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**Mothers in the Middle East Area of Operations (MEAO): the health
impacts of maternal deployment to an area of operations.**

FINAL REPORT

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1. Executive summary

1.1 Background

Some international military research literature indicates that female veterans with dependent children may be at increased risk of negative health impacts of deployment, but that any increased risk may be offset by psychosocial factors including family and broader social supports. There is however a dearth of research, and a lack of consistent evidence, regarding the specific impacts of deployment for women with dependent children.

Furthermore, general research with families suggests that separation from children could have adverse consequences for mothers (as well as children and family back home) however this may be a necessary and unavoidable element of service. Therefore, establishing the critical factors that increase risk or resilience for mothers in relation to this will allow the Department of Defence (Defence) and the Department of Veterans' Affairs (DVA) to:

- (1) Target resilience factors in order to allow Defence and DVA to foster these more comprehensively across the service life cycle including once an individual has transitioned out of service.
- (2) Identify and reduce (where possible) risk factors. Where these cannot be reduced, put in place processes to ameliorate the risk.
- (3) Provide Defence and DVA with an indication of deployment related impacts specific to veterans who were mothers at the time of their deployment, and in doing so allow more effective targeting of service delivery.

Additionally, the act of conducting this program of research and speaking with these mothers conveys to them and to the wider community that they are an important and visible component of the veteran population.

This report includes a background review of literature relevant to the post-deployment health of female veterans with and without dependent children; the background, results and key findings of the analysis of quantitative data aimed at determining the differential impacts of deployment for women with and without children (Phase 1) ; the rationale, background, and methodology for the collection and analysis of qualitative data designed to capture the broader psychosocial impacts of and issues around deployment for service mothers, and the results of this analysis including synthesis and implications (Phase 2); and conclusions regarding the findings presented herein.

1.2 Research Aims

The first aim of this study was to examine psychological wellbeing following deployment for women with dependent children, including psychological distress, posttraumatic symptomatology, alcohol use and somatic symptoms. In order to address this aim, the first phase of the research utilised existing data collected as part of the Military Health Outcomes Program (MilHOP). Using data from two MilHOP studies, the MEAO Census Study and the MEAO Prospective Study, enabled:

1. The comparison of self-reported health outcomes of a large, representative sample of females with and without dependent children who had deployed to the MEAO in the previous 10 years.
2. The examination of the discrete impact of deployment, by focussing on changes to health outcomes between pre- and post-deployment to the MEAO, among a smaller sample of female ADF personnel.

The second aim of this study was to focus in detail on the experiences of mothers, before, during and after deployment to the MEAO. Specifically, this second phase addressed a number of psychosocial factors not captured in the survey data, focussing on those that may impact on relationships between mothers and their child(ren) and family, and the experiences of these mothers more generally. Importantly, the use of a qualitative methodology allowed the issues of importance to mothers to emerge organically.

The intention of this research more broadly was to focus on the experience of mothers, from the mother's perspective. It is acknowledged that there is a need for broader family research examining the impacts of deployment on *all aspects* of family and family functioning, however the experiences of mothers in particular have been largely neglected to this point, so are the primary focus here.

1.3 Aim 1: Psychological Wellbeing

Use of data from the Census Study (a cross-sectional retrospective survey) allowed comparison of the health outcomes of female service personnel with and without dependent children who had deployed to the MEAO in the previous 10 years. While these data have the benefit of providing a large, representative sample of female veterans, one limitation was the inability to determine the *discrete* impact of deployment, with no baseline data. To address this, data from the MEAO Prospective study that used a prospective design, allowed for the examination of changes in health outcomes from pre- to post-deployment among a sample of female ADF personnel. While the sample size from this second study is very small, and findings require caution in interpretation, they complement those from the Census component.

1.3.1 Cross-sectional Data

The Census Study sample consisted of 235 servicewomen with dependent children and 686 without. Results from the analysis of this cross-sectional data showed no differences between servicewomen with and without dependent children on the psychological wellbeing measures of psychological distress, posttraumatic symptomatology, alcohol use and somatic symptoms.

1.3.2 Prospective Data

When a more focused analysis on changes to psychological health from pre- to post deployment was undertaken using the very small sample of 113 (34 with dependent children, 79 without) from the MEAO Prospective Study, women with dependent children appeared to have slightly larger increases in psychological distress compared to other women. These differences reflected slightly lower levels of distress in mothers at pre-deployment however, and were mostly accounted for by the effects of service, rank and age.

1.4 Aim 2: Psychosocial Factors

Together the results from the first phase suggested that mothers are at no greater risk of negative impacts of deployment compared to other women, however whether this was as a result of psychosocial supports (as indicated by the literature) is not clear. Therefore, the second aim of the study was to collect more in-depth information from qualitative interviews, regarding the experiences of mothers who had deployed to the MEAO, to better understand the psychosocial issues surrounding deployment.

The data for this phase were collected through telephone interviews with 76 female veterans who had deployed to the Middle East Area of Operations since having their dependent children. There was good representation from all three services: Airforce (40%), Army (38%) and Navy (20%). The majority of women interviewed had 2 children (58%), or more (22%). Most of the sample were married or in relationships (85%), the majority with fellow military partners (67%). There were also a small number of single parents (13%). Forty percent of the women had been deployed prior to their MEAO deployments and thirty percent had deployed more than once to the

MEAO. The participants in this research were predominantly members of the regular defence force, with some reservists also participating (approximately 10%), and some women who had discharged from the ADF (approximately 10%). The women had deployed in a variety of roles including communications, logistics, psychology, medical, and administration, and represented various ranks

Interviews were conducted over the telephone and were semi-structured in order to allow participants to freely discuss aspects of their experiences which were important to them. These discussions broadly covered their experiences of preparing for deployment, their experiences while they were on deployment and reconnecting with life after deployment. In addition, the interviews included discussions of the ways in which female veterans managed the commitments of their family and their career in the ADF. These discussions were complex and multi-faceted because they simultaneously drew upon female veteran's experiences as mothers, women and defence personnel.

1.4.1 Key Findings

The findings from this research (summarised in Table 1), demonstrate that the current and ex-serving female veterans interviewed view deployment as an important and enjoyable element of their service despite the challenges of balancing work and family commitments. In addition to personal resilience factors, key information sources, organisational, social and family supports, and services allow mothers to navigate the challenges posed by their service successfully.

Despite the varied challenges for mothers, there was an underlying positivity regarding the experience of deployment. The concept of resilience is relevant to the way the mothers in this study discussed their deployment experiences. "Resilience refers to the capacity of a system to withstand or recover from significant disturbances and continue to function effectively" (Masten, 2013, p. 281). Despite all the preparations and myriad supports and services, it must be acknowledged that deployment is a stressful experience and represents a significant disturbance to family life. The fact that many women report largely positive feelings about their military career and deployment experiences suggests resilience. There are both internal and external factors that may contribute to this (Masten, 2013), both of which were apparent among the mothers interviewed for this study.

Internal resilience factors included functional cognitions, coping and self-regulation. A number of mothers discussed managing their thoughts adaptively to enable coping, and engaging in emotional regulation strategies. External resilience factors included family and social supports, and social and community connectedness. Again, those mothers who reported generally positive experiences, or ultimately positive outcomes despite adversity, had strong family support – from the other primary caregiver, their children, and from their wider family; and had good friend and community networks – that they utilised to support their family through the separation, and to support their own adjustment. These finding support and could further inform the current ADF resilience-training continuum or BattleSMART (Self Management and Resilience Training)(Department of Defence, 2011).

Table 1: Key themes from the interviews

Research Question	Theme	Description
How do women prepare themselves for deployment	Busy time	<i>Very busy time, compartmentalising thoughts</i>
	Preparations at work	<i>Pre-deployment work preparations</i>
	Emotional preparations Preparations at home	<i>Compartmentalising, thinking about benefits of deployment, feelings of anxiety Organising home and family routines and practicalities</i>

How do mothers prepare their children for separation?	Preparing communication tools	<i>Preparing tools to stay connected to children while away</i>
	Preparing for special events	<i>Preparing for birthdays, Christmas etc. before mother leaves</i>
	Organising support for children	<i>Organising formal child care and informal supports for child while mothers is away</i>
	Explanations of deployment	<i>Explaining mother's absence to children before the mothers left</i>
How do mothers prepare the new primary caregiver?	Preparing routines	<i>Informing the new primary care giver about the home routines and responsibilities</i>
	Work preparations	<i>Organising work alterations in order to cope with increased caring responsibilities</i>
	Lack of emotional Preparation	<i>Very few women discussed emotional preparation of new care giver</i>
	Strategised ways of coping	<i>Discussed the ways that the new primary care giver would cope with the extra responsibilities while the mother is away</i>
Deployment experiences	Positive experience for mother	<i>Like the work, can focus solely on job, opened up career opportunities</i>
	Negative experience for mothers	<i>Stressful deployment experiences, felt discriminated against, missed family, lack of support from partner</i>
	Positive experience for children	<i>Fostered independence, assumed more responsibilities at home, developed closer relationship with new primary caregiver</i>
	Negative experience for children Negative impact on relationships	<i>Separation anxiety, behavioural problems, lasting issues with connection to mother Relationship strain, partner did not adjust well to increased home responsibilities, relationship breakdown</i>
Maintenance of Maternal connection	Communication methods	<i>Organising communication methods before leaving Australia Skype, phone, letters, care packages</i>
	Communication benefits	<i>Importance of communicating with family/friends while away. Importance of communication in coping</i>
	Communication challenges	<i>Misunderstandings, timing of communication, children being too young to communicate over phone</i>

	Distancing	Coping emotionally by limiting contact
What are the perceptions of mothers regarding separation?	Torn between work and family	<i>Difficulty managing responsibilities of family and career and feeling sense of duty to deploy and a sense of duty to stay for their children</i>
	Children need their mother	<i>Mothers reported that although the new primary care givers were capable, there were some things that mothers did best, and that children needed the nurturing qualities that their mothers bring</i>
	Feeling like a bad mother	<i>Mothers feeling guilt over separation from children because this goes against their ideas of what it is to be a 'good' mother</i>
How do mothers perceive their deployment affects themselves, their children and their family?	Positive impact	<i>Mothers like the work, can focus solely on job, opened up career opportunities.</i>
	Negative impact	<i>Worry about resentment from children</i>
What are mothers' experiences on return from deployment?	Being reunited with family	<i>Excitement about being reunited with family, apprehension about what to expect when returning home.</i>
	Feeling disconnected from life in Australia	<i>Feeling disconnected from family routines, work, family, partner and general life.</i>
What are their experiences of reconnecting with their children	Straightforward transition	<i>Reconnected with children easily and fit into household routines well. Utilised strategies to settle back into the routine of family life.</i>
	Reintegration difficulties	<i>Had trouble fitting back into family routines, children and mother did not reconnect easily. Some reported ongoing trouble connecting with children.</i>
	Psychological distress	<i>Reporting symptoms of psychological distress but stigma a barrier to care.</i>
General management of Career and family Commitments	Positives of working in the military	<i>Enjoy the lifestyle including housing and assistance moving. Stability of employment.</i>
	Adjusting career choices	<i>Taking different positions/jobs such that the family is not impacted as much.</i>
	Family career decisions	<i>Some taking turns so that both parents can progress in their career while for others one parent prioritised the career and the other caring for the children.</i>
	Timing of children	

		<i>Attempting to organise timing of children for minimal impact on career.</i>
How do mothers in defence manage their family and work responsibilities?	Flexible work arrangements	<i>Command support essential. Some good policy but not consistently applied.</i>
	Child care difficulties	<i>Childcare not available early enough or on short notice postings.</i>
	Postings	<i>Need more notice of postings to assist with family moves, ie., child care.</i>
	Coping mechanisms	<i>Supportive spouse, close friends and family a significant asset. Highly organised, motivated or driven. Maximising external support.</i>
Supports and Services	Career guidance	<i>Advice and guidance about career opportunities and progression</i>
	Defence Community Organisation (DCO)	<i>Mixed reports of usefulness, some said it was wonderful, some said their family received no contact – High Praise for Defence Transition Aides in Schools</i>
	Child care facilities	<i>Flexible facilities close to/ located on base</i>
	Support services for male primary caregivers	<i>Services are not currently male or father friendly</i>

1.4.2 Pre-deployment

The results of thematic analysis of these interviews indicated that pre-deployment was an intense period of time in which mothers were making preparations for themselves at work, making preparations for their children practically and emotionally, and explaining why they were going away and what they would be doing. In addition to the preparation of themselves and their children, mothers discussed the need to prepare the person who would become the primary carer for their children while they were away. These preparations involved a broad range of areas, ranging from payment of bills and child care to the children's routines and extracurricular commitments. The pre-deployment preparation period may be particularly challenging for female veterans with dependent children due to underlying assumptions regarding the mother's role in the family. These may be explicit, and based on the mother being largely in charge of day to day management of the household. These may also be implicit, in normative beliefs held by mother, fathers, colleagues and society more generally. The impact of these assumptions should not be underestimated.

This research revealed the wealth of information on how to prepare for deployments already existing in informal networks, and documented a range of individual strategies of deploying mothers. The strategies documented in this research could provide the basis for an online tool, which could be utilised and added to by other deploying mothers in the future. Importantly a number of the mother themselves identified that many of the most effective strategies were those shared by other deployed mothers, or those developed during shorter separations that are routine in military service, including training courses and military exercises.

Key points:

- The pre-deployment period is a time of intense preparations, both practically and psychologically, for the whole family. Therefore, resources that are readily accessible, which provide information, and systems that cater for the needs of mothers during this time are critical.
- There is a perceived absence of information relevant to the family adapting to the change in roles while the mother is away. Accessible and practical information about how the deployed parent and the new primary caregiver and the family can mutually support each other would assist.
- An online source of information about useful tools and strategies (potentially based on the information collected in this research), and a forum for female veterans to discuss concerns and share experiences would very beneficial.

1.4.2 Deployment

Overall the deployment experience was positive for most female veterans, serving as an important means of self-validation, despite the challenges of separation from their families. However, due to cultural, social and family expectations, there may be additional pressures on deployed mothers to support their families back at home. Due to the nature of the deployed environment this may have emotional and psychological consequences for the mother. Depending on how the new primary caregiver coped with the deployment, and the support they provided to the deploying mother, there was a clear relationship with the female veteran's feelings about their deployment, their satisfaction with communication while deployed, and their perceptions of the impact of their deployment on their children. This highlights the need for the experiences of mothers to be understood within the context of her family system.

The research also highlighted the extensive information that already exists around effective and ineffective strategies for communication: this knowledge could also be harnessed and shared in an online setting or forum. It also highlighted the need for open discussion around the maternal impact of separation which would allow service women access to information and ultimately to make more informed choices.

Key points:

- The majority of mothers discussed their deployment as a positive experience. The intensity and challenge of their work contributed to a feeling of competence.
- How the new primary caregiver coped influenced the impact of the deployment on the entire family including the deployed mother.
- Mothers discussed the need for clear information for mothers and families regarding the positives and negatives of communication during deployment, including practical hints for communication strategies.
- There is a need for discussion about and information on the impacts of maternal separation, including how any potential adverse impacts can be minimised. These discussions need to be facilitated and promoted to ensure mothers are making appropriately informed decisions.

1.4.3 Reintegration

While almost all mothers discussed the joy of being reunited with their children, this was accompanied with the difficulty of reconnecting with their family, with their work, and with their life more generally. A large number of women expressed surprise regarding the extent of this

disconnectedness, and the length of time it persisted for. Importantly, there is not a one size fits all approach to dealing with the reintegration period on return from deployment. While some mothers dealt with their feelings by throwing themselves into work and family life, others managed to cope only by physically withdrawing and spending time alone, enabling them to adjust slowly.

Key points:

- The majority of mothers, while reporting some ambivalence about the reintegration period, expressed excitement about reconnecting with their family, and positive feelings on being reunited.
- The female veterans who reported reintegrating had gone well, had strategies that allowed them to ease back into the family.
- Some women discussed difficulty with family reintegration on return from deployment. For a number of these, distancing and avoidance exacerbated their isolation highlighting the importance of promotion of services that can provide relationship support (ie., the Veterans and Veteran's Families Counselling Service).
- Where deployment was a more negative experience, a number of mothers reported emotional and behavioural changes in their children. The impacts of the deployment of mothers on their children require further investigation.

1.4.4 Management of Career and Family Commitments

In terms of managing the commitments of being a mother and an ADF member, most women reported that they had to 'juggle' these, and that this was particularly challenging. In terms of supports, which helped them to manage, they discussed the importance of an understanding significant other as critical to allowing them to fulfil their work commitments; and the importance of emotional and practical support from extended family and friends. Almost all female veterans discussed the role of support from their chain of command and colleagues as imperative to their ability to manage their commitments. In addition to the importance of the support from the chain of command, a *lack of* flexibility and support from the chain of command was the most salient challenge for women in their 'juggling'.

In general, as with the quantitative findings showing mothers to be doing as well as other women in Defence, the women who were interviewed also appeared to be doing well. This was however not the case for everyone, and those who reported difficulties before, during and after deployment generally had extenuating circumstances such as relationship or family breakdown, family illness or adversity, and/or traumatic exposures while deployed. Importantly, whether or not services and supports were available, there was a perception among these mothers that this was lacking, and/or that there were barriers to seeking assistance. This means that those mothers with greatest need, and at greatest risk of negative deployment impacts, were also less likely to access support, whether through real or implied barriers.

Female veterans shared both positive and negative reflections on how culture and hierarchy in the ADF impacts female veterans with dependent children. Despite the significant changes to ADF policies regarding working mothers (discussed by many female veterans), there was a common narrative that policy was often ineffective, and it was individual differences in chain of command decisions that ultimately determined how mothers were treated. Most women provided examples of lack of consideration by the Defence hierarchy of the broader family impact of deployment and postings. However, it should be made clear that the vast majority of these mothers did not see themselves as victims of this; rather, a clear narrative emerged of resilience, creativity and agency. Many mothers spoke with pride about how they juggled things and made them work despite challenges and barriers.

Key points:

- Support from chain of command and colleagues is critical to the wellbeing of mothers.

- There is a perceived incompatibility between military careers and motherhood.
- There is a perceived or actual disconnect between family friendly policies and their application.
- Workplace flexibility is necessary to support mothers and their families, but requires explicit command and organisational support and as well as role models to be effective.
- Mothers may separate from the ADF due to a perception that their service will damage them and/or their children. For *some* mothers this may be accompanied by symptoms of psychological distress, and appropriate services and information should be targeted towards these female veterans.

1.4.5 Support Services

Overall there was disappointment regarding some formal Defence support services, most particularly Defence Community Organisation. The vast majority of women qualified this disappointment with statements to the effect that it is not the fault of DCO staff, but rather a systemic issue. In contrast there was universal praise for one DCO program, the Defence Transition Aides in schools, with many women singling these staff out as an incredibly important element of support for their children and family, and for themselves. Another common theme was that existing services were primarily targeted towards female spouses, and that male caregivers felt the lack of support keenly. Together, these findings of perceived gaps in and significant benefits of support highlight the importance of these services. However, it also highlights the challenge of these types of services, in that people do not pay attention to what they can offer until they are needed, and when in crisis people often do not have the time or resources to seek them out.

