



# INSTITUTIONAL WELFARE AND RESILIENCE INITIATIVES FOR DEPLOYED MILITARY PERSONNEL AND FAMILIES: THEORY AND PRACTICE. A CRITICAL REVIEW OF LITERATURE

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*This paper is a special dedication to the Late Chief of Defence Forces, General Francis Omondi Ogolla and Spouse Aileen Kathambi Ogolla for their contribution towards improvement of welfare matters for Service Personnel and their families within the Kenya Defence Forces. RIP General.*

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## ABSTRACT

The recent unprecedented levels of deployment of troops in operations in the Horn of Africa region has dramatically changed the Military families' growth due to the large number of troops being deployed. Families get affected by deployment-related family separation, combat injury, and death. With continued involvement in operations, there is a deep concern over parental deployment and its impact on the well-being of military families. Parental absence or loss invokes emotional uncertainty and ambiguity in the family. Through Institutional Resilience programmes, family members can successfully adapt to the situation with significant adversity or trauma through interactions with environmental factors such as community environment, the population, and risk factors. This paper therefore reviews extant conceptual and theoretical literature on common resilience programmes, proposes a theoretical framework for transition and wellbeing of military personnel and their families, proposes a definition for the construct 'social welfare' and makes recommendations on resilience and welfare initiatives for adoption by the Disciplined Forces and other organizations with employees in conflict prone areas in the Horn of Africa.

**KEY WORDS:** Peacekeeping, Resilience, Welfare, Wellbeing, Counselling, Communication.

## 1.0 INTRODUCTION

The last two decades have seen increased terror activities in the Horn of Africa leading to massive troops' deployment. Military families' growth has been changed dramatically by this unprecedented level of deployment tempo. Families have been affected by deployment-related family separation, combat injury, and death. With continued involvement in Operations both within a country and across the international borders, there is a deep concern over parental deployment and its impact on the well-being of military families. Though there is extensive literature on the effects of parental absence due to changes in the family such as parental divorce, illness, death, and incarceration, little is known about the effects of parental absence created by work requirements. Among work-related parental absence, military deployment stands out due to its unique characteristics, including the frequency, duration and its hazardous nature.

To better understand the current state of how military families cope with parental and/spousal deployment, it is important that military leaders conduct a comprehensive assessment of the impact of deployment on families. Research from previous conflicts and relevant civilian literature can also be included in the review.

Children's reactions to deployment-related parental absence vary by age, developmental stage, and other individual and family factors. Though the focus of recent studies has shifted to older children's adjustment to parental deployment, young children (infants and preschoolers) are still most impacted by parental deployment. The non-deployed parent/caregiver's psychological health is positively associated with children's successful coping with deployment-related stress. This finding suggests that programs for the non-deployed spouses may indirectly but powerfully contribute to the well-being of children of the deployed Service members.

The literature on spouses and children of USA DoD war veterans suggested that dependants of wounded Service members are at risk for emotional and behavioral problems. There is no published comprehensive research on the impact of parental death on military children; civilian research on child bereavement has mixed results. Future research is necessary to better understand the trajectory of military children's bereavement over the span of childhood.



Another area of concern is the increasing diversification of military families. Despite increase in children of dual-military couples and single family parents within most militaries, they have not been the primary subject of assessment or research. More data analyses are necessary to understand the unique needs and challenges that children of these subgroups within military families might experience in face of parental deployment.

### 1.1 Statement of the Problem

Getting personal affairs in order prior to a deployment is necessary, but preparing service members' families for the possibility of deployment is an equally critical aspect of preparedness. Proper preparation can make the entire deployment less stressful for the entire family and can help them become more self-sufficient.

During a deployment, service members and their families face many challenges. Although families do not have to cope with the direct emotional trauma of the possibility of hostile fire, spouses and children face other emotional and material hardships while service members are away. Good communication is essential to preparing service members and their families to handle these challenges.

No matter how prepared service members and their families are before the deployment, no one can predict all of the issues that may come up or how the time in theatre will affect them. Building a family's ability to adapt well to unexpected changes and events can help service members and their families to better manage stress and feelings of anxiety.

It is acknowledged that though studies on the impact of parental separation on family life have been carried out in many parts of the western world, there is limited scholarly work on the military resilience initiatives and military families' wellbeing in the Horn of Africa countries and particularly in Kenya. It is believed that the knowledge shared in this paper will promote both the theorizing and practice of social welfare and administration within the security sector and in any other organization with employees working in conflict prone areas.

This study is guided by the following research objectives: First, to review the extant literature on common resilience programmes for military personnel and their families. Secondly, to establish existing conceptual and empirical gaps in extant literature on resilience programmes for military personnel and their families. Thirdly, to make recommendations based on the identified gaps in conceptual and empirical literature on other programmes for adoption by militaries and other organizations in conflict prone areas in the Horn of Africa. The paper also seeks to propose a theoretical framework for transition and wellbeing of military personnel and their families. Lastly, based on the proposed theoretical framework, the paper seeks to propose a definition of the concept 'social welfare' with an aim of extending the extant understanding to new frontiers that will not only inform empirical work but also the practice of social welfare and administration within the security sector.

