

A qualitative inquiry into the dynamics of family reintegration following a deployment

by

Alayna Rose Colburn

B.S., Kansas State University, 2014

B.S., Kansas State University, 2014

M.A., Kansas State University, 2016

AN ABSTRACT OF A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

DOCTOR OF PHILOSOPHY

Department of Sociology, Anthropology, and Social Work
College of Arts and Sciences

KANSAS STATE UNIVERSITY

Manhattan, Kansas

2020

Abstract

There are over one million people currently serving in the United States military, with nearly one-half of that amount currently serving in an active duty capacity for the Army. Domestic violence, a hidden social problem, affects many people and is estimated to occur in approximately ten million homes annually. Over the years, there have been reports regarding relationship conflict that transpires within military families, with most conflict occurring before and/or after a deployment. A deployment can range in length from 90 days to over one year, which can put significant stress on the soldier, their family, and other relationships. In this research, I am seeking to understand how deployments and other major events impact soldiers' personal and home life. Specifically, I seek to explore the issues surrounding soldier and familial reintegration following a deployment. Providing effective programming for soldiers returning home from deployments is also vital, and this project will explore the type of services available to returning soldiers and their families as well as potential improvements that could be made to the current system. This study utilizes a qualitative methodological design wherein in-depth, semi-structured interviews are conducted with a sample of active duty and veteran soldiers and a sample of military mental health personnel. These findings will provide a deeper understanding of the complexities of reintegration and may assist with policy and programmatic changes to better assist those returning home after their deployment.

A qualitative inquiry into the dynamics of family reintegration following a deployment

by

Alayna Rose Colburn

B.S., Kansas State University, 2014
B.S., Kansas State University, 2014
M.A., Kansas State University, 2016

A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

DOCTOR OF PHILOSOPHY

Department of Sociology, Anthropology, and Social Work
College of Arts and Sciences

KANSAS STATE UNIVERSITY
Manhattan, Kansas

2020

Approved by:

Major Professor
Dr. Lisa Melander

Copyright

© Alayna Colburn 2020.

Abstract

There are over one million people currently serving in the United States military, with nearly one-half of that amount currently serving in an active duty capacity for the Army. Domestic violence, a hidden social problem, affects many people and is estimated to occur in approximately ten million homes annually. Over the years, there have been reports regarding relationship conflict that transpires within military families, with most conflict occurring before and/or after a deployment. A deployment can range in length from 90 days to over one year, which can put significant stress on the soldier, their family, and other relationships. In this research, I am seeking to understand how deployments and other major events impact soldiers' personal and home life. Specifically, I seek to explore the issues surrounding soldier and familial reintegration following a deployment. Providing effective programming for soldiers returning home from deployments is also vital, and this project will explore the type of services available to returning soldiers and their families as well as potential improvements that could be made to the current system. This study utilizes a qualitative methodological design wherein in-depth, semi-structured interviews are conducted with a sample of active duty and veteran soldiers and a sample of military mental health personnel. These findings will provide a deeper understanding of the complexities of reintegration and may assist with policy and programmatic changes to better assist those returning home after their deployment.

Table of Contents

Acknowledgements.....	vii
Dedication.....	viii
Chapter 1 - Introduction.....	1
Chapter 2 - Literature Review.....	6
Chapter 3 - Theoretical Framework.....	42
Chapter 4 - Methods.....	55
Chapter 5 - Results.....	63
Chapter 6 - Discussion.....	108
References.....	127
Appendix A - Soldier Interview Guide.....	157
Appendix B - Mental Health Personnel Interview Guide.....	159
Appendix C - Interviewing members of the U.S. Army.....	161

Acknowledgements

There are many people that need to be thanked who were major contributors to me completing this project. First, my committee members: Thank you for serving in this capacity. I know there are many worthy projects you could agree to oversee; however, I am thankful that you agreed to oversee mine. I also want to specifically thank Dr. Kevin Steinmetz for pushing me to apply to the Doctoral program, for serving as a listening ear and wise counsel for me countless times over the years, and for always reminding me that I am way behind on pop culture references. Thank you to Dr. Don Kurtz for being a wonderful mentor and includer; you've always kept things in perspective and my goals realistic. Thank you to my family, who has watched me toil, complain, succeed, and everything in between for the last decade. I appreciate their support, encouragement, celebrations, and doubts, as they have all pushed me to be where I am today; I hope I've made you proud. Thank you to my friends, who have also served as great sounding boards, acted as my cheering section, and have always been willing to encourage me when the going got rough. You guys are the best and I don't deserve your friendship, but I'm so thankful for it! I also want to thank my husband, Trenton. Can you believe it? We've finally made it. Things have been really, really hard with both of us pursuing Doctorates, but I also know that things would look really different if I didn't have you commiserating next to me. I'm proud of you, and us. Last, but certainly not least, thank you to my mentor, Dr. Lisa Melander. She has been my Major Professor for the last six years and has played an integral and irreplaceable role in my academic training. I am in a debt of gratitude for her mentorship, guidance, support, tough love, advocacy, and patience. She has had a profound impact on my life, and I am so appreciative.

Dedication

I dedicate this dissertation to the servicemembers and mental health personnel who contributed to this study through sharing their stories, those of their friends, and for displaying vulnerability in discussing what is a personal and oftentimes difficult topic. Thank you for trusting me with your perspectives and memories. I also dedicate this dissertation to my late grandmother, Berneta Scott. I oftentimes sacrificed time with her to work on this project; something that is now impossible to redeem. As such, this project is dedicated to her, whose spirit, grit, charm, and forthright personality I hope to embody for the rest of my life.

Chapter 1 - Introduction

It was not until January 17, 1999 that the television news program “60 Minutes” uncovered one of the most shocking revelations about the United States military: the program suggested that the rate of spousal assault in the military is significantly higher than the national average (Mercier, 2000). Further, the report alleged that the military regularly failed to punish servicemembers who are perpetrators of extreme cases of domestic violence (Mercier, 2000). To substantiate its claims, “60 Minutes” reviewed Pentagon records from 1992 to 1996 and found that the rate of violence perpetrated against military spouses was five times higher than that of the civilian population covering that same five-year span. The report uncovered that 50,000 spouses were victims of domestic violence; however, less than five percent of batterers were ever court-martialed for their crime. Although this report sparked a dialogue among those who believed there to be a problem, it failed to address factors associated with the prevention of domestic violence and relationship conflict within military populations.

The United States’ current military commitments have necessitated high demands placed on military families. A life within the military during current times includes a rotation of long and frequent deployments, reintegration, military readiness, and leaving one’s family to fight for their country (Allen, Rhoades, Stanley, & Markman, 2011). All of the transitions soldiers experience lead to stresses that impact active duty soldiers and their families. Researchers have likened the transition of soldiers back to civilian life as similar to the culture shock experienced by immigrants when they first arrive in the United States, including feeling disoriented, experiencing a change in status, and a search for identity and meaning (Coll, Weiss, & Yarvis, 2011, p. 488). What occurs when a soldier returns to their home base once they have finished a deployment generally, and the process of reintegration back into their family more specifically is

one of the foci of this study. Mental health personnel who work at military bases purport that the most dangerous time for a military couple or family is 90 days before a deployment and 90 days after the deployment ends. Discovering why this is and what is done when instances of violence occur is paramount to the health and safety of military families.

When soldiers return home from deployment, they face unique challenges that civilians may not encounter. These challenges may include dealing with the results of war, struggling with reintegration back into one's community and home, substance abuse problems, and mental health problems (Coll et al., 2011; Demers, 2011; Jordan, 2011; Rodrigues, Funderburk, Keating, & Maisto, 2015), to name a few. Servicemembers experience massive cultural transitions at the time they enter the military and again when they transition back into civilian life. When integrating back into civilian culture, it is not hard to conceive that soldiers feel confused and misunderstood by civilians who have no basis of understanding their experiences (Suzuki & Kawakami, 2016). This misunderstanding could lead to significant relationship conflict within the home.

Empirical evidence examining the link between deployment and problems in military relationships has been referred to as "weak and inconsistent across studies" (Karney & Crown, 2007, p. 53). Due to experiences of war and deployments changing over time, continued research is necessary (Allen, Rhoades, Stanley, & Markman, 2011). Research indicates that deployments may lead to increases in divorce, domestic violence, and marital dissatisfaction among military families. Concerns exist regarding the potential impact of domestic violence on the overall health of certain military bases (Department of Defense, n.d.).

Over the last several years, domestic violence has become one of the most researched topics, even surpassing that of other areas of social sciences (Gelles & Conte, 1990; Mercier,

2000). Domestic violence can refer to a pattern of behaviors used by one partner to maintain power and control over another in an intimate relationship (Department of Justice, 2018), and can occur when one person mistreats another who is part of their household, family, or with whom they share a dating or marriage relationship (Ananias Foundation, 2018). Domestic violence occurs in approximately ten million homes annually, and is considered a hidden social problem (National Coalition Against Domestic Violence, 2018). Research has indicated that approximately 4-5% of adults experience physical violence annually in the United States (Black, Basile, Breiding, Smith, Walters, Merrick, & Stevens, 2011). Further, 1 in 5 women and 1 in 71 men are victims of sexual violence at some point in their life (Black, Basile, Breiding, Smith, Walters, Merrick, & Stevens, 2011). Psychological abuse has produced mixed findings regarding perpetration, as some studies have found comparable effects of psychological abuse across gender, while others do not (CDC, 2017; Hamel, n.d.). While there is evidence that domestic violence perpetration is far-reaching across society, little is known about the frequency of relationship conflict among military families. Although, evidence suggests that these families may experience greater conflict and violence as compared to the general population (Heyman & Neidig, 1999; Mercier, 2000).

Martin (1976) has suggested that military families are at the greatest risk for violence due to the military's legitimization of violence. Other authors have suggested that the unique stressors of the military increase the risk of familial abuse (Schwabe & Kaslow, 1984; Verma, Balhara, & Gupta, 2011). Even more, evidence has suggested that military wives seeking marital therapy were more likely to report having been physically abused over their civilian counterparts (Griffin & Morgan, 1988). Under the Uniform Code of Military Justice, domestic violence

officially became a separate crime meaning the ramifications for how this offense is handled post-military service have been greatly expanded (Shane III, 2018).

To expand upon previous research (Allen, Rhoades, Stanley, & Markman, 2011; Bradley, 2007; Doyle & Peterson, 2005; Karney & Crown, 2007; Martin, 1976; Shewmaker & Shewmaker, 2014), this research will be informed by two theoretical traditions. First, social control theory, which states that human behavior is not inherently conforming, but conformity can be achieved through socialization and the forming of bonds which are comprised by four elements: attachment, commitment, involvement, and belief (Hirschi, 1969). When these elements of the social bond are strong, criminal behavior is less likely to occur. The second tradition, strain theory, posits that for certain individuals, the pressure to not submit to society's expectations is greater than the pressure to conform (Merton, 1938, 1949). A resurgence of interest pertaining to this topic in the late 1980's and early 1990's led to Agnew's (1992) explanation of the individual level concept of general strain theory that focused on one's avoidance of negative relationships with others. As such, I seek to explore the relationship between soldiers returning from a deployment and the consequent perpetration of relationship conflict by having participants consider what aspects of militarization and stress may or may not contribute to soldiers' perpetration of conflict during reintegration following a deployment.

To gain a more complete understanding of the extant literature and applicability of theory, this study will utilize a qualitative approach to explore the ways in which soldiers tolerate and react to stress and transitions by interviewing active duty and veteran soldiers and mental health personnel about this topic. I will also explore the current programs that are in place that help soldiers readjust to life once they have returned home; specifically, the Family Advocacy Program and its associated programs at Fort Lane military base. Thus far, while other studies

have examined topics similar to this (Bradley, 2007; Doyle & Peterson, 2005; Jordan, 2011; MacManus et al., 2012; Rentz et al., 2006; Suzuki & Kawakami, 2016), there is a dearth of studies that interview soldiers regarding their familial and relationship conflict experiences as well as the mental health personnel who assist them in addressing these issues.

This work is important for several reasons. Firstly, millions of families are affected annually, and although domestic violence is considered a hidden social problem, increased attention on the issue of relationship conflict has shown to produce necessary results for victims and their families (Shane III, 2018). Secondly, the experience of war and deployments change over time, which warrants continued exploration into this topic (Allen et al., 2011). Lastly, money has been consistently pooled to prevention programs with no clear indication of efficacy or prevention success. A major contribution of this research is to offer suggestions on how to improve current programs and to seek insight on what other programs may be implemented to assist soldiers in their adjustment to civilian life.

The following chapter will cover the extant literature pertaining to military life, stress, high-risk occupations, and the ways in which deployment and reintegration may influence one's interpersonal relationships. The Domestic Violence Offenders Gun Ban, otherwise known as the Lautenberg Amendment, is also considered. The history and applicability of social control theory and strain theory that are used to guide this research can be found in Chapter 3. A complete explanation of the proposed research design and plan for data analysis is included in Chapter 4. The results of the study findings are found in Chapter 5, and the Discussion and Conclusion is located in Chapter 6.

Chapter 2 - Literature Review

Civilian Domestic Violence

Over the last 30 years, violence within the home has been recognized as a serious problem in civilian and military communities (Forgey & Badger, 2006; Gelles & Conte, 1990; McDonald et al., 2006; Ogbonnaya, 2015). Although rates of lethal and non-lethal intimate partner violence have declined over the last few decades, it remains a concern within the United States and around the world (Black, Basile, Breiding, Smith, Walters, Merrick, & Stevens, 2011; Howarth & Feder, 2013). Domestic violence can come in multiple forms. Aggression is commonly defined as any behavior towards another individual that includes the intention to harm (Berkowitz, 1993), with violence as the most extreme manifestation of human aggression (Anderson & Bushman, 2002). Aggression can be seen as being impulsive, driven by anger, and occurring as a reaction to some perceived provocation or threat (Anderson & Bushman, 2002; Bushman & Anderson, 2001).

It is estimated that nearly 1 in 4 women (23%) and approximately 1 in 7 men (14%) in the United States report experiencing severe physical violence in their lifetime (Smith et al., 2017). Other estimates have stated that approximately 1.3 million women and 835,000 men are physically assaulted by an intimate partner each year in the U.S. (Tjaden & Thoennes, 2000). Additionally, 16% of women and 7% of men have been victims of sexual violence, and 47% of both men and women have experienced psychological aggression (CDC, 2017).

It is crucial to understand that no one is immune to domestic violence. Yet, it is important to consider how different environmental and personal characteristics may influence the victim. Explaining aggressive and violent behavior requires measuring the influence of multiple variables simultaneously (Anderson & Bushman, 2002; Archer, 2009; Capaldi, Knoble, Shortt,

& Kim, 2012; McCauley et al., 1995; Walton-Moss, Manganello, Frye, & Campbell, 2005).

These variables could include the sex distribution of those perpetrating violence (mostly men), and emotional processes involved in violent encounters (Eisner, 2009, Mercier & Mercier, 2000).

Younger age is associated with increased risk for violence against women, as most perpetrators are between the ages of 18-35 (Eisner, 2009), but the risk decreases as one grows older (Kim, Laurent, Capaldi, & Feingold, 2008; Mercier, 2000). Women who are divorced, separated, or single are more likely to experience violence (McCauley et al., 1995; Walton-Moss et al., 2005).

In consideration of race and ethnicity, non-Hispanic Black women are at an increased risk for violence compared to non-Hispanic White women (CDC, 2017), and minorities are generally found to be perpetrators of partner violence (Neff, Holamon, & Schuler, 1995; West, 1998).

Some argue there is still a lack of police intervention or societal concern regarding the domestic violence perpetrated against African Americans (Harrison & Esqueda, 1999). Furthermore, past research has noted that minority women are at the greatest risk for abuse by an intimate male partner (Caetano, Field, Ramisetty-Mikler, & McGrath, 2005; Huang, Son, & Wang, 2010; Tjaden & Thoennes, 2000). Alternatively, other research has argued that when age, marital status, and income are controlled for, race is no longer a significant risk factor (Vest, Catlin, Chen, & Brownson, 2002).

Domestic Violence and High-Stress Occupations

Domestic violence tends to cluster among those who work in certain high risk, high stress occupations. Results from a study examining the effects of occupations on men's violence towards women suggested that men in physically violent, dangerous occupations are more likely to use violence against female partners (Melzer, 2002). Feminist research has argued over the years that violence is gendered, particularly due to men's institutional dominance, which

provides a rationale for why men inflict more injuries through their violence than do women (Dobash, Dobash, Wilson, & Daly, 1992). Research examining monetary resources has shown that the spouse with the greatest resources will have a higher tendency to become physically violent (Migliaccio, 2002), as well as men's inability to maintain greater resources than their spouses will lead to violence due to societal norms of patriarchal expectations that men are to be breadwinners within their families (Anderson, 1997). A study by Straus and Gelles (1990a) examining U.S. family violence, and wife abuse in particular (Straus, 1990) demonstrated that a variety of factors, including patriarchal and unequal marital relations, higher levels of stress, men's younger ages, unemployment, and lower education levels, among others led to higher rates of perpetrated violence (Hotaling & Sugarman, 1986; Mercier, 2000). Many of these factors are in play when considering perpetrators in high risk occupations like those in the military who may be single-income families, which could increase their propensity for violence as part of exercising dominance over their partner. It will be important to remember these when conducting this proposed research.

It is also important to note that rates of domestic abuse in high-stress professions such as the military are like those seen in other occupations, such as law enforcement. Specifically, multiple studies have found that domestic violence occurs in 40% of police officer families, compared to 10% of violence occurring within families in the general public (Johnson, 1991; Neidig, Russell, & Seng, 1992; Straus & Gelles, 1990b). Law enforcement officers are a group characterized as being exposed to trauma in ways that the general public is not. Skill set spill-over may mean that physical restraint, a commanding presence, enforcement of "rules," and interrogation techniques may be used at home to control intimate partners (Johnson, Todd, & Subramanian, 2005). Further, empirical evidence has shown officers experience high rates of job

stress (Edwards, 2006), job strain (Gershon, 1999; Valentine, Oehme, & Martin, 2012), PTSD (American Psychiatric Association, 2000; Bell & Orcutt, 2009), substance abuse (Saunders, Prost, & Oehme, 2016; Stinson & Liederbach, 2013), and exposure to trauma, which includes witnessing or perpetrating violence against another person. When considering that researchers suggest police departments have a distinctive subculture (Johnson, 1991; Mazzola, 2013), it is necessary to consider how this culture may cultivate a consciousness that perpetuates values of authority, power, and control (Johnson, 1991).

A recent study on abuse taken from a convenience sample of police officers found that certain elements of traditional police culture were significantly associated with psychological domestic violence (Blumenstein, Fridell, & Jones, 2012). The police subculture combined with the skill set needed to serve as an officer have the ability to create a formidable, highly-trained abuser (Garvey, 2015). Unsurprisingly, there are special challenges for victims trying to leave the relationship or stop the abuse (Mazzola, 2013); victims understand their abuser has resources and skills to track their movements in addition to access to weapons. Further, victims may not choose to report their abuse for fear that it could lead to career repercussions if family problems were made known to the department (Johnson, 1991). These trepidations are amplified for the victim when considering if an officer faces legal consequences, there is a high chance the officer will be prohibited from possessing a firearm, which could result in being let go from the department (Lonsway, 2006). Overall, there are multiple reasons why victims of domestic abuse within policing families and the rationale behind not reporting looks different for these families as compared to the general public.

A study on occupational violence spillover in occupations such as soldiers in the military and police officers considered how hypermasculine displays, the practice of violence, and

historical disdain for things considered “feminine” (Kimmel, 2000) promote men’s acceptance of violent behavior regardless of the object of their aggression (Melzer, 2002). Melzer states that the violence sometimes used at work by military and police personnel “is a resource effectively utilized to control others in the workplace but may also be brought home to settle spousal disputes” (p. 822). Furthermore, this occupational violence spillover implies that men in violent occupations will be more likely to perpetrate violence against wives and female partners because men learn or have learned that violence is a legitimate and effective control technique at work (Hardesty, Crossman, Haselschwerdt, Raffaelli, Ogolsky, & Johnson, 2015; Hardesty & Ogolsky, 2020; Melzer, 2002). As such, coercive control, which includes both violent and nonviolent tactics aimed at maintaining dominance over one’s partner and has been documented in intimate partner violence research (Hardesty, Crossman, Haselschwerdt, Raffaelli, Ogolsky, & Johnson, 2015; Hardesty & Ogolsky, 2020), may occur within these relationships.

Men in violent occupations such as the military and police force are socially permitted to, and supported in, protecting others from violence by using violence themselves, which also has the propensity to spill over into the home and affect familial interactions. Although police officers may experience similar violent situations as military service members, the significant difference is that police officers operate in a domestic context and unlike military personnel, usually avoid the added stress of being in a foreign land (Coll et al., 2011). Even though officers experience great stress from the risk associated with their occupation, this does not discount the significant rates of perpetrated violence against their families.

In summary, it has been suggested that certain occupations such as being a police officer have similar stressors compared to military personnel (Johnson, 1991; Neidig, Russell, & Seng, 1992; Straus & Gelles, 1990a). Much the same as military soldiers, police officers are taught

characteristics and skills during training to become competent officers, which coincidentally makes them some of the most dangerous abusers (Wetendorf, 2000). As such, it is important to consider certain aspects of these occupations lead to the perpetration of violence, such as stress and hypermasculinity. In some cases, violence will be primarily gender-motivated, as those who make more money are oftentimes more likely to perpetrate violence (Mercier, 2000; Migliaccio, 2002; Wetendorf, 2000) as well as those who are in more physically violent occupations are more likely to use violence against female partners (Melzer, 2002). The next section will consider one's entrance to military life and the challenges that come as part of that entrance.