Key points:

- Existing supports and services need to be visible and accessible without perceived detriment to career.
- Services should be informed by and responsive to the (changing) needs of the target community.
- Services need to target the person who becomes the primary care giver (including fathers, relatives, others).
- Services need to find ways to leverage the knowledge and experience of service mothers in order to share knowledge and create discussion in environments where servicewomen organically obtain information.

1.4 Conclusion

This study aimed to examine the impacts of deployment on female veterans who had dependent children at the time of their deployment. Using a mixed methods design allowed the examination of standardised self-report measures, as well as more in depth qualitative information reflecting the lived experience of female veterans with dependent children.

While the results from the qualitative analysis supported the notion that most female veterans with dependent children were generally healthy, consistent with quantitative findings, it was their exceptional resilience that emerged as the key to their success in managing the demands of motherhood and deployment. Furthermore, their own creativity and agency allowed them to successfully navigate circumstances (and sometimes systems) that were challenging, at times painful, and often incompatible with their family life.

It is clear that the experience of deployment may be particularly challenging for female veterans with dependent children. While the majority of female veterans interviewed found ways to manage the inherent challenges, this was not universal. A subset of female veterans discussed serious difficulties and psychological distress before, during and after their deployment. Furthermore, a number of women reported separating from the ADF due to their experiences on deployment, and their challenges in reconciling family life with their military career.

Importantly, the findings from this research program have demonstrated that the current and ex-serving female veterans view deployment as an important and enjoyable element of their service. Key information sources, organisational, social and family supports, and services allow mothers to navigate the challenges posed by their service successfully, so addressing these is extremely important. More critical is the need to consider the wellbeing of female veterans with dependent children within the broader context of their family situation.

2. Background

Context

As part of the implementation of recommendations resulting from the *Review into the Treatment of Women in the Australian Defence Force* (Australian Human Rights Commission, 2012) there is a growing recognition of the importance to ADF capability of a strong female workforce. The review argues an improvement to the representation of women in the ADF

“will enable the ADF to harness the talents of a broader cross section of the population and strengthen its ability to attract Australia’s best, enabling it to better achieve recruiting targets. Better leveraging and extending the duration of women’s career in the ADF will reduce the cost of turnover and recruiting –for both men and women. A more diverse mix of backgrounds and skills, meanwhile, will lift performance and capability in a world where fast paced problem-solving is a significant requirement. Greater inclusion of women in the ADF’s core business will cement its place as a workforce leader – not only of Australian organisations, but of equivalent services worldwide. In this way, the ADF can ensure a future not only as a first class employer but also as a high-performing Defence Force in service of a proud nation”(p.43)(Australian Human Rights Commission, 2012).

Fundamental to maintaining this capability is understanding the impact of deployment on women in general but especially mothers, so that the right support structures can be put in place.

Women's participation in the labour force almost doubled between August 1961 (34%) and August 2011 (59%). In 1966 most of this participation was young women, before they married and had children. For example, while approximately 60% of women aged between 20 and 24 were either employed or looking for work, participation dropped to below 40% for those aged 25-34, as women stayed home and raised children, with many never returning to the workforce. The participation of women aged 25 to 34 is now comparable to the younger age group, and continues to increase until the age of 55 years (Australian Bureau of Statistics, 2012). With increasing numbers of women remaining in the workforce once they have children, over the last decade of high operational tempo, the ADF has for the first time has deployed significant numbers of female service personnel with dependent children.

Furthermore, following removal of gender-based role restrictions, Australian servicewomen, including those with dependent children, are formally allowed to be involved in every aspect of military service, including combat support roles (Australian Human Rights Commission, 2012). In addition to the normal challenges of deployment, these female veterans must also cope with being separated from, and at the same time support, their children and families who may also be

experiencing a range of emotions (McFarlane, 2009). While a number of studies have already investigated the impact of deployment on *children* of service personnel (de Pedro et al., 2011; Devoe & Ross, 2012; Galinsky, 2005; Johnson & Ling, 2013), mothers back at home (Lara-Cinisomo et al., 2012), and even deployed fathers (Willerton, Schwarz, Wadsworth, & Oglesby, 2011), very few have addressed the emerging issues that may be faced by service mothers who deploy, and their families.

Given the recent changes to the role of women in modern military operations including conflict zones, this report will investigate the wellbeing of Australian female veterans with dependent children. Specifically it will investigate the impact on mothers who deployed to Afghanistan and/or Iraq in support of Australian Defence Force (ADF) operations in the Middle East. In addition, the qualitative experiences of a subset of female veterans with dependent children will be thematically analysed to consider and document the lived experiences of female veterans with dependent children.

Research Aims

The purpose of the Mothers in the MEAO Study was to investigate the impacts of deployment on the wellbeing of mothers with dependent children - a group of Australian Defence Force veterans who have not traditionally been the focus of this question, and who, by virtue of their gender and parenting role, may have different experiences to other deploying personnel including fathers and women without dependent children.

The first aim of this study was to examine the impact of deployment on the psychological wellbeing of women with dependent children, including psychological distress, posttraumatic symptomatology, alcohol use and somatic symptoms. In order to address this aim, the first phase of the research utilised existing data collected as part of the Military Health Outcomes Program (MilHOP). Using data from two MilHOP studies, the MEAO Census Study and the MEAO Prospective Study, enabled:

1. The comparison of self-reported health outcomes of a large, representative sample of females with and without dependent children who had deployed to the MEAO in the previous 10 years.
2. The examination of the discrete impact of deployment, by focussing on changes to health outcomes between pre- and post-deployment to the MEAO, among a smaller sample of female ADF personnel.

The second aim of this study was to focus in detail on the experiences of mothers, before, during and after deployment to the MEAO. Specifically, this second phase addressed a number of psychosocial factors not captured in the survey data, focussing on those that may impact on

relationships between mothers and their child(ren) and family, and the experiences of these mothers more generally. Importantly, the use of a qualitative methodology allowed the issues of importance to mothers to emerge organically.

The intention of this research more broadly was to focus on the experience of mothers, from the mother's perspective. It is acknowledged that there is a need for broader family research examining the impacts of deployment on *all aspects* of family and family functioning, however the experiences of mothers in particular have been largely neglected to this point, so are the primary focus here.

3. Review of relevant literature

Effects of deployment

The impact of military service on the health and wellbeing of service men and women has been well researched in international cohorts, with clear evidence that deployment has the potential to have negative impacts particularly in relation to stressors experienced while on deployment (Engelhard et al., 2007; Fear et al., 2010; Hoge, Auchterlonie, & Milliken, 2006; Kline et al., 2010). In an Australian context, results from the Military Health Outcomes program (MilHOP) studies showed that while there was some evidence that traumatic experiences on deployment could impact on psychological distress and other health outcomes, currently serving ADF personnel are generally psychologically, physically and socially healthy (Davy et al., 2012; Dobson et al., 2012). However, there was some evidence that deployment was associated with subclinical psychological distress, and factors including resilience and perceived social and family support could buffer against this (Davy et al., 2012; Dobson et al., 2012).

Gender specific effects of deployment

Recently there have been changes to the role of women within the ADF, with female service personnel now regularly assigned to combat units. This change reflects the removal of gender-based restrictions to roles within the ADF, a change that formally allows female service personnel to be involved in every aspect of military service, including combat support roles, and over the coming years frontline combat.

With these general changes to the roles women now undertake in the military, there has been an increased interest in the potential for gender differences in the impacts of deployment and combat exposure. In the United States, female service personnel have been deployed in combat support roles for a number of years now, and the issue of how women respond to deployment and combat exposure has consequently been explored more extensively. Research findings have been mixed regarding sex differences in the outcomes of deployment. For affective disorders there is a consistent gender difference in disorder risk. Kehle et al. (2011) found an increased risk for depressive disorders among female US National Guard personnel, and Iverson et al. (2011) found that among personnel deployed to the MEAO, rates of comorbid depression and PTSD were higher among female veterans compared to male veterans. Ferrier-Auerbach et al. (2010) also found that female Afghanistan veterans had greater risk for depression compared to males.

Findings regarding risk for Posttraumatic Stress Disorder (PTSD) among female veterans are less clear, which is in contrast to the reliably observed higher rates of PTSD among females compared to males in the general population. A recent review (Crum-Cianflone & Jacobson, 2014)

demonstrated the uncertain nature of findings in this area with a small number of studies showing decreased risk for females (Haskell et al., 2010; Haskell et al., 2011; Maguen, Ren, Bosch, Marmar, & Seal, 2010; Seal et al., 2009), and equal numbers of studies showing increased rates among female service personnel (LeardMann, Smith, & Ryan, 2010; Luxton, Skopp, & Maguen, 2010; Riviere, Kendall-Robbins, McGurk, Castro, & Hoge, 2011; Skopp et al., 2011; Smith et al., 2008; Wojcik, Akhtar, & Hassell, 2009; Woodhead, Wessely, Jones, Fear, & Hatch, 2012) and no gender differences (Baker et al., 2009; Eisen et al., 2012; Lapierre, Schwegler, & Labauve, 2007; Maguen et al., 2012; Rona, Fear, Hull, & Wessely, 2007; Seal et al., 2009; Vogt et al., 2011). It has also been suggested that combat exposure may have greater impact for females compared to males, and any reduced risk of PTSD symptoms is likely to reflect substantially less combat exposures for females (Crum-Cianflone & Jacobson, 2014); clearly this is an area that requires further research attention.

While a large proportion of respondents across the various MilHOP studies reported a perception that their military career negatively impacted their children and relationships (Davy et al., 2012; Dobson et al., 2012), results from the MEAO Census study specifically showed females were *less likely* than males to report these negative impacts (Dobson et al., 2012). There was however, an association between perceived lack of support and greater psychological symptoms following deployment across both genders. Importantly, females reported feeling less supported following deployment, and reported greater psychological symptoms than their male counterparts (Dobson et al., 2012). Finally, having low resilience (as measured by a self-reported adaptability to being able to bounce back from hardship) was associated with more than twice the level of psychological symptoms across both genders. Given the higher rates of psychological distress among female ADF members, resilience may be particularly important to consider in this study.

Effects of maternal separation

A key issue of deployment is the requirement for separation between parents and children. While few studies have examined the specific impact of deployment related separation, there is a broader literature in the area of maternal (and parental) separation. The importance of parent child separation stems largely from the field of attachment research, which has provided clear evidence that parent child separation can have adverse consequences for children and for parents (Schen, 2005).

More generally, while there have been studies demonstrating the impacts of deployment on fathers who deploy (and mothers at home) (Allen, Rhoades, Stanley, & Markman, 2011; Beardslee et al., 2013; Ferrier-Auerbach et al., 2010), the experiences of mothers who deploy will be different for a number of reasons. The most central of these is the likelihood they will fulfil the primary carer role

within their family (Kan, Sullivan, & Gershuny, 2011). Despite shifts to a more equal division of domestic labour worldwide, women still spend significantly more time on child care than men, and caring is still strongly defined as a 'feminine' activity. This at least partly reflects gendered ideologies around caring, and societal structures and policies which support these (Kan et al., 2011).

From research examining transnational work-related separations, there is evidence that compared to paternal separation, maternal separation has different impacts (Carling, Menjivar, & Schmalzbauer, 2012). Consistent with research into maternal separation in other areas, Carling et al. (2012) reported that perceived and actual caregiving obligations and roles for mothers persisted, despite physical separation, and this was not the case for fathers. In relation to how mothers themselves feel about separation from their children, they will have different expectations (about what it means to be a 'mother', and about caring duties) which drive feelings of guilt and distress, often leading to intensive 'mothering' during the separation period in order to make up for their absence. This necessarily impacts on the mother's stress levels and her general psychological distress, especially given her physical distance. Furthermore, there is evidence that children may also react differently to maternal separation, finding it more difficult, and reproaching mothers more than they do fathers (Carling et al., 2012).

Family/parent specific effects of deployment

While the impact of deployment on females, as well as families left at home, has received increased attention in recent years, very few studies have investigated this from the perspective of deploying mothers. Those studies that have examined this issue are primarily based on US data. Findings have been equivocal, and the types of impact broad. For example, findings from the Millennium Cohort Study showed that combat exposure for women who had experienced childbirth (thus were considered mothers when they deployed) was associated with greater risk for depression (Nguyen et al., 2013). Research examining the impact of deployment on US Air Force women found that having dependent children was associated with greater impacts of physical symptoms on social functioning following deployment (Pierce, Lewandowski-Romps, & Silverschanz, 2011).

However, other studies qualify the impact of deployment on mothers, with negative impacts generally observed for subgroups of mothers, including those who are single parents and those who have little or no social support (Kelley, Hock, Jarvis, & Smith, 2002; Laser & Stephens, 2011; Tucker & Kelley, 2009). A study of mothers in the US Navy found higher rates of depressive symptoms among single mothers only (Kelley et al., 2002). In fact, being in a supportive relationship, as well as other forms of social support have been found to act as buffers against negative impacts of deployment – and may even be associated with increased positive outcomes (e.g., Kelley et al., 2002). Not

surprisingly, when social support networks are good, and/or the mother is in a supportive relationship (thus has someone to care for her family while she is away), adverse consequences of separation are reduced (Schen, 2005).

Theoretical context

The experiences of mothers, and how deployment and separation impact them, need to be considered within the context of both the family system (Family Systems Perspective) and within the context of broader social structures (Social Ecological Perspective) (Paley, Lester, & Mogil, 2013). From a family systems perspective the deployment process can impact on all members of the family directly and indirectly through relationship subsystems. For example, deployment experiences may lead to distress in the deployed parent, which then adversely impacts their parenting. This has implications for the child(ren), for the relationship with the other parent or their partner, and for how the family functions as a whole. In turn, these have reciprocal impacts on each element of the family system. Therefore, it is only by considering the mother as part of a complex family system, that we can understand the whole impact of her deployment. For example, problems at home can impact on the deployed parent, and their consequential stress can lead to difficulties at home (Masten, 2013). For this reason it is particularly important to consider the mother in the context of her family situation. Similarly, the experiences of individuals and families should be considered in light of the social contexts that surround them. This is particularly important against the background of motherhood and domestic duties including care for children.

In the current study, the **first quantitative phase** focuses on impacts of deployment on female veterans with dependent children within the ADF, while the broader social and family structures remain unexamined. These are addressed in the **second qualitative phase**, which examines the interdependence of female veterans, their families and these broader social structures.

4. General research value and justification

Literature suggests that separation from children could have adverse consequences for mothers (as well as children and family back home) however this may be a necessary and unavoidable element of service. Therefore, establishing the critical factors that increase risk or resilience for mothers in relation to this will allow the Department of Defence (Defence) and the Department of Veterans' Affairs (DVA) to:

- (1) Target resilience factors in order to allow Defence and DVA to foster these more comprehensively across the service life cycle including once an individual has transitioned out of service.
- (2) Identify and reduce (where possible) risk factors. Where these cannot be reduced, put in place processes to ameliorate the risk.
- (3) Provide Defence and DVA with an indication of deployment related impacts specific to veterans who were mothers at the time of their deployment, and in doing so allow more effective targeting of service delivery.

Additionally, the act of conducting this program of research and speaking with these mothers conveys to them and to the wider community that they are an important and visible component of the veteran population.

4.1 Key Research Questions

In light of the limited (and equivocal) evidence available, the first aim of the Mothers in the MEAO study was to examine the psychological wellbeing of female veterans with dependent children following deployment to the MEAO. Approximately 3000 ADF personnel are currently deployed worldwide. As one of 48 nations contributing to the International Security Assistance Force in Afghanistan (International Security Assistance Force, n.d.), approximately 400 Australians are currently deployed on OP Slipper (Department of Defence, n.d.-b), with a further 800 (approximately) currently deployed to other areas of the MEAO in support roles (Department of Defence, n.d.-a). Almost 27,000 ADF personnel were deployed to the MEAO between 2001-2009 (Dobson et al., 2012), and approximately 11% of these personnel were women (Dobson et al., 2012). Research consistently demonstrates that women are more likely to report psychological symptoms compared to men (Hoge et al., 2006; Kline et al., 2010). In the context of this increased background level of female reporting, it is important to compare women with other women. In this research the focus was on differences in indicators of psychological wellbeing of women with dependent children compared to those women without. The second aim was to explore the psychosocial factors underpinning the experiences of female veterans with dependent children.

5. Aim 1: Psychological Wellbeing

There were two pre-existing data sets from the Military Health Outcomes Program that could assist in addressing the first aim. The MEAO Census Study (Dobson et al., 2012) and the MEAO Prospective Study (Davy et al., 2012) were commissioned by the Australian Department of Defence with the goal of investigating the health of ADF members who deployed to the MEAO.

The MEAO census study aimed to investigate the health of Australian military personnel who have deployed to the MEAO, and identify potential health concerns. This study drew on self-reported survey data which asked participants to recall all aspects of their deployments to the MEAO between 2001 and 2009, and a range of physical and mental health outcomes. These data were used to compare the health of the Australian military personnel with the general Australian population and to investigate the impact of traumatic and combat exposures on health. The MEAO Prospective Study was the first *longitudinal* study into the health of deployed Australian military personnel, targeting personnel deploying to the MEAO from June 2010, and returning from that deployment by June 2012. This study included survey, physical and neurocognitive data collected at two time points; one to four months prior to deployment and approximately 4 months after returning to Australia from that deployment. These data were then used to examine the impact of deployments on a range health and wellbeing indicators.

Use of data from the Census Study (a cross-sectional retrospective survey) allowed comparison of the health outcomes of female service personnel with and without dependent children who had deployed to the MEAO in the previous 10 years. While these data have the benefit of providing a large, representative sample of female veterans, one limitation was the inability to determine the *discrete* impact of deployment, with no baseline data. To address this, data from the MEAO Prospective study that used a prospective design, allowed for the examination of changes in health outcomes from pre- to post-deployment among a smaller sample of female ADF personnel. While the sample size from this study is very small, and findings require caution in interpretation, they complement those from the Census component.

Ethics approvals were obtained from the Australian Defence Human Research Ethics Committee, Department of Veterans' Affairs Human Research Ethics Committee, and human research ethics committees from the University of Queensland and the University of Adelaide.

5.1 Measures

The measures that were examined focus on psychological health symptoms, as measured by the Kessler Psychological Distress Scale (K10; Kessler et al., 2002), the Posttraumatic Stress Disorder Checklist (PCL-C; Weathers, Litz, Herman, Huska, & Keane, 1993), and the Alcohol Use Disorder Identification Test (AUDIT; Barbor, Fuente, & Saunders, 1989), and physical health symptoms, as measured by the Somatic Symptom Checklist (SCL).

5.1.1 Demographics:

Demographic characteristics measured included age (in years), military rank (Commissioned Officer, Non-Commissioned Officer, Other ranks), and service (Army, Navy, Air Force). Participants were also asked about their reproductive history including the dates of each live birth. The date of birth of each child was matched against self-reported dates of deployment to the MEAO, to determine 'mother' status at the time of a MEAO deployment (if at least one child was aged under 18 years at the time of a MEAO deployment). It should be noted that information on adoptive or step children was not captured in these surveys, therefore mother status could only be determined for those women with biological children.