## 2.0 REVIEW OF LITERATURE

In order to respond to the objectives of the study, this paper presents a summary of the extant conceptual literature on welfare, resilience programmes, welfare models and case concepts. It is followed by a theoretical review which discusses the theories upon which the study is anchored.

### 2.1 The Problem of Definition and Terminology

The scope of the term "welfare" (well-being, but also social security) has never been precisely defined or clearly justified; its use is not unified and if the term is not correctly defined now by scholars, the same problem will persist into the future. The term itself was only slowly accepted, and some other variations were also used. In Great Britain, such terms as "societal state", "societal service state", "social security state," "full employment state" as well as "welfare capitalism" were applied. They were, in general, characterized as: Social welfare, which broadly refers to the collective and sometimes sociable provision or receipt of welfare; Economic welfare, which usually describes those forms of welfare that are secured through the market or the formal economy; and State welfare, which refers to social welfare provided through the agency of the state" (Bailey, 1994). Definition-related disputes over this term have always been quite intense, as proved by the large discussion that has been summarized, for example in the works of Richard M. Titmuss, Bruce Q. Madison and a number of other authors.

In its broadest sense, the idea of 'welfare' refers to 'well-being', or what is 'good' for people. Understood more narrowly, it can be taken to refer to the provision of social services - principally health care, housing, social security, education and social work. The connection between the two uses rests in the role of social services as 'the provision of welfare'. Part of the purpose of social services is, ideally, altruistic - 'doing good' to people. There are curative approaches: people who have something wrong with them receive 'treatment' to put it right. Social services can be developmental: a society in which individuals are valued should have the facilities to help them realize their potential. And social services may protect people; the 'safety net' which the services provide help to remove the uncertainty associated with need, a protection against for example the problems of old age, disability or poverty. However, the provision of welfare is not necessarily for the benefit of the recipients alone.

Townsend (1976, p.28) suggests that 'social services are those means developed and institutionalized by society to promote ends which are wholly or primarily social'. In many ways, measures which benefit the individual person are important for society: societies are, after all, made up of people. But there are also aims which can be seen as more for the benefit of the whole society than for any person within it. The social services can, for example, reinforce economic policy. They can be seen as a way to achieve equality or social justice. They may be an instrument of social change. They can also, conversely, be a means of maintaining social order. The provision of welfare is contentious. There are



many different and conflicting views of what is good for the individual or society.

## 2.2 Characteristics of Military Family Life

Military family life is characterized by unique demands such as separation, risk of injury or death of the Service member, long work hours and shift work, frequent relocation, unique organizational culture and norms, and family separations due to military deployments, unaccompanied assignments, field exercises, and training (Segal, 1986). While overseas residency and frequent moves may bring positively unique experiences into children's lives, some aspects of military family life are also considered stressors that are not often found in the civilian family life. Since Hill's (1949) landmark study of post WWII family reintegration, family separation due to military deployment has been recognized as a major stressor on family dynamics, parenting, and children's well-being and development (Jensen, Martin, & Watanabe, 1996; Peebles-Kleiger & Kleiger, 1994).

## 2.3 Unique characteristics of Combat Deployments vs. Routine Deployments.

Military deployments can be categorized into routine deployments and operational/combat deployments. Routine deployment is scheduled, non-combat deployment, which is most often inevitable in the military career, including planned training exercises or missions, peacekeeping operations, and unaccompanied overseas tours of duty. This type of deployments is most likely to have a clear deployment plan, including duration and location. Operational/combat deployment is either combat-support or combat missions, which often have ambiguity and uncertainty in terms of duration, location, or both (Wiens & Boss, 2006). This ambiguous nature of deployment can cause a high level of stress in the family (Boss, 1999). Consequently, the impact of deployment on families differs between combat deployments and routine deployments.

Family separation due to deployment is a major stressor for military children. Deployment brings the absence of a parent figure in the lives of military children (Levai, Kaplan, Ackermann, & Hammock, 1995). Parental absence/loss invokes emotional uncertainty and ambiguity in the family. This sense of ambiguity introduced by loss or absence of a family member is termed "ambiguous loss" by Boss (1999), and later applied to research on parental deployment on adolescents (Heubner, Mancini, Wilcox, Grass & Grass, 2007; Heubner, Mancini, Bowen, & Orthner, 2009). Heubner et al. (2007) note: "A family member may be physically absent but psychologically present, or a family member may be physically present but psychologically absent; both of these situations thwart people's desire for certainty and may become an obstacle in healthy patterns of development" (p.112).

## 2.4 Mitigating the Negative Effects of Parental Deployment-Promoting family resilience

Much of the attention tends to be drawn to negative impacts of parental deployments on children. There is however a growing

body of literature on families' strengths and coping skills developed as a result of family separation due to deployments. This positive growth and adaptation that families exhibit in response to a stressful life event is termed "resilience" (Wiens & Boss, 2006; Boss, 2002, 2005; Cozza et al., 2005). Resilience is a process in which the individual successfully adapts to the situation with significant adversity or trauma through interactions with environmental factors such as community environment, the population, and risk factors (Fergus & Zimmerman, 2005).

