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Research project:

## **MILITARY-SPECIFIC RISK AND PROTECTIVE FACTORS IN MILITARY FAMILY HEALTH OUTCOMES**

Faculty of Social Sciences, University of Ljubljana, Slovenia

**Research project: Military-specific risk and protective factors in military family health outcomes**

**Head of the project:** Associate Prof. Dr. Janja Vuga Beršnak, janja.vuga@fdv.uni-lj.si

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**Members of the research team:**

FDV, Defence Research Centre: Associate Prof. Dr. Janja Vuga Beršnak, Professor Dr. Ljubica Jelusič, Assistant Prof. Dr. Jelena Juvan, assistant Dr. Klemen Kočjančič, Gašper Ferme, M.A. and Maja Škafar

FDV, Centre for Social Psychology: Professor Dr. Alenka Švab, Assistant Prof. Dr. Andreja Živoder

FDV, Centre for Methodology and Informatics: Associate Prof. Dr. Bojana Lobe

The Peace Institute: Dr. Živa Humer

**Collaborators:**

Alpen-Adria-Universität Klagenfurt, Institute for Psychology: Professor Dr. Heather Foran

Slovenian Army: Nataša Troha M.Sc., psychologist

**Design:** Urška Špeh

**Proofreading:** Murray Bales

**The purpose of the research project was to systematically investigate the military family's ecological system and the risk factors that affect the well-being and health of Slovenian Armed forces' service members and their families.**

The analysis of empirical data covered the individual, micro, meso and macro levels of social agency, and **we developed our own model** of the main health outcomes and well-being of military families as well as the risk factors affecting them. Risk factors were placed in the Bronfenbrenner socioecological model.

Since we also strived to establish whether the risk factors are military-specific, i.e. if they are statistically significantly different compared to the civilian sample, **the quantitative part of the research was conducted in the form of questionnaires administered to both military and civilian samples.**

## METHODOLOGY AND SAMPLING

Research plan followed the steps described below:

### 1. Expert interviews

Between February and May 2020, we conducted **expert interviews** to gain insight into the current situation in the field of the well-being and health of military families, in particular to find out:

1. what do members of the military need by way of institutional support, and the extent to which it is available;
2. the presence of individual risk factors that are a direct or indirect consequence of the military way of life and influence the health status of military families;
3. whether certain problems are present (health problems, family problems, relationship problems, problems between parents and children, use of psychoactive substances etc.);
4. whether institutional actors outside of the army are aware of these specific risk factors and health challenges among servicemembers or their children, and how they respond (procedures, protocols etc.).

**The sample included 41 experts**, with 31 coming from the military environment (e.g. military psychologists, military chaplains, persons in charge of care, military intelligence) and 10 from the civilian environment (schools, kindergartens, the civilian police, the Centres for Social Work, and others).

### 2. Measurement of health indicators and risk factors in three samples

**In the second step, completed between November 2020 and March 2021, an online survey was administered to three samples:** members of the Slovenian Armed Forces, their spouses, and among the civilian population.

These data provide a **central source of information on risk factors for the well-being and health of military families.**



## Sampling

**In the military sample**, we opted for non-random quota sampling, defining quotas according to the research focus (gender, number of children). The majority of respondents are members of the army on the tactical level.

For the sample of spouses, we used non-random intentional sampling (each member who participated in the survey was asked to invite their spouse to complete the survey).

**The civilian sample** was selected on the basis of quotas (i.e. gender and number of children) applicable to the general population.

**The sample included 893 respondents in total**, including 386 respondents from the military, 92 were their spouses and 433 were from the civilian population.

## The analysis concentrated on six aspects of family well-being and health:

- the well-being of children and adolescents;
- intimate partnerships;
- intimate violence;
- alcohol and psychoactive substance misuse;
- mental health (especially the occurrence of depression and PTSD); and
- the respondents' self-assessed health.