Military Life

There are over one million people currently serving in the United States military, with about 475,000 soldiers currently serving in an active duty capacity for the Army (2017 Index). While the number of soldiers has been steadily decreasing since 2011, there are still many families who are being impacted by deployments, which refers to a servicemember's time spent away from their home base by serving as support personnel for a military operation (Savitsky, Illingworth, & Dulaney, 2009). For example, there are currently around 190,000 troops stationed across 140 countries (2017 Index). While many soldiers deploy to areas in another country, which may last multiple months to a year or more, deployments may also be domestic and last a shorter amount of time. There are other familial transitions to consider as the number of troops are being reduced and more soldiers are sent home as part of the effort to remove troops from Afghanistan which began in 2016 (2017 Index).

Recruitment and Training

Military personnel form a distinct subset of American society, governed by a specific set of laws, norms, traditions, and values. There is an enlistment process soldiers follow once they

have been recruited. First, recruits take the Armed Services Vocational Aptitude Battery (ASVAB), which is an exam designed to determine the careers for which an individual is best suited. After the ASVAB, recruits must pass a physical examination, then meet with a counselor to determine a career specialty. Following this, the recruit is ready to take the Oath of Enlistment, wherein the recruit vows to protect the U.S. Constitution and obey the Uniform Code of Military Justice (Today's Military, n.d.). This ceremony is viewed with high importance, and family members are invited to attend. Depending on the terms of his or her enlistment, the recruit is then ready to either commit to Basic Training at a time in the future through the Delayed Entry Program, most relevant for those who enlist before completing high school, or the recruit reports to Basic Training after completing testing requirements (Today's Military, n.d.).

It has been said that the purpose of the military is to engage in conflict through use of human resources who fight for a particular purpose (Hockey, 2002). The seemingly best way to accomplish this is through creation of a group of servicemen and women who learn to “overcome the fear of and aversion to killing that is bred in the bones as a civilian” (Sherman, 2005, p. 75). This transformation of civilians into service personnel begins with basic training or boot camp. Army basic training lasts 9 weeks. Other branches of the military conduct training that lasts either 8 or 12 weeks (Petrovich, 2012). All boot camps, regardless of military branch, include a process of conditioning, training, and indoctrination. Recruits are de-individualized as they are issued ambiguous uniforms, are taught military-approved greetings and methods of speech, and are discouraged from exchanging personal information with each other (Burke, 2004; Ricks, 1997). There is a special emphasis on marksmanship, hand-to-hand combat techniques, and exposure to chemical warfare especially within Army boot camps (Petrovich, 2012).

The training soldiers experience is all encompassing, rigorous, and may influence a soldier's belief system. During the process of basic training, new recruits experience a "military socialization" in which they are stripped of perceived weaknesses and are re-socialized to adhere to military cultural norms, values, and customs (Bradley, 2007, p. 198). As part of this socialization, soldiers are made to understand that violence may be necessary at times to achieve military goals and objectives. Soldiers are also conditioned to exhibit "battlemind", which is the "soldier's inner strength to face fear and adversity with courage" (Walter Reed Army Institute of Research, 2006, p. 2). The objective of battlemind training is to develop psychological resiliency which contributes to the soldier's spirit to fight and win in combat, thereby reducing combat stress reactions and symptoms. Although battlemind is appropriate and necessary during a deployment, an inability to restrain aggression post-deployment could lead to inappropriate aggression and violence (Walter Reed Army Institute of Research, 2006).

When people join the military, they experience a new culture. Military members learn a specific set of values, attitudes, and behavior in a strict and structured environment that is likely very different than what they acquired from their civilian life (Suzuki & Kawakami, 2016). Not all service members serve on combat missions, and humanitarian efforts are also important parts of their service (United States Army); however, the military has traditionally been shaped by men and masculine characteristics are regarded as ideal. This means that when individuals enter the military, regardless of gender, they will be trained to be highly masculine (Suzuki & Kawakami, 2016). Masculine features include toughness, physical strength, aggression, emotional inhibition, and heterosexuality (Keats, 2010).

Soldiers are supervised by multiple people during their time in service, yet the one in closest contact and simultaneously holds the most power is their commander. An Army

commander is a senior officer who has supervisory and decision-making responsibilities. The title of commander refers solely to duties and is not related to pay grade (Dayton, 2018); as such the structural positionality of a commander is important to distinguish. The lowest level of command is a company commander, followed by a battalion commander, brigade commander, concluding with the commanding general who is responsible for the entire installation. A commander is considered senior management and is held responsible for the personnel and operations of the organization, whilst reporting to the commander at the next-highest level (Dayton, 2018) and implies a host of legal responsibilities backed by the Uniform Code of Military Justice. Commanders have varying levels of military structural power, which has implications for how they interact with their subordinates. Due to a commander being responsible for personnel and operations, they have significant influence over decisions that impact their subordinates, which can include attending and being dismissed from field exercises and deployments, and being accountable for the successes and shortcomings of their soldiers, among other examples. The responsibility of a commander is great, as is their influence over multiple areas of a servicemember's life.

In terms of core values, the military has cultural norms that powerfully control its members' behavior and also create cohesiveness within the group. Social psychology suggests that it is relatively challenging for the military to maintain cohesion due to the fact that its members are not naturally formed with similarities, such as shared backgrounds, to keep them together. To rectify this, new sets of rules pertaining to uniforms, marching, and curfews (among others) serve as a means of establishing group identity (Marques, Abrams, & Serodio, 2001; Schachter, 1951). There are also rules about how the military views who is considered a family. According to regulations of the military death gratuity (i.e., those who are monetary beneficiaries

if a soldier dies on Active Duty, Active Duty for Training, or Initial Duty Training), only the military member's lawful surviving spouse, the child or children of the military member, or the parents or siblings of the military member are considered to be a familial unit within the military (Powers, 2018). A common joke on military bases is that "if the Army wanted you to have a family, they would have issued you one"; highlighting the challenges soldiers encounter when trying to maintain familial ties in the midst of the challenges brought on by military service.

When applied to military experience, some armed forces personnel who have been re-socialized during basic training to accept the military's position on the use of violence may apply this reasoning to other areas of their lives where the use of violence is inappropriate (Bradley, 2007). An example of a domain in which this spillover could occur is within a military member's marital relationship. Although there are multiple options for conflict resolution techniques that can be utilized when disputes arise in a relationship, men and women in uniform who have been re-socialized to follow the notion that using violence is legitimate may utilize physical force as a conflict resolution tactic in their marriage (Bradley, 2007). Being that this type of violence is not acceptable outside of the context of armed forces, it is important to assess the quality of programming that prepares active duty soldiers to adjust to interacting with civilians, family, and friends when reintegrating from a deployment.

Stress

Soldier Stress

The military is an occupation noted as having some of the highest stress levels, followed by firefighters, airline pilots, and police officers (Elkins, 2017; Johnson, 1991; Neidig, Russell, & Seng, 1992; Straus & Gelles, 1990a). Both men and women are exposed to various stressful events as part of their military career assignments (Bijur, Horodyski, Egerton, Kurzon, Lifrak, &

Friedman, 1997). Women in the military are suggested to have even higher rates of stress given the traditionally male-dominated occupation (Bray, Fairbank, & Marsden, 1999; McGlohn, King, Butler, & Retzlaff, 1997; Norwood, Ursano, & Gabbay, 1997). It is also worth considering how men and women handle stress differently in that research has found that men react more externally, whereas women may internalize their stress (Verma, Balhara, & Gupta, 2011; Taylor, Klein, Lewis, Gruenewald, Gurung, & Updegraff, 2000).

In a study examining the effects of stress on job functioning for those in the military, 40% of male and female respondents admitted to experiencing a fairly large amount of work stress (Bray, Camlin, Fairbank, Dunteman, & Wheelless, 2001); however, 33% of the women surveyed acknowledged feeling great additional stress due to being a woman in the military (Bray et al., 2001). Hundreds of complaints including sexual harassment and assault within the armed forces have surfaced around the country over the years, giving attention to the military's failure in addressing this misconduct (Knight, 1997; Richter, 1997). This exposure to work-related stress also indicated lower levels of job functioning for those in the military, which lends credence to prior research linking exposure to stress with lower functioning on the job (Bray et al., 2001; Kessler & McLeod, 1984; Roth & Cohen, 1986). Overall, the performance of those in the military is expected to suffer following exposure to work-related stress, which may lead to negative coping, such as substance abuse (Bray et al., 2001; Exum, Coll, & Weiss, 2011). While some aspects of work-stress may be able to be modified, other aspects are significantly less controllable, especially those that happen as a result of a deployment.

Traumatic brain injuries (TBI), usually the result from a violent cranial blow or penetrated head injury, are a prevalent and debilitating condition (Hoge, McGurk, Thomas, Cox, Engel, & Castro, 2008; Terrio et al., 2009). Prior research has asserted there may be a link

between TBI and post-traumatic stress disorder symptoms (Aupperle, Melrose, Stein, & Paulus, 2012; Hoge et al., 2008). Post-traumatic stress disorder (PTSD) is characterized as trauma-related symptoms that can include re-experiencing trauma, avoidance of reminders of trauma, negative cognition or mood, and hyperarousal (American Psychiatric Association, 2013), and has occupied a fair share of research attention in the last decade, especially as it relates to the effects of combat deployments on servicemembers and their intimate relationships (Allen, Rhoades, Stanley, & Markman, 2011; Lambert, Engh, Hadbun, & Holzer, 2012; Renshaw & Campbell, 2017; Sayers, Farrow, Ross, & Oslin, 2009; Taft, Watkins, Stafford, Street, & Monson, 2011). Deployments occurring in the last year have been found to be related to higher levels of PTSD symptoms for husbands, as well as lower satisfaction with communication between husbands and wives, lower confidence in the relationship, and parenting alliance (Allen, Rhoades, Stanley, & Markman, 2011). These struggles are important to note because PTSD affects more than just the soldier; families can be negatively impacted by deployments and the aftermath as well; however, PTSD may not be the only invisible struggle soldiers face.

Military Family Stress

Military families are exposed to stress unique from civilians which includes frequent separation and relocation due to military deployments and removing soldiers from their familial, friend, and other support networks. This separation may be made worse if the time away from a spouse is frequent or extensive, as this may lead to the dissolution of a marriage (Martin et al., 2007). With the number of deployments that have transpired over the last 15 years, this strain has increased on servicemembers and their families (Shewmaker & Shewmaker, 2014). Moreover, working in dangerous environments, such as a war zone, is stressful for the soldier stationed in that area and for the family and friends at home who are concerned for the soldier's safety. The

reunification of families following a deployment also includes unique stressors. For example, being away from one's family for an extended amount of time could make it difficult for the servicemember to integrate back into the demands of home life, which may lead to feelings of frustration and outbursts of violence. Additionally, the aggressive nature of certain aspects of military training could lead to higher levels of violence being exhibited during familial conflicts (Miller & Veltkamp, 1993). As such, the risk of family violence may be elevated due to the stressful components of military life (Rentz et al., 2006).

Other individual factors that put people at risk for perpetrating violence include factors related to stress, anxiety, and antisocial personality traits (Capaldi et al., 2012; Stith et al., 2004). Furthermore, combat stress has been associated with domestic violence perpetration among servicemembers, including active duty personnel (MacManus et al., 2012), veterans (Taft et al., 2005), and prisoners of war (O'Donnell, Cook, Thompson, Riley, & Neria, 2006). Couples that may experience the effects of combat (i.e., PTSD, traumatic brain injuries, other bodily injuries, substance abuse, or mental health concerns), are faced with unique challenges in which the soldier may experience complicated feelings of family cohesion, expressiveness, intimacy, and any adjustments to the family may increase the risks for violence (Allen, Rhoades, Stanley, & Markman, 2011; Jordan, 2011; Karney & Crown, 2007). Residential instability and isolation may heighten these effects (Hardesty & Ogolsky, 2020). As such, it may be difficult for soldiers to see how their family has "moved on" in their absence; something done out of necessity, although still potentially challenging to accept. In addition, as previously stated, when other members of the family have no conception of what the soldier was exposed to while deployed, it may be difficult to open up (Suzuki & Kawakami, 2016).

It is understood within the literature that there are unique struggles soldiers are exposed to, which can include struggles experienced with their family. While the literature to this point has discussed stress experienced as the result of a soldier's active duty experience, another important time of transition that may result in high stress comes from the soldier's return from a deployment wherein s/he experiences reintegration back to civilian life.

Reintegration

In addition to the need to find housing, employment, and health insurance, a non-deployed soldier or veteran must undergo a readjustment from military cultural norms to civilian culture norms. For those soldiers who are separating from active duty service, they are run through the Transition Assistance Program (TAP), a Department of Defense program that was created to prepare military personnel for their life outside of active duty (Bradley, 2007). As part of the reintegration process, soldiers are offered a debriefing session after their service in order to reduce psychological injuries brought on by combat experiences (if applicable), which can range from two to several hours in one day (Suzuki & Kawakami, 2016). Some soldiers do not believe this is enough. For example, some soldiers who returned home from Iraq after the September 11, 2001 attacks characterized the experience as involving a singular session with a chaplain whereas others felt they were not allowed the time to openly discuss their experiences and fears of returning to civilian life (Musheno & Ross, 2008, p. 50). As a downside, this program was primarily designed to assist disabled veterans, provide veterans with an opportunity to obtain a college education, and ensure veterans are economically secure once separation from the military is complete (Department of Defense, 2001). Considering that little is done for those transitioning out of active duty status with the exception of those who fall into the aforementioned categories,

a soldier's socialization into military culture will likely continue to provide guidelines concerning appropriate norms, values, actions, and behaviors back at home (Bradley, 2007).

One of the main aspects that influence the difficulty some servicemembers experience whilst trying to reintegrate back home after a deployment is based on the experience of "two very different cultures: the highly structured culture of military life and the individualistic culture of civilian life" (Suzuki & Kawakami, 2016, p. 2060). Through use of an example detailing how certain situational settings are a causal factor in provoking bad behavior by military guards responsible for interrogating prisoners of war, Zimbardo (2007) notes that people may find it difficult to resist social influences in extreme situations that can be considered characteristic of the culture. Further, it is understandable that servicemembers who have experienced such conditions feel disconcerted and misunderstood by civilians who have not experienced collectivistic military life (Suzuki & Kawakami, 2016).

An additional frustration that occurs during soldier reintegration is the expectation that the soldier will seamlessly transition into familial responsibilities and household tasks. As such, it is assumed that the soldier will immediately put their service behind them and resume the civilian responsibilities friends, family, and coworkers may have been covering in their absence (Musheno & Ross, 2008). For some, that expectation cannot be met. For Iraq War veterans, rates of homicide, domestic violence, divorce, alcohol and drug abuse, and mental breakdowns are alarmingly high (Sontag & Alvarez, 2008; DoD, 1997; DoD, 2001). To combat this, military bases may have their own unique suggestions and/or programs designed to help soldiers and their families in times of transition. The question remains, however, how effective these programs are for those who need them.

Reintegration of soldiers back into their families is often stressful and made more complicated if the servicemember experienced trauma (Doyle & Peterson, 2005). Military members, especially those serving in the Army and Marine combat units, are regularly exposed to traumatic events that can leave lasting impacts (Herzog & Everson, 2010); however, the stigma is so strong against admitting to experiencing trauma that most soldiers either refuse to seek help or cannot get the leave time or permission to receive it (Baum, 2004). There have been many changes in military service since the end of the Cold War that include multiple extended deployments and decreased time between these departures. These changes have resulted in familial disruptions due to servicemember absences and changes in duty stations and may even give rise to familial conflicts resulting from time away from family and reintegration challenges (Hosek & Wadsworth, 2013). Most research literature on veterans' experiences with war, much of which has been conducted in the post-Vietnam era, is dominated by the examination of the ways wartime contributes to family disruption and divorce, violence, and mental illness (Figley, 1993; Solomon, 1988).

When servicemembers reintegrate back into civilian culture, it is not hard to imagine that they could feel misunderstood by those who lack experience being in the military (Suzuki & Kawakami, 2016). Peebles-Kleiger and Kleiger (1994) found that the stress imposed on servicemembers and their families as a result of the disruptive and hazardous duty of deployments led to servicemembers' anticipation trauma and their families' trauma. For some soldiers, a life of deployment is viewed with higher regard than life back home as a civilian; in a study of reservist soldiers in a battalion that deployed to Iraq after the September 11, 2001 attacks, three-quarters of respondents expressed frustration and negative feelings toward their civilian lives and people who lack understanding of their experiences (Benedict, 2009; Musheno

& Ross, 2008; Killgore, Stetz, Castro, & Hoge, 2006). Further, one soldier remarked that “the support we get when we first get home is tremendous. It’s the support that we need later that’s lacking” (Musheno & Ross, 2008, p. 128). Doyle and Peterson (2005) perhaps explained it best when they noted that successful re-entry and reintegration within the family and community are the key for servicemembers’ life of readiness for deployment, therefore societal support including early planning for the family and community integration, access to mental health professionals, and education for families on available resources are integral.

The major aspects of military life concern the individual soldier, their family, and the major transitions they experience as a result of reintegration from a deployment (Doyle & Peterson, 2005; Miller & Veltkamp, 1993; Rentz et al., 2006). These transitions have been shown to be a challenging time for soldiers and their families. Although there has been a fair amount of research devoted to this topic, questions still remain regarding the process of reintegration specifically, in addition to what occurs when struggles are experienced during the period of reintegration from a deployment. The next section outlines what happens when stress or conflict manifests within a relationship and violence is perpetrated as a result.

Domestic Violence in the Military

Due to the self-policing nature of the military and its desire to remain private, the real problem of domestic violence in the military has been difficult to assess (Mercier, 2000). A belief held by the Department of Defense (DoD) is that domestic violence is an offense against the institutional values of the Military Services of the United States of America (Wolfowitz, 2001). In 1999, the DoD recognized that civilian and military response systems to domestic violence operated independently, and due to this, the National Defense Authorization Act of Fiscal Year 2000 required that the DoD establish a central database of information on domestic

violence incidents that are reported to a commander, military police officer, or officials responsible for clinical treatment or support services, as well as establish a Defense Task Force on Domestic Violence (DTFDV) to assess the military's response to domestic violence (United States Government Accountability Office, 2006; Somerville, 2009). The DTFDV reviewed the military's policies and procedures for responding to and preventing domestic violence from 2000-2003 and made almost 200 recommendations for improvement (Somerville, 2009). The two most important of those recommendations included creating a domestic violence education program and creating partnerships with civilian authorities and community agencies to direct response efforts at military bases (Somerville, 2009).

Much of the research in the area of domestic violence has primarily examined violence rates among civilian couples, yet estimates for the rate of violence perpetrated in active duty and veteran populations suggests it to be three times higher than those of civilian populations (Department of Defense, 2017; Heyman & Neidig, 1999; Houppert, 2005; Shewmaker & Shewmaker, 2014): 13-58% of veterans and 13-47% of active duty military personnel report some kind of intimate partner violence in their relationships (Marshall, Panuzio, & Taft, 2005). This difference in perpetration may be attributed to readjustment issues and mental health concerns related to military service such as PTSD (Jordan, 2011; Rodrigues, Funderburk, Keating, & Maisto, 2015). Previous research has allocated a significant body of work that focuses on the intimate violence rates in populations where one or both partners are active duty military status. Specifically, these studies have found that among couples wherein at least one partner is active duty status, the rates of domestic violence are higher than civilian couples (Bohannon, Dossier, & Lindley, 1995; Bradley, 2007; Cronin, 1995; Griffin & Morgan, 1988; Heyman & Neidig, 1999; McCarroll et al., 2000; Shupe, Stacey, & Hazelwood, 1987). Results of

this violence include severe psychological and physical injuries and even death (Jones, Hughes, & Unterstaller, 2001; Straus & Gelles, 1986). Previous quantitative research has studied the challenges of soldiers returning home and the ways in which conflicts may occur (Bradley, 2007; Doyle & Peterson, 2005); however, there has yet to be qualitative explanations from servicemembers and mental health providers regarding the unfortunate way this stress may manifest through relationship conflict and/or domestic violence incidents.

In fiscal year 2016, there were a total of 8,673 incidents of domestic abuse reported to the FAP that met criteria. Physical abuse represented approximately 74% of incidents, followed by emotional abuse comprising approximately 23%, sexual abuse comprising 3.4% and neglect had less than 1% (Department of Defense, 2017, p. 29). It is difficult to compare military domestic violence rates to civilian domestic rates mostly due in part to the fact that each state has unique laws and definitions of domestic abuse and there is no federal mechanism to track rates of civilian abuse, which makes any aggregate of these incidents impossible to measure.

Nonetheless, according the DoD FAP report, in fiscal year 2016, more than half of spouse abuse offenders were military (60%), while 40% were non-military (2017, p. 36). Further, in one study examining the correlates of self-reported intimate partner violence (IPV) among 488 married male Army soldiers, results indicated poor marital adjustment was associated with minor violence while psychological and behavioral characteristics associated with perpetrators of IPV were more strongly correlated with severe inflicted aggression (Rosen, Parmley, Knudson, & Fancher, 2002). The study also suggested the effects of ethnicity may have contributed to beliefs regarding the acceptability of using physically aggressive acts in dealing with marital disputes.

In an article examining cases of reported and substantiated spouse abuse in military families, physical abuse comprised the majority of all substantiated cases, followed by emotional

abuse, neglect, and sexual abuse (Rentz et al., 2006). Physical abuse and neglect were also most commonly seen in cases of child maltreatment (Rentz et al., 2006). For a case to be substantiated, it has to be accompanied by the results of a medical evaluation, mental health and social assessment of the victim and alleged perpetrator, and any law enforcement investigations that were conducted (Lloyd, n.d.). If the case meets Family Advocacy Program (FAP) definitions of abuse and it is determined that services should be provided to the victim and their family, the case will be classified as substantiated. In addition, rates of moderate to severe violence were reported as significantly higher in the Army for both men's reports of aggression and women's reports of experiencing violence compared to civilian rates of violence (Heyman & Neidig, 1999; Rentz et al., 2006; Shewmaker & Shewmaker, 2014). This information is important given the significant role the FAP occupies when cases of abuse arise. As such, if a case is not substantiated or doesn't meet the criteria of abuse according to FAP standards, the case is dismissed and no treatment will be offered to the victim or perpetrator.