Resilience in children is closely linked to the following three key elements: child's personal characteristics (e.g., easy temperament and cognitive functions), positive parent-child relationships, and community-level support (e.g., neighborhood, schools, communities) (Condly, 2006; Huebner & Mancini, 2005; Luthar, 2006; Aisenberg & Herrenkohl, 2008). Recognizing that eliminating aggravating factors does not always provide positive outcomes, research on military children must focus on what positively contributes to children's successful coping with parental deployment.

## 2.5 Case Concept- USA DoD Family Programs to Support Military Children

The USA DoD provides a wide array of family support programs and services that address life challenges and promote the readiness of Service members and their families. It offers a wide variety of high quality, age-appropriate school-age and youth programs on and off the military installation. At every U.S. military installation worldwide where the command officially sponsors, Family Advocacy Program (FAP) sponsors and coordinates activities to promote better parenting and child safety and prevent child abuse. As a program to prevent child abuse and neglect in military families, FAP also offers the New Parent Support Program (NPSP), which is a home visitation program for high-risk parents.

Additionally, the military Services have established on-going partnerships with nationally recognized youth development organizations such as the Boys & Girls Clubs of America, USDA 4-H Youth Development and the National Military Family Association. These community-based organizations offer well-established, research-based programs that are affordable and easily accessible for Service members and their families. Partnerships with local school systems also provide support to children and youth with a deployed family member.

## 2.6 Social welfare frameworks and models

The intensive engagement in operations by militaries world over and the contemporary social challenges faced as a result of the engagements have led to militaries promulgating a number of policy frameworks/models to prescribe general resilience welfare opportunities and programmes for Service Personnel and their dependants.

An understanding of the welfare framework/model adopted by an institution is critical in ensuring successful implementation of a welfare programme. Ledemel (1989) in his PhD Thesis, 'The Quest for Institutional Welfare and the Problem of the Residuum:



The case of income maintenance and personal social care policies in Norway and Britain; 1946-1966', critically analysed three different welfare models as proposed by Professor Richard Morris Titmuss. Richard Morris Titmuss was Professor of Social Administration at the London School of Economics (LSE). His publications on welfare and social policy helped to shape the development of the British Welfare State and influenced thinking about social policy worldwide.

According to Professor Titmuss, there is a distinction between three contrasting models or functions of social policy of Residual, Handmaiden and Institutional Redistributive. The challenge that organizations face is not the choice between universalist and selective social services. The challenge resides in the question: what particular infrastructure of universalist services is needed in order to provide a framework of values and opportunity bases within and around which can be developed socially acceptable services aiming to discriminate positively, with the minimum risk of stigma, in favour of those whose needs are greatest. The welfare models proposed the following approaches:

### 2.6.1 The Residual Model

The Residual approach sees the function of social services as one of dealing only with people who are unable to help themselves. Social services form a safety-net under the economic system, and only when the natural channels of welfare - the private market and the family - break down should social welfare come into play, and then only temporarily. Social work becomes residual when its nature is 'reactive or gap-filling'. It acts when the problem is obvious and needs immediate action. Residual social works takes

care of the poor and underprivileged in society. Such welfare programmes are always funded by philanthropic individuals belonging to the middle and upper class. Examples of residual social work include services for victims of domestic violence, orphanages, mental institutions, emergency evacuation, housing, food stamps and rent subsidies.

### 2.6.2 The Handmaiden Model

The Handmaiden idea rests on the view that social services are functional to other institutions and thus social needs and challenges should be met on the basis of merit, work performance and productivity.

### 2.6.3 The Institutional Redistributive Model

The Institutional Redistributive sees social welfare as a major integrated institution in society, providing Universalist services outside the market on the principle of need. This model focuses on giving each person equal opportunity to be supported, no matter their circumstances. Government funded social services are some of the best examples of this type. They include free education, social security programmes, medical services, government funded scholarships programmes and housing subsidies. These services do not distinguish the need of one individual from the other and can be availed to anyone who wants it.

Another scholar, Mishra (1981) outlines three common sets of views, which he refers to as 'residual', 'institutional' and 'socialist'.

**Table 1.1 Mishra's Three Models of Welfare**

ATTITUDE TO:	RESIDUAL	INSTITUTIONAL	SOCIALIST
State intervention	Minimal	Optimal	Total
Need as basis of provision	Marginal	Secondary	Primary
Range of services	Limited	Extensive	Comprehensive
Population covered	Minority	Majority	All
Level of benefits	Low	Medium	High
% of national income spent on welfare	Low	Medium	High
Means testing	Primary	Secondary	Marginal
Clients	Paupers	Citizens	Members of society
Status of clients	Low	Medium	High
Orientation	Coercive	Utilitarian	Solidaristic
Role of non-state services	Primary	Secondary	Marginal

**Source: Mishra (1981, pp 101-134)**

Mishra's presentation shows these models as differing not so much in fundamentals as in degree. This reflects a common view of the historical sequence through which the British 'welfare state' was formed. It seems possible to slide from one model into the next - consistent with the view that the 'welfare state' is a stage on the road to socialism. But a description of a process of changing views and policy cannot easily be extended to a discussion of principles. It is difficult to see how one could slide from one principle to another - from the individual model of freedom to a social model, or from a view of justice as based in desert to one based in need.