## 3. In-depth interviews among adult children from military families

In the third step, **between January and March 2022 we conducted 14 in-depth interviews with adult children from military families whose parents were or still are members of the Slovenian Army and went on an international operation and mission (IOM) or abroad to other post at least once during their adolescence.**

## We were interested in:

- how children experience the long and often recurring absences of one or both parents due to the needs of military service during their adolescence;
- how parental absences affect their daily lives and life course; and
- which strategies for managing absence and other specifics of growing up in a military family are developed and used in their day-to-day lives.

Key findings of the empirical part of the project are as follows.



# 1 CHILDREN AND ADOLESCENTS GROWING UP IN A MILITARY FAMILY

- **Multiple and long absences of one parent during adolescence can be extremely psychologically stressful for children.** Early childhood is dominated by missing the parent and not understanding why they are absent, sometimes accompanied by being afraid for the parent. In later childhood and adolescence, however, missing the absent parent prevails in terms of lacking their direct presence and obtaining support in solving concrete problems. For the most part, children show a significant attachment to the member, despite the absence, which is overcome by frequent contact through digital technology and multiple visits whenever possible. Some children have moved to another country with their families several times due to the work of a parent in the army. In this case, while the family stays together the children face different, often psychologically extremely stressful transitions, chiefly associated with the sudden abandoning of their social and institutional settings, especially peers, friends, school. Children are often soon forced to take on a bigger role in family life, e.g. greater involvement in household chores, helping younger siblings, and taking more responsibility for their lives sooner, e.g. through independence in spending their free time, school obligations. They also often report a stricter upbringing and clear boundaries than their peers. They stress the importance of communication and conversation in everyday life. Some emphasise the importance of a military profession for security and peace in society and are proud of their parents and experience their parent's absence as a contribution to community. However, the absence of a parent is not only related to an IOM, longer education abroad, longer daily migrations, but also to above-average workloads, where members, especially those holding more responsible positions, often do their work at home, in their free time. Some point out that their parents have two families – in addition to their own, also a military family (companionship among members).

- **From the point of view of children's well-being, long and repeated absences are a clear stress factor for military families in Slovenia.** Absences are also burdensome for parents or for family life and family relationships. Repeated changes in family dynamics and interruptions to everyday life routines require families to make complex psychological and behavioural adjustments, with the parent who stays with the child assuming most of the burden; both instrumental (meeting needs and caring for obligations) and psychological and emotional burdens (maintaining relationships and ensuring well-being).

- **We noted there is insufficient systemic support in Slovenia** to make it easier for military families to prepare for and cope with the absence of a member.

• **A comparison of data from the military and civilian samples shows that,** despite the specific problems affecting military families due to absences, parents in military families assess the well-being of children as better than in the civilian sample. Parents in military families have a better assessment of their child(ren)'s physical and emotional health. Parenting is less verbally and physically violent in military families than according to the civilian pattern. Positive parenting practices are also recognised by military families. The parenting styles of both military families and the civilian pattern are primarily authoritative, with high expectations. Parents are proactive, encouraging, and supportive of desired behaviours. Namely, parents are very responsive.

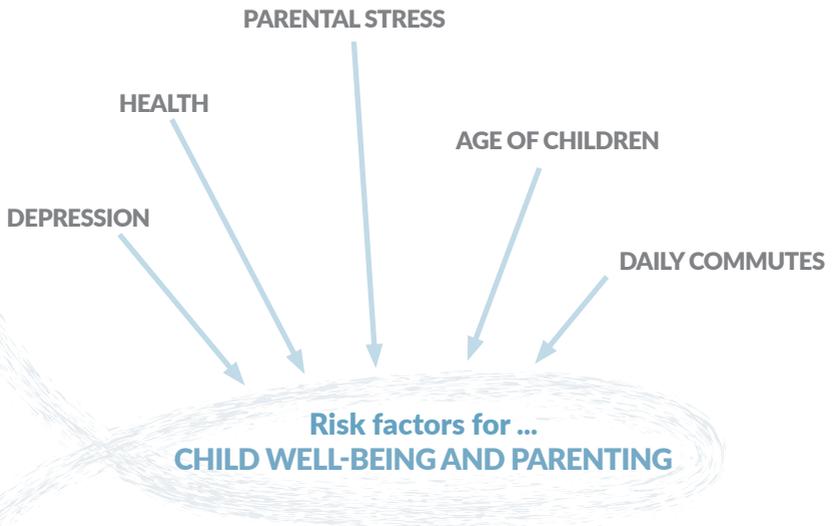


Figure 1: Risk factors for child well-being and parenting in a military family

## 2 INTIMATE PARTNERSHIPS

- Members of the military and their spouses generally do not report problems in their partnerships.