Certain members of the military community have developed calloused attitudes about violence against women, such that a paradox has been created whereby violence against women "is overwhelmingly visible to those who can (or must) see it, yet most organizations and communities conduct their routine business in ways that conceal it and pre-empt the voices of its victims" (Harrison, 2006, p. 547). In terms of perpetration, it's important to also consider female military perpetration rates and bidirectional perpetration rates. In an analysis of Central Registry data from 1990 to 1994, McCarroll and colleagues (1999) reported higher percentages of moderate aggression (24%) and severe aggression (8%) among female active duty personnel than the percentages of moderate (18%) and severe (5%) aggression among active duty male personnel. While in the general population most perpetrators are minorities (Neff, Holamon, &

Schulter, 1995; West, 1998), among military populations, perpetrators are likely to be White. Bidirectional violence has not been as well-researched. Two clinical studies involving both military and civilian spouses reported an 83% rate of bidirectional violence (Cantos, Neidig, & O'Leary, 1994; Langhinrichsen-Rohling, Neidig, & Thorn, 1995).

In a report produced by the DoD and the Office of the Secretary of Defense, of all reported cases in fiscal year 2016, the rate of spouse abuse per 1,000 cases was 23.4 (Department of Defense, 2017). Additionally, from that same report, of the active duty offenders that met criteria for spouse abuse where pay grade was known, 65% were in pay grades E4-E6 (e.g., specialist, sergeant, and staff sergeant), as compared to pay grades E1-E3 (e.g., private and private first class) that had the second highest rate at 23% (Department of Defense, 2017). At the same time, the rate per 1,000 active duty offenders paints a different picture. The rate per 1,000 active duty offenders involved in incidents of spouse abuse that met criteria is highest for offenders who are in the E1-E3 pay grade at 15.3 as compared to the E4-E6 pay grade that had a rate of 6.6 per 1,000 active duty offenders (Department of Defense, 2017, p. 40). This is an important consideration for this study given the pay grades E-1 to E-6 are mostly comprised of soldiers under the age of 35 (West, Turner, & Dunwoody, 1981), as such, they are subordinates who have limited control in work settings, are required to take orders from other higher-ranking service members, and are continually subjected to conditions they may find undesirable but are powerless to change (Neidig & Friedman, 1984; Sonkin, Martin, & Walker, 1985). As a means of reasserting their control or power, they may choose to enact conflict or violence against their spouses.

In summary, there are various rates reported for violence perpetrated by soldiers each year. Estimates for the rate of violence perpetrated in active duty and veteran populations

suggests it to be three times higher than those of civilian populations (Heyman & Neidig, 1999; Houppert, 2005; Shewmaker & Shewmaker, 2014). While there may be a correlation between perpetration of violence to gender and/or rank (Department of Defense, 2017), it is not yet known if militarization and stress does or does not contribute to soldiers' perpetration of violence and experiences of conflict during reintegration following a deployment. For some military relationships, there can be hesitation to report violence for fear of not wanting to influence their partner's ability to be promoted, as this may be the family's primary or only form of income (Somerville, 2009), or being justifiably afraid that the violence could worsen once a report is made (Wolf, Ly, Hobart, & Kernic, 2003). The next section will dive deeper into understanding the unique barriers to reporting violence.

The Lautenberg Amendment

The Lautenberg Amendment of 1996 states that servicemembers, police personnel, and government officials who have been convicted of a domestic violence charge cannot possess a firearm or ammunition, even if one has been issued (18 U.S.C., 2004). The presence of a firearm in the home increases the likelihood that in the event of intimate partner violence, a fatality could occur (Campbell et al., 2003). Due to this risk, firearm legislation such as the Domestic Violence Offenders Gun Ban, otherwise known as the Lautenberg Amendment, was put into place. Specific legislation varies across states, and as such, influences local-level enforcement (Frattaroli & Vernick, 2006). Most states have laws preventing access to firearms among individuals who have been convicted of domestic violence or who are under domestic violence restraining orders, which can occur through removing firearms from the home or by prohibiting firearm ownership or purchases (Prickett, Martin-Storey, & Crosnoe, 2018). The length of

restriction also varies, as it could range from temporary periods of a few months to a permanent restriction (Vigdor & Mercy, 2006).

Even with an exemption given to tanks, artillery pieces and other equipment, without a firearm, that servicemember would be incapable of standing watch if s/he is not in possession of a firearm. As a result of this, a domestic violence conviction may lead to “administrative separation” from the military. In the event of a domestic violence incident and the perpetrator is a servicemember, serious consequences can occur as a result of being detained past roll call or muster, which could include being considered Absent Without Leave (AWOL) or being charged with an Unauthorized Absence (UA) (Somerville, 2009). The servicemember’s failure to report for duty as a result of being AWOL or UA without prior permission is a UCMJ Article 86 violation, which is punishable by administrative action, imposition of nonjudicial punishment, or initiation of charges for a court-martial (10 U.S.C., 1956).

A central complication of this procedure is meeting the definition of what can be authorized as a “qualifying conviction.” A crime meeting the standards given under the Uniform Code of Military Justice (UCMJ) posits that a “conviction for a crime of domestic violence tried by a general or special court-martial that otherwise meets the definition of a misdemeanor crime of domestic violence is a “qualifying conviction”” (Somerville, 2009, p. 311). Such specification is important when considering any person who enables a servicemember who may have been convicted of misdemeanor domestic violence to possess a firearm or ammunition is subject to a felony charge (Somerville, 2009). Due to this, the DoD implemented procedures requiring servicemembers to certify that they do not have a qualifying conviction before the servicemember can be appointed or selected for a covered position (Department of Defense, 2015).

Many victims of domestic violence and sexual assault do not want the servicemember's career jeopardized as a result of the allegations of domestic violence or sexual assault as it may result in substantial economic consequences to the victim and dependents (Somerville, 2009). This is also true for servicemembers who are incarcerated by civilian authorities for their actions. As a result of this, victims of domestic violence often will not report their victimization (Somerville, 2009). There are many reasons why women choose not to report; from surveys conducted in the 1980s and 1990s, the most common reasons for not reporting include "feeling the violence was a private or personal matter, fearing reprisal, deciding the crime was not important enough, anticipating the police would not or could not do anything, [or] reporting the IPV to someone else", among others (Wolf, Ly, Hobart, & Kernic, 2003, p. 121). The perceived repercussions from reporting could have lasting impacts that may include the loss of all benefits available to the servicemember, which may include child support income, spousal support income, and retirement benefits for the victim and perpetrator, as well as complete separation from the Army by way of a court-martial. Such losses could propel the now unemployed soldier to initiate further violence against their family, or increase the violence that had already transpired.

The DoD has made great strides in its strategic plan to educate the military community in the area of domestic violence: military services have consistently created and circulated literature and online mandatory training about domestic violence and sexual assault. As such, all branches require that its military and civilian employees are trained to identify and respond to these issues when they occur (Somerville, 2009); however, a 2006 Government Accountability Office report to Congress indicated that the DoD still has much work to do before it is able to give Congress a positive report of compliance with the recommendations of the DTFDV. Specifically, the largest

issue centers on the DoD's inability to accurately record incidences of abuse in the military when victims do not want to "out themselves" as victims to the command or other authorities (Somerville, 2009). While more research is being conducted, there is still a dearth of research regarding soldiers' and mental health personnel's perspective on the relationship between soldiers returning from tours of duty and the consequent perpetuation of relationship conflict and violence by having participants consider what aspects of militarization and occupational stress may or may not contribute to soldiers' perpetration of conflict and violence during reintegration following a deployment. Obtaining a greater understanding of the family dynamics involved in instances of military relationship conflict and violence may lead to improved prevention and intervention programs in this area.

Family Advocacy Program (FAP)

To address this social problem and its impact on families and communities, it is necessary to assess the programs in place that seek to assist soldiers in times of need. The Family Advocacy Program (FAP) is responsible for family violence prevention, identification, evaluation, treatment, and follow-up after violence has occurred (Department of the Army, 2003). Suspected incidences of child maltreatment and/or spouse abuse in military families will be referred to the FAP wherein a committee will review each case. Each committee is composed of selected individuals who work at the military base, which may include the Deputy Garrison Commander, the Command Sergeant Major, a representative from the JAG office, military police representative, and a supervisor from the FAP office, who make assessments and determinations of abuse, and provide recommendations for treatment (Mollerstrom, Patchner, & Milner, 1992; Rentz et al., 2006).

Each Army installation has a FAP on its base, and this program is uniquely different from most civilian organizations in that the FAP focuses on both spouse and child abuse wherein the victim and/or perpetrator is a servicemember (Martin et al., 2007). The FAP office provides further assistance through a victim advocacy office. The victim advocate assists the abused individual(s) in seeking a military protection order and/or civilian protection order and other related civilian and military services (Shewmaker & Shewmaker, 2014). Upon notification of an instance of alleged domestic violence or sexual abuse, the command must initiate its own response to the allegations. If the servicemember is the alleged perpetrator and the allegations are that s/he committed acts that violate the UCMJ, including communicating a threat, assault, battery, or rape, then the command is required to conduct an investigation and cooperate with civilian authorities that may also be investigating the allegations (Somerville, 2009).

There are two types of reports that can be taken by the FAP: restricted and unrestricted. In a restricted report, an adult victim has the option of reporting the incident to a specified individual, typically a social worker, without an investigation and notification to the victim's or alleged offender's commanding officer or law enforcement, except as otherwise required by law or DoD instruction or regulation (Somerville, 2009). Restricted reports do not apply to child victims because any abuse or neglect must be reported under DoD mandate. Alternatively, unrestricted reports include victim(s) who want to proceed through all legal avenues available, and as such authorizes the FAP to contact the alleged offender's chain of command, law enforcement, and other means of investigation and intervention (Somerville, 2009).

Once a report is received, a FAP caseworker is assigned to the victim, and if appropriate and financially possible, a victim advocate is also assigned. The caseworker will conduct an investigation through interviewing the victim and in cases of unrestricted reports, attempt to

interview the alleged offender. The results are presented to a Case Review Committee (CRC) that evaluates the extent of the abuse and develops a service delivery plan for the affected family (Somerville, 2009). The result of the investigation and the FAP recommendations for services for the victim(s) and servicemember are communicated to the servicemember's commanding officer. It is important to recognize that the FAP is designed to identify and intervene in situations where servicemembers have committed or are likely to commit acts of domestic violence, but it is not designed to punish the alleged offender of domestic violence. In spite of its design, the impact of this program has yet to be assessed, which is a goal of this research. Furthermore, it is necessary to leave the option open to explore any additional programs that are suggested to the alleged offender and victim(s) once a case of domestic violence has been substantiated.

An additional important component to the Family Advocacy Program is the Central Registry, which was created by the Department of Defense that keeps track of the number of reports created, the abuse reported, and the findings of any investigations conducted (Forgey & Badger, 2006). The Central Registry was designed to collect reliable and consistent information on child abuse and neglect and domestic abuse incidents reported to the FAP (Department of Defense, 2017). Each Military Service branch maintains comprehensive clinical case management systems, which include required data elements that are submitted to the Defense Manpower Data Center (DMDC) in the Central Registry of reports. The DoD Central Registry contains information on "(1) reports of abuse that did not meet criteria for child or domestic maltreatment" and "(2) information on reports of abuse that mean objective, standardized criteria and are linked to identifiable Service members, their family members, and the alleged offenders" (Department of Defense, 2017, p. 7). Though not a data source for this study, the information gained from the Central Registry is used to assist in management of the DoD FAP, inform

prevention and intervention initiatives, determine budget and program funding, and to prepare reports for Congress, among other goals. Much can be gleaned from reports such as this, as this is one of the few sources that give a clear picture of the amount of reported incidents of abuse occur within military relationships.

The FAP office plays a significant role in the Army addressing instances of abuse and maltreatment on military bases. When a case meets criteria for abuse, that decision is entered into the Central Registry; making it one of the most accurate databases to track the number of reports created, the abuse reported, and the findings of any investigations conducted (Forgey & Badger, 2006). To further understand the importance of the role FAP plays, we must also consider the personnel who make up the FAP office. Those individuals are mental health personnel, who may be licensed clinical social workers, psychologists, and/or psychiatrists. Fort Lane military base, the focus of this project, possess all three types of mental health personnel within their Behavioral Health Unit, although licensed clinical social workers make up the majority of the personnel. The next section will discuss more in-depth their experience and training in working with this specific population.

Mental Health Personnel

The Army is unique in their utilization of mental health professionals. The Army was the first service to utilize enlisted mental health technicians prior to World War II (Harris & Berry, 2013). During the first World War, there was a realization of the need for social workers who had specific training in how to work with young soldiers in combat (Loveland, 2009), and appointed the first social work consultant to the Surgeon General of the Army (Garber & McNelis, 1995). In June 1945, Army social work became a fully recognized specialty in the Office of the Army Surgeon General (Daley, 2000). Presently, active duty Army social work

officers perform as members of the Army Medical Department's health care team. Uniformed social workers provide direct services, counseling, crisis intervention, disaster relief, teaching, supervision, and policy development with a focus on ensuring the well-being of soldiers and their families (Howard, 2013).

Military social work practice has evolved into a sought career choice for master's-level trained and advanced independent clinical social workers (Garber & McNelis, 1995). Social workers may assume noncombat roles, specializing in areas such as domestic violence, substance abuse, medical social work, family support, and both inpatient and outpatient mental health, yet others go the active duty route. All active duty social workers are prepared to work in a wartime setting. Although they are not engaging in combat themselves, they do provide mental health prevention and treatment services to those who are fighting a war and need them for support (Simmons & Rycraft, 2010). These practitioners have a sensitive role in having to consider the needs of the client versus the needs of the unit, as their clients are oftentimes faced with trauma due to combat exposure, yet are needed to complete the mission before them. Additionally, boundary maintenance, confidentiality, and privacy may be difficult, as are navigating conflicts with commanders (Simmons & Rycraft, 2010).

Social workers comprise the largest number of professionals in the Army's multidisciplinary behavioral health team, which is made of psychiatrists, psychologists, and psychiatric nurse specialists (Howard, 2013). In 1988, the licensed independent social worker became the standard for social work practice in the Army. Without a current independent license, military policy prevents uniformed social workers to provide. For the purposes of acting as members of the Army Medical Department's health care team, social workers are trained so as to meet the social and mental health needs of soldiers and families within the culture of the

military. As such, mental health personnel have to be prepared for the challenges that can come when soldiers finish with a deployment. In addition to stress reactions that come from combat experiences, soldiers may also demonstrate adjustment issues while reintegrating back into the civilian world (Coll et al., 2011; Demers, 2011).

Due to rates of violence perpetrated by active duty and veteran populations estimated as being three times greater than those of civilian populations (Houppert, 2005), it is critical for mental health professionals to be well-informed of the military experience in order to administer sensitive prevention and intervention services to families who are in need (Coll et al., 2011). Treatment interventions when working with soldiers and veterans include psychoeducation, coping skills training, cognitive restructuring, exposure therapy, family counseling, and substance abuse, among others as needed (Exum & Coll, 2008; Exum, Coll, & Weiss, 2011). Psychoeducation primarily includes the clinician explaining the homecoming process and what to expect during the pre-deployment, deployment, and post-deployment stages in terms of emotional functioning in the self and in the family (Pincus, House, Christenson, & Adler, 2001).

Mental health personnel are instructed to not make assumptions about a returning soldier's experience, and the clinician's approach will vary based on how far removed the soldier is from their deployment (Coll et al., 2011). It is critical that the clinician cultivate a safe and neutral environment to help encourage the client to share their experiences when they are up to it. Servicemembers often hesitate to participate in mental health services due to the stigma or fear of information getting back to command, as well as the constant pressure of remaining "tough," wherein seeking out treatment is considered a weakness (Coll et al., 2011; Garvey Wilson, Messer, & Hoge, 2009; Hoge, Auchterlonie, & Milliken, 2006). Through an informed understanding of the military experience, mental health personnel are positioned to meet the

needs of soldiers and their families through counseling and treatment recommendations for programs that could be helpful during the reintegration process.

Mental health personnel specifically and Behavioral Health generally are important in serving the needs of soldiers and their families in times of struggle and transitions. These individuals are specifically trained in how to best serve this population (Bray et al., 2001) and to meet the needs of offenders and victims when conflict arises. Through their training, they are able to recommend treatment options for how to better resolve conflicts in the home, become better parents and partners, as well as provide a plethora of training in how to transition back to civilian life once a deployment ends. As a means of better understanding the population these mental health personnel work with, the next section will discuss the setting of this study.

Study Site

The military is an important entity that protects the nation from foreign and domestic threats, and there are multiple military bases located throughout the nation and other parts of the world; however, little is known about what life is like for those living on military bases. Fort Lane, a large military base located in the United States, is known for preparing soldiers for infantry combat and duty with other infantry units. Fort Lane is comprised of approximately 15,000 active duty service members, 18,000 family members, and 5,600 civilian employees (Department of Defense, n.d.). Fort Lane was founded in the mid-1850s, and is the oldest continuously serving division in the regular Army. Fort Lane has always been considered to have an important role in the defense of the nation and the training of soldiers; Fort Lane maintains modern training facilities and ranges to hone their skills in advance of deployments.

In terms of demographics for the study population, a majority of active duty soldiers at Fort Lane are men, totaling 88.9% while women compose 11.1% (Department of Defense, n.d.).

When considering race, the composition of racial breakdown at Fort Lane almost mirrors what is seen in the United States. According to the U.S. Census Bureau (2010), 72.4% of U.S. citizens identify as being White, while 73% of residents at Fort Lane identify as being White. Similarly, the second largest group of soldiers consist of those who identify as being African American, totaling 15%; Asian, Native American/Alaska Native, Native Hawaii/Pacific Islander, and Other Races comprise the remaining 12% (Defense of Defense, n.d.). The age of most of the active duty personnel on Fort Lane predominantly falls within two groups: those between the ages of 25-34 and those under the age of 25. Those groups comprise 39.3% and 43.2% of all respondents, respectively. Additionally, 15.2% of active duty personnel are between the ages of 35-44, and 2.3% are above the age of 45 (Department of Defense, n.d.). By and large, the demographic population of Fort Lane is not categorically unique compared to the U.S. Military as a whole (Department of Defense, n.d.).

In many ways, Fort Lane is compared to the overall Army; one comparison in particular being that mental health needs are higher for those at Fort Lane than those in the overall Army. In 2014, the leading mental health diagnoses were adjustment disorders followed by mood disorders and anxiety disorders (Department of Defense, n.d.). According to 2012 data, the leading causes for medical encounters for Active Duty personnel were musculoskeletal injuries and behavioral health issues (Armed Forces Health Surveillance Center, 2012a). Interestingly, when factoring in age and gender, although more women are diagnosed with mental health disorders, they tend to be 45 years old or older whereas most men are diagnosed at a younger and wider age range, from 25-45 years old (Department of Defense, n.d.). This is important to the proposed study as research has indicated age may be a contributing factor in occurrences of relationship conflict. Generally, the younger the spouse, the higher the chance of aggression; for

example, the rate of conflict and violence for a couple who are 30-years-old or younger is more than double that of the 31 to 50-year-old age group (Mercier, 2000). Previous research has also indicated that those at a lower rank are more likely to perpetrate violence, indicating a possible link between younger age, lower rank, and perpetration of violence (Elder, 1988; Mercier, 2000; West et al., 1981).

Public safety is an important issue that impacts a military base's welfare and a community health survey was disseminated in 2014 to gain an understanding of the perspectives pertaining to the public safety of those living on base. All Fort Lane residents and employees were eligible to complete the survey and had a total of 968 respondents, and most of the respondents were Active Duty personnel. One of the first questions on the survey pertained to high risk behaviors. According to data collected from 2009-2013, several Fort Lane risk behaviors were shown to be greater than the overall United States Army (FORSCOM) rates (Department of Defense, n.d.). These offenses include accidents, drug offenses, alcohol offenses, traffic violations, crimes against persons, and crimes against society; all of these offense rates were shown to be twice as high as FORSCOM rates. Further data collected through the Armed Forces Health Surveillance Center pertaining to the mental disorders and mental health problems of active duty personnel indicated nearly 70% of all calls for service reports were related to life circumstances (e.g., pending, current, or recent return from deployment; acculturation difficulties) (45.8%) or partner relationships (23.1%) (2012b, p. 13). This report demonstrates evidence that soldiers are significantly impacted through deployments and there is reasonable potential for soldiers to struggle when reintegrating post-deployment.

In the community health survey distributed at Fort Lane, respondents (e.g., active duty personnel, base employees, and residents) indicated that domestic violence was a threat to the

health of those residing at Fort Lane, with 13% noting that domestic violence was among the greatest threats to health on Fort Lane (Department of Defense, n.d.), which equates to roughly 126 of the 968 respondents. When examining the rates of domestic violence from January 2015-December 2015, it was shown that the number of incidents fluctuates between roughly 6 incidents/month to over 25 incidents/month (Department of Defense, n.d.). Because of this, it is essential to learn more about why domestic violence and relationship conflict is viewed as a threat on base and how it is being addressed. Even more important, there is a dearth of qualitative research on a population of returning or formerly deployed soldiers and mental health personnel at an Army base, making this research among the first of its kind.

Purpose Statement

Studies on domestic violence are plentiful (Bradley, 2007; Heyman & Neidig, 1999; McDonald et al., 2006, Ogbonnaya, 2015; Rentz et al., 2006; Shewmaker & Shewmaker, 2014); however, there are many questions that have yet to be answered. While past studies have studied those serving in the military and the violence that may be exhibited by soldiers towards their families (Bradley, 2007; Cantos et al., 1994; Cronin, 1995; Doyle & Peterson, 2005; McCarroll et al., 1999; McCarroll et al., 2000; Shupe et al., 1987), I seek to explore the relationship between soldiers returning from a deployment and the consequent perpetration of relationship conflict by having participants consider what aspects of militarization and stress may or may not contribute to soldiers' perpetration of violence and experiences of conflict during reintegration following a deployment. It is essential to know this due to the lack of prior literature, but more importantly, knowing the answers to this could provide clarification for how to better prepare soldiers that are returning home from a deployment deal with their stress without resorting to violence, and to understand how militarization can have lasting impacts on one's interactions

with their family. I also intend to explore the current programs that are in place that help soldiers readjust to life once they have returned home; specifically, the Family Advocacy Program and its associated programs at Fort Lane military base.