On closer examination, a contradiction arises between Titmuss' and Mishra's Institutional models, the impression that is created in Mishra's model of a progression is largely based on a misinterpretation of the meaning of 'institutional welfare'. Institutional welfare does not treat needs as 'secondary', and does not cover only the 'majority' of the population. In Titmuss's descriptions of the institutional model (1974), everyone is seen as liable to be in need at some point, and so everyone benefits, as a citizen, through the provision of social services which guarantee essential care. This principle is fundamental to the idea of the 'welfare state'. Clearly, if institutional welfare was interpreted in this way, it would overlap with Mishra's 'socialist' model.



### 2.7 Issues arising from conceptual review

From the above conceptual review, it is clear that the scope of the term “welfare” has never been precisely defined or clearly justified; its use is not unified. The term itself was only slowly accepted, and some other variations were also used. The term has been used interchangeably with other terms such as “societal state”, “societal service state”, and “social security state” (Bailey, 1994). This therefore demands that the author proposes a definition of the term ‘social welfare’ with an aim of extending the extant understanding to new frontiers that will not only inform empirical work but also the practice of social administration and military studies.

Secondly, the reviewed conceptual literature has also indicated that the understanding of the difference between promotion of economic wellbeing and the social wellbeing underlies distinction between the different models of welfare. Both the residual and the handmaiden models are based on a subordination of the social to the economic wellbeing. The two models provide short-term financial assistance as opposed to the institutional model and Mishra’s socialist which aims at achieving long-term social wellbeing. This therefore clearly illustrates that in developing a framework for welfare support, a framework anchored on the Institutional Redistributive or socialist model will develop programmes aimed at supporting integration of the welfare system in the organisation where a wide range of services can be provided based on the gaps and needs of Service Personnel and their dependants for the long-term welfare. It is upon the Institutional welfare model therefore that the author shall propose a theoretical framework for promotion of organizational welfare.

Thirdly, it is also clear from the review that much of the scholarly work relating to welfare have been carried out in the western world. This state of affairs justifies without much emphasis the need for more scholarship in the field of social administration and military studies within the African set up.

### 3.0 REVIEW OF RELEVANT THEORIES

The conceptual discussion has paid attention to the nature of social welfare in the military context. The discussion has also raised issues that call for an examination of the relevant theories that can explain this phenomenon of social welfare and resilience among military personnel and their families. The paper thus considered the postulates and contributions of: The Optimality theory of Pareto, Equal Satisfaction Capacity Theory, Compensation Principal Theory and Social Welfare Function Theory.

#### 3.1 Optimality theory of Pareto

The first person to discuss how to measure a community’s welfare is Pareto and he had pointed out two important factors which are, income distribution and two, production order (pattern). He was not able to study the income distribution since there was no precise information about this and so he had focused on the effects of production order on the community’s welfare.

According to Pareto, if an event happens to increase even one person’s welfare without lowering the others’, then it means that the overall welfare is increasing. And the optimum point at which the welfare is sustained is where there is this opportunity to raise even one person’s welfare. However, to maximize the communities’ welfare two things are important; the existence of full competitive conditions and the pricing mechanism. If these two having been mentioned above do not exist, then a different approach is applied.

#### 3.2 The Equal Satisfaction Capacity Theory

Pigou had mentioned the welfare that was measured by money. Pigou solved the problem of welfare maximization, not by management techniques as Pareto did, but rather by income distribution. According to Pigou’s observation, a certain product would have the same effect and benefit for all individuals. Hence, he stated the theorem ‘Equal Satisfaction Capacity’. On the other hand, he assumed that as the bulk of the product increased, the satisfaction level decreased. According to Pigou in order to maximize overall welfare, income should be absolutely equally distributed. However, he had objected in the sense that equal income distribution would prevent capital stock and decrease the total production. Another criticism was raised by positivists saying that equal satisfaction capacity was subjective and it did not rely on any certain science.

#### 3.3 Compensation Principal Theory

New economics of welfare depends on the compensation principal. This theory discusses welfare theory from the income distribution point of view. It is impossible to measure the social welfare in this case, but there are three circumstances which need to be considered. These occur when the productivity and hence, income increases in the economy. All individuals’ incomes may rise, some individuals’ income may rise whereas others income may not change and Some individuals’ income may have risen whereas others’ income may have decreased.

In the first two of these circumstances, it is obvious that the social welfare has increased, but it is the third one which needs to be considered and, at this point Hicks-Kaldor’s principal comes along. When the individuals whose income have risen compensate the others’ income loss and if they are still in better condition after this exchange, then it can be said that overall income has risen.