The traditional division of roles and work between the sexes, which is still quite strong in Slovenia, is clearly reflected in military families.

This is confirmed by the research project data as well as the research study “Combining work and family life during the pandemic”, conducted among members of the Slovenian Army. In both surveys, the data reveal that female spouses are, on top of their paid work, also responsible for the unpaid work and caring functions in the family, whereas male members of the army contribute somewhat more in financial terms.

- Satisfaction with the relationship is connected to the duration of the member’s absence, where we identified two groups: (i) the most satisfied when the member is never absent; and (ii) those satisfied when the member is absent for a long time
- Depression is one of the most important risk factors for the quality of a relationship.

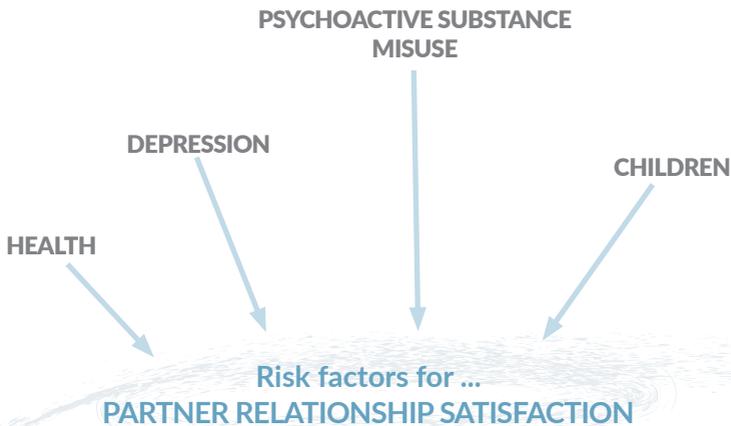


Figure 2: Risk factors for satisfaction in an intimate relationship

### 3 INTIMATE PARTNER VIOLENCE

- The survey shows little intimate partner violence in military families, which is in contrast to foreign (especially American) literature. Our research even points to more intimate violence in the civilian sample than in military families.

- The main risk factors for intimate partner violence, where it occurs, are on the individual and micro levels:

- misuse of psychoactive substances;
- stress at work, i.e. in the army;
- parental stress due to caring for young children; and
- financial difficulties

Longer daily commutes due to work, on the other hand, reduce partner violence.



Figure 3: Risk factors for intimate partner violence in a military family

## 4 ALCOHOL AND PSYCHOACTIVE SUBSTANCE MISUSE

• Given the data on the prevalence of psychoactive substance use in other armies and the generally high social tolerance of alcohol consumption in our country, we expected similar findings among members of the Slovenian Army.

However, the empirical data do not support this assumption:

- Very little alcohol is consumed by the members, which can probably be attributed to zero tolerance of alcohol in the army and the strict controls. At this point, there is a significant divergence between the reporting of one's own use of psychoactive substances and the perception of use by co-workers, with the former being extremely few and the latter about one-fifth.
- Members of the army reported less alcohol use (very moderate consumption) than respondents in the civilian sample.