This type of research is important due to its likelihood of providing suggestions for improvements to current policies in place. Due to the soldiers and mental health personnel following specific protocol mandated through treatment requirements, they can share why and how the current programs are or are not effective and impactful for the purpose(s) they are designed to serve. As such, the purpose of this research is to explore the issues surrounding soldier and familial reintegration following deployment. I will qualitatively explore the stressors associated with military deployment and reintegration through in-depth, semi-structured interviews with a sample of servicemembers and mental health personnel. An examination of the Family Advocacy Program and their affiliated treatment programs that are recommended when instances of relationship conflict occur will also be explored as part of this study.

Qualitative research methods are the best choice for accomplishing this study, as this technique allows interviewees to explain in their own words during an interview how the impact of stress and transitions related to deployments may manifest in conflict and violence. Servicemembers can provide context and descriptions of their experiences beyond that which is derived from solely quantitative methods, and in so doing, allows for researchers and practitioners to make programmatic changes that seek to reduce or eliminate this violence. Interviewing mental health personnel who work with relationship conflict offenders is also paramount to this study due to the intimate perspective they have in relation to cases of abuse, as well as the professional knowledge they possess in knowing whether or not the programs that are suggested or mandated to relationship conflict offenders have a successful outcome. Through

analysis of the FAP and its associated programs located on Fort Lane's military base, and specifically probing participants about their views of the effectiveness and impact the FAP has had when instances of conflict and violence occur, such findings would allow for the development of policy and program improvements. Higher severity levels in the conflict and violence perpetrated by military populations as compared to civilian populations (James et al., 1984; Wasileski et al., 1982) makes it clear that research like what is proposed here is far-reaching, impactful, and necessary.

An examination of the two theories used to help guide this research are presented in Chapter 3. First, a description of social bonding theory and its application to how soldiers have high or low levels of social control which may impact their likelihood of engaging in conflict or violence in their life at home. Second, an overview of strain theory is introduced, wherein negative situations or relationships generate negative affective states in a person, and those negative reactions could result in unhealthy coping, which may include conflict and/or violence. Following an examination of both theories, an explanation of the qualitative methodological techniques used in this study is presented in Chapter 4.

Chapter 3 - Theoretical Framework

Social Bonding Theory

A trademark of many theories is that they each possess aspects of historical significance, in which the theory has been applied to different concepts and situations across time. Social control theory is no different. In tracing its history, the origins of social control theory began with a focus on the assumption that human behavior is not inherently conforming but instead that each of us are naturally capable of committing criminal acts (Hirschi, 1969, p. 31). Social control theory is a broader label used to describe a constellation of theories, including social bonding theory, which informs this study.¹ Delinquency is said to be intrinsic to human nature (Wiatrowski, Griswold, & Roberts, 1981), wherein conformity necessitates explanation. Conformity can be achieved through socialization, and the forming of social bonds which are comprised by four elements: attachment, commitment, involvement, and belief. When these elements of the social bond are strong, delinquent behavior is less likely to occur.

To make sense of each of the elements of the social bond, they must be defined. *Attachment* refers to the affective ties individuals form to intimate others. One's family unit is a primary source of attachment due to parents serving as role models that teach their children behavior that is considered socially acceptable. *Commitment* relates to the investment in conventional lines of action that are compromised if the individual chooses to engage in deviant behavior. Those who pursue and have a desire to achieve conventional goals are less inclined to engage in illicit behavior not oriented toward future goals. *Involvement* pertains to one's

¹ Hirschi abandoned social bonds with the General Theory of Crime/self-control theory before revisiting it in a reformulation of self-control theory in 2004 (Hirschi, 2004).

participation in conventional activities to insure one cannot be tempted away from conventional lines of action. Being busy with sanctioned activities restricts opportunities for delinquent actions. Lastly, *belief* is the “acceptance of the moral validity of the central social-value system” (Hirschi, 1969, p. 203). This element reinforces the importance of societal values that can be recognized as valid, which could make potential deviants feel rule-bound, thus choose to not break them (Wiatrowski, Griswold, & Roberts, 1981). Taken together, each of the elements coalesce to form a “stake in conformity,” wherein bonded individuals are unlikely to threaten their good standing in society through acts of crime and deviance.

A core tenet of control theory is that deviant acts such as exhibiting violent behaviors are considered natural tendencies, rather than learned behaviors (Hirschi, 1969). Other researchers have suggested that “the natural proclivity toward deviant behavior is inherent in human nature and constant across all individuals” (Friedman & Rosenbaum, 1988, p. 364). As such, conformity necessitates additional explanation. A second core tenet is that there is only one moral order, and participation in any behavior outside of the conventional moral order is considered deviant behavior (Nye, 1958; Reiss, 1951). In agreement with control theory, social bonding will prevent one from deviating from conventional behavior; however, when social bonds weaken, one is released from conventional, prosocial, and normative behavior. If the attachment bond is not formed, young persons may feel little obligation to follow parental, and societal, rules or to participate in pro-social activities (Foshee, Bauman, & Linder, 1999).

Hirschi’s social control theory is one of the most frequently cited theoretical frameworks used in criminological research today (Costello & Laub, 2020). The theory’s advantage is found in its conceptual relationship between individuals and conventional social institutions (Booth, Farrell, & Varano, 2008), while also displaying a strong link between theoretical propositions

and supportive research (Gibbons, 1979; Hindelang, 1973). While primarily used to understand characteristics of adolescent delinquency, it is also useful in explaining other features of criminal behavior and deviance. Laub and Sampson (2003) make arguments for the importance of considering how the changing features of social bonds explain the trajectories of delinquency careers throughout the life course, and the procedure of ceasing criminal behavior (Bushway, Piquero, Broidy, Cauffman, & Mazerolle, 2001; Huebner, 2005). Hirschi makes the argument in his theory that both delinquents and non-delinquents share the same impulses toward engaging in delinquency; however, they differ in the degree to which they are prevented from yielding to those impulses (1969). Therefore, those with strong, positive social bonds will be more likely to conform to conventional norms and behaviors, in contrast to those who have weak, broken bonds who will participate in delinquent behavior. Importantly, children who are grounded in the socialization process and internalize the dominant norms of society are the most likely to engage in pro-social and conventional behavior.

Most of the research testing the relationship between elements of social control and delinquency has focused exclusively on males, as Hirschi limited the sample in his original research to young men (1969). That exclusion has led other researchers to attempt to assess how well the theory applies to females (Alarid, Burton, & Cullen, 2000; Cernkovich & Giordano, 1992; Chesney-Lind & Shelden, 2004). The limited research on gender and social control is indicative that the features of social control are not experienced similarly across genders, and calls into question how social controls explain delinquency among women (Erickson, Crosnoe, & Dornbusch, 2000). Studies involving male and female samples suggests that gender stratification and patriarchal power dynamics within families and communities promote gender-specific expectations and responses to social control. Hagan, Hewitt, and Alwin (1979) believed

that females are more likely to be recipients of informal forms of social control through protective mechanisms, while males would be objects of formal means of social control by authoritative mechanisms. Block's (1984) research also demonstrated the protective controls placed on daughters by their parents which would restrict their movement and behavior, yet allowed their sons freedom to try new experiences with the threat of punishment should they engage in delinquency.

More recent research has suggested that the different responses to various forms of social control may be explained by different developmental processes experienced by young men and women, indicating that each type of control has differing impacts at different stages of their development (Kelley, Huizinga, Thornberry, & Loeber, 1997). Instead of innate differences between the sexes, gender role socialization is deemed to have more influence on responses to social controls (Thorne, 1994). The impact of this socialization is experienced the most during adolescence, the same period when youth are at the highest risk for delinquency (Block, 1984). Understanding how this socialization translates from late adolescence to early adulthood, and the relationship between social controls inflicted by the Army and engagement in deviant behavior is a focus of this study.

Insecurely attached people tend to drift into peer associations that reinforce illicit behavior to fill an emotional void left by weak familial attachment (Patterson & Dishion, 1985). These anti-social attachments to peers obstructs the development of interpersonal skills that encourage friendships with peers who are more likely to avoid criminal behavior (Simons, Whitbeck, Conger, & Conger, 1991). Additionally, as one of the premier elements of social control, parental attachment is an empathic identification that fosters acceptance of parental expectations, as well as peers with whom to associate (Patterson & Dishion, 1985). Abuse or

maltreatment from parents results in weak and insecure attachments, leading to limited bonding with others (Bartol & Bartol, 1998). Insecure attachment and ability to bond with others as a result of hurt from parents can lead to peer associations that encourage deviant activity and drug use (Walters, 1994).

Social bonding theory has primarily been assessed in relation to scales of delinquent behavior than range in seriousness; some research has suggested that the element of commitment is more strongly associated to less serious offenses (Kelly & Pink, 1973). This calls for further analysis between minor and major delinquency. The differences in the degree of constraints imposed on each individual is what separates an offender from a non-offender (Hirschi, 1969). Marriage, employment, and military service have been identified as important sources of social bonding among adults associated with low levels of criminal offending (Bouffard, 2003; Osgood et al., 1996; Warr, 1998), and as decisive points in criminal cessation (Sampson & Laub, 1993) by creating a stake in conformity for individuals. In research completed by Krohn and Massey (1980), they recognized the need to complement social control theory with variables that indicated deviance-producing motivation; this meant that once bonds are weakened or severed, the more deviant friends a person has, the more likely they are to deviate. Additionally, the theory has done better in accounting for less serious deviant behavior as compared to more serious offenses (Krohn & Massey, 1980). An explanation for this may have come from Hirschi's theoretical assumptions, in that the weakening or severing of the elements of the bond can allow for, but not necessarily cause, delinquent behavior. Once a person is experienced in delinquent behavior, other factors may be necessary to account for continued engagement in that behavior.

Some criticisms of Hirschi's theory focus on lack of empirical support (Empey, 1978). A chief complaint by Agnew (1985) involved Hirschi's data being conducted with cross-sectional data. Some critics believe Hirschi fails to consider how the four elements might act concurrently to affect the likelihood of deviant behavior (Conklin, 1981; Empey, 1978; Paternoster, Saltzman, Waldo, & Chiricos, 1983; Wiatrowski, Griswold, & Roberts, 1981). Additionally, questions about the implications of family socioeconomic status, ability, and the influence of intimate partners that have been determined to be important in the development of educational and occupational aspirations (Haller & Portes, 1973; Paternoster et al., 1983; Sewell, Haller, & Portes, 1969). Hirschi examined the correlation between delinquency and social class to find that there is no important relationship between social class and delinquency (1969, p. 75). When trying to represent all elements of the social bond in empirical studies, researchers have found roadblocks when attempting to operationalize "belief" due to the process of developing beliefs to be complex and personal to the individual (Hirschi, 1969; Wiatrowski, Griswold, & Roberts, 1981); however, when used in terms of conscience and concepts of guilt when breaking the law, this element is still useful to understanding the development of social bonds.

When considering how the different elements of the social bond relate to servicemembers, it is important to draw parallels between Hirschi's explanation for each element and how it applies to the experience of servicemembers and their propensity to engage in conflict or violence with an intimate partner. First, a servicemember's attachment to the mission of the Army generally, and the deployment specifically, may supersede their attachment to an intimate partner due to the literal distance that separates them, and the detachment that some find necessary when focusing on a mission. Second, commitment may be represented by a servicemember's stake in conformity to the Army life, and the opportunities that become

available over multiple years of service. Involvement can be indicated by a servicemember's occupation and rank within the military, coupled with their deployment history. Lastly, belief can be represented by the level of buy-in achieved by commanders which involves servicemembers accepting the instruction given to them beginning in basic training and continuing throughout their military career. Decreased social bonding has been found to be related to other problem behaviors, such as crime and delinquency (Cernkovich & Giordano, 1992; Friedman & Rosenbaum, 1988; Wiatrowski, Griswold, & Roberts, 1981), substance use (Foshee & Bauman, 1992; Krohn et al., 1983), and sexual behavior (Udry, 1988). An overview of strain theory will be presented next.

Strain Theory

Most modern control theorists believe that individuals have needs or desires that can be satisfied through legitimate or illegitimate channels, namely the needs for sex and money (Agnew, 1993). Individuals who are low in control will turn to delinquency because it allows for those needs and desires to be met quickly and easily (Nye, 1958). Hirschi (1977, p. 340) even suggests that crime is a "product of ordinary desires" such as money, sex, and excitement. Strain theorists also acknowledge that certain factors may increase the ability of the individual to deviate. Strain theorists argue in opposition of control theory that many of the control variables may lead to deviance because they strain or frustrate the individual (Agnew, 1993). Additionally, strain theorists argue that the motivation for deviant behavior is not evenly distributed, and that some individuals experience substantially more desire for deviance than others (Agnew, 1992; Bernard, 1984). A strong explanation of deviant behavior must consider both level of control and motivation toward delinquency, an argument this study intends to make.

Strain theory will serve as a second guiding framework for this project. Strain theory originated with Merton in 1938 as a means of explaining that for certain individuals, the pressure to not submit to society's expectations is greater than the pressure to conform (Merton, 1938). As a simple example of this, a known expectation within American society is to work towards achieving great wealth (Cloward & Ohlin, 1960); however, some individuals see no value in working for an honest wage, so will instead choose to acquire their wealth through robbing a bank or embezzling money. Cultures will also specify approved norms or means for achieving cultural goals. Merton argued that because all people are expected to want and aspire to achieve the goals of the culture, it is important that the culture place a strong emphasis on the institutionalized means and the necessity of following them for their own value (Merton, 1949). Due to there being a lack of access to the means to achieve the culturally-approved goals, Merton believed that this frustration would increase deviance, particularly among groups who were especially disadvantaged in the availability of means. A resurgence of interest pertaining to this topic in the late 1980's and early 1990's led to Agnew's (1992) explanation of the individual level concept of general strain theory that focused on one's avoidance of negative relationships with others.

Agnew's argument rested within the idea that negative situations or relationships (i.e., strain) generate negative affective states in a person, wherein anger is the most common pathway that leads to crime (Agnew, 1992). In other words, strain is the disconnect between expectations and actuality or between what we perceive as fair and what actual outcomes are. Failure to achieve positively valued stimuli, removal of positively valued stimuli, and the presentation of noxious stimuli are all ways that can generate this disconnect; thus, why these are termed sources of strain (Agnew, 1992). Agnew believed that crime would be more likely to occur based on

strains that (1) are viewed as unjust and intentionally caused by others; (2) are high in magnitude, including their severity, duration, recency, and centrality; (3) are associated with or caused by low social control and; (4) create pressures or incentives to rely on illegitimate coping strategies (Agnew, 2001). Therefore, Agnew believed that there are certain qualities of a source of strain that can make a person more likely to resort to criminal coping.

An important concept to strain theory is coping mechanisms (Agnew, 1992). Stressors experienced by individuals may lead to strain itself, which may create an emotional response, driving the individual to cope in ways that are emotional, cognitive, or behavioral. Certain instances may compel a person to engage in criminal forms of coping rather than prosocial alternatives. For example, these could be related to the sources of strain themselves. When strains are concerned with areas of a person's life that they deem invaluable, this strain may lead to a negative emotional reaction such as anger, which is believed to be the emotional reaction most likely to lead to crime (Agnew, 1992; Mazerolle, et al., 2000), and could lead to antisocial coping if prosocial coping mechanisms are unavailable. Those who have legitimate mechanisms for coping will typically not engage in criminal behavior, while those with limited access to legitimate methods may choose crime. A number of studies have found support for Agnew's argument that negative relationships and stressful life events are associated with increases in a variety of deviant behaviors (Agnew, 1985; Agnew, 1989; Agnew & White, 1992; Mazerolle & Maahs, 2000; Paternoster & Mazerolle, 1994).

When exploring the sources of strain within the military, many military personnel believe the bureaucracy of the military creates obstacles that prevent promotions, placements/transfers, and awards. Additional negative stimuli could include a deployment itself, any negative verbal or physical interactions with superiors or comrades, or punishments or demotions. These examples

may also lead to a loss of a positive stimuli through the demotion being considered a negative stimulus while the loss of rank could be considered the loss of positive stimuli (Bucher, 2011).

Due to the hypermasculine culture of the military, soldiers are often directly or indirectly told to not seek out help for their problems and/or to handle it themselves (Bucher, 2011). Not following this direction often marks the soldier as a social outcast and could result in being stigmatized by their unit for not being able to carry out their duties. This also has implications on the soldier's perceived masculinity; by failing to meet the expectations placed on them regarding their masculinity, soldiers can be viewed as failures for their emotional expression and lack of toughness (Connell, 1995; Eisler & Skidmore, 1987; Messerschmidt, 1993; Messner, 1990; 2002; Pleck, 1995). Additionally, for soldiers who admit to physically abusing their partner or others, the data shows these individuals fail to cope with their stress from a deployment and/or feeling of frustration regarding expectations of their masculinity in a pro-social manner (Bucher, 2011). As such, the hypermasculinity of military culture may prevent soldiers from enacting prosocial coping mechanisms when faced with significant sources of strain.

As such, hypermasculinity in military culture is understood as being advantageous for military personnel and shown to be related to criminal behavior (DeLisi & Vaughn, 2014; Raine, 1993). It is possible that some individuals predisposed to antisocial and criminal behavior may enter into military service; however, there has not been a definitive link indicating that the military is a causal factor for increased criminal activity (Greenberg, Rosenheck, & Desai, 2007; Snowden, Oh, Salas-Wright, Vaughn, & King, 2017; Spiro, Settersten, & Aldwin, 2016; Westwood, McLean, Cave, Borgen, & Slakov, 2010). It is important to remember that the significant stressors associated with being in the military (e.g., separation from family during a deployment, exposure to trauma, etc.) are significantly different than what civilians experience in

their lifetime. The link between strain and crime exists in contexts where deviant values are present and where criminal or deviant peers are present (Agnew, 1999), which is likely within the military subculture. Calls for research to better understand the link between military members and criminal involvement (in multiple forms) continue to increase as prevention models are sought to be implemented (Snowden et al., 2017).

When focusing directly on military offending, researchers are provided with a unique social environment due to the organization and culture of the military institution itself (Bucher, 2011). While some studies have focused on the relationship between military training and crime, such as the strain experienced from the traumatic effects of killing in combat leading to future violence as a civilian, questions remain concerning the offending experiences of those in the military (Bucher, 2011). Data has also shown that soldiers returning from a combat deployment have engaged in higher rates of offending compared to pre-deployment (Foy & Card, 1987; Kulka et al., 1992). Connections have also been made between veterans with heavy combat experience being compared to serial killers who learned to reinforce violence and murder through military boot camps (Castle & Hensley, 2002; Kulka et al., 1992; Laufer et al., 1984).

To date, research has indicated that military families are a high-risk group for family violence (Bradley, 2007; Cantos et al., 1994; Cronin, 1995; Doyle & Peterson, 2005; Heyman & Neidig, 1999; McDonald et al., 2006, Mercier & Mercier, 2000; Neidig & Friedman, 1984; Ogbonnaya, 2015; Rentz et al., 2006; Shewmaker & Shewmaker, 2014). The military has established policies and programs that seek to address family violence; however there are still unanswered questions regarding the complex nature of relationship conflict. Due to the military being a closed system, conducting research has never been simple. Obtaining data can be challenging for this reason, yet without adequate research, it is difficult to offer specific

treatment strategies or prevention programs for military families affected by violence. As such, the purpose of this research is to explore the issues surrounding soldier and familial reintegration following deployment. Below, the research questions that helped guide the study are provided and in the following section, an explanation of the methodological design, analysis strategy, and participant groups will be presented.

Research Questions

Based upon the aforementioned research literature review, the following research questions will guide the subsequent analyses.

Qualitative Research Questions: Soldier Interviews

Qualitative analyses will be used to understand the ways in which soldiers handle and react to stress and transitions by interviewing active duty soldiers and veterans (otherwise referred to as servicemembers), and mental health personnel. As such, the following questions posed to servicemembers will be used as an overarching framework for the qualitative analyses:

1. How does military service impact soldiers' relationship with intimate partners?
2. How do soldiers describe their experiences of seeking mental healthcare upon reintegration following a deployment?

Qualitative Research Questions: Mental Health Personnel Interviews

Pertaining to the mental health personnel who may consist of counselors, social workers, and/or psychologists, the following research questions will also be used for qualitative analysis:

1. What are mental health providers' perceptions of the sources of conflict faced by soldiers in intimate relationships?

2. What are mental health providers' perceptions of commanders' responses to familial conflict?

Chapter 4 - Methods

Qualitative Methods Design

There have been calls for updated research on domestic violence in the military over the last several years (Allen, Rhoades, Stanley, Markman, 2011). As such, this study is seeking to expand on prior literature by examining the dynamics of a soldier's reintegration back home following a deployment, including the potential for relationship conflict, through closer examination of the soldiers, mental health personnel who serve them, and programs recommended to assist during these transitions. This project will employ qualitative methods, which involve the use of qualitative techniques of research as well as distinct philosophical assumptions that influence the collection and analysis of data (Creswell & Plano Clark, 2007).

Permissions

The IRB at the principal investigator's (PI) institution approved the study prior to data collection that occurred from Fall 2019-Spring 2020 (IRB # 9885). After reading an informed consent document, each respondent orally consented to be audio recorded and having their interviews transcribed for use in future data analyses.

Interviews

Sample

Twenty-three semi-structured interviews were completed: 11 with current soldiers and veterans and 12 with mental health personnel, which included counselors, social workers, and psychologists on base. Participants eligible for inclusion as part of the soldier sample from this study were drawn from active duty personnel stationed at Fort Lane military base as well as individuals who have served as active duty in the Army within the past ten years. This sample

was recruited through my personal connections and then snowball sampling later commenced wherein initially sampled respondents referred potential participants believed to have the characteristic(s) of interest to the research and encouraged them to participate (Johnson, 2014). This research sought to interview men and women to make for a diverse sample, which also provided a better reflection of their collective experiences otherwise lost in interviewing exclusively one gender.