#### 3.4 Social Welfare Function Theory

According to this theory, every economical factor which has an effect on communities’ welfare can be expressed as a function. Social welfare function has complemented the logic and the mathematical side of the economics of welfare. The theory proposes the development of frameworks aimed at supporting integration of the welfare system within the organisation

#### 3.5 Issues arising from theoretical review

From the above theoretical review, the literature has clearly indicated that the understanding of the difference between the



various welfare theories is based on the respective theories' promotion of economic wellbeing and the social wellbeing. This underlies distinction between the different theories of welfare. The Optimality theory of Pareto, Equal Satisfaction Capacity Theory and the Compensation Principal Theory are based on a subordination of the social to the economic wellbeing.

Similar to the residual and handmaiden models of welfare, the Optimality theory of Pareto, Equal Satisfaction Capacity Theory and the Compensation Principal Theory support short-term financial assistance as opposed to the Social welfare function theory which aims at achieving long-term social wellbeing. This therefore clearly illustrates that in developing a framework for welfare support, a framework anchored on the Social welfare function theory will develop programmes aimed at supporting integration of the welfare system in the organisation where a wide range of services can be provided. It is upon this theory therefore that the study is anchored.

#### 4.0 EMPIRICAL LITERATURE REVIEW

There is a growing body of literature that looks at the psychological effects that children of a deployed parent-soldier may face. Chartrand, Frank, White, and Shope (2008) reported in their study that in comparison to non-deployed military parents, the children of a deployed parent were significantly more likely to demonstrate both internalizing and externalizing symptoms. Some of the symptoms in such children include: emotional reactivity, anxiousness, depression, somatic complaints and withdrawal; attention difficulties, and aggression.

In another study carried out by Flake, Davis, Johnson, and Middleton (2009), the researchers evaluated the psychological risk of deployment on a child between the ages of 5 and 12 from a sample of 101 Army personnel with children. The percentage of children at risk was 2.5 times higher than national norms. A large percentage (42%) of the non-deployed parents reported significant parental stress and children of parents with such high levels of stress were about seven times more likely to score at high risk for psychosocial problems.

The study indicated that parents receiving support from military welfare organizations were less likely to report psychosocial problems in their child. Children of college-educated parents were also less likely to experience such problems. There were however other factors including the deployed parent's rank, the child's sex, and race/ethnicity which were unrelated to the psychological effects of deployment.

Additionally, a growing body of research suggests that military deployments might be associated with increased rates of domestic violence and child maltreatment both during the deployment and upon return of the service member compared to the pre-deployment period (Gibbs, Martin, Kupper, & Johnson, 2007; Rentz et al., 2006). Gibbs et al. (2007) examined the association between combat-related deployment and rates of child maltreatment in families of enlisted soldiers in the U.S. Army

who had one or more substantiated reports of child maltreatment. They reported that the overall rate of child maltreatment, including moderate to severe maltreatment was higher during the times when the soldier-parents were deployed compared with the times when they were not deployed.

Rates of child neglect were nearly twice as great during deployment. Among female civilian spouses, the rate of maltreatment during deployment was more than 3 times greater, the rate of child neglect was almost 4 times greater, and the rate of physical abuse was nearly twice as great. However, other studies do not consistently show that deployment is definitely associated with increased potential for domestic violence. Newby et al. (2005) evaluated whether a military deployment of 6 months predicted domestic violence against the wives of deployed and nondeployed soldiers during the post-deployment period. While they concluded that deployment was not a significant predictor of domestic violence during the first 10 months of the post-deployment period, they reported that younger wives and those who were victims of pre-deployment domestic violence were more likely to report post-deployment domestic violence.

Few studies have specifically examined the effects of maternal deployment on dimensions of child vulnerability. Kelley et al. (2001) examined whether children with Navy mothers exhibited higher levels of internalizing and externalizing behavior difficulties than children in civilian families. They found that Navy children with deployed mothers exhibited higher levels of internalizing behavior than children with nondeployed Navy or civilian mothers on measures of loneliness, peer relationships, fear of negative evaluations, and self-esteem. Navy children whose mothers experienced deployment were more likely to exhibit clinical levels of internalizing behavior than Navy children with nondeployed mothers or civilian children. Group differences, however, were modest and overall mean scores were in the normal range. While their findings did not suggest greater pathology in children of Navy mothers, they did suggest practitioners should be particularly attentive of deployed mothers and their children.

#### 4.1 Issues arising from empirical review

The evidence from the work cited above strongly suggests that children are increasingly vulnerable to their parent(s) being deployed, particularly those that have earlier evidence of problems related to psychological adjustment or those who live in families that have previously been in contact with child protective service agencies due to allegations or findings of child maltreatment. Such factors are critical for professional social workers or case managers involved with such children or families to assess and monitor during periods of parent deployment.