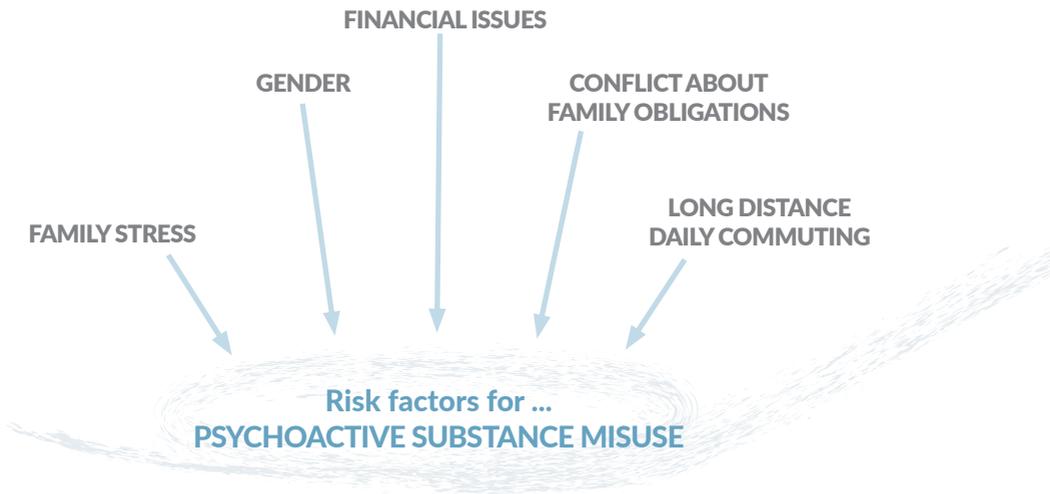


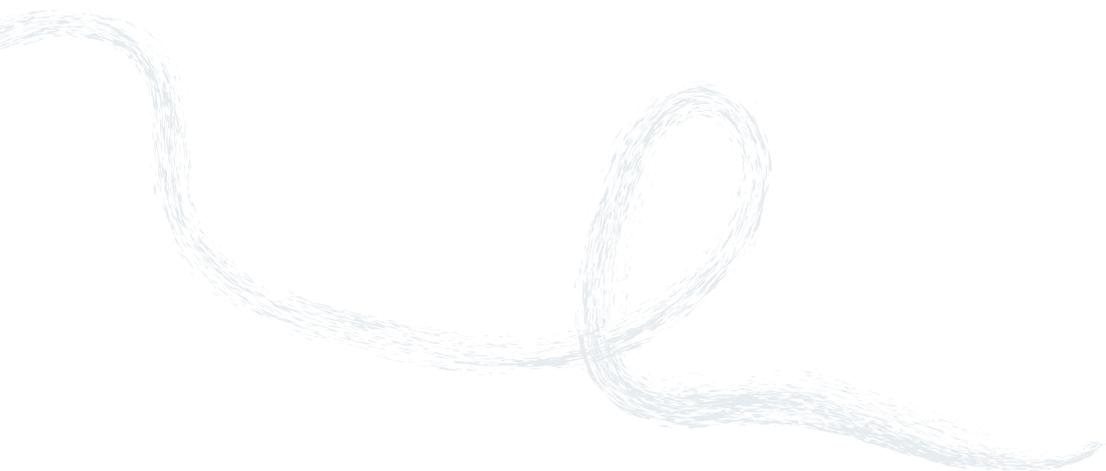
Figure 4: Risk factors for psychoactive substance misuse

- In some cases, there may be a problem with an IOM if alcoholic beverages or other psychoactive substances are available to be consumed by members in their free time. According to the members, there is increasing overuse of other psychoactive substances (e.g. energy drinks, tablets), especially among younger members.

- **The data analysis also indicates that:**

- long-term absences among members do not affect the increased consumption of alcohol and psychoactive substances;
- men are more likely to drink excessively;
- excessive alcohol consumption is affected by financial difficulties and family stress; and
- intimate partnership conflict is shown to promote the spouses' consumption of alcohol.

- The interviewed experts noted that there are no prevention programmes in the Slovenian Army (or in other employers) to educate employees about the dangers and consequences of psychoactive substance overuse, and that general social tolerance, particularly of alcohol, remains very high.



