schooling, place for children/partner to live, previous deployment experience)

18. To couple - Could you tell me about how effective you think the arrangements were and the types of assistance you found helpful or would have found helpful before deployment? (Probe- Unit/Base/Ship support, family, friends, DCO, Legal Officer, Chaplain, financial considerations, Family Care Plan)

19. To couple - Could you tell me about your greatest worries, concerns or stresses before deployment occurred? (Probe- children's needs, special needs, employment, coping on own, fear of death/injury)

20. To couple - Could you tell me about the types of arrangements that needed to be made for the care of your children? Where did your children go while you were deployed? (Probe- Family Care plan, decision to stay/leave area)

21. To couple - Could you tell me about any pre-deployment briefings or other presentations you may have received with respect to family issues? (Probe- DCO briefings, other)

22. Looking back, could you tell me about the types of information or presentations that may have helped you and your family manage more effectively with deployment?

I would like to talk about your time apart, now, the actual deployment.

DEPLOYMENT

23. Could you tell me about the arrangements that were made for farewells? (Probe- unfinished business, relationship/ family concerns, complications, where family to reside)

24. To serving member - What were your reactions when you went into East Timor? (Probe – What did you see? How did you feel?)
To partner - Is this news to you? Did you communicate this to your partner at the time?

25. To Partner - What exactly did you do in the first days or weeks following deployment? (Probe – Different than normal?) What exactly did you feel in the first days or weeks following deployment? Different than normal? Others reactions? (Probe – sadness, despair, freedom?) To what extent was your partner aware of your experience? To Member – Is this news to you?

26. To Partner - Could you tell me about individual and family reactions, thoughts, behaviour and feelings experienced during deployment?
(Probe – partner, child(ren), extended family, other significant members)
Wellbeing, grief, emotional, medical, child behaviour, fears of death, illness, injury, living with each other's absence/loss
Impact of the media? Major incidents reported by media? Witnessing death, horror? Being threatened? Handling bodies? Seeing destruction?
Feeling overwhelmed? Powerless? Spillover of feelings in family?
Trouble sleeping? Nightmares? Headaches? Crying? Loss of interest in normal activities? Suicidal? Positive behaviours?

27. To Member - Is this news to you? Can you tell me about your thoughts, behaviour, feelings during the deployment? Different than normal? How?

28. Could you tell me how you managed individually and as a family unit during deployment? (Probe- personal strategies for coping, use of Services, family, friends, rear detachment, support groups, DCO, including-)
Who coped best? Least?
What were your top two strategies for coping?
Confronting loneliness/isolation versus maintaining /catalysing personal growth? Keeping the other 'in their head/heart' – How?

29. To couple - Could you tell me about your knowledge of DCO Services during deployment? (Probe- support groups, Information Pack, social work intervention, FIND, FLO contact) including-
Use of DCO?
Opinion of DCO's Services
Devil's advocate question- Some personnel won't go near DCO for a range of reasons:confidentiality, choose to deal with difficulties on their own. How about you? What is different/same for you?

30. Suppose there had been an emergency in the family. What would you have done? Who would you have contacted?

31. To partner- Could you tell me about how effective the National Welfare Coordination Cell was for you during deployment? (Probe- knowledge, use, information provision) including
Strengths
Limitations/concerns – Was Information Pack adequate? What would have been ideal for you?

32. Could you tell me about the effectiveness and nature of communication during deployment? (Probe- telephone, e-mail, videocassettes, mail, internet café, sorting out problems overseas, including –)
Helpful/unhelpful for children, partner between countries? Stresses?
Worrying? Negative/positive effects on work and family?
Timing – Dealing with problems at home

33. How would you describe the high/low/turning points of the deployment? (Probe – emotional highs and lows)

HOMECOMING

34. (UNTAET) Can you tell me about RTA mid-way during deployment? (Probe – Strengths, limitations)

35. To Couple - Could you tell me about the preparations you made for final reunion? (Probe- Psych. briefings overseas, household)

36. Could you tell me about your reunion experiences? (Probe- relationships, children, ritual) including-
Emotional reactions
Anything unexpected?
Thoughts
Difficulties
Positives

POST-DEPLOYMENT

37. What opportunities have you had to talk about your individual and family experiences since return to Australia? (Probe – Unit/Base Ship, friends, family, public speaking, feelings about this, listened to, understood, public homecoming)

38. It is now …. months since return to Australia. Could you tell me about how you think your work and family life is now? (Probe- mental health, non-routine visits to RAP or Military Hospital, visits to GP's, schooling, child behaviour, relationships, coping behaviour, performance)

We are nearing the end of the interview, now. I have a few questions to go.

