

VOJAŠKO SPECIFIČNI DEJAVNIKI TVEGANJA IN ZAŠČITE ZA ZDRAVJE IN DOBROBIT VOJAŠKIH DRUŽIN: RAZVIJANJE MODELA

MILITARY SPECIFIC RISK AND PROTECTIVE FACTORS FOR MILITARY FAMILY HEALTH OUTCOMES: DEVELOPING THE MODEL

Povzetek Vojaški poklic, ki po definiciji zahteva opravljanje nalog v imenu države, ni primerljiv z veliko drugimi poklici. Položaj vojaškega poklica v družbi je določen tudi z odnosom, ki ga vojska izkazuje vojaškim družinam. Temu ob bok postavimo dejstvo, da sta tako vojska kot tudi družina pohlepni instituciji, ki pričakujeta predanost. Usklajevanje med obema za posameznika pomeni izziv, ki lahko vodi v disfunkcije oziroma zdravstvene težave. Dejavniki tveganja in zaščite se pojavljajo na različnih socialno-ekoloških ravneh. V članku je prvič predstavljen teoretični model, ki ga je razvila avtorica. V modelu so opredeljeni vojaško specifični dejavniki tveganja in zaščite in kazalniki zdravja v vojaških družinah. Dejavniki tveganja so med drugim: dolgotrajne odsotnosti, bojne izkušnje, stres idr. Dejavniki zaščite pa so: dobra socialna mreža, podpora razširjene družine, sposobnost uspešnega usklajevanja med delom in družino idr.

Ključne besede *Vojaška družina, vojska, kazalniki zdravja, dejavniki tveganja in zaščite.*

Abstract Being a military professional and performing the job in the name of one's country is hardly comparable to other occupations. The military and the family, as greedy institutions, put high demands on their members so it can be difficult to balance between them, which can lead to dysfunctions – negative health outcomes. Every person needs to address various demands during the course of their lives, and the risk and protective factors occur at various socio-ecological levels. This article explains a theoretical model of military specific risk and protective factors which affect military family health outcomes, developed by the author of this article. As currently identified, the most influential military specific factors are: deployments, service member's gender, combat experience, social network/extended family support, effective work/family balance, and stress resilience-coping.

Key word *Military family, military, health outcomes, risk and protective factors.*

Introduction

The military as an institution, including its service members and their families, constitutes a significant part of society. Consequently, their wellbeing and health outcomes manifest at various social levels. It is important to understand that the military organization is a specific one, potentially demanding the ultimate sacrifice, namely giving human life for the survival of a community and/or country. Therefore, being a soldier, being a military professional and performing the job in the name of one's country is hardly comparable to other occupations. Coser defined both the military and the family as 'greedy' institutions. According to Coser (1974), greedy institutions 'seek exclusive and undivided loyalty and they attempt to reduce the claims of competing roles and status positions on those they wish to encompass in their boundaries'. Vuga and Juvan (2013), based on a survey of Slovenian military service personnel, established that the military does not only require the devotion of service members' devotion, but the devotion of the whole family.

Service members, as much as any other individuals, are defined by several societal roles and have various sources of identification. One of the most important values and sources of identification is one's family. The Slovenian population in general values the family very highly (e.g. Toš et al., 1999; 2009; Rosulnik and Vuga, 2019; Troha and Gorenak, 2019 etc.) and therefore the wellbeing and satisfaction of the family occupies a high position in an individual's personal life. For this reason, the wellbeing and satisfaction of family should also be important for a military organization. The influence goes both ways; the military has an impact on everyday family life, and the family has an impact on the job performance, satisfaction, motivation, and so on of soldiers.

Research into military families should be put into the wider social context of the social changes over the past fifty years (e.g. changing gender roles, parenting, concept of childhood, etc.). This enables us to explain why certain military demands are challenging for modern families.

The factors causing negative health outcomes in military families occur at various levels and in different situations. The project Military Specific Risk and Protective Factors for Military Family Health Outcomes (MilFam) will observe which and how strongly risk and protective factors arise from different socio-ecological levels, using Bronfenbrenner's classification (see Figure 1). For better understanding, the socio-ecological levels will be briefly explained further on in this article.