## 5 MENTAL HEALTH (DEPRESSION AND PTSD)

- **The data show that service members are less prone to depressive disorders than civilians:**

- about 8% of service members reported indicators of stress, depression and PTSD in everyday life, while 18% of spouses reported such feelings. The share of members with suicidal thoughts is about 4%;
- in the civilian sample, there is a statistically significant difference in depressive thoughts between the sexes: men more often report such thoughts;
- there is a significant difference between members and civilians in the variables that measure sleep problems and those that measure the physical response to a stressful event – members perform better in both cases



Figure 5: Mental health risk factors for military families

- According to the study, the number of children does not influence mental health in the sample of military families, but does affect parental and family stress. Financial problems are another important negative factor. The survey shows that up to one-quarter of the members had been facing financial difficulties for half a year. Most members and their spouses are satisfied with the financial aspect of working in the Slovenian Armed Forces.
- A regression analysis in the civilian sample shows that longer daily commutes reinforce PTSD.
- Research shows that co-workers and superiors are an important source of support, yet also one of the main sources of stress for members in case of misunderstanding the need to reconcile between work and the family, and excessive rigidity in organising the working process.
- In our opinion, leaders (commanders) should be trained about the importance of reconciling work and the family. They should also be trained to identify mental problems (and potential suicidal thoughts) among co-workers and to develop unambiguous procedures for action.



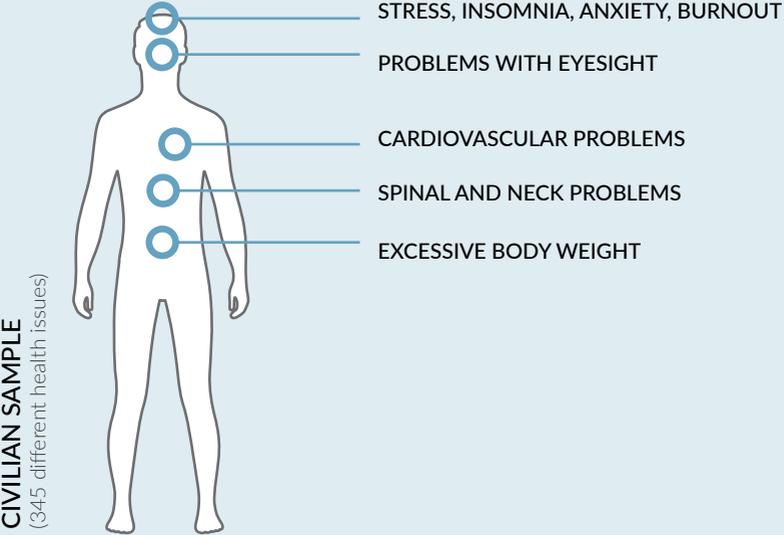
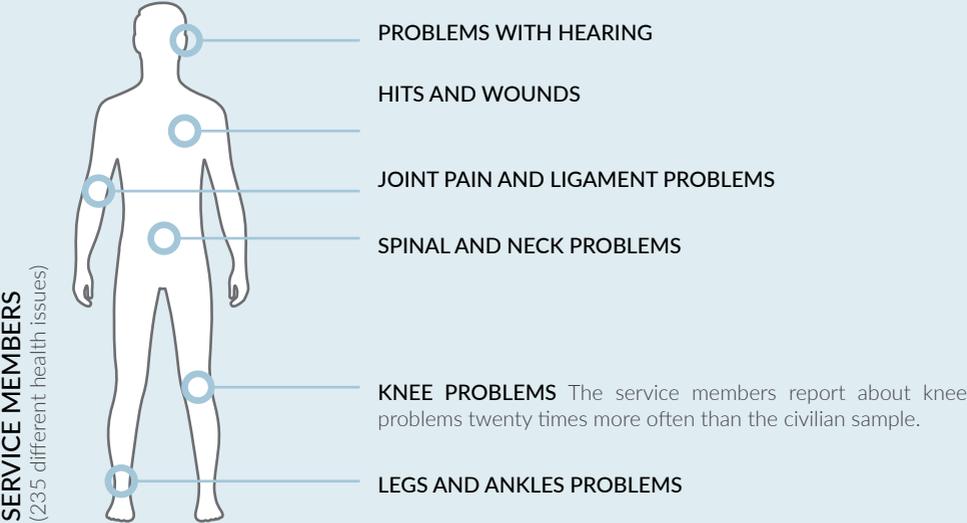
## 6 SELF-ASSESSMENT OF HEALTH