In addition, a sample of mental health personnel presiding at Crimson Army Community Hospital was interviewed (n = 12). I was a Research Scientist on Fort Lane's base and was stationed in the Behavioral Health Unit and afforded the opportunity to interact with mental health practitioners. As such, the mental health personnel participants included a convenience sample of mental health personnel at Fort Lane military base who worked in the same Behavioral Health department as me. Interviews with active duty and veteran soldiers ranged from 75-140 minutes, whereas interviews with mental health personnel ranged from 25-45 minutes and all were conducted between October 2019 and February 2020. Participants were informed that they would be assigned a pseudonym or could elect to choose one for themselves that I would refer to in transcriptions and the final report. Most of the participants had me choose one at random, although some offered suggestions, which were accepted. Despite the fact that my father served for three years as an Army track and wheel mechanic, which may have subconsciously impacted the research process (Pezalla, Pettigrew, & Miller-Day, 2012), I sought to remain reflexive and openminded during data analysis to avoid prematurely influencing the results (Berg, 2003).

Participants

Of the active duty and veteran soldier participants, 9 identified themselves as men and 2 identified as women. Racial identity was not inquired for this portion of analysis, as some

interviews were conducted over the phone. Of the 11 participants, 3 were active duty and 8 were veteran soldiers. Their rank included both officer and enlisted designations. Of the mental health personnel participants, 9 identified themselves as women and 3 identified themselves as men. All participants except two identify as White non-Hispanic, which is a limitation of this study; however, this racial demographic is reflected within the department where participants were recruited. Age of participants was not measured within this study, but years of experience ranged from 10-33 years.

Interview Process

The present study's participants were recruited through convenience sampling and snowball sampling. According to Katz (2012), representativeness in qualitative research is achieved through variation and diversity of experiences and circumstances of individuals who experience a particular phenomenon. Recruitment of the soldier sample originated with six personal and professional connections I had with active duty and veteran soldiers, and was aided by snowball sampling to recruit the remaining five participants. Interviews with the soldier sample were set up over phone or email, which was influenced by prior participants sharing contact information for potential participants with me. Of the 11 interviews, nine occurred in-person, whereas two occurred over the phone.

Recruitment of mental health participants was aided in this study through my established connections and rapport due to previous association with the Behavioral Health Unit, located at Crimson Army Community Hospital on Fort Lane military base. The participants I did not know personally were recruited through snowball sampling from previously-interviewed participants. Due to familiarity with the mental health personnel, participants were contacted via phone call to

inquire about participation in the study, and to arrange a time to be interviewed. Three out of 12 interviews occurred in-person, and nine occurred over the phone.

All interviews took place in a private room regardless of if the interview occurred in-person or via phone, including in a departmental office on the university's main campus. Interviews that occurred via phone call were recorded with the audio recording device in a private room to maintain confidentiality. Prior to each interview, all participants provided informed consent through a verbal confirmation and consented to their interview being audio recorded for transcription purposes. They were informed of the steps taken to ensure security of their identity and their responses to questions, including data being de-identified to optimize confidentiality when disclosing conflict or violence.

Data Collection Procedures

The decision to complete semi-structured interviews was due to a desire to capture attitudes, feelings, and individual perceptions regarding the issues surrounding soldier and familial reintegration following deployment. The interview protocol for both qualitative samples consisted of a series of open-ended questions, beginning with general inquiries before moving toward specific topics (please see Appendix A). The items that were included were derived from past research (Sibley & Durtschi, 2015; Straus, 1979), tailored toward the separate perspectives of each participant group, and self-designed in consultation with the dissertation committee. For the soldier interviews, the interview protocol began with general questions about family life in the military and what it is like to reintegrate back home after a deployment and then transitioned to questions specifically about stress, conflict, and services available during reintegration. Respondents were asked to provide any final thoughts or state any additional comments about deployments and reintegration in the ending questions. The questioning technique provided

structure while also allowing for flexibility in probing where appropriate (Berg, 2003; Krueger & Casey, 2014; Rubin & Rubin, 2005).

Interview protocol with mental health personnel followed a similar strategy as with soldiers and veterans, although the questions were specific to the sample participants and their role within the military (see Appendix B). Key questions focused on the process of reintegrating soldiers back home post-deployment and their perceptions on how well soldiers handle conflict and how well command leadership understands issues of familial conflict and supports their soldiers during reintegration. The respondents were also able to offer final reflections at the end of the interview.

Data Analysis

The design of the interview schedule allowed open-ended responses to questions about deployment(s), reintegration, effects of deployment on intimate relationships, and programs and services available to soldiers and their families during times of conflict and stress. Appendix A and Appendix B provide copies of each respective interview schedule. By utilizing open-ended questioning, this allowed me to probe additional areas based on information gleaned from the interviewee and prior literature. The open-ended format also allowed participants to describe their own perspectives and experiences using their own words.

I transcribed all interviews from my audio recording device into Microsoft Word using ExpressScribe software. The transcriptions were written verbatim to capture the authentic nature of participants' statements. I used the transcriptions to conduct data-driven open coding to allow possible interpretations, questions, and answers to tentatively emerge (Berg, 2003). Particularly, initial coding, or open coding (Corbin & Strauss, 2008; Strauss & Corbin, 1990, p. 61-74), is the process wherein data is condensed into categories that make sense in terms of interests and

perspectives. Coding is important as a methodological process of sorting data into various categories as a means of organizing it and rendering it meaningful from the perspective of one or more frameworks or sets of ideas (Lofland, Snow, Anderson, & Lofland, 2006), which leads to the designation of major themes. Charmaz notes that coding is the “process of defining what the data are all about” (2001, p. 340). I analyzed and further coded the data separately by participant grouping, centrally due to their perspectives being individualized and informed based on experience and profession, using ATLAS.ti version 8 software (Esterberg, 2002). I chose to use Atlas.ti version 8, as it has functions that allowed me to code, group, and analyze data in ways that were most advantageous to my research goals. In all, both sets of data including the mental health personnel data and soldier/veteran data were coded a total of three times.

Once an interview was completed and transcribed, data analysis commenced wherein I listened to the recording of the interview in full (Berg, 2003; Corbin & Strauss, 2008), transcribed the interviews verbatim, and then began to identify meaning by assigning concepts, which led to the designation of themes through open coding. Strategies for analysis include utilizing Atlas.ti, version 8 to open code as a means of conceptualizing the data to decipher groups, concepts, and themes (Berg, 2003; Corbin & Strauss, 2008) that best highlight what is most important at the outset. A codebook was created based on these themes, which assisted in identifying keyness between soldiers and mental health personnel. Comparisons along conceptual lines between soldier responses and mental health personnel responses was an informative aspect of data analysis (Corbin & Strauss, 2008). I sought to remain openminded toward the findings from the data to avoid prematurely influencing the results (Berg, 2003).

Data collection involved different questions being asked of each participant group, therefore soldier interviews were analyzed separately from mental health personnel interviews,

which provided a more holistic view on the links between military service and mental health. Collaborative data conferencing between myself and my major professor was sought to avoid bias; however, most of the analysis was completed by me. Constant comparison and consistent review of findings were needed to achieve the standard of validity (Finfgeld-Connett, 2010). Data source triangulation through comparing servicemember and mental health personnel perspectives within and against each other were another way of achieving validity in this study (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014).

In reviewing each transcript, the words and sentences that conveyed similar meanings were identified and labeled with codes (Graneheim & Lundman, 2004). The coding process allows one to simplify and focus on specific characteristics of the data (Nowell, Norris, White, & Moules, 2017) from large segments of text. Assessing how these meaning units were linked led to the identification of themes, and subsequently, thematic analysis (Belotto, 2018). Thematic analysis is a method used for identifying, analyzing, organizing, describing, and reporting themes found within a data set (Braun & Clark, 2006). Braun and Clark (2006) and King (2004) have argued that thematic analysis is a useful method for examining the perspectives of different research participants, highlighting similarities and differences, and generating unanticipated insights. The first stage of a thematic analysis includes coding as many categories as possible from the data, which lends credence to the “constant-comparative” identifier this method is given, as I compared each incident to other incidents in order to decide which codes belonged in certain categories. During this process, I relied on the analytic examinations of narrations related to this specific social phenomena through breaking transcriptions into small units and performing data analysis (Vaismoradi & Snelgrove, 2019). I chose to utilize open coding to allow for “initial, unrestricted coding of data” (Strauss, 1987, p. 28-32). As such, I reviewed all texts from

transcriptions of interviews line by line and lines of text were highlighted to indicate categories. From this coding exercise, a codebook was created to document the codes and the procedures for applying them (Weston et al., 2001, p. 395). The next stage of a thematic analysis was integrating categories to reshape and produce deeper meanings for them. Firstly, the process of integrating categories consisted of using axial coding to use codes that made connections between categories and resulted in the creation of new categories or a theme that covered many categories (Lindlof & Taylor, 2002). The development of thematic networks aims to examine the deeper meaning of the texts, exploring the themes that emerged and identifying the patterns that underlie them (Attride-Stirling, 2001). As I collected data for themes or concepts, this also allowed for the development of new concepts, themes, and ideas. Axial coding had the ability to bring previously separate categories together under the principle of integration.

When I began this study, I had lofty goals of wanting a sizeable pool of participants, but given the global disruption of a viral pandemic that occurred during data collection, my sample included interviews with 23 individuals. After conducting 12 interviews with mental health personnel, I reached a saturation point wherein I heard a consistent range of ideas and additional interviewees were not providing any new information (Corbin & Strauss, 2008; Rubin & Rubin, 2005). I also completed 11 interviews with active duty and veteran soldiers prior to March 2020 when the pandemic intensified in the United States, prompting a global shutdown (please see Appendix C). Chapter 5 will explore the central themes that emerged from the interviews, which are separated by the soldier and mental health personnel participant groups and organized by research question.

Chapter 5 - Results

Until this project, no prior studies combined responses from both servicemembers and mental health personnel. Utilizing both perspectives provides a more holistic view on the links between military service and mental health. An important goal of this research was to analyze their responses individually while also integrating each group's unique perspective regarding how military service impacts soldiers' intimate relationships. For the analysis, I explored servicemembers' deployments, stress, and reintegration experiences and the associated impacts on their intimate relationships as well as mental health practitioners' perspectives of these relationships and the responses of commanders when instances of conflict arise. This knowledge will better inform policy changes that ensure soldiers are given the personal and clinical resources that are needed.

Two research questions guided the qualitative analyses for the soldier interviews: *How does military service impact soldiers' relationships with intimate partners?* and *How do soldiers describe their mental health programming experiences upon reintegration following a deployment?* The participants discussed varying perspectives of the difficulties of transitioning home from a deployment, such as the unexpected changes, unknown psychological trauma, and struggle that comes with trying to talk about their deployment experiences. Four interrelated themes emerged from the interviews: (1) *Disrupted communication*, (2) *Strains relationships*, (3) *Experiences of shame and stigma*, and (4) *"If you don't ask, I won't tell."* These thematic categories describe how military service impacts intimate relationships, wherein some of the effects are felt individually, while in other circumstances, multiple servicemembers report the same experiences. As such, the themes provide further insight into the influence military service and accompanying mental healthcare have on intimate relationships.

Interviews with soldiers and veterans reveal they undoubtedly believe military service and deployments have an impact on intimate relationships. Service members describe different stressors that vary based on gender, marital status, parenting responsibilities, position in the military, deployment exposure, and reintegration procedures. Notably, service members acknowledge the stigma that comes from seeking mental health care as a result of this stress. Service members who show psychological or emotional struggles because of deployment stress violate the masculine soldier persona and risk negative treatment by peers and command leadership. The following section will highlight how different aspects of military service have impacted soldiers' intimate relationships and their subsequent reflections on those impacts.

How does military service impact soldiers' relationship with intimate partners?

Military service is influential in ways that are personal and more widely impactful. Throughout my time interviewing active duty soldiers and veterans, they expressed that while the decision to join the military was primarily their own, what happened while they were in service and after had significant effects on their family, friends, and community. For this project, I explored the impact of military service on intimate relationships, and there were two themes that emerged from the data: disrupted communication and strains relationships. Both of these themes were helpful in identifying which aspects of communication, technology, stress, and relationship strain are most influential on the effect military service has on intimate relationships.

Disrupted Communication

The first theme that helps answer this research question is *disrupted communication*. This theme highlights the influence that communication and technological changes over time had on each soldier's relationship and their ability to maintain contact with loved ones, both while deployed and during reintegration. For some soldiers, being able to communicate with loved

ones was a source of comfort and a means of creating normalcy, while for others an inability to communicate due to significant time differences while deployed led to conflict and frustration. Soldiers do not have the ability to communicate as easily and at the same frequency as they normally would if they were not deployed. In addition to the widespread differences in each participant's deployment (i.e., combat versus non-combat), as some experienced combat while others did not, navigating a soldier's interrupted ability to communicate remained a consistent topic of influence in intimate relationships.

Military Communication and Silence

Being able to communicate with a loved one overseas is important in maintaining relational connections with intimate partners and reassuring loved ones that they are safe. Military rank, occupation, and type of deployment (i.e., combat versus noncombat) can also impact the ability to access different communication networks. When civilians do not hear from someone for a while, it causes concern; however, this is elevated for military families where a spouse is at greater risk being in harm's way. A lapse in communication coupled with learning there has been a military casualty can spark additional heightened concern for family and friends back home. Matthew, a former Army officer, describes an instance where he could not communicate with his wife following a soldier's fatality:

“...whenever there's a casualty, all non-official traffic would be cut off, so no one would inadvertently post “Oh I had a bad day, one of my buddies got shot” and then somebody's wife would be like “Oh, I haven't heard from my husband, and he's your buddy. What's going on?” and then they'd put two-and-two together before they're notified by the team. What that means is there would be big blocks of time with no communication.”

Matthew is one of the few participants I interviewed who is part of a dual-military couple. He remarked that because his wife was also in the military while he was, she was more understanding of blocks of time with little to no communication. Matthew remarked that he

“knew not to worry until I see somebody,” in reference to how he would expect to be alerted by a uniformed soldier should his wife be killed while deployed. Riley, a young veteran, discussed that his family was already consistently expressing their worry for him being in danger when he called home, however these conversations were made even more difficult when news of a casualty was publicized:

“...they would hear news about something that happened, and they’d be freaking out, and I would have to spend the majority of my phone call reassuring them that everything was okay. Lying a little bit, because I didn’t tell my mom or anyone close to me about what I was doing [regarding his job while deployed].”

Riley acknowledged that lying to his family was strenuous, yet a burden he took on so that his family would not know how dangerous his deployment was and subsequently worry about him. Richard had a different perspective in that the adage ‘no news is good news’ was more representative to his experience, “We went four months without talking to each other. That was hard to do, but sometimes no information is better.” He explained that being able to withstand the hardship of not communicating with his spouse for long periods of time made their relationship stronger than those couples who needed to be in constant communication.

Marcus, another veteran, came to value the limited communication he was able to have with his wife and children, in part because their communication was relatively short and infrequent: “With that first deployment, communication was really rough because I would get an opportunity to have a 15-minute phone call once a week every two weeks, and that was communication, that was it outside of your normal mail.” By not having additional time to relay the “boring” details since their last phone call, Marcus and his spouse knew to talk about the most important points of their week on the call.

Communication using assorted downloadable applications and programs made it possible for Matthew, a veteran, to prepare for his wife’s upcoming deployment. They chose to buy a

semi-disposable Chromebook that allowed her to surf the web and communicate back home when possible. The couple set up a communication schedule and had multiple communication methods because in Matthew's prior deployments, he was inaccessible due to the lack of technological innovations at the time and also due to the nature of his work. He emphasized that advances in technology, coupled with their willingness to go to "...great lengths to have [the deployment] be as communicative as possible," made their commitment to maintaining their relationship easier on both of them. However, despite these advancements, issues in communicating remain.

For some soldiers, trying to communicate with a spouse halfway across the world had significant impacts on their relationships. When spouses were in opposite time zones, trying to coordinate schedules became frustrating quickly. Samantha, an active duty soldier, and her husband elected to wait until she returned from her nine-month rotation to actively communicate to avoid these time zone issues. Sheldon relayed his challenging experience of trying to communicate with his ex-wife before they divorced,

"When you stay up really late or wake up really early, you're still like half-asleep and conversations just don't flow very well. It's horrible to say, but it [their relationship] started to die off pretty quick. In May, we had *that* conversation, that this just wasn't gonna work."

Sheldon explained that for reasons he did not understand, there were multiple soldiers who got divorced on the same rotation he did, speculating that the challenge of making schedules mesh became too heavy a burden and the relationship collapsed.

Additional challenges primarily evolved around issues with access, including minimal communication networks that were safe to use without the risk of being hacked and limited options for communicating. In a similar way that coordinating schedules was difficult, the exorbitant cost for communicating with loved ones back home was also a point of frustration.

Samantha, a soldier who also returned from a rotation in 2019, said her deployment was marred with technological issues, making any attempt to communicate home difficult and costly:

“Unfortunately this last tour was actually a lot harder on me than it has been previously because the Internet sucked over there and communication was really rough as far as if you used your phone to call, it was an outrageous amount of money because of how much it cost, whereas using the internet, data and Facetiming and stuff didn’t cost anything but then the connection was horrible, so it was always “what did you say?””

As this example shows, just because the technology is supposedly available, does not mean that access and utilization will be free from challenges.

Some soldiers had established routines with loved ones back home regarding when they could expect a phone call or email exchange to occur. For some, this was something to look forward to throughout the day and over the course of their deployment. For others, this stream of communication could be viewed as a distraction from the mission at hand. Wednesday, a veteran whose husband is currently active duty, says that she felt like a burden when trying to maintain consistent communication with her husband who was deployed,

“Every time I talked to him on the phone it was more of like a chore to him, which got frustrating... I looked forward to talking to him. Whereas he, I honestly felt like every time I talked to him, it was a chore for him.”

These differences in partner communication led to arguments and feelings of isolation. Wednesday remarked that she felt like she should be more understanding of the challenges in communicating because of her prior service history, but that did not stop her from feeling like “every other military wife” waiting all day for a phone call. Communication is considered to be a vital aspect of successful relationships; therefore, finding solutions to maintain active communication that were acceptable to both soldiers and intimate partners allowed for relationships to maintain their strength. However, military service can still be a source of relationship strain for many couples. Throughout a soldier’s career, they may experience

multiple deployments, missed anniversaries and celebrations, and result in relationships being fractured due to a lack of time spent together. It is important to consider how soldiers describe the impact their military service has had on intimate relationships and what attempts were made to rectify any issues. The next theme will specifically address how military service has impacted intimate relationships negatively.

Strains Relationships

The second theme for answering this research question is *strains relationships*, with subthemes of (1) *stress of military life*, (2) *separation leads to detachment*, and (3) *reintegration strain*. This theme and subthemes are helpful in answering the research question because the effects of a deployment were evident when participants spoke about their relationships with intimate partners. Although there was clear acknowledgment of support to pursue military service and the associated risks with guaranteed deployments, for many of these servicemembers it was not without adversity. Each subtheme captures the challenges soldiers faced as part of their military service and the personal sacrifices made as a result. Participants were candid when talking about the strain military service had on their relationships and also the strategies they employed to work through those issues.

Stress of Military Life

Being a military couple can place additional stress on a couple due to deployments, rotations, and the many unknowns that characterize military life such as changes in duty stations or unexpected trainings. Samantha provided an explanation for how military service impacts intimate relationships, “Conflict’s gonna happen even not going on rotation. Just being in the military is very stressful.” Marcus echoed this sentiment, specifically regarding his family’s reaction to a deployment, “As you get closer to that date, your stress level goes up. And not just

yours, but the whole family.” He explained that the amount of notice a soldier receives before a deployment varies and having the threat of a deployment consistently looming was hard on his relationships. As part of dealing with this type of stress, being able to work through issues necessitates greater understanding from both partners, and acknowledgement that deployments are “a necessary part of the job,” as Marcus remarked.

Some couples experienced significant issues of stress and conflict in their relationships, as SBG remarked,

“When you add all that stress of coming here and your husband or wife being deployed right out of the get-go and you’re stuck dealing with the kids, 5 states away from where you grew up, these people would probably not be your prime examples of a good family unit in the best of circumstances.”

In his perspective as a high-ranking officer, SBG believed that young soldiers struggle to function and take care of their families with the additional stress of being in the military, but also saw them struggling without high levels of stress. It was as if the soldiers needed to feel pushed to the limit to be successful, however that limit was arbitrary and easily crossed.

Most of the veterans I interviewed had experience of going on a combat deployment. While any deployment presents physical and emotional struggles, a combat deployment is especially hazardous and emotionally draining due to the imminent threat of death. Matthew speaks directly to the stress he experienced as a commander during a combat deployment,

“I trusted my subordinates, but the concern that I had was that a 20 year old young person under a great deal of stress could finally just be like “you know what, I’m done. I’m going to take a picture of this dumb situation, I’m gonna post it on social media, I’m gonna do something”, and it becomes a massive problem, it becomes the next Abu Graib. A small tactical misstep becomes a massive strategic failure, which ends my career or gets my guy jammed up.”

Matthew said this experience of being in a combat zone and dealing with these specific concerns over how his soldiers would behave resulted in his purposely limiting contact with his wife.

Through his feeling that any time he was awake, he needed to be checking on the details of his mission, he purposely distanced himself from his wife; had she not also been active duty, this could have had harmful effects on his relationship. For other soldiers, the stress of a deployment caused relationships to crumble, as Sheldon describes,

“the stressful-ness of that rotation and the severity of it differed from person to person...other people, it ruined their relationships, people had their spouses leave them in the middle of it, and take money, take kids, so it’s one extreme to the other with any sort of long-term rotation or deployment.”

Within the nine-month deployment that Sheldon was on, he left married and came home to get divorced. Some relationships can withstand the challenges and stress of military service, however, others cannot. In the next section, soldiers describe how their deployment, coupled with the decision to invest in relationships with those around them, led to disconnection with their intimate partner.