The purpose of the article is to outline the spectrum of direct and latent demands that military life puts on service members and their families. Further, the article will discuss certain health outcomes that military families all over the world need to cope with. But most importantly, the article strives to explain the model of risk protective factors influencing family health outcomes which I have developed over the past year and which will be tested by my research team¹ in the years to come.

¹ *MilFam is a scientific project financed by the Slovenian Research Agency (J5-1786).*

Over the next years the research team at MilFam will focus on the Slovenian military's family health and wellbeing, as well as the fundamental risk and protective factors.

1 DEVELOPING A CONCEPTUAL FRAME

1.1 Conceptual and methodological background

In previous research the different negative health outcomes have not been measured together, but have instead been observed separately. In the case of Slovenian military families, potential negative health outcomes have never been measured at all. Similarly, various risk factors have not been observed simultaneously at various socio-ecological levels.

We will apply an integrative approach to understanding the risk and protective factors for family health outcomes in the military context in Slovenia. Up to now, the risk/protective factors for health outcomes have been observed mostly at the socio-ecological individual and micro levels, but our research aims to take a step forward by identifying the risk/protective factors at the meso and macro levels. Furthermore, up to now the risk/protective factors have been mostly observed from the perspective of military sociology, or separately from the perspective of psychology. We aim to integrate the two fields and apply a comprehensive approach. Military family health outcomes are a result of external social influences, internal personality characteristics, psychological specifics, national policies and organizational priorities, among other things. We can assume that all of the above significantly affect the behaviour of family members in various situations, and influence the quality of military family life.

Moreover, current research does not give an answer to the question of whether the risk factors for negative health outcomes actually originate in the military. Our research aims to reveal whether and which of the risk/protective factors are military-specific. For this purpose, we will observe a control sample of civilian families.

The central research question in the present article is, which are the currently recognized health outcomes in military families, and which are most common risk and protective factors?

1.2 Risk and protective factors for military family health outcomes

1.2.1 Let's talk about gender when we balance between the military and the family

The relationship between military and family can be interpreted in the light of the work/family balance. In previous centuries the representation of each gender in western societies was predefined, i.e. the normative and material embedding of the 'male breadwinner' defined the position of women in the family as well as in the labour market (Crompton, 2006). Over the past decades Slovenian women have become highly present in the labour market, with over 60% of women employed

(Kanjuo Mrčela and Černigoj Sadar, 2007). However, in spite of this, various studies (e.g. Crompton, 2006; Kanjua Mrčela and Černigoj Sadar, 2007) indicate that women remain responsible for the majority of domestic chores. Young mothers especially (i.e. those with small children) feel the pressure of balancing their work obligations against family needs, and hence often face a conflict between work and the family (Kanjua Mrčela and Černigoj Sadar, 2007). Mothers with young children may be a category that requires special research attention, especially if they are members of a military organization.

Similar to trends concerning the distribution of the unpaid work in civilian families, military spouses are usually expected (and they probably meet these expectations) to carry the majority of the domestic work (Werber Castaneda and Harrell, 2007), and yet these authors established that most satisfied military families get at least one quarter of their income from outside the military. The research shows that the spouses who have interests outside the home are happier, but they feel that the military has a negative effect on their jobs (Werber Castaneda and Harrell, 2007).² Interestingly, past surveys of Slovenian military personnel (the vast majority of whom were men) revealed that they did not feel much pressure from the military towards the family, and they also did not believe that their spouses were under much stress due to military demands (Vuga and Juvan, 2013). In that context we must understand that the military organization is still the most typically male of all institutions, and the masculinity of military organizations could influence the perception of the relationships between genders (Segal 1993; 1995) and also the perception of the burden created in balancing work and family.