5.1.2 Psychological Distress (K10):

The Kessler Psychological Distress Scale (K10) was used to measure self-reported psychological distress experienced in the previous 4 weeks (Kessler et al., 2002). The K10 de-emphasises specific diagnoses, instead focusing on general non-specific symptoms and functional impairment, allowing for the identification of individuals with sub-clinical symptoms as well as those with disorder. As a post-operational screening tool, the ADF utilizes an established cut-off score of 20 to identify personnel at high risk of depressive or anxiety disorder (McFarlane, Hodson, Van Hooff, & Davies, 2011). The scale consists of 10 items, with frequency response categories ranging from 1 (None of the time) to 5 (All of the time). Equally-weighted item scores were summed to provide total scores ranging from 10 to 50.

5.1.3 Posttraumatic Stress Disorder symptomology (PCL-C):

The Posttraumatic Stress Disorder Checklist (PCL) was used to measure self-reported PTSD symptoms in the previous 4 weeks (Weathers et al., 1993). The civilian version of the PCL (PCL-C) was utilised, as this version does not link symptoms to a specific event, and is currently used by the ADF in post-operational screening. The PCL-C has 17 symptom items, and respondents rate the extent to which they were bothered by each of the symptoms in the past month. Items are scored on a 5-point scale ranging from 1 (Not at all) to 5 (Extremely). In line with ADF screening, a total score, ranging from 17 to 85, was calculated by summing the scores from each item. Total scores of between 17 and 29 are considered to be low, 30-39 medium, 40-49 high, and 50+ very high, with these bands corresponding to PTSD disorder risk (McFarlane et al., 2011).

5.1.4 Alcohol Use (AUDIT):

The Alcohol Use Disorder Identification Test (AUDIT) was used to measure current general patterns of alcohol use (Barbor et al., 1989). The AUDIT measures both the quantity and frequency of alcohol consumption, possible symptoms of dependence, and reactions or problems related to alcohol use, with a series of 10 questions. The first 8 items are measured on a 5-point continuous

scale (ranging from 0 to 4), and the last two items are measured on a 3-point nominal scale (scored 0, 2 or 4). Scores from the 10 items are summed to obtain a total score.

5.1.5 Somatic Symptoms (SCL):

The 67-item checklist (SCL) was used to measure self-reported physical and psychological symptoms experienced in the previous 4 weeks. This checklist was based on the Hopkins Symptom Checklist (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974), and was also previously used in the Australian Gulf War Veterans Health Study (Sim et al., 2003a, 2003b). Respondents were asked to report whether they had experienced each of the 67 symptoms, and the severity of any reported symptoms (mild, moderate, severe).

5.2 Cross-sectional Data

5.2.1 Method

All members of the ADF who had deployed at least once to the MEAO prior to January 2010 were invited to participate in the MEAO Census, with participants completing an extensive self-report survey between 2010 and 2011.

From April 2010 warm-up letters were sent to eligible participants by email and where not available, by mail. This warm-up letter advised that the study was commencing and that an invitation to participate would be sent out shortly. Invitations including an information brochure highlighting the voluntary nature of the study were sent out approximately one week later advising invitees that they could access the online consent form and survey through a hyperlink, or if they preferred, they could request a hard copy. Approximately three weeks after the invitations, reminders were sent to non-responders. Reminders were also issued where persons had commenced, but not completed, the online questionnaire, or had requested, but not returned, hard copy questionnaires. Telephone follow up was attempted for all individuals where a response was not received within three weeks of the reminder. Up to ten telephone calls were made at a variety of times during the day.

Survey data were obtained from 53% of all eligible members. This response rate compares favourably with other similar studies including the consolidated Centre for Military and Veterans' Health Near North Area of Influence studies (Centre for Military and Veterans' Health, 2008, 2009a, 2009b), the 2010 ADF Mental Health Prevalence and Wellbeing Study (McFarlane et al., 2011), and the first waves of data collection for the King's Cohort in the UK and the United States Millennium Cohort (Pinder et al., 2012).

5.2.2 Participants

Participants in the current analysis were female veterans who had completed the MEAO Census Study self-report survey. Of the total number of female veterans eligible to participate in the MEAO Census Study ($n = 2,947$), 1,730 (58.7%) completed the survey. Of these participants, 921 completed all measures and were classed as 'responders' for the purposes of the following analyses. These 'responders' were further divided into two groups for the purpose of answering the research questions:

Group one: Servicewomen who had dependent children (<18 years old) at the time of a deployment to the MEAO.

Group two: Servicewomen without dependent children at the time of their deployments to the MEAO.

5.2.3 Data Analysis

In order to examine differences in K10, PCL-C and AUDIT scores, between female service personnel with and without dependent children, linear regression methods were used. In order to adjust for confounding variables including service, rank and age, a multivariate model is also presented. Unadjusted and adjusted means (and standard errors) are presented. To examine somatic symptoms, for each of the 10 most commonly reported symptoms, a separate logistic regression model was performed. In the first instance, we modeled the probability of experiencing the symptom of interest for female veterans with dependent children compared to those without. Again, a multivariate model, adjusting for service, rank and age was also performed. Unadjusted and adjusted odds ratios (and 95% confidence intervals) are presented. All analyses assessed statistical significance at the 5% level and were performed using SAS 9.2 and SPSS 19.

5.2.4 Results

The Census Study sample consisted of 235 servicewomen with dependent children (Group 1) and 686 without (Group 2). Servicewomen with dependent children were aged between 21 to 54 years ($M = 38.4$, $SD = 5.8$) and were significantly older than other servicewomen (21 to 59 years, $M = 34.4$, $SD = 7.1$). The largest proportion of the sample of mothers served in the Air Force, while the highest proportion of women without children served in the Navy.

Table 2: Demographic characteristics for Census Study sample

	Group One	Group Two
	Mothers (n=235)	Other Women (n=686)
Service		
Air Force	117 (49.8%)	233 (34.0%)
Army	84 (35.7%)	207 (30.2%)
Navy	34 (14.5%)	246 (35.8%)

Rank		
Officer	63 (26.8%)	208 (30.3%)
NCO	160 (68.1%)	399 (58.2%)
Other Ranks	12 (5.1%)	79 (11.5%)

Age Group		
18-34 years	66 (31.1%)	408 (59.4%)
35-44 years	134 (57.0%)	214 (31.2%)
45+years	35 (14.9%)	64 (9.3%)

There were no significant differences between servicewomen with and without dependent children for K10, PCL-C or AUDIT scores (Tables 3, 4 and 5, respectively), even after adjusting for service, rank and age. However, it should be noted that while there were no statistically significant differences, K10 scores for service mothers were slightly higher on average than those for other serving women (see Table 3).

Table 3: Mean K10 scores for servicewomen with and without dependent children

	Mean K10 (SD)	Mean K10 (SD)	
	Mothers	Other Women	p-value
Unadjusted	16.1 (15.3,17.0)	15.5 (15.0,16.0)	0.19
Adjusted	16.7 (15.72, 17.68)	16.0 (15.41, 16.59)	0.16
Service			0.41
Air Force	15.5 (14.3,16.7)	15.2 (14.4, 16.1)	
Army	16.2 (14.8,17.6)	15.2 (14.2, 16.1)	
Navy	18.2 (15.9, 20.4)	10.0 (15.1,16.8)	
Rank			0.89
Officer	15.8 (14.1,17.4)	14.7 (13.8,15.6)	
NCO	16.1 (15.1,17.1)	15.5 (14.8,16.2)	
Other Ranks	18.7 (14.9,22.4)	17.5 (14.9,22.4)	

Table 4: Mean PCL-C scores for servicewomen with and without dependent children

	Mean PCL-C (SD)	Mean PCL-C (SD)	
	Mothers	Other Women	p-value
Unadjusted Total	24.8 (23.4,26.2)	23.7 (22.9,24.6)	0.20
Adjusted Total	25.5 (23.93, 27.07)	24.6 (23.62, 25.58)	0.29

Service	0.76	
Air Force	24.0 (22.0,26.0)	23.3 (21.9,24.2)
Army	25.2 (22.8,27.6)	23.4 (21.9,24.9)
Navy	26.8 (23.0,30.6)	24.5 (23.1,25.9)

Rank	0.52	
Officer	23.3 (20.5,26.0)	23.1 (21.6,24.6)
NCO	25.0 (23.3,26.7)	23.7 (22.6,24.7)
Other Ranks	30.6 (23.8,37.4)	25.9 (23.5,28.4)

Table 5: Mean AUDIT scores for servicewomen with and without dependent children

	Mean AUDIT (SD)	Mean AUDIT (SD)	p-value
	Mothers	Other Women	
Unadjusted Total	5.4 (3.8,4.9)	4.4 (4.1,4.7)	0.93

Adjusted Total	5.0 (4.41, 5.59)	4.7 (4.31, 5.09)	0.42
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Service	0.92	
Air Force	4.0 (3.2,4.8)	3.9 (3.4,4.5)
Army	4.5 (3.6,5.4)	4.5 (3.9,5.0)
Navy	5.2 (3.8,6.6)	4.8 (4.3,5.3)

Rank	0.21	
Officer	4.2 (3.2,5.3)	4.0 (3.4,4.6)
NCO	4.2 (3.5,4.8)	4.4 (3.9,4.8)
Other Ranks	7.8 (5.5,10.2)	5.7 (4.7,6.6)

A comparison between servicewomen with and without dependent children, of the presence of each of the 10 most commonly reported somatic symptoms was performed. Results showed little variance between the groups in the order of symptoms reported, and no significant differences in the proportion of mothers compared to other servicewomen who reported each symptom, in both the unadjusted and adjusted analyses (Table 6).

Table 6: Proportion of servicewomen with and without dependent children reporting each of the 10 most common somatic symptoms

Health Symptom	Mother s	Other Women	Unadjusted Odds Ratio	Adjusted Odds Ratio
Headaches	64.7%	57.7%	1.32 (0.97, 1.79)	1.20 (0.87, 1.67)
Fatigue	63.8%	66.2%	0.88 (0.64, 1.20)	0.87 (0.63, 1.21)
Sleeping Difficulties	60.4%	54.2%	1.26 (0.93, 1.70)	1.13 (0.82, 1.55)
Feeling unrefreshed after sleep	58.3%	54.8%	1.14 (0.84, 1.54)	1.05 (0.76, 1.44)
Irritability/outbursts of anger	48.1%	40.1%	1.37 (1.02, 1.85)	1.40 (1.02, 1.91)
Forgetfulness	46.0%	42.4%	1.13 (0.84, 1.53)	1.12 (0.82, 1.54)
Low back pain	43.8%	41.8%	1.06 (0.79, 1.44)	1.03 (0.75, 1.41)
General muscle aches or pain	42.6%	37.3%	1.22 (0.91, 1.66)	1.13 (0.82, 1.56)
Difficulty finding the right word	40.4%	35.3%	1.23 (0.91, 1.67)	1.16 (0.84, 1.59)
Loss of concentration	36.2%	33.5%	1.11 (0.81, 1.51)	1.05 (0.76, 1.46)

Findings from this cross-sectional study, involving ADF women who had deployed to the MEAO in the 10 years prior to January 2010, showed that serving mothers were not currently at any greater risk of psychological distress, PTSD symptoms, alcohol misuse or reporting of somatic symptoms after deployment, compared to other servicewomen. There were some clear demographic differences between female veterans with and without dependent children that should also be noted when considering the results: Mothers were significantly older than women without dependent children, and notably, the proportion of servicewomen with dependent children was significantly lower in the Navy, and higher in the Air Force. This inter-service difference may reflect differences in the nature and demands of the different services, and actual or perceived compatibility with motherhood, however this cannot be determined from these data.

While previous research findings and theoretical literature suggest that mothers may be at greater risk of negative impact from deployment, the current findings do not support this. However, as these data are cross-sectional and retrospective, we cannot say with confidence that there are no differences in the *discrete* effects of deployment on health outcomes. In order to address this, changes in health outcomes between pre- and post-deployment for a small sample of servicewomen with and without dependent children are examined below.

5.3 Prospective Data

5.3.1 Method

The MEAO Prospective Study was designed to investigate health outcomes directly attributable to deployment, by collecting data immediately prior to (pre-deployment), and again directly after (post-deployment). Of the wide range of variables measured in this study (including self-reported psychological, physical and social health, and objective measures of physical health and cognitive function), data from the self-report survey component are examined here. This survey was comparable to that used in the Census Study, therefore detail regarding measures is not repeated. As the Prospective Study had both pre- and post-deployment testing, for each of the measures there are scores for two time points, permitting examination of the change in health outcomes between pre- and post-deployment. This allowed us to more accurately ascertain the *discrete* impact of deployment on health outcomes.

5.3.2 Data Analysis

A series of repeated-measures ANOVAs were used to model between group differences in changes to K10, PCL-C and AUDIT scores between pre- and post-deployment. Models were then re-

run, adjusting for service, rank and age. Due to limited sample size, combat exposure and traumatic deployment exposures were not included in any models. Furthermore, preliminary analyses showed no association between these variables and the health outcomes of interest. As a result of missing data across various measures, there are variations in the sample sizes available for each analysis. Due to the significantly smaller sample size available for these analyses, and the nature of the pre- and post-deployment data, somatic symptoms were not further examined.

5.3.3 Participants

Of the 127 females in the MEAO Prospective Study dataset, who had completed the self-report survey at both pre- and post-deployment, we were able to determine mother status for 113. As with the Census Study data, these women were grouped into those with dependent children ($n = 34$) and those without ($n = 79$). A table of demographic characteristics is not presented for this sample due to the small cell sizes. While there were no significant differences in the distribution of services represented, compared to other women, a larger proportion of mothers were non-commissioned officers. As with the Census data, there was a difference in the mean age between these two groups, with service mothers being significantly older ($M = 36.5$, $SD = 7.7$) than servicewomen without dependent children ($M = 27.89$, $SD = 5.87$), $p < 0.001$. Broken down by age categories, the largest proportion of mothers are in the 35-44 year age group, while the largest proportion of other women are in the 25-34 year age group.

5.3.3 Results

Psychological distress

In the unadjusted analyses, for the complete model there was a significant difference between service mothers and other servicewomen in the change in K10 scores between pre- and post-deployment, $F(1, 105) = 4.08$, $p = 0.04$. After adjusting for service, rank and age, this difference in change was no longer significant (see Table 7). While service mothers had slightly lower K10 scores at pre-deployment, and slightly higher scores at post-deployment compared to other servicewomen, neither of these differences were significant.

Table 7: Change in mean K10 scores between pre- and post-deployment for servicewomen with and without dependent children

	Mean K10 (95%CI)			Mean K10 (95%CI)			
	Mothers			Other Women			
	(n=32)			(n=75)			
	Pre	Post	Change (95% CI)	Pre	Post	Change (95% CI)	P-value
Unadjusted	13.13	15.22	2.09	14.36	14.37	0.01	0.05
Total	(11.64, 14.61)	(13.43, 17.01)	(0.38, 3.80)	(13.39, 15.33)	(13.21, 15.54)	(-1.10, 1.10)	
Adjusted Total	13.29	15.36	1.07	13.80	13.71	-0.09	0.31
	(11.50, 15.08)	(13.14, 17.58)	(-.06, 4.20)	(12.36, 15.24)	(11.92, 15.50)	(-1.81, 1.63)	
Service							0.56
Air Force	14.34	16.57	2.23	14.48	13.96	-.51	
	(12.00, 16.68)	(13.67, 19.48)	(-.56, 5.02)	(12.28, 16.67)	(11.24, 16.68)	(-.31, 2.10)	
Army	11.39	14.11	2.71	13.57	14.08	.51	
	(8.50, 14.28)	(10.52, 17.69)	(-.73, 6.16)	(11.46, 15.67)	(11.47, 16.68)	(-1.99, 3.02)	
Navy	16.00	12.00	-4.00	13.00	12.60	-.40	
	(7.17, 24.83)	(1.04, 22.96)	(-14.53, 6.53)	(9.26, 16.74)	(7.95, 17.25)	(-4.87, 4.07)	
Rank							0.85
Officer	11.27	14.87	3.60	12.77	13.06	.29	
	(7.81, 14.82)	(10.58, 19.16)	(-.52, 7.72)	(10.38, 15.17)	(10.09, 16.04)	(-2.56, 3.15)	
NCO	13.36	16.14	2.79	13.33	13.16	-.17	
	(10.78, 15.93)	(12.95, 19.34)	(-.29, 5.86)	(10.68, 15.97)	(9.88, 16.44)	(-3.32, 2.99)	

Other Ranks	15.20	14.60	-.60	15.88	15.40	-.48
	(11.67, 18.73)	(10.22, 18.98)	(-4.81, 3.61)	(13.74, 18.02)	(12.75, 18.05)	(-3.03, 2.07)

Posttraumatic stress symptoms

For PCL-C scores, in the unadjusted analyses, the complete model showed a significant difference between servicewomen with and without dependent children in PCL-C change from pre- to post-deployment, $F(1, 101) = 3.95, p = 0.05$. After adjusting for service, rank and age this difference was no longer statistically significant. While the increase in PCL-C scores between pre- and post-deployment was marginally significant for service mothers, there was no significant change for other servicewomen (see Table 8).

Table 8: Change in mean PCL-C scores between pre- and post-deployment for servicewomen with and without dependent children

	Mean PCL-C (95%CI)			Mean PCL-C (95%CI)			
	Mothers			Other Women			
	Pre	Post	Change (95% CI)	Pre	Post	Change (95% CI)	P-value
Unadjusted	21.76	22.61	3.49	20.74	19.12	1.01	0.05
Total	(20.20, 23.32)	(20.33, 24.88)	(1.45, 5.52)	(19.72, 21.76)	(17.64, 20.61)	(-.38, 2.41)	
Adjusted Total	19.73	23.01	3.29	20.71	21.99	1.28	0.27
	(17.96, 21.49)	(20.39, 25.64)	(0.81, 5.77)	(19.25, 22.16)	(19.83, 24.15)	(-.76, 3.32)	
Service							0.12
Air Force	19.38	24.28	4.90	20.41	20.09	-.32	

	(17.07, 21.69)	(20.85, 27.71)	(1.65, 8.19)	(18.22, 22.59)	(16.84, 23.34)	(-3.39, 2.75)
Army	19.61	21.64	2.04	20.44	22.81	2.37
	(16.74, 22.47)	(17.38, 25.90)	(-1.99, 6.06)	(18.39, 22.48)	(19.77, 25.85)	(-.50, 5.25)
Navy	24.00	20.00	-4.00	22.33	25.50	-3.17
	(15.24, 32.76)	(6.99, 33.01)	(-16.30, 8.30)	(17.72, 26.95)	(18.64, 32.36)	(-9.65, 3.32)

Rank	0.84					
Officer	17.80	20.85	3.05	20.18	21.05	.87
	(14.41, 21.19)	(15.81, 25.89)	(-1.72, 7.82)	(17.84, 22.51)	(17.58, 24.52)	(-.241, 4.15)
NCO	20.07	22.56	2.49	20.22	23.26	3.04
	(17.51, 22.62)	(18.76, 26.36)	(-1.10, 6.08)	(17.47, 22.97)	(19.17, 27.35)	(-.83, 6.91)
Other Ranks	21.10	25.90	4.80	21.89	21.24	-.65
	(17.60, 24.60)	(20.70, 31.11)	(-.12, 9.72)	(19.75, 24.03)	(18.06, 24.42)	(-2.35, 3.66)

Alcohol use

In the unadjusted analyses, the complete model showed that there were no differences between service mothers and other servicewomen in the change in AUDIT scores between pre and post-deployment, $F(1, 102) = 2.02, p = 0.16$. This remained non-significant when adjusted for service, rank and age (Table 9).