Secondly, it is also evident from the above empirical review that the emotional strength of the un-deployed parent determines the level of resilience demonstrated by the children. The more emotionally stronger an un-deployed parents remains, the better it is for the children. This calls on the need for the un-deployed parents to seek assistance whenever they are in need, including



actively engaging and bonding with children during periods of deployment to ensure psychological well-being of their children. Thirdly, the empirical review points out that most of the studies carried out and the extant literature relates to children of a deployed male parent. This is an indicator of biased studies as less has been done in relation to the impact of deployment on children of a deployed female parent. However, the few existing studies like the one by Kelley et al. (2001) to examine whether children with Navy mothers exhibited higher levels of internalizing and externalizing behavior difficulties than children in civilian families revealed similar results. They found that children with deployed mothers exhibited higher levels of internalizing behavior than children with non-deployed mothers on measures of loneliness, peer relationships, fear of negative evaluations, and self-esteem.

**5.0 THE CALL FOR A THEORETICAL FRAMEWORK**

According to Nachmias and Nachmias (2008), a theoretical framework supports a theory in a research study, introduces and

describes the theory that explains why the research problem under study exists. It permits the researcher to evaluate assumptions more critically, forces the researcher to address questions of why and how, connects the researcher to existing knowledge and permits the researcher to intellectually transit from simply describing a phenomenon that have been observed to generalizing about various aspects of that phenomenon. The current study proceeds to suggest a theoretical model for guiding empirical work in military studies.

**5.1 The suggested Theoretical Framework**

In light of the conceptual, theoretical and empirical gaps identified in the review, this study presents the following theoretical framework that will assist in finding out the influence and the linkage among institutional resilience programmes and family wellbeing of military personnel and their families. The proposed theoretical framework proposes a number of relationships that are considered critical in understanding the phenomenon for purposes of theorizing empirical work and practice in military science and military strategic studies. The next section discusses these relationships.