The gender of the service member is a predictor of military family health outcomes and wellbeing. The literature emphasizes that the negative impact of risk factors on family health outcomes is expected to differ depending on the gender of the service member. Female service members need to play multiple roles; they fulfil their professional expectations within the military and the parental role, as well as taking care of the unpaid household work. As primary caregivers, they are put in a more challenging position with regard to their relationships with their spouse and children when trying to fulfil military demands (e.g. long-term absences). On the other hand, male service members often play the role of secondary caregivers, which leaves them with more time to fulfil their military demands.

Stress due to balancing work and family influences the mother's wellbeing, and the latter is an important predictor of a child's adjustment and behavioural problems, especially during deployment (Andres and Moelker, 2011). Zellman, Gates, Moini and Suttorp (2009) established that those having the most difficulty with balancing not only work and family but also work and childcare are female service members who are also mothers, and dual military families. Additionally, we need to keep in mind the issue of mother-child separation.

² This was mostly related to the regular redeployments of the whole family to different locations.

1.2.2 The extended family and the community

As we can see, building a military family's capacity to manage stress is a process that affects people and groups at several levels; the individual, the organization and the community (Wojda et al., 2017). In the particular Slovenian case, military families have strong social support provided by extended family (Vuga et al., 2013). Metka Kuhar (2011) places Slovenian families with strong family ties and cross-generational cooperation in the Mediterranean cultural model. The majority of Slovenian families live near their extended family (Kuhar, 2011); however, when the family moves outside the family support network, problems with balancing work and family demands may occur. This is especially the case during military deployment. In such cases military families without a support system may move near their extended family to compensate for the absent service member's support (Boia, Marques, Francisco, Ribeiro, Dos Santos, 2018). Furthermore, the loss of the service member's emotional and functional support due to deployment results in higher individual responsibilities for the stay-at-home spouse (Boia, Marques, Francisco, Ribeiro, Dos Santos, 2018), and ultimately can lead to stress.

1.2.3 Parenting between field work, exercises abroad and ultimately risky deployments

The reaction of children to the long-term absence of the parent is highly dependent on the children themselves (Pincus et al., 2004); it also depends on how the stay-at-home mother or father copes with and behaves during the separation (Drummet et al., 2003). Previous research reveals that a lower level of parental stress is associated with positive parenting behaviour (Zhang, Cubbin and Ci, 2019). Parents reporting parental stress were much more likely to also report emotional problems in their children during the deployment (White, de Burgh, Fear and Iversen, 2011). Months of separation are stressful for the spouse who has stayed at home, which can also have consequences for the children. There are inconclusive results of research investigating the impact of the emotional support and caring relationship between partners on their behaviour towards their children (Zhang, Cubbin and Ci, 2019).

Among the important risk factors are deployment and parental stress, while a protective factor is the ability to effectively balance work and family.

The greatest difficulties in accepting the separation have been reported by mothers of children aged under five years old (Andres and Moelker, 2010), although White et al. (2011) established that research into the impact of the children's age is inconclusive, as well as the influence of the children's gender. It has been established that the number of deployments and the deployments' length may also affect the child's adaptation to parental absence (Barker and Berry, 2009; Chandra et al., 2009; Lester et al., 2010); however, this seems to vary between countries. Regardless, deployment is one of the key military specific risk factors influencing a decrease in children's wellbeing (Skomorovsky et al., 2018). Based on similar findings, certain countries have already incorporated preventive measures into their military family guidelines,

and limited the length of deployments to a maximum of 6 months, along with a stay-at-home period of 24 months (Skomorovsky et al., 2018).

1.2.4 Ask not (only) what you can do for your country, but also what your country offers your family in return

At the national level Slovenia has been adopting family-oriented policies over the years. The country offers basic family support such as maternity, paternity and parental leave, and the right to decline night shifts or other similar obligations until the child reaches a certain age. A strong public childcare network, for children from 11 months onwards, is also an important factor that enables and supports the employment of both parents. Beyond this, there are various formal documents which provide a normative background for the Slovenian Armed Forces to provide various types of military support.³ The question is whether these documents address only service members, or also their families? Furthermore, it should be reconsidered whether the current institutional support adequately addresses the modern military family's needs.