Table 9: Change in mean AUDIT scores between pre- and post-deployment for servicewomen with and without dependent children

Mean AUDIT (95%CI)			Mean AUDIT (95%CI)			
Mothers			Other Women			
Pre	Post	Change (95% CI)	Pre	Post	Change (95% CI)	P-value

Unadjusted	4.85	4.16	0.00	5.79	4.16	-.94	0.16
Total	(4.23, 4.46)	(3.23, 5.08)	(-1.10, 1.10)	(4.99, 6.60)	(2.95, 5.37)	(-1.68, -.21)	

Adjusted Total	4.63	4.17	-.45	5.83	4.66	-1.17	0.95
	(3.20, 6.06)	(3.04, 5.31)	(-1.65, 0.74)	(4.67, 6.99)	(3.74, 5.58)	(-2.14, -.20)	

Service							0.70
Air Force	3.52	3.73	.22	5.16	4.62	-.54	
	(1.65, 5.38)	(2.26, 5.21)	(-1.34, 1.77)	(3.40, 6.92)	(3.23, 6.02)	(-2.00, .93)	
Army	5.17	4.69	-.48	5.23	4.49	-.74	
	(2.83, 7.50)	(2.85, 6.54)	(-2.42, 1.47)	(3.58, 6.88)	(3.18, 5.79)	(-2.11, .63)	
Navy	12.00	5.00	-7.00	8.00	5.00	-3.00	
	(4.92, 19.08)	(-.59, 10.59)	(-1.10, 12.90)	(4.99, 11.00)	(2.63, 7.37)	(-5.50, -.50)	

Rank							0.42
Officer	4.15	4.10	-.05	5.71	4.84	-.86	
	(1.41, 6.89)	(1.93, 6.27)	(-2.33, 2.23)	(3.81, 7.61)	(3.34, 7.35)	(-2.45, .72)	
NCO	4.38	4.39	0.01	4.97	4.30	-.67	
	(2.30, 6.47)	(2.75, 6.04)	(-1.73, 1.74)	(2.85, 7.09)	(2.62, 5.98)	(-2.44, 1.10)	
Other Ranks	5.50	3.90	-1.60	7.26	4.98	-2.28	
	(2.67, 8.33)	(1.66, 6.14)	(-3.96, .76)	(5.52, 8.99)	(3.61, 6.35)	(-3.73, -.84)	

While it is important to note the very small sample size used in these analyses, the findings suggest that at least some of the null findings observed in the Census data may be due to lack of baseline data regarding the health of women prior to deployment. Prospective Study data did show differences in *change* in psychological health between pre- and post-deployment for service mothers

compared to other servicewomen, however these were mostly accounted for by service, rank and age. The trend in these data also suggests that mothers may be slightly healthier psychologically at pre-deployment, providing an alternative explanation for the Census Study findings of no between-group differences in health outcomes *post-deployment*, and highlighting the importance of having a baseline measurement of health outcomes.

5.4 Discussion

Together, the results from analyses of both Census and Prospective Study data suggest that female veterans who deploy are generally healthy, and may be at no greater risk of psychological or physical disorders following deployment, compared to servicewomen without dependent children. Where mothers were found to have slightly larger *increases* in psychological health symptoms (in the prospective data), these reflected slightly lower levels of symptoms than other servicewomen *at pre-deployment*. These differences were no longer statistically significant after controlling for Service, Rank and Age. Furthermore, the results from the analyses of prospective study data must be treated with caution due to the very small sample size.

Consistent with there being little difference in the effects of deployment between women with and without dependent children, Hopkins-Chadwick et al. (2009) found no discernible impact of motherhood status on a variety of self-reported stress symptoms among non-deployed US Air Force females. As mentioned previously, where adverse effects of motherhood status have been found, in at least some studies this has only been the case when other circumstances (such as being a single parent) were also present (Kelley et al., 2002; Tucker & Kelley, 2009). In fact, Kelley et al. (2002) found that being married was associated with improved health outcomes following deployment, and these were better for the mothers who did deploy compared to those who did not. Deploying is likely to be the culmination of an extensive period of training, and a career progression opportunity. Therefore, it is reasonable to expect that deploying may be a positive experience professionally. In relation to deployment as a career necessity, civilian studies have also shown that separation from children, when necessitated by career or monetary reward, did not have any negative impacts on health outcomes of mothers (Hondagneu-Sotelo & Avila, 1997). Taken together, this suggests that deployment itself could be associated with increased wellbeing, provided there are adequate family supports.

More generally, a number of factors have been identified that can reduce or ameliorate psychological distress experienced by working mothers during periods of separation. These include how much control the mother has over the circumstances of the separation, the level of support available at home, and the knowledge that their children are safe and well cared for (Schen, 2005).

Regarding the wellbeing of working mothers in general, a number of family-related factors have been identified that reduce the stress associated with balancing work and parenting commitments. Things like having support from a spouse or outside source to take care of domestic duties increases feelings of functionality and fulfillment. A spouse who is able to share the parenting role, and is willing to support their partner's career, minimizes possible work-family conflict, thereby reducing possible negative health impacts (Kelley et al., 2002).

While there are compelling theoretical reasons why the impacts of deployment may be expected to be increased for women with dependent children, particularly in relation to parent-child separation (e.g., Schen, 2005), the fact that we found no effect of motherhood status could also be representative of a 'healthy mother effect'. It is likely that the sample included in this study represents female veterans who have been able to cope effectively with balancing their family and military commitments, therefore are likely to be the healthiest, most resilient mothers.

It may be that as working mothers, these women have already developed the skills and identified the supports necessary to overcome any challenges associated with managing work commitments and family responsibilities. It is also likely that service mothers who felt they may not be able to effectively balance their military and family commitments may have already discharged from the military, or at least made a decision not to deploy. As a consequence, these women are likely to be under (or not) represented, with this study only showing the health outcomes of those women who were already able to effectively juggle their military career with family responsibilities: a proposition supported by findings from the Australian Human Rights Commission (2012), which noted that up to twenty percent of new mothers separated from the ADF immediately or within one year of taking maternity leave. While this then does not allow us to fully understand the impact of deployment on *all* mothers, it does provide a picture of those who are coping well. If we do have a 'healthy mother' effect, understanding what it is that makes these women healthy, and how they manage their family and military commitments effectively, is of high importance. In order to address this, Aim 2 of the Mothers in the MEAO study involved inviting a subset of these mothers (and other mothers not represented in these data) to be interviewed about their experiences.

Data limitations

The analyses presented here relied on self-report data, which are open to social desirability and recall biases. The Census questionnaire was administered from between one and ten years following the last deployment to the MEAO, therefore the responses reflected current physical and psychological morbidity, rather than morbidity during and/or immediately after a deployment (an

issue partially addressed by utilising MEAO Prospective Study data). In addition, data pertaining to relationship status (married/long term partnership) at the time of deployment was not captured for the Census sample, therefore potential moderating impacts of this remain unexamined. Mother status in these analyses was determined by having a biological child, therefore does not include those women with adoptive or step-children. More generally, while comparing favourably to similar studies it is possible that response rates may have influenced results due to participation bias, and inadequate control of confounding. Finally, the cross-sectional design of the Census study makes it difficult to discern the temporal order of independent and dependent variables.

6. Aim 2: Psychosocial Factors

6.1 Research questions:

The second aim of the Mothers in the MEAO study was to gain a greater understanding regarding the experiences and challenges female veterans face before, during and after deployment, which may be exacerbated by (or particular to) their role as a mother.

In order to achieve this broader aim, a semi-structured interview format was organised around the following key topics:

- How do mothers prepare for deployment and separation?
- How do mothers manage the deployment experience and separation from their children and family?
- What are the experiences of mothers returning from deployment?
- More generally, how do mothers manage their family and military career commitments?
- What supports and services are useful for or needed by mothers?

6.2 Methodology

6.2.1 Participant recruitment

For recruitment purposes service mothers were defined as women who had deployed to the MEAO with the ADF (therefore were veterans), and who had given birth to or adopted a child who at the time of their deployment to the MEAO was less than 18 years of age. Due to restrictions discussed above, only women with biological children were able to be identified from the MilHOP sample

Two hundred and fifty female ADF personnel who previously participated in the MilHOP Health Studies and agreed to be contacted for future research projects were identified as eligible for

participation in the Mothers in the MEAO Study. Recruitment of participants from this contact database began on the 16th of September 2013, with a staggered provision of email warm-up letters over a period of 3 weeks. These were followed by Invitation packs sent by post or email within one week of warm-up emails being sent. From January 6th 2014 recruitment of participants was only via Defence email, unless requested otherwise.

All service mothers who participated in the MEAO Health Studies and who consented to being approached for further studies ($n = 250$) were invited to participate in the Mothers in the MEAO Study. Of these 250, 65 consents to participate were received, and 61 interviews were completed. An analysis of non-responders from the Census sample showed that there were no differences between mothers who participated in the study and those who did not on the following variables: age, number of years of service, or psychological distress (K10), posttraumatic stress symptoms (PCL), alcohol use (AUDIT).

A program of advertising was also undertaken in November and December of 2013 in an effort to expand the recruitment pool. Information about the study was disseminated via Facebook and websites for Defence Families of Australia; Defence Community Organisation; and RSL. The Facebook advertising was 'shared' among various Defence sites, including Navy, Army and AirForce. The Army, Navy and Airforce News also prepared a short article on the study for inclusion in the December 7th 2013 edition. The study was also advertised on The Centre for traumatic Stress Studies internal webpage. Together these communications resulted in 23 enquiries, which translated into a further 16 interviews, 1 of which was with a woman who was part of our original database. The interview period concluded in June 2014.

6.2.2 Sample demographics

The final study sample included 61 mothers who had previously participated in the MilHOP MEAO Health Studies (MEAO Census $n=54$, MEAO Prospective $n=7$), and 15 new volunteers (total $N=76$). The mean age of mothers interviewed was 39.7 years ($SD = 5.8$, range = 28-54). The mean age of their youngest child at time of deployment was 9.6 years ($SD = 4.4$, range = 1-18). Descriptive data regarding service, rank and marital status are presented below. The majority of women interviewed had 2 children (58%), or more (22%). Forty percent of the women had been deployed prior to their MEAO deployments and thirty percent had deployed more than once to the MEAO. The women had deployed in a variety of roles including communications, logistics, psychology, medical, and administration, and represented various ranks

Due to the small size of this sample, and sometimes distinctive characteristics of participants, proportions are only presented for the pooled sample. To further preserve participant

anonymity, demographic characteristics are not routinely presented in the results, with any quotes attributed to participant study IDs only.

Table 9: Sample demographic characteristics

Characteristic	N	Proportion of respondents
Service		
Air Force	30	40%
Army	29	37%
Navy	15	20%
Not Provided	2	3%
Rank		
Commissioned Officer	15	20%
Non Commissioned Officer	46	60%
Other	9	12%
Not Provided	6	8%
Marital status		
Married/Relationship	64	84%
Single/Separated	10	13%
Not Provided	2	3%
Number of children		
1	13	17%
2	44	58%
3+	17	22%
Not Provided	2	3%
Number of deployments after children		

1	42	55%
2	19	25%
3+	9	12%
Not Provided	6	8%

6.2.3 Analytical approach

A thematic analysis approach was chosen due to the semi-structured nature of the data, and the clear research questions of interest. Thematic analysis allows researchers flexibility (Braun & Clarke, 2006) whilst providing a method for the systematic identification and discussion of recurring themes in the data (French, Yardley, & Sutton, 2004). There are many ways of conducting thematic analysis, however all forms involve recognising patterns in the data which are seen to be important in describing the phenomena (Fereday & Muir-Cochrane, 2006), and embracing the complexity of qualitative data by including as many themes as are necessary to reflect the intricacies and nuances of the data (Pope & Mays, 1995). Identified themes both describe and organise data, and provide a basis for interpreting the aspects of the phenomena which are relevant to the research questions (Boyatzis, 1998).

In this project, each interview could be divided into consistent sections, providing a clear framework for thematic coding. Within each section, interviews were coded to themes developed through an iterative process (see under coding below). In this way, thematic patterns within the structure could be examined, and if desired, quantified.

Coding

An iterative method was used to develop the thematic coding scheme. First a broad framework reflecting the structure of the interview schedule was outlined. Then a series of key themes within sections of this framework were proposed, based on findings from Phase 1 of the study, and through a review of relevant literature. These themes were refined through discussion between the interviewers. Once an initial coding scheme was agreed, interviews were coded in detail to these themes directly from the audio files using NVivo qualitative research software. Five interviews were initially randomly selected, and two researchers coded all 5. Following discussion, the coding strategy was refined and the same 5 interviews were recoded. A further discussion to confirm coding led to some additional adjustments to the coding scheme. Interviews were then thematically coded using the final scheme, by a single researcher, until thematic saturation was reached (See Annex A for detailed coding framework). At this point the detailed coding was refined to the central themes of interest, and the remaining interviews were coded to this more limited

scheme. In addition to audio and transcript coding, both researchers listened to, and made reflexive notes regarding all interviews.

Limitations of the sample and design of the study

It should be noted that sampling frames and data collection may introduce some bias into the results of this study. Firstly, a purposive sampling strategy was adopted for this study, whereby participants who had completed the Census or Prospective studies who were identified as mothers at the time of deployment to the MEAO, were invited to participate. These mothers were contacted through their defence email address, meaning that any women who had discharged and no longer had a defence email address, were unable to be contacted. While a number of women we spoke with had discharged (approximately 10%), we are not able to make confident comparisons of the experiences of currently serving members compared to those who have discharged. In order to do this, a more specific sampling frame would have to be used. However, it should also be noted that in addition to participants described above, a communication strategy was used to engage more broadly with the female veteran community, and approximately 20% of the final sample were volunteers. In addition to potential sampling issues, the self-report nature of the interviews has the potential to bias the findings. For example, self-report data are suggested to be biased by many factors including respondent characteristics, motivation and cognitions (Del Boca & Noll, 2000). Social desirability bias, whereby participants report what is socially desirable (Paulhus, 1984), may also impact on what is reported, despite assurances of confidentiality and anonymity.

The aforementioned potential sources of error may have been reduced through the large sample size used in this study. Although much debate about qualitative research sample sizes exists within the methodological literature, a discussion paper with experts in the field indicates that an appropriate number of qualitative interviews depends on the purpose of the research; for example, whether the intention is to compare groups or to find out more about a relatively homogenous group (Guest, Bunce, & Johnson, 2006). Most of these experts suggested between 25-40 interviews as a guide, and that researchers stop adding cases when the data is no longer yielding new information – a concept understood as saturation (Guest et al., 2006). However, Gerson and Horowitz (2002) suggested that “fewer than 60 interviews cannot support convincing conclusions and more than 150 produce too much material to analyse effectively and expeditiously” (p. 223). Therefore, the sample size for this study (n=76) can be considered sufficient to produce an in-depth analysis of the experiences of mothers deploying to the Middle East.

In the following section, results are organised with respect to the three key elements of the deployment experience in this context: Preparation, Separation, and Reintegration – which

correspond broadly to the time periods of 'before', 'during' and 'after' deployment. Within these, the key questions of interest are used to group results.

6.3 Results and Discussion

6.3.1 Terminology used in this report

Descriptions of the women participating

This report contains information about the experiences of mothers who have deployed to the Middle East Area of operations. When interviewed, these women made a distinction between being a 'mother' and being a 'woman' in the military and suggested that their experiences as mothers are different from their experiences as women on deployment:

'There is something different, you know there is something different about being a mum away' participant 0514

All women who participated in phase two of this study were mothers at the time of at least one of their deployments. Some women had deployed with the military before having their children (approximately 15%), and these women quite often made comparisons of their deployment experiences before and after having their children:

'I think you shouldn't under-estimate though the effects of mums going away on their families. That's a profound thing. I spent years and years and years at sea without children and certainly going back to sea as a mother was a very different experience for me.' participant 6355

In this report, the term 'female veterans' is used to describe the mothers who have participated in the study in order to be clear that the study is part of a wider effort to find out more about the experiences and needs of female veterans.

Other terms

The majority of female veterans interviewed identified as the primary caregiver for their children, however they also discussed the other parent (where there was one) as taking on this role during the deployment period. Therefore, in this report the person who took on this role (most commonly the child's father) is referred to as the 'new primary caregiver'.

6.3.2 Analysis focus

As can be seen in ANNEX 1 (Coding Framework) female veterans did not confine their responses to their role as a mother, and in fact much of what was discussed centred around general experiences both as a woman, and as an ADF member. For the sake of clarity, the following results

and discussion are focussed on the interview content relevant to the experience of female veterans, what deployment and their military career mean for them, and what their experiences were, in relation to their role as mothers specifically. See Table 11 for a summary of the key themes that emerged from interviews. While women discussed differences across the services in terms of support for mothers and families, this reflected a bias towards their own service rather than any systematic comparisons. For this reason, and to preserve the anonymity of participants, service status is not reported except where explicitly mentioned within a quote.