Separation Leads to Detachment

Maintaining as strong a connection with an intimate partner while away as one would when not deployed is a particular obstacle facing servicemembers. For some, like Stephen, it became easier to create stronger temporary attachments to those around him while deployed than with his wife half-way around the world: “So I definitely end up bonding with whoever I’m on deployment with, so inherent to that, I kind of detach a little bit, or more than a little bit from my spouse.” He explained that while his wife would be considered the “textbook definition of resilient,” he still questioned if he was taking advantage of how understanding she was to his frequent emotional detachment. Recognizing that the detachment “isn’t forever” is used as a coping mechanism to stave off resentment and arguments.

Matthew struggled with this in his relationship as well, causing his wife to question if there were alternative reasons for his detachment,

“So a lot of it is, “Hey, you emotionally detached. Is it because you’re involved with somebody else?” and then the next step is “Is it because I’m not worth it?”, so a lot of it comes this way, and I have my concerns and those blend together and that’s typically the usual source for our problems.”

Matthew explains that due to his background as a commander, his typical reaction is recognizing the plan of their relationship dynamic had changed and would brainstorm how to fix it. He went on to explain that at this point in their relationship, he and his wife recognize when detachment is occurring and talk through it. Although participants seemed to understand the reasoning behind concerns of detachment, the reality remains that military service has imparted strain on intimate relationships, leaving spouses feeling insecure and worried about the strength of their relationship.

Some servicemembers admitted to struggling with alcohol consumption and other illicit behaviors during reintegration, as a means of further detaching themselves from their environment. Rules regarding drinking alcohol while deployed vary, so for some, arriving home meant the first time consuming alcohol in a year or more, as Lawrence described: “This sounds really crazy, I did used to drink a considerable amount. Six pack a day on weekdays, 12-24 per day on Saturday and Sunday.” Lawrence explained that he does not regularly drink to this extent, yet situations with improper support mixed with “alcohol for the first time in a year” made for a tense time. Wednesday also admitted to struggling with alcohol after her last deployment. Although she did not provide explicit details, she alluded to being victimized by her fellow soldiers, causing her to try to forget what had happened to her through drinking, “...after that last deployment, I was drinking to get drunk every night of the weekend for months.” Wednesday explained in our interview how challenging it was to cope with what had happened to her while deployed. This experience, coupled with increased alcohol consumption, put significant strain on her relationship at the time. While some soldiers experienced detachment from their intimate

partners, the reality that reintegration can also prove to be a challenging time in a relationship also exists. Although most soldiers and their families celebrate the safe return of their loved one, this can also serve as a time of strain in figuring out how to transition back into their home after an extended time away, having to relearn routines, and also come to terms with how decisions have been made without the opportunity to state their opinion.

Reintegration Strain

A feature that may be missed in the excitement of servicemembers returning from a deployment is the challenge it can be to return back to a normal life after being away for multiple months or years. Marcus pinpoints this challenge here:

“That’s the reintegration tricky part: taking your role back over. Because everybody else has moved on another year, you’re coming back like you left yesterday. So you’re playing catch up. But yeah, the stress level goes up, and depending on your relationship with whoever, is dependent on what that looks like. And if it’s your first time or if you’ve done it multiple times, you kind of get a system worked out.”

I found his sentiment about playing catch up particularly illuminating of the servicemember’s perspective, as these feelings of learning how things have changed in your absence and being a visitor within your own home are unique to the military. Having to relearn routines, responsibilities, and adjust to all of the assorted changes that have transpired over the last 9-15 months poses a specific challenge, in addition to simply getting acclimated to being back within one’s home and in the United States overall. Richard also experienced this when he came home from a deployment and realized his wife had made new friends in his absence,

“There were new people in the house talking to my son, and that was upsetting. Of course Amy vetted everybody and didn’t care what I thought, she was comfortable, but that was something that I had to learn to do: trust her judgment in people. Which she has good judgment, but I had to come around to that.”

By Richard’s wife effectively coping with her husband’s absence by creating relationships that were based in part on proximity, it challenged Richard’s ability to deal with all of the

adjustments of coming home after being away for an extended time due to his deployment. Making decisions without the input of the servicemember, even getting a new family dog as in Richard's case, made reintegration a more sensitive experience.

For some servicemembers, reintegration was a time of struggling with identity and how to fit back within their household. Marcus explained that he "had to constantly assert [his] identity once [he's] out," implying the need to leave his identity of being a soldier behind and take back on his identity of husband and father. He explained that he had to get with his spouse to discuss how to "take his role back over." Richard also had to learn this lesson and found it best to ease his way back in and respect changes his wife had made, primarily because he knew that if he stepped in too early, "it would cause frustration and anxiety that I didn't want to cause, so I just needed to be willing to help whenever she needed me, which she didn't." Samantha also reflected on her experience with this, wherein she struggled specifically in knowing how and when to step in with disciplining her two children alongside her husband, "I have that wanting to discipline too and step in, but I feel like he's been both mom and dad, and it's like where do I step in and try to fix the problem?" Trying to maneuver the delicate balance of what had been in place, and moving into the new normal of having both parents back home remains a challenge for servicemembers.

Struggles with reintegration seemed common among participants. Anthony, who deployed three times, stated that in his experience, reintegration was frustrating,

"You go from having a lot of alone time to yourself, like all your downtime is devoted to what you're doing with yourself and your friends; changing that to having to reintegrate with the kids and the normal routines around the house, that's just a natural challenge. Some take it differently. I can't speak from experience, but some people would rather stay deployed than come home."

This confession was surprising, because although the expectation of reintegration being a particularly happy time is not true for all, the idea that a servicemember would rather stay in a warzone than return to their family was shocking. Furthermore, some spouses seemed understanding of the need for a slower introduction to how things had changed in the servicemember's absence, while others appeared to be expectantly waiting to transfer responsibility back to their servicemember spouse, with some starting discussions about reintegration "at least 90 days before I came home," Lawrence remembers. Additionally, the acknowledgement of missing out on watching their children grow up was difficult, as Richard describes, "missing big gaps in development as a tweener and early teenager had an impact on my relationship with my son, as far as intuitively knowing things, both ways, and is still kind of missing. It didn't come back." This struggle of knowing how to reintegrate and reconnect with children specifically seemed to be a difficult topic to discuss, as servicemembers struggled between missing out on watching their children grow up and their commitment to serving the country.

For many participants, multiple deployments were expected when joining the military, however for some servicemembers like Samantha, reintegration remains challenging, "It's still very hard even after years and years of doing it, it's still hard no matter how many times you've done it. And the Army through the years has gotten better with reintegration and tools to help the soldiers too. It's just we have a lot to offer, but soldiers don't like to ask for help." The acknowledgement that soldiers struggle in seeking out help will be revisited later, however it is important to emphasize that military service continues to impact intimate relationships even after a deployment concludes.

In summary, these two themes, which include *disrupted communication* and *strains relationships* represent the role servicemembers believe military service has on intimate relationships. These thematic categories explain how the different adaptations in communication technology, coupled with the effects of deployments and reintegration, have resulted in relational challenges for some couples. In highlighting these struggles, it allows for specificity in determining how their decision to join the military has impacted their intimate relationships over time. In the following section, soldiers will disclose information about their personal experiences with mental health programming upon reintegration from a deployment.

How do soldiers describe the effects of military service on their mental health?

Upon return from a deployment, soldiers are led through assorted tests to ensure they are healthy physically and mentally to reintegrate with their families (Warner, Appenseller, Mullen, Warner, & Grieger, 2008). One of the main assessments soldiers discussed in their interviews focused on the mental health evaluation, which consists of multiple survey questionnaires asking soldiers to describe their experiences deployed, what they saw while deployed, and if they were feeling well enough to return home. Many servicemembers did not seek out mental healthcare until after they left the service, primarily due to the belief that doing so was considered an emasculated choice and because some struggled discussing their private trauma. The themes that emerged from the interviews are (1) *experiences of shame and stigma* and (2) *“If you don’t ask, I won’t tell.”* These themes are important due to the range of experiences of seeking mental health assistance and the barriers of acquiring this care. Soldiers and veterans readily acknowledged the stigma that lingers with the admission of needing mental health care, yet also emphasized how important getting help was for themselves personally and for their intimate relationships. The

following section highlights how experiences of shame and stigma have impacted servicemembers' desire to seek mental healthcare and their subsequent reflections on those experiences.

Experiences of Shame and Stigma

For individuals in high-stress, dangerous occupations like military service, talking about the impact it has on one's mental health can be difficult. More specifically, the challenges of seeking and receiving care for both mental and physical wounds is a deeply personal experience that is experienced by many. The process of acquiring mental healthcare through the military typically begins by a soldier admitting that mental health assistance is needed or by having a commander or mental health practitioner mandate treatment due to an incident occurring while deployed or at home. This is the process of "flagging" the soldier for intervention. For some servicemembers who wanted mental health care, they were met with judgment and condemnation, as Lawrence recounts:

"We had a mentor, we'll call him 'Steve'; he's the old sage, the old wise man. We were gonna have this conversation about how we're struggling, so we start the conversation and he goes 'You guys are gonna talk to me about that fucking mental health shit aren't ya? Listen, all those pussies going over to behavioral health are just that: they're pussies. My grandfather was in WWII for four years and he didn't have any issues.' I knew this person is actually my rater, my direct supervisor, so I spent the next 2.5 months just struggling through it."

Lawrence's quote demonstrates how some older generations view soldiers seeking out mental healthcare, which includes directly shaming them for wanting help. By drawing comparisons between experiences and emasculating those who admit to experiencing effects from deployments, this leads to shame being amplified and likely decreases the soldier's desire to acquire care. Seeking out help can be challenging due to the assumption that mental health practitioners will not be able to meet their needs or that admitting struggles will have negative

impacts on their reputation or career. Samantha described a situation where she and her colleagues discussed concealing help seeking efforts:

“There was a lot of talk that if you got counseling or saw mental health, then it would go on your records and it would affect your security clearance. So a lot of us were afraid to go seek help and ask for help because we didn’t want anyone knowing we needed help.”

Being so concerned that acquiring this care could lead to a soldier losing their security clearance, or ultimately their job, was enough to keep some soldiers away from seeking out mental healthcare until after their service concluded. In some instances, the fear of stigma was compounded by the concern of maintaining job security, which consequently left many to struggle in silence.

When discussing experiences of deployments and subsequent mental health struggles, participants would often discuss the programs that were available to soldiers returning from deployments and how they could be improved. Riley, who at 23 was the youngest veteran interviewed for this project, had specific critiques for how the Army is failing soldiers when it comes to mental healthcare:

“So, the mental health thing is a bit less...it doesn’t do as good of a job. It’s like a questionnaire, they give you a pamphlet with bubble answers and asks you, ‘have you had thoughts about x, y, z, in the past week, month, year? Is it deployment related? Did you experience traumatic situations during your deployment?’ Just broad statements with a scale of 1-5 answers; it wasn’t a face-to-face talk with someone. It was filling out the booklet of predetermined questions. Depending on the things you answered, you would get referred to talk to a mental health person. But the problem with the questionnaires, is people aren’t always honest. People don’t like to think they have something mentally wrong with them. Admitting my elbow hurts is one thing, but no one wants to admit there’s something wrong with their brain, cause of the stigma. People don’t want to feel like they’re weak.”

This “questionnaire” was discussed frequently by interviewees. Their responses determined whether they would undergo further psychological evaluation and therefore be unable to return home, which is something participants noted should be avoided to reduce stigma. Comments pertaining to the generalized questions and a lack of honesty in answering so as to not appear

weak were common throughout interviews. It is unrealistic to have an expectation that all servicemembers who deploy will have the same experience, even if they are on the same deployment. Due to differences in coping mechanisms, resiliency, and exposure, one should be cautious in comparing experiences. By having their attempts to receive mental healthcare questioned, some soldiers are left to suffer, even for the rest of their military career, as was the case for Riley. Many participants mentioned the pressure to not answer truthfully on the questionnaire, as doing so was contrary to expectations of masculinity, as described by Lawrence,

“The one that comes to mind the most is the line on the mental health. Like, don’t answer the truth. You know, don’t answer truthfully because fear and stigmatization. Somebody’s looking over my shoulder...I’m not hurting. A very masculine response...If one person went to mental health for counseling, people knew.”

As explained by Lawrence, privacy in seeking out mental healthcare was limited at best. The combination of feeling both stigmatized and weak for seeking out this assistance was enough to make servicemembers choose to forgo getting aid. For some, specific unit commanders made the difference between getting help or being shamed. SBG described his experience of commanders offering help and harm:

“Some people have leaders that maybe are more comfortable talking about concerns with soldiers and linking them up with help like we did in Iraq and some people just wanna put people down and they don’t want any appearance of any risk with any of their people who work for them cause they think it reflects on them, or they think that person is weak. They don’t want that to reflect on them or their unit. So there’s ebbs and flows over time and senior leadership that bought into what we were doing, or didn’t buy into what we were doing. You could see differences between units.”

As SBG explained, leadership feels great responsibility over their respective unit, which can mean that soldiers are being taken care of and provided great mentorship; however if that leader is more concerned about the impressions of others, the leader may put their reputation above soldiers’ needs.

In another instance of poor leadership, Lawrence explains how his senior non-commissioned officer coached him and others on how to answer their mental health evaluation upon return from their deployment: ““Okay, this is how everything is going to go down. If you know these questions you’re gonna be asked, if you answer ‘yes’ to 6, 9, and 12, do not pass go. You’ll go straight to the coo coo’s nest.’ So it was always there.” Through this difference in approach enabled through a combination of unit dynamics and leadership, some soldiers would be afforded the opportunity to seek out help, while others were blocked so as to avoid any potential judgment being placed on the unit, effectively cutting off avenues to receive necessary treatment.

If commanders are not supportive of getting help, or the entire unit is toxic to the point of dissuading a soldier to seeking out mental healthcare, this can make servicemembers distrust authority figures. Anthony remarked that “it’s very hard to find a good leader in the military, cause you’re either driven by your rank or the privileges you get with that rank.” In these reflections, commanders who are tasked with the wellbeing of their troops have directly impacted servicemember’s ability to seek out mental healthcare free from stigma and shame. Although not all experiences of receiving mental healthcare are negative, it is clear that those that are can have lasting impacts. The next theme will specifically address the challenges soldiers experience when talking about their military service with close friends and family.

“If you don’t ask, I won’t tell”

For many servicemembers, their time in the military is deeply personal and many choose to not openly discuss it with those without military service histories. Some choose to live by one rule: If you don’t ask, I won’t tell. Anthony chooses to keep stories of his time in the military to himself and refrains from discussing it with family, something he considered during our

conversation, "...and I don't know if they're just not interested or they're just glad I'm back, but no one really ever asks. And I guess I don't talk about the military much and don't bring it up." For many, they do not want the attention that comes with discussing their service, as the recognition of being a servicemember often prompts unwanted questions or praise. Sheldon thinks of it as a mutual agreement, "Most of my immediate family, even my parents, don't know much about what I do on a day-to-day basis because it's not very interesting right now. I don't tell them, they don't ask." For Sheldon, having returned from a deployment meant a return to office work within his unit, something he felt his family was disinterested in talking about. Still others had to have a conversation with their partner, effectively cutting off discussion about their deployments, as SBG mentioned,

"When we first drove up [in Iraq], we got stuck in Baghdad and had a bit of an issue down there, before we got north of our base, north of Baghdad, the guys there had already got rocketed. And she was like, 'What's going on with all this and that?' and I told her 'Look, don't ask me cause I'm not gonna tell you, or if you don't wanna know, don't ask me' and pretty much she didn't ask about those things after that."

Although a "contentious" conversation to have at the time, by SBG telling his wife to stop asking questions regarding his deployment as it was happening and relieving him of the burden of having to deal with her concern and questions, he was able to direct his focus to the mission. Riley echoed this sentiment, sharing that he chose to withhold the events that occurred during his time in service from his girlfriend because he was wary of his partner knowing the traumatic details of his deployment.

Other veterans, like Lawrence, view talking about their time in the military and subsequent mental health issues as one would think of an unwelcome relative: "It's kind of like going to a family reunion and nobody wants to sit by the Aunt that smells like mothballs. So that Aunt gets to sit over in the corner. Like 'Go put that mental health shit in the corner over with Aunt Jackie. We're not gonna talk to them or about them.'" Lawrence shared his long-held belief

that no one wanted to discuss mental health; therefore, he did not wish to talk to a health care provider nor anyone else about his struggles. Further, not disclosing this trauma was a form of job security, which he mentioned in our interview: "...I confided in a friend and I said I was struggling and he was too, but if we go to counseling and get medicated, how is that going to affect our career? And our security clearance?" Lawrence served as a military police officer, which meant if he were to disclose his struggles while active duty, he believed he would have effectively lost his security clearance and perhaps his job. Keeping his problems a secret was engrained in him, which followed him into his life as a civilian until he was able to disclose his concerns with a trusted provider.

While some servicemembers do not discuss their time in the military, others may find themselves in certain scenarios where it becomes clear that they need to talk to someone about the impact a deployment has had on their mental health. Two weeks before Marcus returned home on mid-tour leave, his patrol was hit with an IED:

"Well I never told my wife, because I'm not worrying her; we'll settle this stuff when the year is over. So, I get home and we're watching a movie in the living room, the kids are already in bed, got the lights turned down, and there was an explosion. You could've pulled me off the roof. So she turned the lights on, and said, 'Okay, what happened?' because that's not my normal. But I find myself on certain occasions, where I can find myself starting to get anxious. And I think that was kind of the biggest thing."

This experience for Marcus revealed to him that he needed to talk to his wife about the mental struggles he was enduring as a result of his deployment because he finally saw how it had become too much to continue to hold these feelings of anxiety inside. Experiencing anxiety was shared among servicemembers, which at times culminated in not being able to appreciate activities that were otherwise considered enjoyable, as Riley described:

"I didn't think of it at the time, but when I got back and I wasn't in a high-stress environment anymore, I was just...everything super hyperaware. I went to Disney with some friends when I got back. The fireworks pretty much terrified all of us. We didn't

know they were gonna do fireworks. So reintegration was hard. It took about a year to wind down from that and get semi back to regular operating.”

As explained here, the effects of deployment on mental health may not be easily visible to others but becomes known through a triggering experience, like this fireworks display on an otherwise enjoyable vacation. Marcus and Riley both experienced anxiety in the aftermath of their deployments, but did not discuss it as they did not want to draw unwelcome attention to themselves if they did. For example, Riley explained that he does not like the attention he receives on Veteran’s Day because he never knows how to respond and believes more needs to be done to help those who struggle as he did, “I think a good way to thank veterans would be to help them through the problems they’re experiencing...It’s usually veterans who have mental problems and they think there’s no one they can talk to, or no avenue they can go through to help them.” Riley was content to withhold the trauma of his deployment from his friends and family; however certain experiences made him reconsider that decision, and eventually led him to seek professional counseling.

Mental healthcare for servicemembers is provided by practitioners at Veteran’s Affairs offices and military hospitals; however, a mental health practitioner who is deemed unhelpful can leave a lasting impression on servicemembers who are skeptical of sharing their experiences with a stranger, as Anthony described, “So that was my first interaction with someone that’s supposed to help, and then there was no sense of actual caring once you left that building... There was no ‘Okay, when do you guys want to come back? Do a follow-up? See someone else?’ He was like ‘Alright, see ya.’ Damn.” In Anthony’s case and others, feeling unable to talk about their experiences with a trusted professional, or even a family member or friend, can be enough for that servicemember to not seek mental healthcare when needed. Although mental health programming is created to aid current and veteran servicemembers, it appears that the

servicemembers in this sample were wary of seeking help or may not feel comfortable talking about their experiences with someone who may not understand, preventing them from seeking this aid.

Others are willing to talk about their experiences; however, no one asks. Richard seemed to mull over this question in our interview, considering if it was “an act of kindness” to not ask questions:

“I’m open to talking to all of them [family and friends] about it, but nobody asks. Because nobody asks me, maybe there is a stigma or kind of the social construct in place where you don’t ask a combat vet about their military experience. So you never know if they want to talk about it. Maybe it’s an act of kindness by not asking questions. I’m open to talk about anything, but it’s not me that has to process it. It’s them and whatever they’re curious about, they have to work through those positions and their control over the relationship as far as deployments.”

While it may be that friends and family do not know what questions are appropriate to ask, servicemembers could also be wary of providing an answer that may be difficult for the recipient to hear. Lawrence discussed this, but in terms of his children specifically. He emphasized that his children needed to be considerate of the questions they chose to ask him, alluding to the sensitive nature of the accompanying answers, “Mom and I will actually have a conversation where you may or may not get an answer. Just be very mindful of what you ask, because you’re probably going to get all in and you may not be willing to...you may not want to hear the answer.” These questions could lead to uncomfortable discussions or shocking revelations, and servicemembers like Lawrence have to weigh the desire to be honest with their family and withhold what may be harmful memories.

In summary, these two themes, which include *experiences of shame and stigma* and “*if you don’t ask, I won’t tell*” describe the effects of military service on servicemembers’ mental health upon reintegration following a deployment. These thematic categories explain how

negative perceptions of mental health and the challenge of discussing one's military service can influence whether or not a servicemember seeks counseling after a deployment. In highlighting these struggles, it allows for specificity in determining how their experiences varied in seeking and acquiring this care. As detailed above, some servicemembers try to avoid stigmatization by keeping their deployment experiences and related mental health struggles to themselves while others refrained because they did not want to talk about their experiences without being prompted. A soldier's history in the service remains a deeply personal event; however, as different U.S. Army initiatives, such as pre-deployment surveys and training related to stigma and mental health, evolve (Warner, Appenseller, Mullen, Warner, & Grieger, 2008), more servicemembers may feel comfortable seeking out the dignified care they deserve.