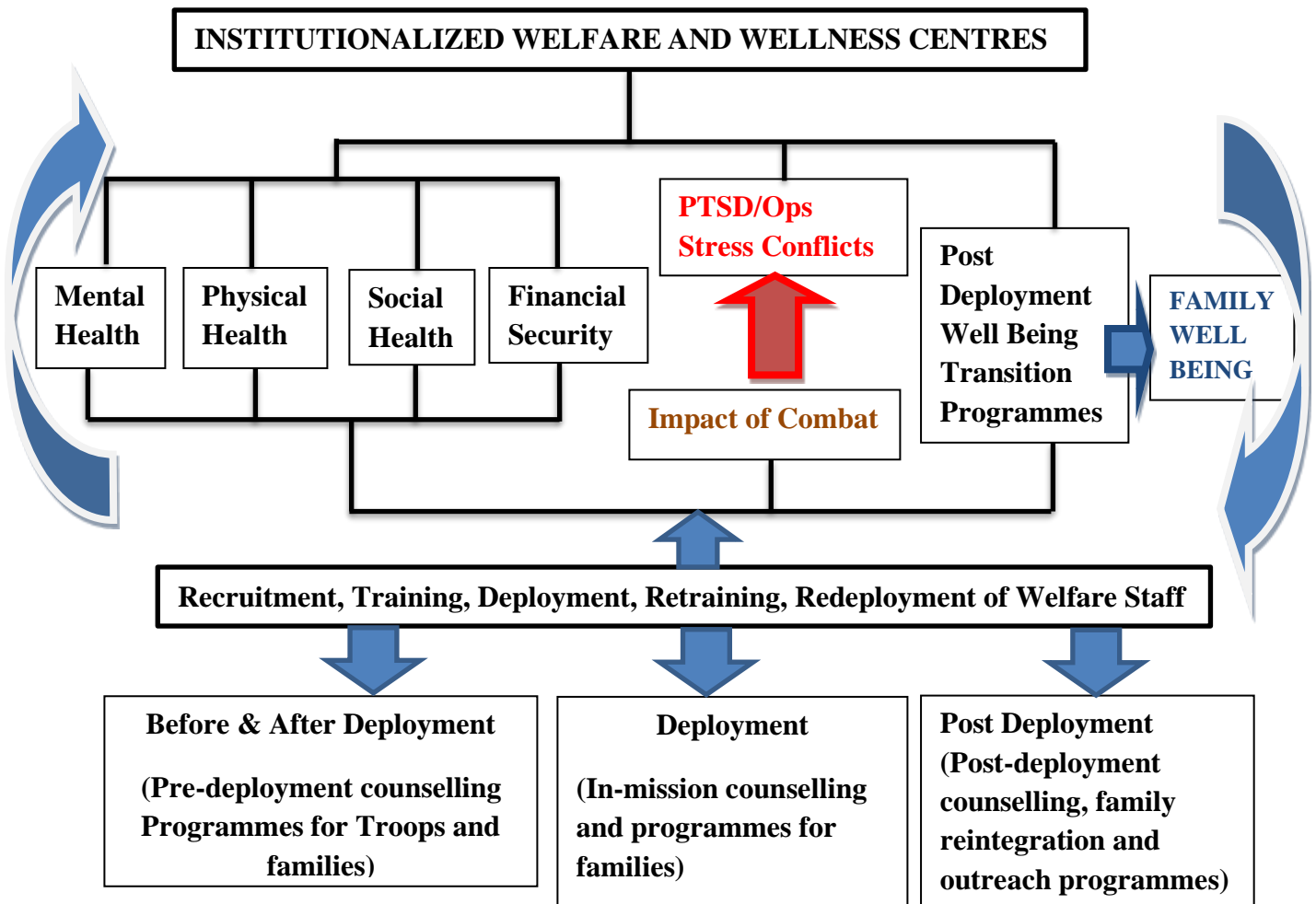


Figure 1.1. A Theoretical Framework for Transition and Wellbeing of Military Personnel and families. Source: Researcher (2024).



### 5.1.1 Understanding Resilience

Resilience has a bearing on the morale of both the service member and the family in terms of the motivation to persist amidst challenging circumstances. Resilience may also be defined as, ‘...the ability to recover from or adjust to misfortune or change.....’ It thus refers to the ability of an individual to cope in difficult situations. Resilient individuals experience more hope, positivism and optimism overall and are thus better able to cope with demands. They are able to easily get through tough times. These individuals are able to learn new skills and knowledge, and are less likely to become mentally or physically ill during adversity. It is good to note that institutional efforts towards promoting resilience for military families and soldiers pending deployment are beneficial to both the military family and the organization itself.

### 5.1.2 Resilience Initiatives in Peace time

Different organizations require different wellness and welfare programmes aimed at promoting the employees’ well-being. Such wellness programmes are meant to ensure that the soldier and his/her family are physically, mentally, socially and financially healthy. Physical training programmes including gym for example, ensure that employees are physically healthy while inter departmental sporting competitions promote interactions among employees hence contributing to the social wellbeing within the organization. Regular medical checks and quality medical services promote both the soldier’s and family’s health, while existence of counselling and welfare centres ensure psychological well-being of the soldiers and their families.

### 5.1.3 Pre-deployment

Service members preparing for a deployment should keep in mind that their spouses are making adjustments and preparations as well. Besides the emotional stress of being separated physically from their partner for a long period of time, spouses will also have to take over all of the household responsibilities. Service members and their spouses may go through a range of emotions while preparing for, being on, and returning from deployment. It is important for both service members and spouses to recognize that these feelings are normal and that it will help to talk through feelings and expectations. The more service members and their spouses work together to understand each other and the feelings and concerns that they have regarding a deployment, the easier it will be for both to manage the separation and address any problems as they arise.

Organizations must put in place pre-deployment training and counselling programmes for personnel awaiting deployment as well as their families. Such programmes may be carried out by trained counsellors and social workers in well-resourced welfare centres. In most cases, such programmes may favour families living within military establishments and their environs. However, organizations need to design programmes in liaison with other welfare institutions targeting families residing far away from such military establishments.

### 5.1.4 Psychological support for overseas Deployment (Deployment Phase)

One other method to manage psychological effects arising from peacekeeping among military personnel is the application of a model similar to the Royal Netherlands Policy of the Land Army on psychological support for overseas operations. This policy comprises a number of steps: the first being the initial or intake selection for regular soldiers. This policy outlined that selection of troops for deployment should be based on among other things on personality tests and a psychological stability and try to filter out the high-risk groups among troops to be deployed.

The second step involves education and counseling on stress and social support. This is preferably done by the psychologist who accompanies the unit as a field psychologist when the unit is sent abroad. In this process of counseling attention ought to be paid to the family back at home. This education consists of training and lessons on stress management.

The third step involves the support provided by a field clinical psychologist in the area of operations. Each unit of battalion size has a so-called social coordinating committee. This committee comprises the unit medical doctor, the chaplain, the welfare officer, the personnel officer. Once the unit is assigned duties abroad, the unit is accompanied by a field clinical psychologist. The field clinical psychologist in this context has three tasks: he is an advisor to the commander; he supports the key personnel; and he acts as a counselor or therapists when necessary.

The fourth step involves family support. Here, clinical psychologists or established military committees on counseling provide psychological assistance that could enable families to be prepared for the oncoming deployment. These committees are comprised of partners or parents of soldiers deployed in AU/UN operations, and help each other in difficult times, in meetings and through so called telephone circles.

Step five is focused on psychological debriefing. This takes place after each serious traumatic incident has occurred. Here, the clinical psychologist or the key functionary in the unit, conducts a debriefing. Moreover, a psychological debriefing takes place before the personnel return home after their duty abroad. This is normally done in the area of operations and in the Units, but if necessary, with personnel deployed individually as UN monitors for example, the Debriefing should be done immediately after return to the home country. During these debriefing meetings written material must be handed out on possible delayed effects and when future problems arise.

Step six is about reintegration. Reintegration should begin on the eighth week after returning home. The soldiers are invited to take part in a reintegration meetings guided by the social service of the army. This is done in units. During these meetings the soldiers discuss their adaptation to normal life, in work and family, the so-called reintegration process, and the problems they are confronted with. Together they try to find solutions to their predicaments.