1.3 The health outcomes of the military family

Throughout the centuries, military organizations, much like any other institution, have been subject to evolution, and the position of the military in society has been changing as well. Service members are particularly vulnerable to behavioural and other health problems, due to the specifics of the military profession and the tasks they are required to perform (especially when abroad). Although service members face similar challenges to other professions in adjusting to work and personal difficulties, maintaining adult relationships and raising children, they also face some unique challenges, including frequent absences and (risky) deployments, both of which result in disruptions to family routines and compromised parenting (Wojda et al., 2017). Although most service members adequately cope with this, some may not. This can result in individual and familial difficulties (e.g. interpersonal violence, suicide, substance abuse) and diminished military readiness.

Several negative health outcomes in military families have been identified, mostly in the USA, the UK and Canada. Based on an overview of the research, the following military family health outcomes have been identified:⁴ misuse of psychoactive substances (e.g. alcohol, drugs, and medicaments); parental depression & PTSD; intimate partner violence; relationship dissatisfaction; poor child-parent relationships (and attachment style); and negative child wellbeing.

³ *The Service in the Slovenian Armed Forces Act, the Directive for Comprehensive Support in the Slovenian Armed Forces, the Directive for Psychological Support for Service Members, the Standardized Operational Procedure for Information-Sharing between Service Members and their Families, etc.*

⁴ *These will be modified for the purpose of our research if necessary.*

1.3.1 Misuse of psychoactive substances

Psychoactive substances (alcohol, drugs, and medicaments) are one of the identified negative health outcomes in a variety of research studies in both military and civilian populations around the globe. For example, alcohol consumption is highly problematic in Slovenian society, since the statistical data gathered by the National Institute for Public Health shows that Slovenians drink on average 11.5 l of pure alcohol per person per year, which greatly exceeds the EU average. According to the World Health Organization, this places Slovenia among the countries consuming the highest level of alcohol. The high level of alcohol use is directly associated with liver disease, traffic fatalities, suicide, decreased work productivity, poor job performance, and so on. Families in which one or more member is drinking hazardously are at increased risk of relationship problems, intimate partner violence, and child maltreatment (Juvan, 2019, MilFam interim report). A higher level of alcohol use, as well as drug abuse, could have its roots in early childhood experience, stress, poor ability to manage conflict, depression, combat experience, severe familial financial problems and, among other things, also the cultural acceptability and normality of consumption of psychoactive substances (e.g. alcohol).

1.3.2 Depression and PTSD

Research shows correlations between alcohol problems and combat experience, along with PTSD and depression (Wright et al., 2012). Depression has its roots in mental health problems, while impact factors can be identified at various levels (stress, work/family conflict, negative communication, combat experience, deployment, etc.). Combat experience is also related to risk behaviours and other relationship problems (Jakupcak, 2007; Killgore, 2008). Foran et al. (2017) surveyed service members' PTSD in correlation with child mental health; the study documented the association between parental PTSD symptoms and child mental health symptoms, especially during the post deployment reintegration period. The results showed that fathers' PTSD correlates with children's mental health issues. PTSD symptoms, anger, and general aggression may pose a significant problem for the psychological adjustment of children exposed to deployment transition challenges. Therefore, due to their side-effects, depression and PTSD are important to consider when we talk about familial health and wellbeing.

1.3.3 Relationship between the parent and the child

Military socialization with specific values and attitudes is reflected in parenting styles (Speck and Riggs, 2016). The relationship between the parent and child and the attachment style is important for the psychological development of a person. Insecure attachment may result in disorders (Baumrind, 1991) or a lower quality of the individual's life. On the one hand, affectionate, warm and responsive parenting increases the possibilities of a positive outcome in the parent-child relationship; on the other, cold and unresponsive parenting increases the chances of a negative outcome. People who have developed a secure attachment style are described as having happy, trusting and friendly relationships. The characteristics of military

service undoubtedly affect all family members, as well as the relationship between parents and children. Months of separation and the absence of a service member due to a military task are stressful and can influence the relationship between the service member and the child. Jensen et al. (1996) found that children of deployed parents were more likely to be depressed or stressed. Children are vulnerable to the consequences of the absence of parents, so they need to be given more attention by parents and institutions (Jensen et al., 1996).