Two research questions guided the qualitative analyses for the soldier interviews: *How does military service impact soldiers' relationships with intimate partners?* and *How do soldiers describe the effects of military service on their mental health?* The participants discussed varying perspectives of the difficulties of transitioning home from a deployment, such as the unexpected changes, unknown psychological trauma, and struggle that comes with trying to talk about their deployment experiences. Four interrelated themes emerged from the interviews: (1) *Disrupted communication*, (2) *Strains relationships*, (3) *Experiences of shame and stigma*, and (4) *"If you don't ask, I won't tell."* These thematic categories described how military service impacts intimate relationships, wherein some of the effects are felt individually, while in other circumstances, multiple servicemembers report the same experiences. These themes provided further insight into the influence military service and the effects of deployments on mental health have on intimate relationships. In the following section, mental health personnel will share their

perspectives on the sources of conflict faced by soldiers in intimate relationships, and their perceptions of commanders' responses to familial conflict.

Mental Health Personnel

Mental health providers serve as part of Army Medical Command, offering a variety of clinical counseling options to servicemembers and their families (Daniel, 2012). Those providing services include enlisted mental health specialists and civilian providers (Warner, Appenseller, Mullen, Warner, & Grieger, 2008). As previously mentioned, there can be multiple barriers to seeking mental health care; however, efforts have been made to decrease the stigma and encourage servicemembers to obtain assistance. In 2012, a White House initiative as part of the "Joining Forces" campaign sought to hire mental health personnel specifically trained to provide clinical interventions to servicemembers and their families who voluntarily or are required to seek out mental healthcare (Daniel, 2012). Mental health personnel have the ability to provide further context regarding the struggles faced by servicemembers, discuss treatment protocols, and highlight the challenges issuing treatment.

Two research questions guided the qualitative analyses for mental health personnel interviews: *What are mental health providers' perceptions of the sources of conflict faced by soldiers in intimate relationships?* and *What are mental health providers' perceptions of commanders' responses to familial conflict?* These questions will cover topics pertaining to sources of conflict and strain, reintegration challenges, and what effect commanders minimizing violence has on servicemembers and mental health personnel. These questions are important as providers offer a clinical lens to these struggles, and are directly involved in offering care to servicemembers and their families. In discussions of providers' perceptions of sources of

conflict, two themes emerged: (1) *same strain, different context* and (2) *reintegration*.

Commanders were also perceived to minimize violence by dismissing accusations of violence brought against their soldiers or creating alternative explanations to place blame on the victim. These thematic categories describe how military service and the influence of command leadership impacts intimate relationships and servicemembers' relationships with mental health providers. As such, the themes provide further insight into how clinicians perceive the relational conflicts and occupational difficulties endured by military couples as being specifically different than those experienced by civilian couples and illuminates their challenges in providing mental healthcare to this patient population. These perspectives not only provide the clinical viewpoint necessary to achieve a holistic understanding of the links between military service and mental health, but also provide insight into how servicemembers receive clinical resources to become better partners, parents, and soldiers.

What are mental health providers' perceptions of the sources of conflict faced by soldiers in intimate relationships?

Mental health personnel serve an important function on a military base. They assist soldiers and their families through individual, family, and group therapy, and lead programs to help soldiers become better spouses, parents, and contributors to their family and community. In this way, mental health personnel have a unique perspective in knowing specific challenges servicemembers face in their intimate relationships, due to their training and through discussions with servicemembers. For this project, I explored mental health providers' perceptions of sources of conflict faced by soldiers in intimate relationships, and there were two themes that emerged from the data: (1) *same strain, different context* and (2) *reintegration*. An important

consideration for these practitioners is that the struggles faced by servicemembers may be similar to those seen in civilian clients; however, the context in which they experience this strain is different. In the following section, practitioners will address how the context of military service distinguishes the sources of conflict faced by their servicemember clients as unique compared to other client populations.

Same Strain, Different Context

The first theme to help answer this research question is *same strain, different context* with subthemes of (1) *infidelity*, (2) *finances*, and (3) *demands of work*. This theme name was an acknowledgment that struggles such as infidelity, financial strain, and the demands of work can occur in any relationship; however a life in the military means these strains are experienced in contexts that are very different than that of civilians. This theme and accompanying subthemes highlight the challenges mental health practitioners most often mentioned as being faced by soldiers within intimate relationships. Although at times interconnected, each topic is distinct in its influence on the relationship problems that soldiers experience as perceived by mental health personnel. While not every servicemember these practitioners worked with experienced these same issues, nor all at the same time, these problems were consistently noted as being some of the most significant conflicts seen in servicemembers' intimate relationships.

Infidelity

While an unfortunate reality of our world is that some relationships are impacted by infidelity, according to the mental health personnel in this study, it appears to happen at higher rates in military couples. All twelve interviewees named infidelity as a significant issue faced by servicemembers and a source of conflict in relationships. Isaac relayed a scenario that occurred a few months prior to the interview:

“An on-call case that came in over the weekend, I believe it was, where a soldier gets home from deployment and his twelve year old child says, ‘Well, welcome home, Mommy’s been cheating on you’ and there was a physical altercation between the servicemember and his spouse. So I think there’s some ratio or percentage of cases, you know the servicemember is coming home to find that, I mean, it [issues] seems to hit the fan when soldiers are coming home from deployment or getting ready to deploy.”

Isaac explains here that the harsh reality exists where some servicemembers eagerly anticipate their arrival back home from a deployment only to find that their spouse has not been faithful, which may lead to serious conflict; however, it is important to point out that it is not always the civilian spouse who engages in infidelity, as Phillip points out in reference to a client’s deployment that occurred last year,

“Often, sometimes servicemembers are deployed, they get involved in extramarital relationships, and um, in this day and age with cellphones and social media, it’s often out there even if it’s not something the servicemember wanted to have happen. But it’s not atypical that a servicemember has been involved in an affair, and obviously that’s a big problem for them being able to reintegrate with their boyfriend, girlfriend, spouse, whatever.”

Although he indicates that the specific deployment he was referencing was “loosey goosey” compared to past combat and non-combat deployments Fort Lane has been involved in, Phillip explained that some servicemembers get into a relationship with another servicemember or civilian while deployed for companionship and to decrease loneliness. These relationships oftentimes end once the deployment does; however, if the servicemember’s partner is made aware of this infidelity, it can lead to the dissolution of their relationship.

Mary has seen how infidelity can be a poor reflection on the soldier’s character, “Well, I think it makes cheating a part of a process that they aren’t aware of the consequences of it. I think for them, cheating is okay as long as they aren’t caught, so the moral compass comes to question too.” For Mary, she sees infidelity as an issue of morality and integrity. She explained that for these young servicemembers, it is not an issue of “what I did was wrong,” but instead they have no qualms continuing the behavior “if I don’t get caught.” Michelle also echoed this

sentiment, explaining that, “Infidelity is an issue, but I think that is often an outcropping of not being able to really build a relationship.” For some soldiers, not being able to spend quality time with their partner and build a foundation of trust may lead some to seek out affairs that require less commitment. It is important to emphasize that not all military relationships involve issues of infidelity; however, it was one of the most frequently-stated conflicts throughout my interviews with mental health practitioners. In the next section, the impacts of conflicts surrounding finances and money are explored.

Finances

Most couples get into disagreements about money; however, finances in the military take on a different meaning due to the compensation structure. The structure of the military is unique in that soldiers receive pay increases as they advance in rank, when they marry, and as their family expands. While deployed, soldiers receive an additional bump to their normal income, called “hazard pay,” which is removed once the servicemember is home. Jenny named one situation that created significant turmoil upon returning from a deployment: “When they come home and the money is gone.” Some spouses tend to use spending money as a source of comfort; others may see the pay increases that come from deployments, coupled with “limited life experiences as a result of their younger age,” as pointed out by Schiere, resulting in complete mismanagement of their money. While both individuals may be financially irresponsible in a relationship, mismanagement of funds can lead to significant conflict when there is not enough money to pay bills and afford necessities. Mismanagement of funds also may lead to blame being placed on one partner more so than the other, leading to further conflict.

Discussions regarding the ways couples decide how money is spent came up frequently throughout interviews with practitioners. Susan brought up how becoming aware of significant changes upon return from a deployment can lead to further issues within a relationship:

“Their spouse may not have been the most loyal or well-organized person, and their house is in shambles, and money is gone. All that extra money is being spent and they have this debt out the wazoo...”

Susan explained being a provider is an important identity for many servicemembers, however the compounding threat of losing that identity, coupled with other major changes, can amplify relationship conflict. Unfortunately, financial issues are also one way for relational abuse to manifest. Lady described how financial stressors can hinder the reporting of relationship conflict,

“...for the military and the domestic violence, it’s a whole other component about if the spouse says something about the violence and they want something done, they want the spouse to change, but they’re afraid if they say something, and the spouse wants to divorce them, or they get in trouble with the Army, there goes some money. So that, kind of money aspect. I don’t really want to call it money cause it’s really their way of life, so if they say too much, he might get kicked out of the Army and then how are they going to live?”

As Lady explained, financial resources and support can quickly be eliminated upon the dissolution of a relationship. Having limited finances and the threat of losing what may be the only source of income upon reports of abuse is enough to make some victims remain quiet.

While trouble with finances was frequently noted as a source of conflict, mental health personnel are integral to referring servicemembers and their families towards programs that assist with managing finances.

Joy, a supervisor in the Behavioral Health Unit, believes it is important to be thorough during the initial intake assessment to find out what specific conflicts bring the couple in to see her, “When you look at families, and stressors in the military, you have to figure out what the stressors are with that particular family. So it could be that they’re arguing and fighting over

money, that they need some financial counseling, they need to be able to get that.” In having the knowledge that finances are a source of contention in relationships, Joy and others are able to provide services or make recommendations for programs to remedy this issue. Practitioners often commented about being disheartened that these programs, which are oftentimes available for free, are underutilized. Katie emphasized this point of how important it is for her as a provider to know what sources of conflict are so she is able to refer them to resources, “A lot of service members have financial issues and so being able to help them budget can be extremely helpful or preventing them from further going into debt or purchasing items, or things like that to help at least the financial piece of things.” While not able to eliminate all relationship conflict, Katie believes being able to assist her clients in this way may be a great first step in addressing conflicts in other areas. In the next section, I will outline how mental health practitioners perceive the demands of work to be a steady source of conflict within soldiers’ intimate relationships.

Demands of Work

While any job will have sources of strain, a life in the military is not a typical career in that multiple deployments, increased absences due to field problems (i.e., training exercises that simulate a deployment which last between a few days to a few weeks), irregular schedules, and a lack of control can create a multitude of conflicts within intimate relationships. As Annette explains:

“A lot of soldiers disconnect because they know they’re leaving again and maybe it’s easier to manage. I think there’s a high up-tempo of deployments. In the beginning of my career, people very rarely had deployments or they didn’t have as many as they have now. I mean, I’m coming across soldiers who have deployed 5, 7, 9 times in their career and that’s, that’s a lot. I think it’s a different kind of Army now, which impacts families more. I think the rapid deployments and the multiple deployments are hard.”

Annette describes how it can be incredibly challenging to maintain a cohesive family when a servicemember is gone so frequently as a lack of time together and having little control over most aspects of their lives creates high levels of stress. The combination of the military being a total institution (Goffman, 1961) with almost complete control over soldiers and their being considered legal property of the U.S. Army pales in comparison to almost every other occupation, which is something that may not be clear upon recruitment. Furthermore, the intentional disconnection between servicemembers and their family mentioned by the soldiers in this study can result in further disconnection even upon return from a deployment. Michelle explained that the consistent need to have successful trainings creates significant absences as soldiers are not permitted to return home until a deployment-related task has been successfully completed, which may extend their time away for additional hours or even days: "...it's just really stressful on families. There's a lot of absence. And Fort Lane I've never seen it like this before, and it could be that I've been here so long, and it's been a shift from wartime to relative peace time, but I've never seen an operations tempo, an ops tempo like I see here." Michelle explained that the high frequency of deployments and related absences due to trainings has remained consistent over the years, even as the Army has sought to change this.

The vast differences in demands and expectations between different positions in the military can lead to comparisons being made, and frustrations growing, as Michelle noted, "Some units stay until 8 o'clock doing nothing, some stay until 8 o'clock doing tons of things, some get out at 2 o'clock every day." This is an important distinction because it creates tension between spouses when their husband or wife is not on a set schedule and there is no guarantee when their spouse will return home each night. Furthermore, when one person sees their servicemember neighbor getting home in the early afternoon, yet their spouse does not arrive

home until evening, it can create conflict. Training schedules and deployments can be scheduled far out in advance, or be altered without advance warning, leading to increased tension. Overall, this variation in demands creates conflict in relationships, typically through no fault of the servicemember.

The “up-tempo” of deployments was referenced frequently and is a unique feature of Fort Lane given the base is on a near-constant rotation of deployments that last from 9 to 15 months. This is important when considering the demands of work in the Army due to the implication that important events and celebrations will be missed throughout one’s career, which can create strain and distance in these relationships. Tony explained that the constant separation and reunification can lead to unfortunate realizations:

“In your more senior population, you would get families that have been divided up 3, 4, 5 times. You’ve got a marriage where you’ve been married 10 years, but you’ve only ever spent 5 years together, one year at a time. So they just don’t know how to get along. It’s a honeymoon period, then we’re okay, then we’re getting ready for him to leave... Then when he’s home for three years, ‘I didn’t realize in the 10 years I’m a different person, so now I don’t like him anymore.’ Or sometimes they’ll get really used to doing everything, and now you’re not needed, so when we wanna share in disciplining the children, that doesn’t go well. So that’s the kind of stuff that brings up fights.”

As Tony described, being gone frequently, and for extended periods of time can result in military couples not establishing good communication techniques, the delineation of roles and responsibilities inside the home, and in some circumstances, the realization that each partner is too different to continue their marriage. Mary echoes this sentiment, and also points to other factors that feed relationship conflict due to work demands,

“I wanna say a lack of communication, poor communication. Maybe the non-military member not understanding the military, just not being aware that the soldier doesn’t have that freedom to just be home and not be at work, or come home from work. I think there’s a lack of communication with regard to the military culture in itself, and then sometimes it could also be a lack of maturity.”

As Mary points out, a lack of communication and understanding the culture can drive wedges into relationships, and bring about further conflict. While classes are available to spouses and family members to familiarize themselves with the culture of the military, they are optional, therefore easier to fall low on a list of responsibilities.

For some servicemembers, the demands of work lead them to feel as though they have to be one person in front of their family, and someone else in front of soldiers, as described by

Tony:

“Being two people is really hard, but if you can mask the E-7 or E-8 in front of my soldiers, and be the loving, compassionate father at home, and I don’t treat people the same in each area. Because my soldiers, I can treat them a certain way, I have to treat them a certain way. I have to at some point send them up to their death in front of a machine gun, and so I need them 100% rigid compliance, you don’t get to ask why. At home, that can’t be the person that I am.”

As Tony notes in the above quote, it can feel challenging to play two very different roles and balance your interactions in each area, especially when the level of obedience necessary for soldiers going into a war zone is not the same as that required of his children. In some circumstances, expectations look very different between behavior deemed acceptable at work and at home, and servicemembers need to be careful to separate these expectations when not in the presence of their subordinates.

The demands of work on servicemembers are great, which can result in the demands of the military create additional conflict within soldier relationships. From frequently being absent, to unexpected changes that have to be readily accepted, to deployments that reduce couples to strangers, a life in the military is not without struggle. Some of these conflicts resurface during a time of reunification. The next theme will address the topic of reintegration, wherein stress and the underutilization of programs will be highlighted.

Reintegration

The second theme regarding mental health providers' perceptions of the sources of conflict faced by soldiers in intimate relationships is *reintegration*, with subthemes of (1) *stress*, and (2) *underutilization of programs*. Reintegration is important when considering sources of conflict faced by soldiers in intimate relationships due to the stress experienced by servicemembers and their partners being unlike what their civilian counterparts are exposed to, making their role in society challenging, and have the propensity to lead to conflict. Additionally, many changes can occur within a relationship while a servicemember is deployed, resulting in added stress and conflict upon returning home. Further, the underutilization of programs was noted when discussing the history of conflict in servicemember relationships. This can be a source of frustration for mental health personnel who bear witness to the issues servicemembers face while reintegrating, questioning why there seems to be such limited use of these services that are readily available to them.

Stress

During their interviews, soldiers described that reintegration comes with its own set of challenges. Mental health personnel echo these sentiments as they oversee soldiers' transition home. During her interview, Katie described that conflict and stress ebbed and flowed in soldiers' relationships because once servicemembers got back from a deployment, their relationship could get better or worse. Below, she explains how stress impacts military couples differently:

“I think that relationships are hard no matter what, and with military families they have additional stressors that maybe a typical family wouldn't have, and different circumstances that put them more at risk due to the stressors.”

As Katie points out, civilian families do not experience the same types of stressors that military families do and are less at risk for significant conflict; therefore, it is important to point out where those differences exist, specifically in terms of deployment and reintegration. Katie went on to explain how additional stressors can come from being in combat and seeing or experiencing certain things makes it significantly harder to come home and try to adjust to a “normal life.” Mary concurred with this statement, wherein she heavily advocated for services to assist servicemembers in these struggles, “...because you know as well as I do, that military families just by the nature of this institution, we’re just inundated with stressors that our civilian counterparts just don’t have.” Stress, whether is it sex, infidelity, or money, has an active presence within military relationships, which may become amplified and result in relationship conflict at specific times such as reintegration.

While servicemembers are deployed, there may be significant life events that occur or decisions made without their input, and they may not learn of these changes until they return home. Schiere talked about how stress can come about when servicemembers are faced with the multitude of changes that occurred in their absence, “Everybody is already happy to be back, but then they’re stressed because you got new people coming back and they got new kids and you know, all kind of different changes, whatever the case may be.” As she pointed out, when faced with these changes, soldiers either mesh well and things work out, or “we end up seeing them.” Mary added to this point by stating that although reintegration can be challenging, by being open with communication, servicemembers will be better off “...managing that transition because it is a transition nonetheless.” Mary reiterated that reintegration is a transition for all involved, so it is important to be aware that some may experience more stress during that time. Managing

expectations and being open to changes seem to be the best strategies in handling stress from reintegration, resulting in less conflict between partners.

Reintegration stress from the perspective of mental health personnel parallels accounts from soldiers in that stress is acknowledged as being a major contributor to relationship conflict. Mental health personnel, however, believe they can provide additional explanations for why soldiers experience such high rates of stress. According to Michelle, having a low stress tolerance and an inability to cope with changes becomes obvious once a soldier reintegrates, “They don’t know how to tolerate the stress in the relationship and if you think about how they interact with other people, ‘if you don’t like it, this is what’s going to happen’, which doesn’t work really well in intimate relationships when they’re back in garrison.” A servicemember who feels overstressed, which can be caused by a lifestyle or career that imposes too much stress on a person, coupled with feeling a lack of control during reintegration will be more likely to get upset quickly, potentially producing conflict in their relationship. Furthermore, feeling overstressed could easily transfer to their partner and any children the couple have, creating greater conflict. Being able to manage stress and expectations for compliance within the home appears to be a key necessity for servicemembers reintegrating post-deployment.

A rocky reintegration experience can also be a source of stress and conflict. While most mental health practitioners I spoke with did not have an active role in facilitating reintegration activities, there were still criticisms of the quick assessment servicemembers undergo before being released to their family. According to Jenny,

“Frankly, from my understanding it’s a quick brief, reintegration basically ‘don’t fight with your spouse, don’t strike your children’, a whole lot of ‘don’t’, and then I think resources are presented to them in the event you feel overwhelmed or stressed, go to FAP [Family Advocacy Program] or go here, and they’re provided with that. It’s kind

of, from my understanding a ‘Hey, are you having any issues?’ ‘No’, and then they go through.”

As Jenny points out, this quick assessment leaves much to be desired in terms of offering support during a stressful time. By not having the servicemember go through a thorough evaluation with a mental health practitioner, it is easy for those having issues to slip through the cracks before reintegrating home. The briefing soldiers attend as described by Jenny barely scratches the surface of potential stressors to be encountered upon reintegration, which is a disservice to servicemembers. In the next section, I outline how mental health practitioners perceive the underutilization of programs to be a steady source of conflict within soldiers’ intimate relationships during reintegration.

Underutilization of Programs

When returning from a deployment, servicemembers are shuffled through a presentation outlining when they need to report back for duty, how laws or regulations may have changed in their absence, and the military’s expectations of appropriate conduct during reintegration. What is rarely mentioned is that soldiers should seek out programs if they experience issues reintegrating and what the programs offer. The purpose of these programs is to provide support and training in a variety of areas to help lessen the negative impacts of deployment and reintegration, thus reducing conflict in military relationships. Mental health personnel reflected often during our respective interviews that services and programs for soldiers struggling were readily available yet underutilized despite having a track record of improving relational interactions. If servicemembers choose to not use parenting, relationship, and anger management programs, the mental health personnel in this sample believed that relationship conflict would continue. While the justification for why these programs are underutilized is speculated to be due to stigma or some other informal sanction to the servicemember, mental health personnel like

Annette still questioned if the services were available, why more soldiers were not taking advantage of them:

"I think the Army does a good job having services in place for families, like the amount of services ACS [Army Community Services] provides families is amazing; I don't think a lot of soldiers utilize it, sadly. I think if they did, maybe there would be less conflict because there's so many free programs to help with families, classes, getting involved with activities, and community, and those types of things."

As Annette points out, there are a multitude of programs available to the soldiers and their families; however, they cannot help soldiers if they are not utilized. Lady pointed out one underutilized service provided by ACS is specific to teaching spouses about what happens in the military, which is exceedingly helpful in providing an overview of life in the military, answer their questions, and help in setting expectations. Spouses are offered this training that is designed to introduce them to a life in the military and help reduce conflict that spurs from confusion and frustration, yet many do not take advantage of it. For mental health practitioners, this is a confusing realization, as it does not make sense to not seek out programs that are created for the express purpose of helping.

Many of the mental health personnel I interviewed echoed the same point that servicemembers failed to utilize programs long enough to be determined helpful, reinforcing responsibility of the individual to make a concerted effort with these programs. Joy believed the programs would be as effective as a person wanted them to be, "You're always going to get something out of it, it just depends what you want out of it. There are a lot of programs at Fort Lane, it's just a matter of how much they want to gain from them." From this statement, the servicemember must be the one seeking the program and make the effort to change. Lady was also vocal on this issue, pointing out that there are so many programs available, but she and others cannot force soldiers to utilize them,

“I think they could be very helpful if they utilized them more, but you can’t get, it’s just like the civilian community, you can’t force somebody to do something. So I think they’re [programs] effective if they’re utilized, and I think they’re utilized ummm, maybe 65%? And that might be a little high.”