Table 11: Key themes in this report

Research Question	Theme	Description
How do women prepare themselves for deployment	Busy time	<i>Very busy time, compartmentalising thoughts</i>
	Preparations at work	<i>Pre-deployment work preparations</i>
	Emotional preparations Preparations at home	<i>Compartmentalising, thinking about benefits of deployment, feelings of anxiety Organising home and family routines and practicalities</i>
How do mothers prepare their children for separation?	Preparing communication tools	<i>Preparing tools to stay connected to children while away</i>
	Preparing for special events	<i>Preparing for birthdays, Christmas etc. before mother leaves</i>
	Organising support for children	<i>Organising formal child care and informal supports for child while mothers is away</i>
	Explanations of deployment	<i>Explaining mother's absence to children before the mothers left</i>
How do mothers prepare the new primary caregiver?	Preparing routines	<i>Informing the new primary care giver about the home routines and responsibilities</i>
	Work preparations	<i>Organising work alterations in order to cope with increased caring responsibilities</i>
	Lack of emotional Preparation	<i>Very few women discussed emotional preparation of new care giver</i>
	Strategised ways of coping	<i>Discussed the ways that the new primary care giver would cope with the extra responsibilities while the mother is away</i>
Deployment experiences	Positive experience for mother	<i>Like the work, can focus solely on job, opened up career opportunities</i>

	Negative experience for mothers	<i>Stressful deployment experiences, felt discriminated against, missed family, lack of support from partner</i>
	Positive experience for children	<i>Fostered independence, assumed more responsibilities at home, developed closer relationship with new primary caregiver</i>
	Negative experience for children	<i>Separation anxiety, behavioural problems, lasting issues with connection to mother</i>
	Negative impact on relationships	<i>Relationship strain, partner did not adjust well to increased home responsibilities, relationship breakdown</i>
Maintenance of Maternal connection	Communication methods	<i>Organising communication methods before leaving Australia Skype, phone, letters, care packages</i>
	Communication benefits	<i>Importance of communicating with family/friends while away. Importance of communication in coping</i>
	Communication challenges	<i>Misunderstandings, timing of communication, children being too young to communicate over phone</i>
	Distancing	<i>Coping emotionally by limiting contact</i>
What are the perceptions of mothers regarding separation?	Torn between work and family	<i>Difficulty managing responsibilities of family and career and feeling sense of duty to deploy and a sense of duty to stay for their children</i>
	Children need their mother	<i>Mothers reported that although the new primary care givers were capable, there were some things that mothers did best, and that children needed the nurturing qualities that their mothers bring</i>
	Feeling like a bad mother	<i>Mothers feeling guilt over separation from children because this goes against their ideas of what it is to be a 'good' mother</i>
How do mothers perceive their deployment affects themselves, their children and their family?	Positive impact	<i>Mothers like the work, can focus solely on job, opened up career opportunities.</i>
	Negative impact	<i>Worry about resentment from children</i>
What are mothers' experiences on return from deployment?	Being reunited with family	<i>Excitement about being reunited with family, apprehension about what to expect when returning home.</i>
	Feeling disconnected from life in Australia	<i>Feeling disconnected from family routines, work, family, partner and general life.</i>

What are their experiences of reconnecting with their children	Straightforward transition	<i>Reconnected with children easily and fit into household routines well. Utilised strategies to settle back into the routine of family life.</i>
	Reintegration difficulties	<i>Had trouble fitting back into family routines, children and mother did not reconnect easily. Some reported ongoing trouble connecting with children.</i>
	Psychological distress	<i>Reporting symptoms of psychological distress but stigma a barrier to care.</i>
General management of Career and family Commitments	Positives of working in the military	<i>Enjoy the lifestyle including housing and assistance moving. Stability of employment.</i>
	Adjusting career choices	<i>Taking different positions/jobs such that the family is not impacted as much.</i>
	Family career decisions	<i>Some taking turns so that both parents can progress in their career while for others one parent prioritised the career and the other caring for the children.</i>
	Timing of children	<i>Attempting to organise timing of children for minimal impact on career.</i>
How do mothers in defence manage their family and work responsibilities?	Flexible work arrangements	<i>Command support essential. Some good policy but not consistently applied.</i>
	Child care difficulties	<i>Childcare not available early enough or on short notice postings.</i>
	Postings	<i>Need more notice of postings to assist with family moves, i.e., child care.</i>
	Coping mechanisms	<i>Supportive spouse, close friends and family a significant asset. Highly organised, motivated or driven. Maximising external support.</i>
Supports and Services	Career guidance	<i>Advice and guidance about career opportunities and progression</i>
	Defence Community Organisation (DCO)	<i>Mixed reports of usefulness, some said it was wonderful, some said their family received no contact – High Praise for Defence Transition Aides in Schools</i>
	Child care facilities	<i>Flexible facilities close to/ located on base</i>
	Support services for male primary caregivers	<i>Services are not currently male or father friendly</i>

6.3.3 Preparation

How do mothers prepare themselves for separation from their children and families

Preparing for deployment is a busy and stressful time for all military personnel, however there may be added burden on mothers, by virtue of their role in and commitments to their family (Carling et al., 2012; Kan et al., 2011). In this study mothers described the pre-deployment/preparation phase as a very busy and chaotic time whereby they had increased work commitments, and were engaged in preparing themselves, their children, and the new primary caregiver. Many women reported feeling time poor, and struggling to complete all their preparations:

“The main challenge was probably time; everything happened so quickly because there are so many boxes you have to tick. You know you have to get your medical done and because I was based in Canberra at the time trying to get a medical appointment ... all of those bits and pieces you had to cross off the list to be able to get ready to go; and because mine had come up just at Christmas time, that I would be going in March. To get over that Christmas stand down meant that I couldn’t get appointments squared away.” participant 2155

Many female veterans discussed the importance of sharing information with experienced others during this time: friends, partners, colleagues. This shared experience was invaluable in assisting with practical and psychological preparations. However, there were no formal avenues by which this took place, leaving mothers to navigate this through their own personal networks.

“On previous deployments I haven’t had that ... I hadn’t been given that kind of advice on how easy it is to make contact, the time difference and how there is a good opportunity for talking or even the one about taking some good recent photos of family members and not old ones, take a good recent one.” participant 8198

Deployment preparations at work

Women described the pre-deployment commitments at work as very physically demanding and time consuming. Many women described the need to go away from home for weeks at a time prior to deployment, effectively becoming an extension of their deployment time away:

“the preparation part was more, I was at sea for most of it because we were doing all of our work preparations which meant that we were doing our exercises to get ready to go, so I was gone for 6 months, it was probably three or four months before that I spent predominantly at sea doing sea stuff as well” participant 6425

As discussed above, many female veterans, by virtue of their role as a mother have added responsibilities to manage prior to deployment. The additional time required by their work commitments stretched them, and many mothers felt this took them away from time they could spend with their families. However, other mothers discussed the short separations that their training and prep work required to be a positive factor in 'easing' their family into the impending separation.

Emotional preparation

A number of female veterans discussed mixed feelings about deployment prior to leaving. Importantly, many expressed feelings of guilt regarding their own excitement about going away, which was inconsistent with the distress of their family. Some mothers also reported reluctance on the part of the new primary carer to support the deployment, which had implications for how the mother felt, for the parental relationship, and for the children and family more generally. Related to this are reports from mothers that support (or lack thereof) from the new primary caregiver was integral to their own feelings about the impending separation.

Despite this, there was very little mention of emotional *preparations* in the lead-up to deployment, even when specifically prompted, and even though many mothers reported feeling emotionally distressed at this point:

"I was quite nervous about ... leaving him for 3 months. ... the last time I had only gone away for 4 weeks [and] when I got back I was shunned as the mother and wasn't allowed to do anything ... it took me a month before I was allowed to help him wash, eat, dress, I couldn't do anything. I was afraid that after going away for 3 months that ... it was going to be even worse, I would be well and truly punished for not being there. That was my big fear." participant 8198

These mothers also discussed feeling torn between their family and work commitments in the preparation phase of their deployment:

"mixed emotions, a bit of a rollercoaster ride, I guess, it's something that me, as a member of the ADF, it's something that I really really want to do but the mother in me, yes, it tore in the opposite direction" participant 0339

The avoidance of explicit emotional preparation may have reflected psychological distancing, a previously documented coping strategy used by deploying parents (Laser & Stephens, 2011). This distancing may allow mothers to more effectively manage the practical pre-deployment preparations.

Deployment preparations at home

As part of their deployment preparations, women discussed 'handing over' their roles and responsibilities prior to deploying. This included practical preparations such as transferring bills and payment responsibilities (and for some, included organising direct debits, or for the bills to be emailed to the mother whilst on deployment, so that the new primary care giver did not have to take care of these), organising their own affairs (will, power of attorney), and preparations for their children (organising childcare, social support and schooling issues, as well as explaining their absence to their children).

"I was more concentrating on getting things organised at home, whether it be getting a routine happening at home for the boys with their homework, making sure all of the bills are all setup to be paid automatically each month like for our insurance and our health insurance and all that, because that's the kind of thing I would normally do at home. So before I left I sort of tried to take a step back so that my husband would get used to paying the bills and doing that sort of stuff on top of running the household" participant 9851

How do mothers prepare their children for separation?

While the responses of children to their mother's deployment are not the focus of this report, they are important nonetheless; particularly when considering the family as a system of interdependent members. Adverse impacts on children are likely to impact parenting and the way the family functions as a whole (Devoe & Ross, 2012; Paley et al., 2013). More generally in the context of impending separation, this may serve as an added stressor on the mother, adversely impacting her preparations.

Research regarding separation in the context of deployment indicates that the anticipation of the impending separation will elicit different responses dependent on the developmental level of the child (de Pedro et al., 2011; Paris, DeVoe, Ross, & Acker, 2010; Pierce, Vinokur, & Buck, 1998). For younger children, putting in place processes that increase their sense of control may be useful. For older children, distress may reflect their greater knowledge of deployment risks. In this case, arming the child with knowledge to reassure them is very important. Furthermore a change in roles (for example, where one parent takes on the primary caregiver role, where they have not previously done this), can present challenges: for both the new primary caregiver, and for the child(ren), and will entail a period of adjustment (Kaplow, Layne, Saltzman, Cozza, & Pynoos, 2013). Explicitly preparing children for this change (as well as the new primary caregiver) may help to alleviate potential difficulties.

The preparation of children for impending deployment received varying levels of focus by mothers. Some mothers explicitly discussed how they prepared their children, and the challenges associated with this. Others did not mention their children, with the focus more centrally on the practical preparations. There were also differences in the extent to which mothers believed their children required specific preparations, with some mothers focussed on arming them with extensive information and tools, while others purposefully avoided the topic of their impending departure, and kept life 'as normal'.

"...my children are used to me going away because I go away fairly regularly with work, they're just not used to it for extended periods of time so we really didn't make a big deal of it we just sort of you know 'mum's going away again for a little while'. We spent some time together before I left and, look it really wasn't that different to any other time that I sort of go away." participant 5519

In preparing children for their departure and deployment, mothers discussed organisation of tools for keeping in touch and communicating with their children while they were away; organised in advance for special events and celebrations that they would miss while away; organised childcare and routines in the home; and explained their deployments to their children.

Communication tools

The maintenance of connectedness between mother and child is particularly important in reducing potential negative impacts of separation (Schen, 2005). Despite the perceived absence of information informing mothers of this, the majority of female veterans mentioned preparations designed to support and maintain their connection to children and family as a priority. Many women discussed preparing tools to help them maintain contact with their children while away. Of these tools, one that was common and particularly useful (suggested to some by US colleagues) was recording themselves reading stories, so their children could watch them reading a story while they were away. Those who found this useful, indicated feeling more connected with their children, and that it helped relieve their anxiety that their young children would forget the sound of their voice or what they looked like (especially given common communication difficulties with young children, as discussed later):

"... at the end of [the DVD] I would get up and go and pretend to give the camera a hug and a kiss, and my husband said [my child] would ... come over [and] kiss the camera ... you know hearing that was really nice and ... allowed me to make sure that I was still in contact, visually there for my son, whether he was actually able to talk back - but he had understanding that mummy was still there." participant 8198

One mother invited her children to participate in making a calendar of the time that she would be away so that they could have something concrete to link her deployment to. This was discussed as an important way of conveying a sense of the duration of their absence to young children who had difficulty grasping the concept of time:

“One of the things we did was we made a calendar with our countdown date on it with the time I would leave until the time I got home so that he could physically cross off the calendar every day and he knew when I would be getting closer to home” participant 6425

A number of mothers also discussed preparation of communication strategies with their children, designed to ensure communication was a positive experience. For this mother, communication that was satisfying was an important consideration in her preparations:

“... since my last deployment we worked at lot on our communication because we would be talking over the phone and ... my eldest boy keeps to himself more or less so I don’t get a great deal out of him a lot of the time [so we talked] him through how to express himself and just to talk to me about his day and I ... make sure that I ask him questions that didn’t involve a yes or no answer...”participant 9851

This also highlights the importance of the shift in communication methods between mother and child during deployment: from face to face and physical (e.g., cuddles) to communication that is distant and physically removed. Telephone contact in particular would rarely be the typical method of everyday mother-child communication, hence may present difficulties. Therefore, as illustrated above, these new communications may require practice and clear strategies to be effective.

Preparing for special occasions

In order to prepare for special occasions that mothers would miss while away on deployments, many reported trying to organise and prepare for these events before they left Australia. These preparations included purchasing and wrapping presents for their children’s birthdays and Christmas, and making arrangements with family and friends for celebrations:

“I bought a laptop specifically for the children so they could Skype me from wherever they were because their dad wouldn’t organise that. He refused to have it in his house, I had to have it at his parent’s house. Little things like that. We tested Skype at home before I went so we knew it worked. I bought Christmas presents so I had everything sorted for when I was gone.” participant 7672

Support for child

Mothers also reported organising both formal and informal forms of childcare and support for their children before they left Australia. The formal child care arrangements commonly involved

making provisions for more flexible or increased hours of child care to fit with the primary carer's work and other arrangements. The informal childcare and support related to discussing the changed needs of the family with family friends and extended family so that they were aware of the support requirements and were available to help when needed.

Explanations of deployment

When asked about how they prepared their children, mothers discussed the need to explain where they were going, what they would be doing, and how they would keep in contact, before they left. When prompted about these explanations, there were varied responses, reflecting the need to tailor information on the basis of the age and understanding of their child(ren). Some mothers fully explained what they would be doing (predominantly to older children); some expressed difficulty explaining the work they would be doing (to older children with greater awareness and understanding, and to younger children with difficulty comprehending); while others reported having no problems with these explanations:

“Talked a lot about it, and talked openly about it, or quite openly, as openly as we could at their age. Because we had that good lead up time, they had that time to get used to it... about that I would be able to phone them, and where I was going to be, and we would jump on the computer and have a look at some pictures and they got to meet some of the people that I was deploying with.... I guess we just talked about anything and everything so that they knew what was happening and there would be no surprises” participant 0339

Mothers of younger children commonly discussed the difficulty of explaining their work and the length of time that they would be away because their children did not understand the need for them to leave and could not conceptualise the length of time that they would be away.

“the youngest one was fairly young back then, so, looking at 6 and 7 years old, and so didn't understand it, and they just knew that they would be away, and sometimes, you know, telling the timeframe that I was going to be away ... was difficult and they are sort of “why do you have to go away” you know, that type of thing” participant 5375

How do mothers prepare the new primary caregiver?

As discussed above, where there are significant changes to a person's role in becoming the new primary caregiver, preparing them and the rest of the family for this is important. When asked about preparations before leaving for deployment, mothers discussed the need to prepare the caregivers at home for their absence. The importance of preparing the caregiver appeared to have dual motivations. First, there was a self-focussed element whereby women engaged in these

preparations in order to retain control, manage their emotions and anxiety, and to maintain connection. In addition, these preparations also had more ‘carer-focussed’ motivations, reflecting a desire to support the other caregiver, and make their life easier.

Routines

Mothers’ preparations involved discussions about the children’s routines and likely responses to the separation, organising extra help within the home such as cleaner/gardener/nanny, authorising their partner to access bills and ‘training’ them in the particular ways that they do jobs like food preparation for the children and bed time routines:

“a lot of discussion is around who is going to take them to what practice, who is going to do what pick-ups, so they [are] very practical things which are done, to ensure that they have the contacts that they need” participant 5926

Regarding parenting responsibilities, for a number of women, while the child(ren)’s father was noted as the new primary caregiver while they were away, other family members actually provided the majority of care for the children, and in some cases it was these other family members who also received the specific preparatory instructions from the mother prior to her deployment.

“We were living in Canberra and my mum lives down there so the kids would go to her overnight and she would take them to school in the morning and then [my husband] would pick them up from school in the afternoon and do dinner and all of that and bath and then take them to her place for bed and they would do it again.” participant 8225

This ‘stepping in’ of female supports was commonly discussed, and is consistent with the gender ideology that females are ‘carers’, and previous research demonstrating that during periods of maternal separation, caring duties are often taken over by other females (aunts, sisters, grandmothers) (Carling et al., 2012; Kan et al., 2011). Some female veterans indicated that rather than the new primary caregiver fulfilling the mother’s role, in many cases mothers ‘outsourced’ key tasks to schools, friends and other family members. This was also often aimed at reducing the burden on the new primary caregiver.

“in particular my mother is the one who helps out, she is the one who knows all of the timetables of the things that they need to do” participant 5926

Work preparations

Mothers also discussed the need for the new primary caregivers to alter their work arrangements in order to take on the extra care giving responsibilities. Some mothers talked positively about the support that their partner received from their work colleagues or management

in juggling their increased family commitments with their work commitments, while others discussed the ways in which their partner's work environments made it difficult to juggle these commitments. This was discussed in both defence and non-defence settings.

Emotional preparation

However, as with the lack of emotional content regarding mother's self-preparation, there was also a lack of discussion about the emotional preparation of partners before the mothers left. In general, the focus in the pre-deployment phase was primarily on the practicalities of deployment, with very little discussion of the emotional consequences of family separation and the difficulties this would bring about. This avoidance of emotional focus, rather than indicating lack of understanding or knowledge about the emotional consequences of deployment, instead may reflect a coping strategy.

Coping Strategies

While most of the discussion around pre-deployment preparations centred around preparing their family, this served as an important element of preparation for the self. The aforementioned work demands, combined with the need to organise children, and potentially 'train' the primary caregiver were described as factors which distract women from thinking about the realities of deployment, and what the separation and deployment will mean for *them*. Women reported that they compartmentalised their thoughts intentionally, such that they could focus on the preparation tasks at hand, and avoid thoughts about separation from their families and what it means for them to work in a combat zone:

"...I was excited...it was an opportunity that was too good to pass up for me. So I was more focussed on that rather than, I think if I focussed too much on [my child] and how much I was going to miss him and all that stuff I reckon I would have fallen apart. So I really had to focus on 'OK what do I need to put in place.'" participant 2512

When women reported that they had concerns about their deployment or were anxious or worried about their deployment, these were reconciled by thinking about the positives of the deployment for their families, their career, and the broader benefits of the work that they would do on their deployments. Positives for their families included the financial benefits, child(ren) developing a closer relationship with another caregiver, and increased independence for the child(ren), while career benefits included promotion, getting to do the job that they had been trained to do and enjoyed, as well as the more general sense that the job they were doing on deployment was important and they were involved in beneficial action through their work. However some mothers were unable to reconcile their negative feelings:

“Oh it was awful and you just feel like ... “you’re the worst parent, like you’re just terrible, you know that your selfish and you’re doing this for yourself, not for your family” because in the long-term it’s just a job it doesn’t really [matter], you know your family come first.”

participant 6355

6.3.4 Separation

Following a sometimes extensive period of preparation, female veterans discussed the moment of leaving for their deployment. In terms of the physical act of leaving, some mothers talked about the pain of this separation, and their regret at having their children see them off due to the pain for their children and for them.

“I guess you don’t know what you are going to feel like and I think the lead-up was probably, apart from those incidents, not too bad until the day when you actually have to sail and then it is just heart wrenching.” participant 0402

In an effort to avoid the emotional distress of separation, other mothers had organised their departure to coincide with school times so that their children were not there to see them off.

In general, the physical act of leaving marked a transition in many female veteran’s thinking, with a number noting that they ‘switched off’, or moved ‘into work mode’. For many women this was also the time at which they began to allow themselves to feel excited.

When discussing their deployment, female veterans talked about their work experiences, positive and negative, how they managed being separated from their children and families, and their perceptions regarding the impacts of this separation on their children, and what the implications of these were.