1.3.4 Child wellbeing

Despite the extensive research available on wellbeing in civilian literature, wellbeing is a construct that has not been well studied in the context of military research. While civilians and military members share many of the same stressors, the military lifestyle introduces a new set of difficulties that service members and their families must manage and cope with (Skomorovsky et al., 2018). Researchers from different NATO nations (including Slovenia) collaborated to provide a comprehensive overview of wellbeing as it is understood in civilian and military research, developing a model of wellbeing that takes into account the complexity of military risk factors (stressors). The child's wellbeing can be defined through material and financial family wellbeing, the strength of social networks, the ability to gain education, the legal protection of the child's rights, their physical, psychological and emotional health, and also through the military demands on one (or both) parents, which influence various aspects of the child's wellbeing. A poor level of the child's wellbeing will likely negatively affect the military family and service member, and ultimately affect operational readiness.

1.3.5 Intimate partner violence

Intimate partner violence is one of the significant negative familial health outcomes (Clark and Messer, 2006), and it is a destructive relationship pattern within the family. Intimate partner violence is one of the factors leading to relationship dissatisfaction and family dysfunctions; it can affect the parent-child relationship and the parenting itself. The reasons for intimate partner violence can be found at various levels (e.g. personal experience at an early age, exposure to violence, combat situations, incapability to manage stress, etc). We estimate that it is very important to identify such behaviour (regardless of the fact that this may be interpreted as a personal or familial matter), prevent its escalation and address the outcomes of such behaviour where necessary.

Violence as such, and especially intimate partner or family violence, should not be acceptable for service members, among other reasons because it puts their ability to handle weapons under question. It also might affect military readiness.

1.3.6 Relationship dissatisfaction

Relationship dissatisfaction is an outcome of various factors, including frequent long-term absences, daily commuting and work-life conflict. The risk factors can be

found at the personal (depression, childhood experience, financial income, etc.) and at many other levels (e.g. job dissatisfaction spilled over into the relationship, being burned out, spouse's job demands, conflict between work and family expectations, inability to deal with conflicts between the partners etc.). Slovenian research data from military and police samples reveal some problems arising from long-term absences. For example, deployment can deepen relationship dissatisfaction since conflict could be frozen for the time being, instead of being communicated and solved. Upon return, in the post-deployment phase, the problems could become even worse.

Relationship dissatisfaction can be a negative predictor of job satisfaction and influences job performance, motivation, devotion, and so on in the military.

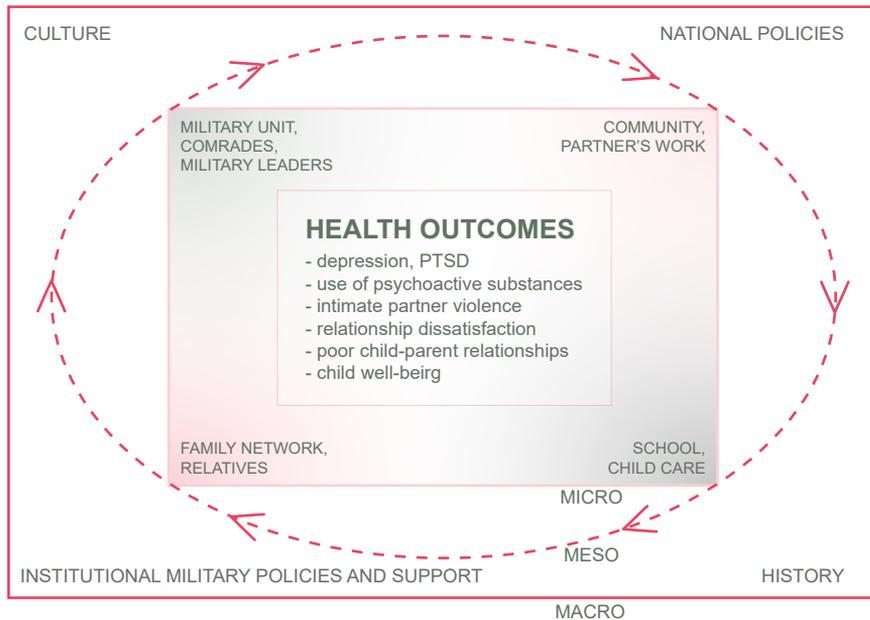
2 A THEORETICAL MODEL OF RISK/PROTECTIVE FACTORS FOR HEALTH AND WELLBEING OF MILITARY FAMILIES