- The research shows that among all three observed samples service members rate their health the highest. However, their spouses assess their health the lowest.
- The military sample reveals that service members whos' spouses are staying home (not having a paid work) feel healthier.
- The stress, either coming from the military workplace or from home, is an important risk factor for individual's health.
- Compared to the civilian sample, service members face significantly more injuries (to knees, ankles, hearing etc.). These are more the result of training and less so performance in international operations abroad. However, in the civilian sample, health problems (insomnia, anxiety, cardiovascular problems etc.) are largely related to the pressures of modern life and work.



Figure 6: Risk factors for self-assessed health in a military family

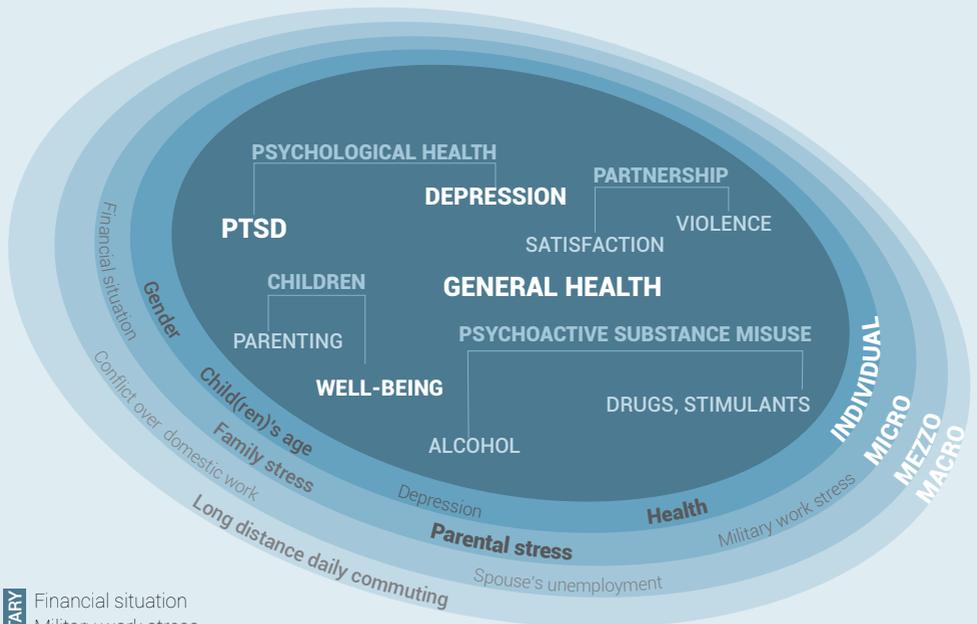
•Military specific risk factors for physical health



# 7 SOCIO-ECOLOGICAL MODEL OF RISK FACTORS AFFECTING HEALTH IN A MILITARY FAMILY

The most common and strongest risk factors that directly affect the health of families arise on the micro and individual levels. Still, important stressors are parental stress, stress at work (which also directly affects more the physical discipline of children) and financial problems.

It should be noted that two factors of protection on the macro level are important for Slovenian Army members, namely institutional military support and support in the form of appropriate national policies that reduce the consequences of PTSD.



- MILITARY** Financial situation
- Military work stress
- Long distance daily commuting

- FAMILY** Child(ren)'s age
- Parental stress
- Family stress
- Conflict over domestic obligations

- INDIVIDUAL** Gender
- Health
- Depression
- Psychoactive substance misuse (drugs, painkillers, stimulants, alcohol etc.)

## 8 POSSIBLE MEASURES AND IMPROVEMENTS

Although the employer cannot directly intervene in a member's family, it is essential to be aware that family problems negatively affect an individual's health, motivation and willingness to perform their job. It therefore makes sense to look for ways to help members in ways that are acceptable and beneficial to all stakeholders.

The Slovenian Armed Forces could adopt various systemic measures or good practices aimed at improving the quality of life of military families.