The deployment experience

Positives

Many mothers reported that their deployment was a positive experience. Common reasons for this included that they were able to do the job that they had been trained to do, and the reason that they joined the military:

“I suppose I was I was chuffed that I was selected to go and do the job that I was going to do ... it was what our training prepares us to go and do [and] it was a role that I certainly wasn’t going to undertake lightly ... it was always hard to leave [my child] but ... I hoped that he would be fairly resilient, like we had to while dad was away for the first 6 months of his life - it was just him and I, and then ... it was almost like the roles were reversed ... it became him and dad.” participant 3562

Others indicated that the deployment would open up career opportunities for them:

“the short term absence, for, I guess, our long term gain, being, um, first instance, for me was being able to work with the army and get a good PAR which would help with promotion ability, and then secondly, you know, it’s definitely um, a huge financial bonus for my family, especially considering we’d just bought a new home” participant 9851

Some mothers also indicated that the deployment context gave them the ability to focus on their career without having the added responsibility of being the primary carers for the family. Some women added that although being away from their family was emotionally difficult, it was the first time that they could focus solely on what they were doing without needing to juggle their family and work commitments like they do at home:

“One of the nice things about being on deployment as a wife and a mother is that you just concentrate on doing your job; someone else cooks for you, sometimes they wash your clothes for you, you get to live an existence which is actually really uncluttered, and in many ways not as emotionally draining because there are not a little family which are expecting everything out of you all the time” participant 5926

Of the women who did discuss the experience as being predominantly positive, support received from their partners, friends and families was important in allowing them to have a positive experience:

“With all of the support that I had from my husband and extended family it was fine”
participant 0339

This included practical support such as caring for children and taking on household responsibilities while they were away:

“...Probably the biggest thing was that I didn’t have any problems or any doubts about how my son was going to be while I was away. Knowing he was going to be with his father- his father was a very capable parent so that made things a lot easier.” participant 0764

It was clear from mother’s responses that the functioning of their family back home was critical to their own positive deployment experience, and this entailed adequate supports being available for them also:

“Having layers of support is really important and making sure that support is also there for the partner is also important. At times he needed to be able to ring people and I had good friends who were also in the military and they understood. They would invite them to things. You know if he rang up and said I really need some assistance with this, they would

do that stuff. From a family point of view, that was important, having those layers of support. Not just family support but also social support for all of them" participant 5926

Negatives

However, some mothers described the deployment experience as being quite negative. Reasons for this negativity included traumatic experiences witnessed as part of their deployment. Types of experiences reported included the death of colleagues; combat exposures including coming under fire; and a number of women mentioned 'ramp ceremonies' as being particularly distressing. Some mothers also indicated that the deployment experience was made difficult due to the lack of support from their partners, both emotionally, and in terms of practical support for the family while they were away. Some partners did not adapt well to the change in their role, becoming the new primary care giver, and this caused female veterans immense stress while they were away due to worry about the wellbeing of their children and family combined with the demands of their work situation. Some mothers also suggested that their work environment was stressful due to the chain of command, and their colleagues being unsupportive:

"it depends on the individual that is in the chain of command, whether they may understand it, they may know about it, but they have not experienced it themselves, they may have had spouses that are stay at home parents" participant 6509

Maintenance of maternal connection

While most mothers reported preparing and engaging in strategies aimed at maintaining their connection with their child(ren), there was ambivalence about this in the deployed environment. Many mothers discussed the necessity of, but difficulty they faced, with maintaining regular contact with their families. A large number of women reported consciously 'switching off' – or emotionally disconnecting as a coping strategy while deployed. Previous research has shown that this psychological distancing facilitates the deployed member's ability to do their job, and in the context of a high risk environment may indeed be necessary (Paley et al., 2013). By implication, the responsibility for maintaining the maternal connection then falls to someone else at home, most often the new primary caregiver.

However, a potential consequence of deployment related separation distress among children and the new primary caregiver is distancing, whereby the family at home engage in emotional distancing from the deployed parent as a coping strategy (Kaplow et al., 2013). This, in turn, has implications for the deployed parent, with them likely to feel this distancing as a lack of support from and connection to their family. This can then negatively impact their mental health. Furthermore, in relation to attachment literature, which has established the potential for negative

consequences of maternal separation for both mothers and children (Schen, 2005), this emotional distancing could have additional attachment consequences. It has been well established that adverse impacts of maternal separation are mitigated if the mother-child connection is maintained during the separation (Kan et al., 2011). Importantly, this requires the ongoing commitment of the new primary caregiver, or someone else, as discussed previously. In the current study, maintaining maternal connection to the family was managed in various ways, and with varying levels of success and satisfaction.

When asked about the ways in which the women coped with being away from their children and families, almost all indicated that communication was a key factor in their coping. The contact with their supports and families was said to be imperative because it allowed them to feel connected and relieved some anxiety that they would become disconnected from their children while they were away.

Communication methods

In terms of communication methods, most women indicated that they spoke to their families either over the phone or through Skype. Most women who reported using Skype or phone calls indicated that they were relatively happy with this means of communication (however many added the clause that it was the best that they had so they had to make it work). Many women also indicated that communication through phone calls and Skype was facilitated by the primary care givers at home getting the children organised and making sure they were available at the time that the mother would call:

“sometimes I would organise to Skype while they were in the bath so my husband would set up the iPad in the bathroom so they talked to me while they were in the bath and I could of see what they were doing” participant 8838

The use of social media sites such as Facebook was also discussed. Female veterans indicated that these sites allowed them to keep in casual contact with their older children through messages when the children had time, and that this was particularly helpful because it did not mean that they had to be available at designated times, and their children could communicate whenever they wanted to (similarly with emails). Mothers also reported that social media sites allowed them to keep in touch with what their children were doing and therefore have more to talk to them about when they did speak:

“The other thing we set up at home was getting Skype up and I got introduced to the world of Facebook so that was one way that I could communicate with the kids.” participant 2155

Some female veterans also reported sending letters, presents or books home to their children (especially younger children), and this was important as it allowed their children to physically have something from their mother while she was away. Some mothers also put things in the post before they left, so that they would arrive soon after they deployed.

In addition to letters home, mothers indicated that the care packages from their friends and families, sent to them while they were away, made a huge contribution to their coping and wellbeing. Several mothers stressed that the importance of these care packages should not be underestimated:

“I probably would have liked a bit more stuff in the mail from them. The little ones with the Defence Transitions Aide, with all the Defence kids, she actually did up a care package for me and they had done a card and put chocolates in it and chips and that was a really nice surprise. The kids sent over a couple of care packages with stuff from home in it so that was really nice.” participant 6078

Communication benefits

Almost all women discussed the importance of communication with home as a coping mechanism while they were away from their family. This mother discusses her use of telephone contact as a means of alleviating anxiety:

“I know my husband does a wonderful job but I am a very anxious, I have developed a lot of anxiety on this trip where ... I just worry, it is about nothing really but often I would ring up just to hear their voice and know that they are okay and then I’d hang up and you know I would be fine.” participant 9851

As well as direct contact with children, and their new primary caregiver, mothers indicated that communication with other people in contact with their children was important for their ability to keep up with what how their children were coping and the types of activities that they were doing:

“[the Defence Transition Aide] would be the one who sent me photos of the kids. She would let me know what was really happening because everyone was saying everything is fine, but it wasn’t fine, the kids weren’t coping and that’s how I found out.” participant 7672

Some mothers also indicated that keeping in contact with people caring for their children assisted in maintaining connection with their children when they spoke on the phone/Skype because they had some background on what the children were doing and therefore had more to talk to their

children about (this was especially important because many mothers had indicated that they did not have a lot to talk to their children about over the phone).

Communication challenges

Despite the positives of communication, a number of mothers expressed ambivalence about this, with the benefits accompanied by the burden of awareness of problems at home which they could not practically assist with, and an inability to switch off regarding what was happening with their family at home, despite being physically removed from them. Female veterans commonly indicated struggling with the knowledge of difficulties occurring at home, and feeling powerless because they could not do anything to rectify the situation:

“communication on deployments is a double edged sword; it can be fantastic for keeping in contact with everybody, um, but at the same time, it ties you into their realities, and often they are bringing you into their problems, you have small stuff, big stuff, but stuff you have very little control over it” participant 5926

However other mothers reported that their families ‘protected’ them somewhat from the problems at home:

“if there were any issues back home he didn’t tell me about them, and if it was something he told me about it afterwards so I wasn’t worrying. You still have the normal worries but yeah, we didn’t argue or anything like that. If we were having a disagreement over something we would just go ‘right we are going to finish now and we will talk again tomorrow” participant 6078

Research has documented the potential adverse impacts of communication with home in the deployed environment, with the positives of improved morale and maintenance of family connection tempered by the possibility of communications being unsettling and/or not meeting expectations. In terms of unsettling communication, research from the United States suggests that problems at home should not be routinely shared with deployed parent for emotional and psychological reasons, as well as more practically avoiding distraction in a potentially high risk environment (Laser & Stephens, 2011). In particular, hearing about problems, over which the deployed parent has no control can lead to feelings of distress and helplessness- an issue highlighted by a number of mothers in the current study.

In relation to mothers more specifically, the likelihood of them having been the primary caregiver prior to their deployment may exacerbate this, as they may typically have been the parent who would deal with these problems: The new primary caregiver and children may also have

difficulty adjusting to the mother's revised role (Beardslee et al., 2013; Paley et al., 2013). In fact, some mothers reported that the family at home found this particularly challenging, with the default position of bringing problems to 'mum' remaining during the period they were deployed.

Unsurprisingly, these mothers expressed difficulty with this, for the reasons described previously:

"... no matter that my husband was the primary carer and that the kids knew that he was there to rely on 100%, there are things that even though I have always worked full-time and even though I have always travelled, I am a good multi-tasker, I am a good party planner, ... I am in contact with all the mums and I know who is who in the zoo and I think the kids found it frustrating on my longer trips away that their social life [suffered] ... the weekend play dates and after school play dates co-ordination: [the children's father] and my mother were not so good at it. ... a lot of the emails I got without punctuation or paragraph and often ... all upper case were all about the fact that "you know who couldn't quite co-ordinate the play date". When the kids didn't get their way I found that the hardest to deal with because I'd read this email knowing that when I do my response the delay meant that it was all a bit late. So [I] was always trying to anticipate, and I think that is what really upset me the most ... perhaps that it put a bubble in their little lives."

participant 1359

Other challenges included misunderstandings arising from contact over the phone, email or Skype, whereby the context or tone of conversations was misinterpreted. As a result of this, some women suggested that they preferred not to be in constant phone contact with home, because these misunderstandings coupled with their hopes and expectations of the communication/contact sometimes not being met, contributed to feelings of emptiness while they were away:

"email is a double-edged sword. Email can be fantastic because it can be fairly irregular, and at the same time, because you can't put tone and expression behind it and often they are very short, it's just to say "just letting you know I'm ok, you won't hear from me for a couple of days because we are going into another area" or whatever, that sometimes can make things difficult because the people at home can sort of go "well he sounded angry in that email" and maybe he wasn't angry he was just tired, so email is a bit of a double edged sword" participant 9955

In addition to difficulties from misunderstandings, some mothers found it difficult to communicate with their younger children while they were away, because this communication usually requires the children to be able to see and touch them:

"Well I think it's always going to be inadequate because you're in another country and you can't see them and you know you can't touch them and you don't know like you kind of

lose your mothers intuition over that distance. So it was never good enough but you have to take what you can get I suppose in those scenarios.” participant 4237

Furthermore, when women discussed the difficulties associated with communicating with their families, they indicated that differences in time zones made it difficult to contact children while they were awake and not at school, and that in some cases the phones or communication means were unreliable. In relation to unreliable communication, some mothers also indicated that it was best not to set up regular times in which they would call, because if they could not call at that time for some reason, their families would be concerned about them.

Distancing

In addition to discussion of maintenance of connections and contact back home, a number of women expressed difficulty dealing with the pain of separation, and engaged in coping strategies including withdrawal and distancing:

“...I withdrew from making too much contact with them at certain points where I was struggling emotionally just because I didn’t want to end up being a bawling mess on the phone...”participant 2512

What are the perceptions of mothers regarding separation?

When asked to reflect on their deployment and associated separation from their children, consistent with previous research (Carling et al., 2012; Paley et al., 2013), there was a recurring theme of internal conflict for many mothers.

Torn between work and family

Mothers reported feeling torn between their work and family commitments, whereby they felt an expectation to deploy, but also felt that they did not want to leave their families for such an extended period of time:

“I am very proud to do my job so I was very keen to get away, I guess it was double-edged sword. I am quite happy to do my job and what I am doing and knowing I was going to be away from my son and miss out on different parts of his life was an unavoidable fact when we do our jobs.” participant 0764

Children need their mother

Most mothers reported that they felt like they were being a ‘bad mother’ for leaving their families for an extended period of time, with some mothers stating that although their partners did a wonderful job of taking care of their children, there were certain things that ‘a mother does best’:

“Challenges I guess would be for me thinking that his father couldn’t do as good a job and trying to prepare his father who had never really had that primary carer role, it would have been getting that ready and I guess putting up the pictures so my son would know who I was that kind of thing ... I think because women are more of the nurturing side and I think that is why family units work better with the male/female and child. You bring different things to the table so whilst I was away he missed that side.” participant 0402

Feeling like a bad mother

When mothers talked further about their feelings of being a ‘bad mother’ and letting down their family, they commonly discussed their own and other people’s perceptions of and judgements about leaving their children for an extended period of time. Specifically, mothers indicated that deploying went against the expectations of what ‘good mothering’ is, and that this caused inner conflict and doubt about what they were doing:

“That was terrible. It just went back to that feeling before when you are going ‘Am I a bad parent for doing what I am doing’. That was that feeling of “I certainly am a bad parent because my son....” and again I think women are the nurturers and the carers, ‘he falls over he should want to come to me’ and he most certainly did not.” participant 0402

And these expectations and judgements were apparent within the community as well:

“Yeah, so people can be extremely judgemental about the decisions that you make and how you set up your family and that. And you get that from family, you get that from friends and from people that you don’t really know. You will get lots and lots of supporters but also there’s the people that are very underhanded in how they deal with it and say things like “oh, I think it’s wonderful what you’ve gone and done, not that I could ever do that to my family, I couldn’t possibly be away from my kids”. participant 5926

How do mothers perceive their deployment affects themselves, their children, and their family?

Positive impact

When discussing the impact of their deployments and absence on their children, many women reported that their deployment had no negative impact:

“... I would sort of think “I’m missing them and I can’t talk to them” whereas their life just went on. They were at school, they had their friends, they were still socialising, all my friends knew that I was deployed so they banded around them and sort of protected in a way too, you know they would invite them to different things you know make sure that their social, world was still okay. So mum was just a second thought to them whereas they were my first thought ... other than my job.” participant 7100

Or was an overall positive experience for their children. These mothers often suggested that the deployment experience allowed their children to develop a closer relationship with their other parent and that the experience fostered independence within their children because they took on greater responsibility for themselves and within the home:

“... it is an educational experience for the family back home. That is why I think it is good for you personally because I am a working mum I couldn’t imagine being home full-time. Doing my job is doing my job wherever I do it and however I do it but I think for the family it was good for them to fend for themselves a bit without me being so close. It taught them all you know, yeah we advanced with technology we probably wouldn’t have got a home computer.” participant 1359

Negative impact

However, many women also indicated that the separation caused by their deployments had a negative impact on their children. Some women indicated that the separation had caused negative behaviour changes within their children and some separation anxiety and emotional issues for their children:

“I wouldn’t go again, I wouldn’t have left him, I know and I’ve spoken to a number of people about it, and you know, different staff have said to me “he’ll be fine, he’s only two, he won’t even have known you’re gone” and I know certain things that, you know, me being away for 8 months, because our tour was 8 months, that he hasn’t done, or he could have been doing while I was here” participant 3562

“as much as we think that they did ok, somewhere inside they are resentful” participant 7100

Importantly, some mothers reported that their children have on-going problems associated with their deployments.

6.3.5 Reintegration

Research has shown that the return from deployment can be a positive time of reconnection, accompanied by feelings of relief: that the family is well, and relief that they themselves have returned safely (Danish & Antonides, 2013). The return home is greatly anticipated, however the reality can be anticlimactic and may bring a number of challenges. Evidence suggests that deployed parents who are experiencing symptoms of psychological distress may have poorer adjustment back into family life. Avoidance and emotional numbing that are associated with distress, may directly impact on parenting as well as how parents feel about their parenting.

What are mothers' experiences on return from deployment?

Being reunited with family

Almost all female veterans reported coming back to Australia and initially being reunited with their families as a joyous experience. Veterans reported being excited to see their families and to return to life in Australia:

“you just can’t wait to get off the ship and give him a big hug and a kiss” participant 6425

The only exceptions to this were women who had relationship problems or breakdowns while they were away. Understandably, these women reported feeling apprehensive coming home and reported that they did not know what to expect.

Feeling disconnected from life in Australia

However, after the initial experience of being reunited, many women reported feeling disconnected from their life in Australia and having trouble slowing down and fitting back into the routines of their life in Australia (such as their routines with child care responsibilities) after having such a busy time and intense experiences while they were away:

“the weekend after I got home from my deployment, I had to go up to the shopping centre to get some groceries and we walked through one of the novelty shops and I actually forgot that I had my children with me” participant 2643

Some mothers also indicated that they had trouble re-integrating into their family situation and accepting that their children no longer depended on them, having adjusted to relying on the other primary care giver:

“it took a good 6 months, I’d suggest, for the shift of when he woke up at night if he was sad to call for mum, and that was a bit, that was hard (cries), that was really hard, because, you know I just wanted him to do it from the outset but I understood that there had been a shift, there had been a shift, I won’t call it a shift in power, but it kind of, if you know what I mean, that, you know that kind of ‘well, mum’s back, but I don’t know, I’ve been with Daddy, it’s just been me and Daddy” participant 6562

What are their experiences reconnecting with their children?

Anecdotally, the ability to parent, or the ways in which women parent, may change upon returning from deployment. There is research evidence supporting this notion, with various explanations for why this may be the case. There is growing evidence that maternal psychological health can have a direct impact on child functioning. For example, Kaplow et al. (2013) suggest that changes in parenting (which are to be expected) can have negative impacts on the family, *IF* the family aren’t prepared for, or don’t understand the changes.

Straightforward transition

When women were asked about their reintegration into their life in Australia, some women reported a relatively seamless transition back into work and family life in Australia, generally stating that they had no major problems and that it was simply a period of re-adjustment:

“...I think as a mum you just get on with it. You get on with it, you get on with your job and even when you come back, even my husband said when I came back you know I overheard him saying to somebody um “you know she just walked back in the door and took up where she left off it was like she hadn’t even been away” and I think that is what we do, it’s like “Okay Army uniform off, that’s finished that’s my job done, you know, you know mum clothes” and you just get back into it.” participant 7100

The women who reported re-integrating well suggested several strategies that they used in order to settle back into life in Australia. These included slowly fitting back into routines in the home, rather than expecting things to immediately go back to the way they were before they left, communicating clearly with the other primary care giver about the routines that were developed while they were away, and about the need to progressively take on more roles within the family so that they do not upset the routines of the household:

“... I always came home on a week day and I always came home while they were at school and I always go to have a shower in my house and unpack my bag and put a load of washing on of my stuff just to prepare myself. You have to prepare otherwise you have to work really hard not to tell them off. When you are independent for so long and with no physical contact with anybody and then when you have children of course you are smothered and that is the other thing, you are not used to the touch.” participant 1359

Women indicated that these strategies helped both their children and themselves to transition back into their life in Australia, as it gave the mothers some time to recuperate from their deployment and take some time to slow down.

Reintegration difficulties

However, many women reported that they struggled to re-integrate into the routines that had developed at home while they were away:

“When my son was younger it was probably a little harder for both of us to get used to each other again when I got home. I mean for the deployments he was still old enough to know who I was. I had been away on an earlier deployment when he was only 15 months and that was a bit more difficult. Again, it was the same with his father it was just a matter of getting

back into the routine of being with someone in the house for them as well as for me.”

participant 0764

For some women these difficulties extended to their personal relationships with their friends and family, and some women reported that they struggled to see the importance of everyday issues that people close to them faced because they did not perceive these issues to be as important after the experiences that they had while they were deployed.