39. Suppose you were asked to design a family support program for personnel and families who have undergone similar experiences to yours. What would such a

Service look like? (Probe- best advice to a friend in similar circumstances, counselling, information, programs, credibility, best practice, help-seeking men/women and impact on career) including-
Unique needs of military families, Navy/Army/Air Force
What can each Service offer the other in terms of knowledge about separation?
Current gaps that can be fixed?

40. Looking back, what has been the impact of the deployment on you as people? (Probe- emotional, financial, discoveries, learning, fathering, mothering, parenting, couple commitment, horror, trauma, including –
What/Who/ has changed? How? Relationships with partner/children?
With family members? The Service? Alcohol/drug taking?
Will life ever be the same? How? How would you describe the effects of what you have seen? What is unforgettable? Unspeakable? Views on life? Society?
Commitment to ADF? Marital problems or enhanced commitment?
Serious health problems?

41. Upon reflection of all we've covered today, what was the best part of the experience for you, as a family, as a couple? What was the worst experience? If you had your time over again, what would you like to change?

42. What would you like to hold onto as a memory? If you had to describe the essence of the experience, what would it be?

43. In closing, are there any questions that you would have liked me to ask that I haven't asked?

I would like to thank you for taking part in this interview. If there has been anything in this interview that has caused you distress in any way, I can provide you with a list of qualified social workers. Thank you.

Appendix 8- Initial Data Analysis Proforma

INTERVIEW NUMBER….. DATE…….

1. WHAT WERE THE CENTRAL THEMES?

- PRE-DEPLOYMENT
- DEPLOYMENT
- POST-DEPLOYMENT

2. WHAT WERE THE QUOTABLE QUOTES?

3. HOW RESPONDENTS MAY DIFFER ACCORDING TO –

- OPERATION DEPLOYED ON
- SERVICE TYPE
- AGE, LENGTH OF SERVICE, RELATIONSHIP STATUS

4. WHAT IS THE ESSENCE OF THE EXPERIENCE?

5. WHAT SUPPORTS WERE EFFECTIVE?

6. WHAT SUPPORTS ARE SUGGESTED FOR FUTURE DEPLOYMENT?

7. CHILDREN'S WELL-BEING, EDUCATION?

8. EXTENDED FAMILY?

9. HOW HAS THE EXPERIENCE CHANGED PEOPLE?

10. HOW HAS THE EXPERIENCE IMPACTED ON COMMITMENT TO THE ADF?

11. WHAT ADVICE IS OFFERED FOR PEOPLE UNDERGOING A SIMILAR EXPERIENCE?

12. WHAT WAS THE 'TONE' OR 'FEELING' OF THE INTERVIEW? WHAT HASN'T BEEN SAID? WHAT WERE MY FEELINGS AND REACTIONS?

13. WHAT IS MOST SURPRISING/NOTEWORTHY/INTERESTING IN THE INTERVIEWS AND WHY? WHAT CODES JUMP OUT AT ME?

14. WHAT COMPLEMENTS AND DISTINGUISHES THE FINDINGS FROM PREVIOUS RESEARCH?

Appendix 9- Itinerary of Visits

- Victoria

Between March and December 2001 – Puckapunyal, Simpson Barracks, RAAF Base Laverton, HMAS Cerberus - sixteen interviews

- Townsville

19 April – 23 April 2001 – three interviews

- Cairns

22 April – one interview

- Canberra

24 May – 26 May 2001 – one interview

- Perth, Rockingham, Bullsbrook

8 June – 12 June 2001 – five interviews

- Sydney, Richmond

3 July – 9 July – 2001 – four interviews

- Cairns – HMAS Cairns

27 July – 29 July 2001 – two interviews

- Townsville

29 July 2001 – one interview

- Darwin

9 August 2001 – one interview

- Katherine/ RAAF Base Tindal

10 August – 13 August 2001 – three interviews

- Brisbane/Amberley

24 September – 2 October 2001 – five interviews

- Canberra

23 November – 24 November 2001 – two interviews

One telephone interview was conducted with a non-serving partner residing in Canberra on 5 February 2002. Unfortunately, this participant was not available when I interviewed her Army partner during the above period.

- Adelaide

30 November – 2 December 2001 – one interview