### **What can we do for members of the Slovenian Army?**

1. Provide training focused on coping with stress, raising children (with an emphasis on coping with the absence of a member-parent), the needs and characteristics of children of different ages, solving interpersonal conflicts etc. Various media and methods could be used (e.g. workshops, lectures, e-learning, quizzes, brochures, role-plays etc.).
2. Ensure a positive work environment, which could also be achieved by educating superiors regarding the reconciliation of the work and family life of employees in the army and by promoting various forms of work that give employees occasional flexibility.
3. Strengthening interpersonal relationships, which could be indirectly achieved by learning constructive and positive communication, promoting the desired organisational culture etc.

It would also be useful to develop indicators for the early detection of some, usually hidden, health outcomes like depression, PTSD, psychoactive substance overuse (including energy stimulants).

### **What can we do for the spouses?**

1. Equip them with the knowledge and skills they need to deal with and manage stress (both parental and family stress affect depression, PTSD, and the self-assessed health of spouses).
2. They should further develop or strengthen their organisational skills to make it easier for them to provide logistical support for both the child(ren) and the partner employed in the military.
3. For positive partnerships, it is also essential to understand the importance of sharing roles within the family and between the partners. Understanding and respecting the contribution and tasks performed by each partner certainly contributes positively to this, as does consensual agreement and setting the rules, regardless of social expectations and practices.

Examples of good practice, conversations with other families or lectures that offer concrete suggestions can help in this respect. In certain cases, especially during an IOM, special programmes and the possibility of childcare in exceptional situations would also be welcome. It should be kept in mind that some military families do not have support networks nearby and therefore the army should not fully delegate the support in exceptional circumstances (such as long-term absences) to systems provided by civil society.

## **What can we do for children?**

We believe it is necessary to make certain changes in the area of child well-being, regarding both the frequent absences and other risk factors for military life:

1. It would be useful to empower families, those who leave as well as those who stay at home, through education so that they can better prepare and respond to psychological specificities and behavioural patterns.
2. The joint socialisation experience is also important – if several families collectively confront such absences and changes, the experience is mostly milder and less individual, meaning possible programmes and encouraging military families to socialise should be considered. In doing so, it would be necessary to identify and offer support to those who do not have a family or wider social support network.
3. It is also important to inform the civilian environment, for example workers in the education system, about the specifics of military service and the challenges children face during the absence of a parent.

Also important are the findings that reveal some good educational practices in military families, such as clear boundaries, lack of physical discipline, development of a sense of responsibility of children in the absence of parents etc., which leads to children becoming better prepared.

As part of lectures and training for parents before leaving for an IOM, the military could also offer a range of good practices to help them find the best ways to overcome the period of a parent's absence.

Some good practices are as follows:

1. Writing traditional pen-and-paper letters (not just e-communication), thereby creating a ritual of writing, sending and waiting for a letter from the absent parent.
2. Creating a calendar showing the absent parent's date of return, in which a child enters the activities, adds pictures from events, and activities engaged in by the family during the absence.
3. Before leaving, a child can prepare an album for the parent who is departing, hide some gifts with a message or a toy in his/her luggage.

It would be good to introduce these and other good practices into parenting strategies in military families and to talk about them more often, with a view to helping families individually develop positive parenting approaches.

## USEFUL WEBSITES:

### Monografija:

Janja Vuga Beršnak, Živa Humer, Jelena Juvan, Andreja Živoder, Ljubica Jelušič, Alenka Švab, Klemen Kocjančič, Bojana Lobe. 2022. Socialnoekološki modeli zdravja: pripadniki in pripadnice vojaške organizacije ter njihove družine. Ljubljana: Založba FDV.

### Website of the project:

<https://www.fdv.uni-lj.si/raziskovanje/raziskovalni-centri/oddelek-za-politologijo/obramboslovni-raziskovalni-center/vojaske-druzine>

### Facebook profile of the project:

[Vojaške družine \(link\)](#)

### Family support programmes: Centres for families and Inter-generational centres:

<https://www.gov.si/podrocja/druzina-otroci-in-zakonska-zveza/programi-v-podporo-druzini/>