Psychological distress

In addition, a number of women reported symptoms of psychological distress, which impacted on their ability to reconnect upon their return:

“... I think that after Afghanistan, Afghanistan was probably the worst, the longest for me to recover because I actually ended up having to drive away to a holiday house in the middle of the state and I spent a week by myself before anyone came and joined me because that was more of a struggle. I think after Afghanistan on my very last deployment was when the kids realised that ‘maybe this has affected mum’” participant 1359

In relation to effects on parenting more specifically, a number of mothers described their symptoms as interfering with or changing how they parented on return from deployment.

“Yeah they were pretty intense they were all over me like a rash and I didn’t cope very well with that and I do remember at one point the kids were all over and we were all at home you know boys and girlfriends and things like that were there as well and I had different presents for them ... and I handed them out and it was just so noisy and chaotic I just sat there and cried it was just too much.” participant 2155

6.3.6 General Management of Career and Family Commitments

In addition to the specific impacts of deployment, a number of more general themes emerged from the interviews, particularly regarding what it means to have a military career, and how this is managed with family life.

Positives of working in the military

Many women discussed enjoying their military careers despite challenges. Others also reported liking the stability that working in the military provides for them, and suggested that this helped them to manage their career and family commitments:

“they try and give you leave over school holidays, they do try... you get the housing, you get removals, you get everything” participant 7100

Career decisions

However, despite the positives there was a clear sense that the ability to manage work and family required compromise – on the part of mothers, their spouses and their children. Female veterans engaged in strategic planning when considering the management of career and family, often making conscious decisions to sacrifice career (progression) or family needs/desires in order to achieve this:

“...I have always been able to separate and manage. I have probably put my career before my family if I am honest. Right or wrong, that was the way that I feel I have to do it. Especially now that I am with Defence as well, because I want to deploy and do things and I have to make a choice I guess and I guess I have chosen my career at this stage. And I know that does have an impact on my family, especially my youngest because I know he does miss me and I know he doesn’t understand why other people are in the Air Force and they can’t be with their families and ‘mummy can’t be with ours” participant 6078

The notion of sacrifice was also considered part of the career (and Defence) ethos by many female veterans:

“Well I mean I am actually now in Sydney and he is still living in [their previous location] so this is the first time I have moved away from him. But again as I’ve said I joined the Navy at 17½ and I didn’t have a husband and I didn’t have a child then so I had plenty of time to get used to my job, knew what my job was going to entail, where it was going to take me and what was expected of me before I went into getting married and having a son. I look at it that way, not saying that you shouldn’t have children but you need to understand that if this is the job you are going to do in a military environment there are going to be some things that you are going to have to sacrifice...” participant 0764

Adjusting career choices

Many women also discussed adjusting their career choices so that they could be more compatible with their family commitments. These decisions included choosing to take a lower ranking job because it involved less travel, or because they were less likely to be required to deploy, therefore they could focus more on their family responsibilities:

“... since being on this deployment and being away from home my priorities have definitely changed where my family will be my priority. I ... think that I will actually defer and stop studying because ... if I was to be successful to commission then that would be more time away from home for two separate courses and then coming home and a higher ranking, more responsibility and more working hours. That is something that I don’t want to do ...”
participant 9851

Family career decisions

Mothers who had a partner in the military also discussed the ways that they made these decisions together. For some mothers this involved taking turns so that both parents could advance their careers. For others this meant one person's career taking a back seat to allow the other to focus on their career and for one parent to take more responsibility for their family:

"... for me to manage working full-time ... I have been really lucky because my husband has always been a stay at home dad and he is also ex-military so he has an understanding of how they operate. But I guess we have different roles where he will have dinner cooked and I like to get home in time so that I can sit down and do homework with the boys or go out and go for a bike ride or something like that but yeah we definitely have a routine where we both work together as a team." participant 9851

Timing of children

Some women reported that they had put a great deal of thought into the timing of their children with their careers, so that they were not on maternity leave at certain stages of a promotion cycle or when they expected that there would be opportunities to deploy.

"I had been given the opportunity to deploy earlier in my career ... and at that point my children were very young and I chose not to deploy I guess, ... I didn't want to leave the children while they were so young but as I got a little bit older, it was something that I felt that I needed to do, and because the children were older, yeah, it became much easier to make that decision" participant 0339

How do mothers in Defence manage their family and work responsibilities?

In Australian and other Western societies, despite being employed, most mothers will still be expected to fulfil primary caring duties for their children (Kan et al., 2011). In this model, the management of family and work commitments relies on flexibility from employers, and available services for women to outsource caring and other domestic duties. Consistent with this, many women spoke in the current study about conflicting demands of family and having a career in the military:

"[name of child] was often the first one in day care and the last one to leave. You know I'd just be, yeah I didn't do it very well and he really spent a lot of time in day care the poor little darling and then I'd pick him up and because I'd worked such long hours and I worked, they had staff in the mess who worked for me and they used to say 'Well if you work these hours you just come back to the mess and you can, we'll give you dinner so [name of child] and I used to go back to the mess for dinner. I go and pick him up and we'd go back to the mess for dinner and um and yeah we'd have to go home and read books. Like I just, I didn't do it

very well, that's the truth, I didn't do it very well I worked more than I mummied and I really regret it. participant 4237

When asked about the ways in which mothers managed their military careers and their mothering commitments, most women made comments such as 'with lots of difficulty' and indicated that it was a 'juggle', with some indicating it was a real 'struggle' and placed strain on their time:

[When asked about how she balanced her work and family commitments]: "not very well, it's difficult to find a balance, I worked part time for a few years and that was quite good... but because that's never a permanent thing in the defence force I'm not back to full time I'm finding it difficult to balance" participant 1784

And some women suggested that work in the military was not very compatible with having a family because their work arrangements did not provide them with the flexibility necessary to care for their children (for example when their children were sick or on school holidays):

"because I only had my son at the end, and to be completely honest, if I didn't have him I would still be in uniform, and I guess because he was only around when it was that hard time, the build up to leaving, the courses... that whole time was hard" participant 0402

Flexible work arrangements

Female veterans also discussed formal flexible work arrangement policies. Some mothers suggested that the current flexible work arrangements were very helpful in managing their work and family commitments. However, others indicated that while the policies were a positive change in theory, they did not produce support for women working flexibly in order to cope with their family commitments. Some women suggested that this lack of flexibility was a result of an unsupportive chain of command whereby their senior colleagues were unsympathetic to family responsibilities or unforeseen family circumstances:

"...a lot of sections are still of the mindset that you know, I'm the main carer for my children, and I think especially the older generation are not so flexible when it comes to men taking time off to look after their children because it's not sort of seen as their role." participant 5519

Child care difficulties

Many women also indicated that they had difficulties managing their careers and mothering responsibilities due to problems finding appropriate child care arrangements, especially given the

posting cycles where they were moved to a new location at short notice and were therefore not on waiting lists for their preferred child care options:

“...the fact that you were expected to start work and I couldn’t get from the day care to the work in enough time because day care didn’t open.” participant 0402

Postings

In addition to child care facilities, mothers reported that their careers would be more compatible with their family lives if they had more notice of postings, because this would allow them more time to organise child care and living arrangements in new locations:

“postings weren’t taken into considerations with things like family and things like that”
participant 2643

“the big thing... is the posting cycles and disrupting the kids in school and stuff” participant 1784

Coping mechanisms

When prompted further about the factors that made it easier to manage these commitments, many women made statements about ‘just getting on with it’, to a certain extent normalising the experience of juggling their commitments:

“ ... I joined the Army as an 18 year old, I became married, I became a mother whilst being in Defence, I knew what I was getting into when I got pregnant, I knew what I was getting into when I stayed in the Army after having my daughters but it doesn’t make it any easier. You have just got to make sure that you know that you’ve got those extra challenges, that you’ve got to make sure that you try to do harder or further to compete with the boys who aren’t taking 6 months off to have a baby and have maternity leave” participant 6694

Other women reported personal factors such as being highly organised, motivated or driven to do so enabled them to effectively manage their career and family commitments. Many women also purported using supports and services such as cleaners, au pairs and nannies to help them to manage their limited time more effectively, reporting that outsourcing some of their responsibilities at home improved their quality time with their children and allowed them to work effectively:

“I don’t have to do absolutely everything myself and I’ll still be an ok mum...at different times we’ve had either someone living with us, helping out with caring responsibilities... and we got a cleaning lady” participant 5232

Almost all women discussed the importance of support from their husband/partner and close friends or extended family in managing their career and family commitments.

"I think having a good husband that is probably the biggest thing because he is organised and he is self-sufficient. We have always done things jointly we have never had a relationship where he has gone out and been the bread winner we have always both been the bread winners. We have also had joint accounts and we have always made joint decisions...it's the co-parenting thing that we are trying to do...we don't argue in front of the kids and all the decisions are made jointly so we try to keep that part of it all the time so we don't fall into that, even though we are in separate locations that we are making separate decisions..." participant 6078

This support included emotional support when managing the commitments was difficult:

"You know when you live together, when you first start living together there is a period of adjustment that you need to go through and it was just a matter of acknowledging that and being kind to one another..." participant 2512

As well as practical support including assisting in child care arrangements, and taking on extra duties at home so that the mother had enough time for her work commitments:

"He [her husband] has had to become very flexible ... He spent eight months of this year as a stay-at-home dad because we couldn't get childcare that met our needs and we have recently taken on an au pair so he can work." participant 8225

A recurring theme in the content of these interviews was the buffering effect of being in a positive and supportive relationship. While not all female veterans who coped well were in a relationship, the majority of those in a relationship coped well. This is in line with the proposal that practical support from a co-parent may reduce aversive impacts of deployment and separation (Kelley, Doane, & Pearson, 2011; Kelley et al., 2002).

Importantly, a number of female veterans perceived the incompatibility between being a mother and their ADF career to be irreconcilable.

"...how do you balance a job that requires you to be completely flexible with being a mother, which requires you to be reliable and stable and have certain working hours? I really don't envy them trying to find a solution to that because you really do have to be work minded and put work as your priority if you want to succeed in Defence." participant 8225

For most of these women, this ultimately led to their decision to discharge:

“I got out, I didn’t want to go back, I didn’t want to be part of those sorts of actions ever again. I didn’t want anything to happen to my boy, I didn’t want to not be his mum so I just got out of the military.” participant 4237

Supports and services

As discussed throughout this report, supports and services are critical in assisting female veterans and their families prepare for, manage and reintegrate following deployment. It is also clear that they are integral to women managing their military and family commitments. In addition to the previous references, the following supports and services were highlighted: some for being effective, some for being unavailable or ineffective, and some as desirable for the future.

Career guidance

When asked about services specifically, some women discussed the roles of career guidance which they have received through the military as being particularly useful in helping them to plan their career moves such that they achieve a good compromise between their family needs and their career progression. However other female veterans noted this was predominantly career focussed, and often did not consider the reality of their family situation.

Defence Transition Aides in schools

Many mothers also discussed the importance of the Defence Transition Aides placed in schools to assist their children. Mothers suggested that these officers were not only helpful in supporting their children while they were on deployment, but that they were also helpful in keeping the deployed mother informed of their children’s behaviour, progress and emotions at school, and that this went some way to alleviating mothers worries about their children while they were away:

“The school was aware yes, so we have at the school we have a Defence Transition Aide and I spoke to, the first time I went, I spoke to her and my only concern was the routine of getting the kids into doing their homework because generally that is something I would do with them. So what she did, what she did was during the school day when the kids were having a bit of down time, she’d go and get them and sit down with them and go through their homework for the week and make sure they were on top of it. So that support was fantastic.” participant 5519

Defence Community Organisation

When asked about systems and services that veteran mothers found useful, many women discussed the services of the Defence Community Organisation (DCO) more generally. Female veteran’s accounts of the services of DCO were varied. A large number expressed disappointment at

the services, reporting that although they had informed DCO of their departure and requested that their family be contacted by DCO while they were away, their families had not received any contact:

“when I was deployed overseas my husband received no support from the military, and there is a defence community organisation that is supposed to support them, and they did nothing” participant 3701

Others indicated that they would have liked DCO to contact their parents and wider family, so that they were also informed and felt supported.

However, some female veterans indicated that they were happy with the support that their family received from DCO, particularly in relation to activities for their families to participate in while they were away. These mothers indicated that their families’ inclusion in these activities fostered a sense of community and support:

“Nothing at the time because I didn’t find or discover it all until later like I didn’t have time to look into external support or help. The stuff that is all there, like now on the Web site there is all this information and there are all these people you can ring but you know I was do the pre-deployment courses and deploying and I just didn’t have time to use all that sort of stuff. I know it is all out there now.” participant 1359

Child care facilities

When female veterans were asked about what types of services they think would help mothers to manage the commitments of their military career and their families in the future, common responses related to child care facilities. Many mothers discussed the difficulties of finding child care with availability and appropriate flexibility to accommodate for military families. These women discussed the importance of having child care options which are either on the military base, or in close proximity:

“places and bases where the actually provide child care on or near the establishment... Sydney, there was nothing, there was nothing out at Richmond where my husband was, there was nothing near ... where I was. That made it a lot harder... so when you find a base that can actually offers those services that is a fabulous fabulous service” participant 0637

Some women also highlighted that close child care facilities would also facilitate return to work after maternity leave, as it would allow mothers to continue to breastfeed their children in their break times.

Support services for male primary caregivers

Many women discussed the absence of support services targeted at male primary carers.

“When he was off work because of the kids he was part of [a] Defence group but they are all mothers. There is not a lot of support for male spouses in Defence.” participant 8225

“They are a Defence organisation and they try and do functions and stuff like that for the non-deployed people and the children and things like that the problem is that it is mainly the men who are deployed so they tend to be a very woman’s orientated group. So my partner, my child’s father at that point, he would clearly have no part of that because it was very female.” participant 0402

A common theme in these discussions was that existing services were primarily targeted towards female spouses, and that male caregivers felt the lack of support keenly. Female veterans also reported that more support for the new primary caregiver would improve their experience of deployment, knowing that their partner/the caregiver was being ‘looked after’.

6.4 Synthesis of findings and Implications

As described previously, female veterans interviewed in this study came from all three ADF services and were employed in a variety of roles. The majority of female veterans were still currently serving, with approximately 10 percent discharged. Most of the sample were married or in relationships (85%), some with civilian partners, others with fellow military partners. There were also a small number of single parents (13%).

The interview content discussed above was informed by a question structure centred around 3 time phases (pre, during, post-deployment), with the qualitative analysis framed around the related concepts of preparation, separation and reintegration. In addition to the focus on deployment specific experiences, mothers were also given an opportunity to reflect more generally on the management of and experiences regarding their family life and military career.

In the current study, the experience of deployment, from the perspective of mothers was the primary focus. However, it is clear that the deployment experience is one that has impacts beyond those on the deploying parent- as evidenced through theory and previous research, and through the responses of mothers interviewed in the current study.

Importantly, despite varied challenges for mothers, there was an underlying positivity regarding the experience of deployment. The concept of resilience is an important one to discuss in light of the way the mothers in this study discussed their deployment experiences. “Resilience refers to the capacity of a system to withstand or recover from significant disturbances and continue to function effectively” (Masten, 2013, p. 281). Despite all the preparations and myriad supports and services, it must be acknowledged that deployment is a stressful experience and represents a

significant disturbance to family life. Against this, the fact that many women still report largely positive feelings about their military career and deployment experiences suggests resilience. There are both internal and external factors that may contribute to this (Masten, 2013), both of which were apparent among the mothers interviewed for this study.

Internal resilience factors include functional cognitions, coping and self-regulation. A number of mothers discussed managing their thoughts adaptively to enable coping, and engaging in emotional regulation strategies. External resilience factors include family and social supports, and social and community connectedness. Again, those mothers who reported generally positive experiences, or ultimately positive outcomes despite adversity, had strong family support – from the other primary caregiver, their children, and from their wider family; and had good friend and community networks – that they utilised to support their family through the separation, and to support their own adjustment. These findings support and could further inform the current ADF resilience-training continuum or BattleSMART (Self Management and Resilience Training)(Department of Defence, 2011).

6.4.2 Pre-Deployment

When discussing their preparations in the lead-up to deployment mothers mentioned various responsibilities including self, children, family and work. However, the key focus was clearly the practical preparations regarding the family with a focus on ensuring the wellbeing of their children, and practical supports for the new primary caregiver. While explicitly aimed at ensuring the family functioned effectively during the deployment, these preparations served other purposes: providing an avenue for controlling a stressful situation and as a distraction from the emotional work associated with the impending deployment and separation. In fact the majority of mothers did not discuss emotional preparations, despite mentioning underlying feelings of distress. Importantly, a number of mothers expressed the wish that they had known better what the impact of their deployment would be, so they and their families could be more emotionally prepared.

The pre-deployment preparation period may be particularly challenging for female veterans with dependent children due to underlying assumptions regarding the mother's role in the family. These may be explicit, and based on the mother being largely in charge of day to day management of the household. These may also be implicit, in normative beliefs held by mother, fathers, colleagues and society more generally. The impact of these assumptions should not be underestimated.

Furthermore in this period the mother may need to balance the demands of military pre-deployment while concurrently preparing the family. Importantly, where appropriate information and supports exist, many mothers are not aware of this information, and/or there may be real or implied barriers to access (for example, women talked about knowing there was information 'somewhere' but not having time to go and search for it). Related to this, a number of women discussed that where information was provided, the timing was often inappropriate, and led to it being disregarded or forgotten.

This research revealed the wealth of information which already exists in informal networks, and documented a range of individual strategies. These ranged from practical preparation with in the household, through to strategies for preparing children, communication tools, preparing for special occasions, how to explain deployment, and coping strategies including how to access broader support networks. The strategies documented in this research could provide the basis for an online tool, which could be utilised and added to by other deploying mothers in the future. Importantly a number of the mothers themselves identified that many of the most effective strategies were those shared by other deployed mothers, or those developed during shorter separations that are routine in military service including training courses and military exercises.

Key points:

- The pre-deployment period is a time of intense preparations, both practically and psychologically, for the whole family. Therefore, resources that are readily accessible, which provide information, and systems that cater for the needs of mothers during this time are critical.
- There is a perceived absence of information relevant to the family adapting to the change in roles while the mother is away. Accessible and practical information about how the deployed parent and the new primary caregiver and the family can mutually support each other would be of assistance here.
- An online source of information about useful tools and strategies (potentially based on the information collected in this research), and a forum for female veterans to discuss concerns and share experiences would be very beneficial.

6.4.3 Deployment

Overall the deployment experience was positive for most female veterans, serving as an important means of self-validation, despite the challenges of separation from their families. However, due to cultural, social and family expectations, there may be additional pressures on deployed mothers to support their families back at home. Due to the nature of the deployed environment this may have emotional and psychological consequences for the mother. Depending

on how the new primary caregiver coped with the deployment, and the support they provided to the deploying mother, there was a clear relationship to the female veteran's feelings about their deployment, their satisfaction with communication while deployed, and their perceptions of the impact of their deployment on their children. This highlights the need for the experiences of mothers to be understood within the context of her family system.