The theoretical model has been developed around the central unit, which is the military family. It shows the risk and protective factors that may derive at various socio-ecological levels and affect health outcomes (Figure 1: The Model).

The *individual level* represents the individual characteristics of the military family (based on our definition of the military family⁵), i.e. the service member and their spouse (e.g. education, gender, age, number and age of children, etc.). At the *micro level* we observe individually (i.e. separately from each other) the following structures: the wider characteristics of the military family (e.g. internal dynamics, interpersonal relationships, parent-child relationships, etc.); the military organizational level (e.g. leadership, cohesion of the unit, comradeship, etc.); the spouse and their work environment; the extended family (e.g. three generations cohabiting, grandparents' support with childcare, etc.); and community (e.g. social network, such as peers and their role as a support/safety net, school, etc.). At the *meso level* we observe the interrelation of separate stakeholders from the micro level with each other, for example, the ability of partners to balance life and work is strongly influenced by the interrelationship of family needs, the service member's military demands, the spouse's work expectations, extended family support and a variety of other factors. Above or around all these levels is the *macro level*, which comprises national family policy and normative institutional support for military families in particular. Furthermore, the macro level can be observed through the lens of national culture, values, the position of families in certain society, and attitudes towards the roles of men (fathers) and women (mothers) in the family. Finally it can also be interpreted in the context of the position the military organization has in society (e.g. public opinion, media).

⁵ We have applied the United Nations definition: the family is constituted of at least one or more adults taking care of a child/children (Švab, 2010). For the purpose of our research one of the parents must be a member of the Slovenian Armed Forces and there must be at least one child younger than 18 years to classify the family as military family.

Figure 1:
A theoretical
model of risk
protective
factors for
military family
health outcomes



Conclusion
– why is
the family
important
for the
military?

A variety of expectations affect the individual's everyday life and can lead to various dysfunctions (e.g. stress, family violence, alcohol abuse, depression), with a long-term negative impact on society. The health and wellbeing of each individual as well as of the family is also important for the military.

It is not only that the military influences the family, it is also the other way round. It has been shown by various authors (e.g. Segal and Harris, 1993; Schneider and Martin, 1994; Dandeker et al., 2006) that the overall satisfaction of service members significantly influences their readiness and job performance. For example, Andres and Moelker (2010) established that overall family wellbeing, with little (or no) stress and work/family conflict, significantly influences the deployed parent's wellbeing and the way they perform their tasks.

Hence it should be understood that it is not only the soldier who is subordinated to military demands, but the whole family. Military socialization and identification is not only a matter for the service member; instead it should be perceived as a matter for the family. Either the family supports the service member, their job and military demands, or it will support the service member in finding another, less totally consuming job.

The model described above, with the central position of military family health outcomes and risk/protective factors at various levels, will be tested in the Slovenian environment for the first time – on both a military and a civilian population. We will use a triangulation of measures, e.g. primary and secondary data analysis, qualitative expert interviews, in-depth interviews, focus groups and a quantitative survey. The results will reveal how healthy military families are, and furthermore, the impact of military demands and which are the most common or most useful protective measures for familial health and wellbeing.

I will conclude with the following thought: the position of the military profession in society is not only measured by job performance, but also by the way the military treats military families.

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