The seventh step involves an active, personal approach where psychologists are deployed together with soldiers to provide an 'aftercare questionnaire', to people drastically affected by PTSD. This could be done approximately nine months following their return. The home front of the servicemen or women also receives a questionnaire.

Step eight is the Veteran Care stage. Veteran care is the responsibility of the Defence Forces, even though the veterans are no longer part of that Defence Force. In veteran care the military provides an active approach, an outreach to the veterans. It carries out surveys of possible problems the veterans have encountered and offer help. The help offered by the army is as accessible as possible. That is, there are no barriers. A veteran in need of support can approach his own psychotherapist. Step nine involves a repeat of all lessons learned above. Last, but not at least in step ten, there is the systematic evaluation of all steps mentioned above.

#### 5.1.5 Post Deployment Outreach Screening Programme

Another preventive intervention mechanism for psychological effects arising from peacekeeping operations is the implementation of Outreach, Assessment, and Diagnosis of PTSD. In this intervention early screening to identify PTSD and other stress situations is critical. Once PTSD has been diagnosed, referral for treatment is done. Immediate referral assists to reduce suffering and reduced serious impairment in future.

There is need to integrate mental health screening and diagnoses into primary care this because soldiers who encountered trauma during peacekeeping operations are likely to seek medical care for a general medical ailment. During these checks medical practitioners may refer someone to care. There are two models for integrating mental health into primary care that can address this problem. The first is a model of co-located collaborative care between a mental health provider and primary care physician. In this model, if the primary care physician believes the patient has PTSD, that same day she or he can refer the patient to a mental health clinician located in the same building. The second approach is a case management model, in which a primary care physician can refer patients to a mental health provider, and will conduct ongoing phone follow-up to encourage continued engagement in the treatment process and to assist in negotiating needed adjustments in the treatment plan. KDF are in the process of implementing a similar module.

#### 6.0 CONCLUSION

Strides are continuously being made to improve welfare for Service Personnel and their families. Militaries have developed operational frameworks and Standard Operating Procedures (SOPs) as a guide for general administration and management of social welfare centres aimed at promoting the implementation of resilience welfare programmes. Some of the welfare and resilience programmes include the following: Open family days for families of deployed and deceased service members; Annual

commemoration days to honor the fallen heroes; Dependants counseling programmes conducted at various welfare centres; Sports/recreation and mentorship programmes for youths and children during long holiday; Job placement for qualified and deserving Orphans; and Post-burial visits to the bereaved families to check on their wellbeing.

Other resilience programmes may include: Consideration for spousal employment within the Defence Forces, its agencies or other government departments and establishment of rehabilitation centres for both physical and psychological rehabilitation.

Finally, in case of loss of a spouse, then the counseling sessions for military families need to clearly point out on two key issues relating to the role of the surviving parent in promoting child adjustment to loss of a parent; Positive Parent-Child relationship and Parent functioning after the Loss of a spouse; First, Positive parent-child relationship. Civilian literature has found that positive parent-child relationships with the surviving parent promotes child adjustment to loss of their parents (Brown et al., 2007; Luecken, 2000). Raveis, Siegel, & Karus (1999) found that the surviving parent's ability to openly communicate with children significantly helped lowering the levels of depression and anxiety in the school-age children who lost a parent from cancer. Second, Parent Functioning after the Loss. Research repeatedly indicated the importance of the competence of the surviving parent in ensuring positive adjustment of the child (Kalter, et al., 2002; Worden & Silverman, 1992). Worden and Silverman (1996) found that the most prevailing predictor of child adjustment following the death of a parent was the level at which the surviving parent was able to function after the death. Parents who are overwhelmed with their own grieving and overburdened by additional family responsibilities may not be able to give their grieving children attention, consistent supervision and positive esteem enhancing interactions.

#### 7.0 RECOMMENDATION

Family separation due to deployment is a major life event, which could cause a great deal of stress for military spouses and children. To date, published studies have relied heavily on cross sectional research, which does not allow scholars to capture the fluid process of child adjustment to parental deployment throughout childhood. Longitudinal studies focusing on frameworks of life trajectories of children are recommended to better understand how parental deployments affect the healthy development of military children cognitively, socially, and emotionally and how their resilience can be promoted to cope with deployment-related stress.

The literature reviewed in this paper suggests that the current knowledge and data on the impact of parental deployment on military children must address the needs, concerns, and issues derived from the diversity in today's military families and their changing needs. Despite the paucity in the extant literature, there is more evidence of growing interest amongst military scholars and practitioners on the need to improve social welfare initiatives as a means of building resilience for military families.



Lastly, based on the proposed theoretical framework, the paper sought to propose a definition for the concept 'social welfare' with the aim of extending the extant understanding to new frontiers. The authors therefore proposed the following as a definition of the concept 'social welfare,' **'Institutionalized wellness initiatives by leaders in public, private and non-REFERENCES**

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