Responses from mothers indicated that having a competent and supportive partner at home was key to 'allowing' deployment. While this is true for any parent who deploys, traditional family structure and roles mean that in most cases mothers are still expected to be primarily responsible for day to day management of children. Therefore, there is likely to be more variability in the actual and perceived coping ability of fathers, and the extent to which they embrace their new role and support the mother's deployment. A number of mothers talked about the new primary caregiver being 'afraid' of their new role and responsibilities. Some mothers also reported overt lack of support from the new primary caregiver – both of which had negative ramifications.

While some mothers spoke about the difficulties of hearing problems from home while deployed, many others discussed their phone communications as an innocuous routine: A chance to say hello and briefly connect with home. It is probable that this difference reflected variations in the reaction of those back at home. Regarding the sharing of information from home with the deployed mother, a number of women explicitly told the new primary caregiver to refrain from sharing negative or stressful news. This request was not always acknowledged, with a number of mothers reporting being expected to manage family conflicts from afar, or acting as a sounding board for the new primary caregiver. In contrast, other mothers spoke of having negative and stressful news withheld from them, despite their desire to know what was happening. In terms of the literature, hearing bad news and having little means to control or effect change is likely to be psychologically detrimental. In the case of the current study, it is clear that many women found knowing about difficulties at home to be stressful, particularly when they were not in a position to control or manage these difficulties.

Finally, many women spoke about their guilt at leaving their children, that they were 'bad mothers', and their perceptions that separation may have negative impacts on their children. Many mothers discussed how in hindsight they felt they may have made different decisions about deployment, had they known or considered the potential impacts their deployment would have on their family.

Many mothers reported feeling a pervading sense of guilt regarding their deployment: Guilt that they had left their children, guilt that they had left the new primary carer with the burden of responsibility, and guilt that they had chosen this career opportunity over their children. There is a need to challenge assumptions regarding what it means to be a good mother and what it means to separate. Discussion about and information on the impacts of maternal separation including how any potential adverse impacts can be minimised need to be facilitated and promoted to ensure mothers are making appropriately informed decisions.

Key points:

- The majority of mothers discussed their deployment as a positive experience. The intensity and challenge of their work contributed to a feeling of competence.
- How the new primary caregiver coped influenced the impact of the deployment on the entire family including the deployed mother.
- There is a need for clear information for mothers and families regarding the positives and negatives of communication during deployment, including practical hints for communication strategies.
- There is a need for discussion about and information on the impacts of maternal separation, including how any potential adverse impacts can be minimised, to be facilitated and promoted to ensure mothers are making appropriately informed decisions.

6.4.4 Post-Deployment

While almost all mothers discussed the joy of being reunited with their children, this was accompanied with the difficulty of reconnecting with their family, with their work, and with their life more generally. A large number of women expressed surprise regarding the extent of this disconnectedness, and the length of time it persisted for. Importantly, there is not a one size fits all approach to dealing with the reintegration period on return from deployment. While some mothers dealt with their feelings by throwing themselves into work and family life, others managed to cope only by physically withdrawing and spending time alone enabling them to adjust slowly.

Gewirtz et al. (2010) discussed evidence that post-deployment reintegration, particularly when returning from a combat zone deployment, can be associated with parenting difficulties. There may be direct effects of psychological distress symptoms on parenting behaviour, and there may be impacts through how the parent couple adjust and renegotiate their roles. This need for renegotiation of roles was raised by a number of mothers in this study. The majority of mothers, while reporting some ambivalence about the reintegration period, expressed excitement about reconnecting with their family, and positive feelings on being reunited.

The female veterans who reported reintegrating had gone well, had strategies that allowed them to ease back into the family. These strategies included slowly fitting back into routines in the home, rather than expecting things to immediately go back to the way they were before they left, communicating clearly with the other primary care giver about the routines that were developed while they were away, and about the need to progressively take on more roles within the family so that they do not upset the routines of the household.

A number of mothers also reported some difficulty adjusting to the demands of motherhood on their return, this was generally described as dissipating over a period of weeks. However some mothers reported a more difficult return, with descriptions of symptoms consistent with psychological distress. Psychological withdrawal may be a coping mechanism, and mothers in this study reported doing this as well as sometimes physically withdrawing from their family in the days and weeks following deployment. A number of female veterans discussed persistent symptoms of psychological distress that they did not seek assistance for, despite acknowledging the impact on their own and their children's everyday functioning. There was some indication that not seeking treatment may be exacerbated for these mothers: due to not wanting to appear weak (compared with men who had 'seen worse' and were coping); and due to the necessity of maintaining their parenting responsibilities.

While there is limited research demonstrating the impacts of deployment on mothers and their family functioning, Gewirtz et al. (2010) found that psychological distress symptoms experienced by fathers on return from deployment impacted on their parenting. Extrapolating from research showing associations between maternal and child psychological health, it is likely that the symptoms experienced by mothers could have similar if not greater impacts.

For some female veterans, deployment impacts their personal relationships, their relationships with their children, and may change how they parent. These potential impacts of deployment have been documented in the literature, however were largely unexpected among the women we spoke with. These impacts are usually temporary, and resolve in a relatively short period of time, however they may persist over time. Women therefore need to be made aware of these impacts and changes, as do their families, and children (in age appropriate ways).

Finally, the issue of stigma regarding psychological difficulties, and barriers to treatment seeking was apparent throughout the interviews with these female veterans. While not specific to their role as mothers, this is an area of particular importance given the potential for impacts on their children and family more broadly.

Key points:

- The majority of mothers, while reporting some ambivalence about the reintegration period, expressed excitement about reconnecting with their family, and positive feelings on being reunited.
- The female veterans who reported reintegrating had gone well, had strategies that allowed them to ease back into the family.
- Some women discussed difficulty with family reintegration on return from deployment. For a number of these, distancing and avoidance exacerbated their isolation highlighting the importance of promotion of services that can provide relationship support (ie., the Veterans and Veteran's Families Counselling Service). Where deployment was a more negative experience, a number of mothers reported emotional and behavioural changes in their children. The impact of the deployment of mothers on their children requires further investigation.

6.4.5 Management of Career and Family Commitments

From a dynamic systems perspective the social and organisational culture within which the family system sits is critically important. Female veterans shared both positive and negative reflections on how culture and hierarchy in the ADF impacts female veterans with dependent children. Despite the significant changes to ADF policies regarding working mothers (discussed by many female veterans), there was a common narrative that policy was often ineffective, and it was individual differences in chain of command decisions that ultimately determined how mothers were treated. Wadsworth (2013) discusses the hierarchical and intrusive nature of military service, proposing that family focussed rhetoric doesn't necessarily translate to practice (systems) in the military. This rings true in interview responses from the mothers in the current study. Most women provided examples of lack of consideration by the Defence hierarchy of the broader family impact of deployment and postings. However, it should be made clear that the majority of these mothers did not see themselves as victims of this; rather, a clear narrative emerged of resilience, creativity and agency. Many mothers spoke with pride about how they juggled things and made them work despite challenges and barriers.

In terms of the broader impacts of motherhood within defence, many women spoke of the fundamental incompatibility of a military career with family life, and of the necessity of making a decision between the two. In terms of career progression, there was an implication that to the extent that being mothers required flexibility, this reduced their ability to compete with women without dependent children. This negative impact of parenthood was not perceived to extend to fathers, with many women specifying that fathers were still mostly afforded the flexibility required to remain competitive. In the few cases where the father was explicitly identified as the primary

carer, it was implied that he had chosen not to pursue his career in order to fulfil this role. Unsurprisingly, it appears that in dual parent families, there is some negotiation around career progression and sacrifice, with the underlying assumption that to make things work, one parent must make sacrifices.

Key points:

- Support from chain of command and colleagues is critical to the wellbeing of mothers.
- There is a perceived incompatibility of military careers with motherhood.
- There is a perceived or actual disconnect between family friendly policies and their application.
- Workplace flexibility is necessary to support mothers and their families, but requires explicit command and organisational support as well as role models to be effective.
- Mothers may separate from the ADF due to a perception that their service will damage them and/or their children. For *some* mothers this may be accompanied by symptoms of psychological distress, and appropriate services and information should be targeted towards these female veterans.

6.4.6 Support services

In general, as with the quantitative findings showing mothers to be doing as well as other female veterans in Defence, the women who were interviewed also appeared to be doing well. This was however not the case for everyone, and those who reported difficulties before, during and after deployment generally had either experienced traumatic exposures while deployed (10% of the sample) and/or experienced subsequent negative life events including relationship or family breakdown, family illness or adversity (7% of the sample). Importantly, whether or not services and supports were available, there was a perception among these mothers that this was lacking, and/or that there were barriers to seeking assistance. This means that those mothers with greatest need, and at greatest risk of negative deployment impacts, were also less likely to access support, whether through real or implied barriers. This finding is consistent with the results of the 2010 ADF Mental Health Prevalence and Wellbeing Study which reported concerns that seeking help would reduce deployability were the most influential barriers to seeking assistance. The stigma associated with help seeking was related to perceptions they would be treated differently within the workplace, and that seeking help may harm their careers (McFarlane et al., 2011).

Overall there was a pervasive disappointment regarding some formal Defence support services, most particularly Defence Community Organisation. The vast majority of women qualified this disappointment with statements to the effect that it is not the fault of DCO staff, but rather a systemic issue. In contrast there was universal praise for one DCO program, the Defence Transition

Aides in schools, with many women singling these staff out as an incredibly important element of support for their children and family, and for themselves. Of note, a number of female veterans who did not have access to a school based Defence Transition Aide, explicitly stated that a person in this role would have been beneficial in supporting their child, and in terms of maintaining a connection between them and their child.

A common theme was that existing services were primarily targeted towards female spouses, and that male caregivers felt the lack of support keenly. Female veterans also reported that more support for the new primary caregiver would improve their experience of deployment, knowing that their partner/the caregiver was being 'looked after'.

Together, these findings of perceived gaps in and significant benefits of support highlight the importance of these services. However it also highlights the challenge of these types of services, in that people do not pay attention to what they can offer until they are needed, and when in crisis people often do not have the time or resources to seek them out.

Key points:

- Existing supports and services need to be visible and accessible without perceived detriment to career.
- Services should be informed by and responsive to the (changing) needs of the target community.
- Services need to target the person who becomes the primary care giver (including fathers, relatives, others).
- Services need to find ways to leverage the knowledge and experience of service mothers in order to share knowledge and create discussion in environments where servicewomen organically obtain information.

7. Conclusions

The limited evidence available from previous research suggests the possibility that mothers who deploy could be at increased risk of negative impacts of deployment, however this risk is qualified by a number of psychosocial factors including the availability of social and other supports, coping strategies and resilience. This study aimed to examine the impacts of deployment on female veterans who had dependent children at the time of their deployment. By utilising a mixed methods design, this allowed the examination of standardised self-report measures, as well as more in depth qualitative information reflecting the lived experience of female veterans with dependent children. The use of qualitative material allowed the themes of importance to emerge directly from the experiences of these female veterans.

Findings from the reanalysis of quantitative data from the MEAO Health Studies suggest that in an Australian context, female veterans with dependent children were at no greater risk of negative psychological or self-reported physical health impacts following deployment, compared to female veterans without dependent children. This positive finding is likely to reflect a healthy mother effect, where it is those women who are most resilient who remain in service (and deploy) after having children. Trends in a small sample of pre to post-deployment data, showing mothers to have slightly lower levels of psychological distress at pre-deployment (compared to other female servicewomen), further supported this notion of a healthy mother effect.

While the results from the qualitative analysis did support the notion that most female veterans with dependent children were generally healthy, it was their exceptional resilience that emerged as the key to their success in managing the demands of motherhood and deployment. Furthermore, their own creativity and agency allowed them to successfully navigate circumstances (and sometimes systems) that were challenging, at times painful, and often incompatible with their family life.

It is clear that the experience of deployment may be particularly challenging for female veterans with dependent children. While the majority of mothers we spoke with found ways to manage the inherent challenges, this was not universal. A subset of female veterans discussed serious difficulties and psychological distress before, during and after their deployment. Furthermore, a number of women reported separating from the ADF due to their experiences on deployment, and their challenges in reconciling family life with their military career. Interestingly, a number of women who had discharged had done so as a prophylactic in order to *avoid* potential negative consequences of their service on themselves and their children (and families), implying that negative consequences might be expected. Importantly, the findings from this research program have demonstrated that current and ex-serving female veterans view deployment as an important and enjoyable element of their service. In addition to personal resilience factors, key information sources, organisational, social and family supports, and services allow mothers to navigate the challenges posed by their service successfully, so addressing these is extremely important. More critical is the need to consider the wellbeing of female veterans with dependent children within the broader context of their family situation.

There are a number of qualifications and limitations to the findings discussed in this report. The quantitative analysis focussed on mothers who were currently serving – therefore is likely to underrepresent women who have not coped well. The qualitative analysis, while covering a broader sample, including a small number who had discharged did provide some confirmation of the

quantitative findings. However, the synthesis and implications above reflect the information gathered from those female veterans who volunteered to share their stories. These stories do not reflect the experiences of all female veterans with dependent children. Furthermore, many women discussed the difficulty of their decision to deploy, and it is likely that there are many mothers who have chosen not to deploy – their experiences are not captured here. Finally, the qualitative findings discussed here were centred around ‘mothers’ and mothering. This does not necessarily reflect the depth of these data or those issues unrelated to mother status that were identified as most important by the mothers interviewed.

In addition, the findings presented in this report provide a snapshot of the issues faced by mothers who have deployed to the MEAO. The findings do not encompass the experiences of women on other deployments, such as peace keeping missions. These other deployments also necessitate separation from the family unit for extended periods of time. The findings presented here do not cover the issues that emerged related to gender as opposed to mothering specifically, and other more general psychological and occupational factors. Furthermore, female veterans suggested that many of their experiences would be similar for fathers. While these issues were beyond the scope of this report, they highlight the depth of the data obtained through these interviews, that could be utilised in the future to shed light on these and other important issues.

8. References

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ANNEX 1: Coding Framework

<u>Adjustment</u>	Children Family Mother Spouse	
<u>Communication</u>	Children	<i>Difficulties</i> <i>Importance</i> <i>Methods</i>
	Relationships	<i>Difficulties</i> <i>Importance</i> <i>Methods</i>
	Work	<i>Difficulties</i> <i>Importance</i> <i>Methods</i>
<u>Connectedness</u>		
<u>Division of responsibilities</u>	Compromising expectations Mother's career taking back seat Partner is primary care giver Taking turns	
<u>Expectations of Mothers</u>	Family Friendly Military	<i>Chain of command</i> <i>Military culture</i>
	Social Spouse	
<u>Experiences on Deployment</u>	Challenges	<i>Concerns about lack of support for new primary care giver</i>

	<p><i>Missed children</i></p> <p><i>Relationship Breakdown</i></p> <p><i>Significant events occurred at home</i></p> <p><i>Stress from partner's work situation</i></p> <p><i>Work difficulties</i></p>	<p><i>Confronting work</i></p> <p><i>Interpersonal issues with colleagues</i></p>
Coping mechanisms	<p><i>Compartmentalising</i></p> <p><i>Regular contact</i></p>	
Positives of deployment	<p><i>Career opportunities</i></p> <p><i>Doing the job they are trained to do</i></p> <p><i>Enjoyed the work</i></p> <p><i>Ability to focus on self and career</i></p> <p><i>Positives for children</i></p>	

<u>Future Directions</u>	<p>Child care</p> <p>Defence culture</p> <p>Flexible work arrangements</p> <p>Information provision</p> <p>Leave arrangements</p> <p>Organisational Understanding</p> <p>Posting cycles</p> <p>Return to work after maternity leave</p> <p>Screening</p> <p>Staying in touch while away</p>	
<u>Gender Expectations</u>	<p>Different cultural gender expectations</p> <p>Family</p> <p>Friends</p> <p>Military</p> <p>Social</p> <p>Spouse</p>	<p><i>Chain of command</i></p> <p><i>Military culture</i></p>

<u>General challenges</u>	Posting cycles 'time' in general	
<u>Impact of separations</u>	Negative impacts Positive impacts	
<u>Juggling</u>	Methods	<i>Child care arrangements</i> <i>Household arrangements</i> <i>Work arrangements</i> <i>Personal attributes</i>
<u>Military systems</u>	Benefits of working in the military Differences between the services Flexible work arrangements Knew the expectations of the military when they joined Military culture	
<u>Mother's emotions</u>	Anxiety Excitement Feeling disconnected from home Feeling numb Feeling overwhelmed upon return Guilt Stretched thin due to competing commitments	
<u>Needs vs Expectations</u>	Communication Division of household responsibilities Work in military	

<u>Other</u>	Discharged due to deployment experiences Importance of similar experience in coping Loss of community within defence Military is improving catering for mothers Military treatment of women is improving Mother being a good role model for children 'mothering' talk Stigma about Australia's military involvement Would not deploy again if asked	
<u>Preparing caregiver</u>	Developing routines Training caregiver	
<u>Preparing children</u>	Explanations Routines	<i>Children's concept of time</i> <i>Consistency</i>
<u>Preparing self</u>	Difficulties	<i>Did not know what to expect</i> <i>Making preparations for whole family</i> <i>Pre-deployment work demands</i>
<u>Reactions</u>	Acquaintances Children Family Friends Partner	
<u>Recognition</u>	Family	

Friends
Military

*Chain of command
Military Culture*

Social
Spouse

Reconnecting

Children
Dissonance
General Life
Partner
Routines
Work life

Services and Systems

Beneficial services
Insufficient services

*Lack of services for men when mother
is deployed*

Lack of information provision

**Shift in primary care
responsibilities**

**Support for primary care
giver at home**

After

Chain of command

*Colleagues
Community
Family
Friends
Organisations
School/childcare
Spouse
Chain of command
Colleagues
Community*

Before

	During	Family Friends Organisations School/childcare Spouse Chain of command Colleagues Community Family Friends Organisations School/childcare Spouse	
	General	Chain of command Colleagues Community Family Friends Organisations School/childcare Spouse	Spouse at home reluctant to seek help

<u>Support for children</u>	After	Chain of command Colleagues Community Family Friends Organisations School/childcare Spouse
	Before	Chain of command Colleagues

		<i>Community</i> <i>Family</i> <i>Friends</i> <i>Organisations</i> <i>School/childcare</i> <i>Spouse</i> <i>Chain of command</i> <i>Colleagues</i> <i>Community</i> <i>Family</i> <i>Friends</i> <i>Organisations</i> <i>School/childcare</i> <i>Spouse</i> <i>Chain of command</i> <i>Colleagues</i> <i>Community</i> <i>Family</i> <i>Friends</i> <i>Organisations</i> <i>School/childcare</i> <i>Spouse</i>	
	During		
	General		
	Satisfaction with care of children while away		
<u>Support for mother</u>	After	<i>Chain of command</i> <i>Colleagues</i> <i>Community</i> <i>Family</i> <i>Friends</i> <i>Organisations</i>	<i>Support dependent on which chain of command</i>

Before	School/childcare Spouse Chain of command	Support dependent on which chain of command
	Colleagues Community Family Friends Organisations School/childcare Spouse Chain of command	
During	Colleagues Community Family Friends Organisations School/childcare Spouse Chain of command	Support dependent on which chain of command
	Colleagues Community Family Friends Organisations School/childcare Spouse Chain of command	
General	Colleagues Community Family Friends Organisations School/childcare Spouse	Support dependent on which chain of command
	Colleagues Community Family Friends Organisations School/childcare Spouse	

**Timing of children and
career choices**