As Lady explains, trying to force servicemembers to participate in these programs will not produce results she and others want. Susan also agreed with this sentiment, and that she looks for this desire for change while evaluating her clients, “They’ve got to be ready for the change. That’s something I’m constantly looking at, is are they ready to absorb and do something about their situation? It has to do with age, setting, and their experiences.” As both of these practitioners pointed out, servicemembers have to be ready to make the necessary changes that allow for the best outcomes. This can be challenging during reintegration when there may already be significant changes occurring, but demonstrating an effort to utilize programs should produce favorable outcomes.

Although reintegration can be a challenging time that is ripe for conflict, if servicemembers are aware of struggles they are facing and actively seek out support and resources through these programs, they will be more likely to achieve success. As Susan mentioned, soldiers being ready to change and do something to help their situation, whether it be infidelity, financial struggles, demands of work, or stress; by putting in the effort to address these issues, servicemembers will be on a path toward changing their life for the better. Unfortunately, there is stigma that exists for utilizing these services, as soldiers and veterans pointed out within their interviews. This can come from commanders who minimize the effects of deployment, reject the legitimacy of mental healthcare, and provide fractured responses to instances of familial conflict. In the following section, mental health personnel will address these topics and share their perceptions of commanders’ responses to familial conflict.

What are mental health providers' perceptions of commanders' responses to familial conflict?

Mental health personnel spoke openly about their experiences working with an interdisciplinary team when providing counseling to soldiers and their families in times of conflict. One of the noted difficulties of this integrative work is commanders' perceived lack of experience or education in understanding what constitutes familial conflict and violence. It is important to consider command's perspective due to their influence over how cases of alleged abuse or neglect will be addressed in Incident Determination Committee (IDC) meetings, which involve situations where a servicemember is an alleged victim or perpetrator of abuse. Commanders play an important role in these meetings due to their positionality to the servicemember and accountability for the successes and shortcomings of their soldiers (Dayton, 2018). IDC proceedings gather a stakeholder group including the Deputy Garrison Commander, the Command Sergeant Major, a representative from the Military Police, a judge advocate representative, the FAP Manager, the FAP supervisor, and the servicemember's commander and first sergeant. In these proceedings, all members vote to decide whether or not a case is substantiated, meaning it qualifies as meeting criteria for abuse or neglect, which determines what treatment plan is created for the servicemember. To be eligible to vote, commanders must first complete online training to prepare for this meeting. Mental health practitioners are concerned that even with this training, if a commander is not informed on the complexities of what qualifies as familial conflict and violence, they are unlikely to vote in such a way to hold the offender accountable for their actions.

From discussions on this topic, the theme *command minimizes violence* emerged. Mental health personnel explained in their interviews how difficult it was to offer necessary programs to offenders when command leadership rejected the responsibility of the perpetrator, especially

when it is a servicemember, and placed blame on the victim or mental health practitioner. In 2014, the DoD recorded 16,287 reported incidents of domestic abuse with 7,464 substantiated cases (Battered Women's Justice Project, 2017). As such, less than half of these reported incidents are being substantiated in part by commanders who may not have an accurate understanding of what is considered domestic violence or relationship conflict. In this way, a commander's lack of awareness regarding violence minimization could influence a perpetrator's view of mental health practitioner's role in cases of familial conflict or violence, perpetuating a cycle of abuse for the victim, and amplifying the harm victims have experienced.

Command minimizes violence

For some perpetrators, a case of abuse or neglect being substantiated can lead to being chaptered out of the Army, losing all income and benefits. For this reason, a case being sent to the Family Advocacy Program (FAP) and reviewed in an IDC meeting can be met with skepticism by other members of the committee, which is exemplified by "a culture of disregarding other people," as Michelle stated. Commanders play an active role in determining how a case of alleged abuse or neglect will move through an IDC meeting; past research has indicated several abused spouses have testified that they felt their partner's commander did not provide appropriate support, follow established procedures, or take their complaints seriously (U.S. Congress, September 18, 2019). Interviews with mental health personnel revealed they believe commanders minimize the violence perpetrated against a victim through downplaying it or creating alternative explanations during IDC meetings. As an example, within one IDC meeting, a case was presented wherein a female victim was being chased throughout her home by her soldier spouse wherein she had various items thrown at her or used against her as a weapon. Because she had their three children in the home with her while this was happening, and

as a means of defending herself, she threw her cellphone at her soldier spouse, hitting him in the lip. When this case was read, members of the IDC committee seemingly ignored her attempt at self-defense as a victim and created a case against her as a perpetrator instead (Katie, personal interview, February 5, 2019). Annette explained her frustration with commanders who blame victims of violence to deflect responsibility of the perpetrator:

“I think that commanders have no education on domestic violence; they don’t understand it. And they make it, most of them minimize it and say, ‘Oh, it’s just a family issue, or miscommunication’ and they do a lot of victim-blaming, and it’s very challenging working with command to get them to understand the nuances of violence with an intimate partnership.”

As Annette mentions, downplaying violence demonstrates a lack of education or training which would have otherwise properly informed the commanders of the violence that had taken place.

Michelle’s sentiments paralleled Annette’s; however, Michelle also believed that a commander’s tendency to deflect responsibility away from their soldier was due to the commander’s inability to accept that the soldier may not be who he portrays himself as:

“Well, my guess is that it’s too much for them. What I mean by that specifically is like, I think it’s really difficult to see let’s say a stellar soldier who comes in, does their work, seems squared away in every fashion, and then get a call from us ‘Hey, we got this allegation’...I think it’s just too, there’s just such a wide gap sometimes that they can’t understand that. They just can’t even literally wrap their brain around it, so we have to allow them to [wrap their brain around it] sometimes, while still try to balance the safety of other people. But I think, it’s too close: ‘It has to be somebody else, so it can’t be military, it has to be those social workers drumming stuff up and stirring the pot, trying to cause issues.’”

As Michelle explained, she believes commanders struggle to visualize a person who is a good soldier as someone who is abusive toward their loved ones. Consequently, Michelle asserts that commanders mistrust mental health practitioners and believe that they are fabricating allegations of abuse. This disconnect was mentioned by other mental health practitioners as well, who felt

that commanders did not trust that practitioners were doing their job by raising concerns when necessary.

Some commanders seek to minimize violence due to lack of education on what qualifies as familial or relationship conflict, which may result in significant under-reporting. Phillip explained that this may be explained by inexperience, lack of maturity, or young age of the commander. Due to every IDC meeting involving a different commander for each case that is presented, it can be difficult to emphasize how a situation qualifies as relationship conflict or domestic violence when met with opposition:

“A servicemember had beaten and strangled his wife to the point of unconsciousness, and he had been given, all that happened was he was put on a 72-hour no-contact order, and he observed that order for about 3-4 hours before he went back and beat and strangled her again...And this gentleman’s first sergeant was arguing with me, I wouldn’t put him in a domestic violence [group], I wanted him preferably in prison and out of the Army, and I wouldn’t put him in the domestic violence offenders group, I said ‘This is beyond, this is not a treatment problem, this is a guy who needs to be confined.’ So, within the military, there is a tremendous under-response.”

Phillip described that, as a clinical provider, it was challenging to be undermined by commanders who were seeking to put their soldier into a treatment program as a means of keeping them at work for behavior Phillip knew to be criminal conduct. In minimizing the violence of the soldier, the actions of the commander indicated to Phillip that he did not see the violence to be a serious concern, which contributed to what he called the “tremendous under-response” of relationship conflict at Fort Lane.

Part of this minimization of violence may be derived from the fear that seeking out services will be detrimental to their career, as Joy points out, “...then there’s the other half who say ‘If you go to behavioral health or utilize services, then it’s going to ruin your career.’” While this remains a controversial proposition, and one that has not been proven to be true, it is one acknowledged by other practitioners as well, such as Lady,

“But the problems with soldiers getting help such as therapy, I kind of think that the military is umm, well, I can’t think of the word. I want to say two-faced about it because they want healthy soldiers, but sometimes, well there’s soldiers who still think that if they go to mental health to get something [therapy], then that’s going to hurt them military-wise and some commands aren’t supportive of that [seeking therapy].”

As she points out, when commanders appear to be unsupportive of their soldiers seeking out necessary mental healthcare, it can send a message that pursuing this care is detrimental to their career, which also may lead to servicemembers being distrustful of mental health practitioners. Isaac, who is one of the newest providers within this sample, explained that he quickly learned how the program is viewed by command:

“So FAP involvement, instead of being a positive thing, and the view of kind of the administration, militarily as a negative thing. [Military leadership] don’t take into consideration the longitudinal or linear behavior that happened before FAP ever became involved, that was already creating the problem. Instead of seeing FAP as a solution or a help, they see that as ‘Well that’s what’s going to ruin your career: FAP.’”

Isaac captures the sometimes difficult dynamic between FAP and commanders, wherein clinical providers are incorrectly held responsible for familial violence while commanders continue to minimize violence and shift blame away from their soldier. Mental health providers emphasized in interviews that they will continue to advocate for better education and training of commanders to decrease instances of violence being minimized, and for the right person(s) be held responsible when violence does occur.

Summary

Two research questions guided the qualitative analyses for the soldier interviews: *How does military service impact soldiers’ relationships with intimate partners?* and *How do soldiers describe the effects of military service on their mental health?* The participants discussed varying perspectives of the difficulties of transitioning home from a deployment, such as the unexpected changes, unknown psychological trauma, and struggle that comes with trying to talk about their deployment experiences. Four interrelated themes emerged from the interviews: (1) *Disrupted*

communication, (2) Strains relationships, (3) Experiences of shame and stigma, and (4) “If you don’t ask, I won’t tell.” Thematic categories provided further insight into the influence military service and the effects of deployments on mental health have on intimate relationships.

Similarly, two research questions guided the qualitative analyses for the mental health personnel interviews: *What are mental health providers’ perceptions of the sources of conflict faced by soldiers in intimate relationships?* and *What are mental health providers’ perceptions of commanders’ responses to familial conflict?* The participants discussed the challenges they experience extending care to their clients, and the struggles their servicemember clients experience pertaining to the varying strains from a life in the military. These questions covered topics pertaining to sources of conflict and strain, reintegration challenges, and what effect commanders minimizing violence has on servicemembers and mental health personnel. These questions are important as providers provide a clinical lens to these struggles, and are directly involved in offering care to servicemembers and their families. Three themes emerged from the interviews: *(1) Same strain, different context, (2) Reintegration, and (3) Command minimizes violence.* These thematic categories described how military service and the influence of command leadership has impacted intimate relationships and servicemembers’ relationships with mental health providers. As such, the themes produced further insight into the specific struggles servicemembers experience, provided by the perspective of those who are meant to assist in times of trial. The following section will outline the discussion and conclusion, including theoretical implications and directions for future research.

Chapter 6 - Discussion

Studies on domestic violence are plentiful (Bradley, 2007; Heyman & Neidig, 1999; McDonald et al., 2006, Ogbonnaya, 2015; Rentz et al., 2006; Shewmaker & Shewmaker, 2014); however, there is a dearth of research on relationship conflict within military families. Although past studies have examined partner violence within military families (Bradley, 2007; Cantos et al., 1994; Cronin, 1995; Doyle & Peterson, 2005; McCarroll et al., 1999; McCarroll et al., 2000; Shupe et al., 1987), questions remain regarding aspects of militarization and stress that may contribute to soldiers' perpetration of violence. In particular, what remains unknown is how military service impacts intimate relationships, including the sources conflict that are present within these relationships, which may be exacerbated as a result of the high-stress, high-risk environment that characterizes military service (Bray et al., 2001; Edwards, 2006; Melzer, 2002; Roth & Cohen, 1986). Through in-depth, semi-structured interviews with a sample of servicemembers and mental health personnel at an Army base, the purpose of this study is to explore the perceptions of stressors associated with military deployment and reintegration and their subsequent impact on intimate relationships. The findings of this study have the potential to lead to policy implications for future military operations.

Considering the perspectives of servicemembers and mental health personnel is critical given each group provides their own perspective regarding the same phenomena, providing rich data and further clarification on vital issues regarding military service and reintegration beyond what is derived from quantitative methods or by studying one participant group. Questions have remained concerning the relational and offending experiences of those in the military (Bucher, 2011); mental health personnel can speak directly on these topics, providing a unique and informed perspective. The specific qualitative findings and implications for future research and

policy are presented in the subsequent sections, which may provide guidance on how to better prepare returning soldiers to deal with stress and conflict in a pro-social manner and to understand how militarization can have lasting impacts on one's intimate relationships.

Soldier Findings

The results of the qualitative data analysis provide more insight on the impact deployments and reintegration may have on soldiers' intimate relationships. Two research questions guided the qualitative analyses for the soldier interviews: *How does military service impact soldiers' relationships with intimate partners?* and *How do soldiers describe their mental health programming experiences upon reintegration following a deployment?* Four interrelated themes emerged from the interviews: (1) *Disrupted communication*, (2) *Strains relationships*, (3) *Experiences of shame and stigma*, and (4) *"If you don't ask, I won't tell."* These thematic categories describe how military service impacts intimate relationships in specific ways such as communication with loved ones, reintegration strain, and seeking out mental healthcare can make a servicemember feel shame or stigma. Servicemembers acknowledged that some of the effects of deployment(s) and reintegration are unique to each individual, while in other circumstances, multiple servicemembers reported similar experiences.

The first theme, *disrupted communication*, highlighted the influence that communication and technological changes over time had on each soldier's relationship and their ability to maintain contact with loved ones, both while deployed and during reintegration. Many participants acknowledged being able to communicate with loved ones was a source of comfort and a means of creating normalcy during deployment, yet others mentioned barriers to communication, such as significant time differences, that led to conflict and frustration. Respondents also mentioned how challenging it could be to find a secure server network for

communication, which meant they may not regularly speak to loved ones. These findings support past literature in that soldiers may enter a deployment with high expectations regarding communication use, but reported use was much lower (Schumm, Bell, Ender, & Rice, 2004). This is due to available forms of communication technology and circumstances related to the deployment (Schumm, Bell, Ender, & Rice, 2004). Further, some soldiers reported communication issues that led to relationship conflict as well as too much communication serving as a distraction from their mission, which is also consistent with past research (Greene, Buckman, Dandeker, & Greenberg, 2010). The findings within the current study provide further support for the notion that combat deployments greatly interfere in communicating home as it is deemed unsafe and unnecessary.

Although advancements in technology have improved issues of connectivity, there are obstacles that remain. The second theme, *strains relationships*, is an acknowledgement that military service can have negative effects on intimate relationships. This strain was attributed to the unpredictable nature of training exercises and deployments, which not only removed servicemembers from their homes for extended periods of time but also placed them in extremely dangerous situations. This long-term separation led to detachment from intimate relationships as servicemembers prioritized their attention on the deployment, which made reintegration with an intimate partner difficult for some when expectations for reconnection were not met. Intimate partners may resent time their partners spend with other soldiers upon return home, leading to additional strain. These findings are echoed in past research by Hosek and Wadsworth (2013), Figley (1993), Peebles-Kleiger and Kleiger (1994), and Solomon (1988) wherein personal and familial trauma, family disruptions due to deployment(s), and familial conflict are all a result of

military service. Although serving in the Army continues to be heralded as a noble profession, it does not come without great personal cost.

Strain theory applies to these findings as servicemembers reported how compounding stress coupled with what may be fractured relationships resulted in increased alcohol consumption and other delinquent behavior (Agnew, 1985; 1989; Mazerolle & Maahs, 2000; Paternoster & Mazerolle, 1994). Furthermore, readjusting to life back home after a deployment was frequently noted as a form of relationship strain because servicemembers had to adapt to changes that occurred in their absence and transitioning to living at home instead of being abroad. Resuming their roles and identities of partner and parent was mentioned as another difficulty as it was not always clear when or how a servicemember should begin parenting their children again after being gone for so long. As such, reintegration was a time of both excitement and strain as competing interests of wanting to be an active presence within their family and their commitment to serving their country oftentimes clashed. The literature is ripe with references of reintegration being a challenging time for servicemembers and their relationships (Doyle & Peterson, 2005; Miller & Veltkamp, 1993; Rentz et al., 2006; Suzuki & Kawakami, 2016) and the results of this study reflect the same.

The third theme of *experiences of shame and stigma* addressed the challenges of seeking and receiving mental health assistance. Multiple participants noted the harsh judgment and condemnation they received from others when admitting they were struggling with the impacts of their deployment(s). Another concern frequently raised during interviews consisted of the fear of losing one's security clearance or their job entirely if their commander was made aware of a servicemember seeking out mental healthcare, reinforcing their need to keep these struggles concealed from others. Although there is no specific mandate wherein servicemembers are

removed from duty if they seek this type of care while still active duty, it was discussed with enough frequency to lend credibility to this fear. Additionally, servicemembers lamented about the failures of mental healthcare that are currently available coupled with a lack of support from leadership necessitates many changes for these programs to be considered effective. These findings align with prior research that indicated soldiers do not feel as though enough care is offered upon reintegration (Baum, 2004; Musheno & Ross, 2008), as well as experiencing “two very different cultures” whilst transitioning to life as a citizen and dealing with the mental struggles of being a soldier (Suzuki & Kawakami, 2016, p. 2060). It is alarming that research consistently finds that servicemembers report mental health support is lacking, reinforcing the need for a clear answer as to why that is.

The final theme of “*if you don’t ask, I won’t tell*” highlighted the discretion servicemembers used when choosing whether or not to talk about their military service. Many servicemembers believed that no one wanted to discuss mental health; therefore, they did not talk about their struggles with others. While many participants may try to conceal their struggles, for others it becomes obvious to themselves and others that professional help is required after a triggering situation or circumstance reveals their trauma. These findings were also consistent with past literature indicating the lasting effects of trauma on the servicemember (Herzog & Everson, 2010), and reflect how servicemembers do not oftentimes share these struggles with others. It was noted throughout interviews that it can be hard to talk to someone about military service who does not possess this lived experience because of a lack of understanding and ability to relate to the servicemember, which has also been stated in past studies (Suzuki & Kawakami, 2016). Although many participants did eventually seek out mental healthcare, it could be speculated that not doing so until many years after they have left active duty is a means of

protecting oneself or others from emotionally difficult conversations and stigma. In the following section, the main findings from mental health personnel will be discussed.

Mental Health Personnel Findings

The results of data gathered from mental health personnel provide more information regarding how providers perceive sources of conflict in soldiers' relationships, the challenges soldiers experience during reintegration, and what effect commanders' responses to violence has on servicemembers and mental health personnel. Two research questions were used to guide qualitative analyses: *What are mental health providers' perceptions of the sources of conflict faced by soldiers in intimate relationships?* and *What are mental health providers' perceptions of commanders' responses to familial conflict?* Three themes emerged from interviews with mental health providers as they offered a clinical lens to these struggles through their direct involvement in administering care to servicemembers and at times, their families. In discussing providers' perceptions of sources of conflict, two themes emerged: (1) *same strain, different context* and (2) *reintegration*. Commanders were also perceived to minimize violence by dismissing accusations of violence brought against their soldiers or creating alternative explanations to place blame on the victim, which characterized the third theme. As such, the themes provided further insight into how clinicians perceived the relational conflicts and occupational difficulties endured by military couples as being specifically different than those experienced by civilian couples and illuminated their challenges in providing mental healthcare to this patient population.

The first theme that helped answer the first research question, *same strain, different context* addressed that assorted struggles such as infidelity, financial strain, and the demands of work were frequently noted as being some of the most significant conflicts seen in

servicemembers' intimate relationships. Infidelity took on various forms and was reported as being committed by both partners. Many months spent apart from one another provided opportunities to seek out attention and affection from someone outside the relationship. Finances are another point of contention within military relationships. One or both partners mismanaging finances was frequently mentioned, which could partially be explained by the limited life experiences of the soldier, as discussed by the mental health personnel in this sample. Lastly, the demands of work set servicemembers apart from their civilian counterparts regarding sources of strain. A life in the military consists of multiple deployments, increased absences due to field problems (i.e., training exercises that simulate a deployment which last between a few days to a few weeks), irregular schedules, and a lack of control can create a multitude of conflicts within intimate relationships. It can be nearly impossible to be able to plan events, gatherings, or vacations in advance due to the variability in schedules and unpredictability of the military, resulting in tension and conflict within soldiers' intimate relationships. These findings were consistent with past literature that has found increased deployment tempo results in decreased marital quality (Riviere & Merrill, 2011; McLeland, Sutton, & Schumm, 2009) as well as increased rates of infidelity and separation/divorce over time (Riviere, Merrill, Thomas, Wilk, & Bliese, 2012). Although literature has reinforced resilience that characterizes many Army relationships given the instrumental support services available (Riviere & Merrill, 2011), the findings from this study encourage bolstering existing marriage interventions and implementing marriage enrichment programs to prevent further infidelity or relationship dissolution.

The second theme, *reintegration*, examined how stress and the underutilization of programs negatively impacts soldiers' relationships. Mental health practitioners noted that the stress experienced by servicemembers is significantly different than the stress experienced by

their civilian counterparts, making it harder to transition back to a “normal life.” Practitioners also detailed how reintegration stress contributes to relationship conflict due to servicemembers feeling overstressed as a result of their lifestyle or career. Mental health personnel emphasized how managing reintegration expectations and being open to changes made in the servicemember’s absence are the best strategies in handling stress from reintegration, resulting in less conflict between partners. The interviews also revealed that programs focused on improving relational interactions are readily available, yet are rarely voluntarily utilized. In terms of utilizing programs focused on mental health and relationship challenges, previous research has indicated that servicemembers report being unable to receive permission to access mental healthcare from commanders (Baum, 2004), which could contribute to program underutilization.

For the final theme, *command minimizes violence*, participants highlighted the sometimes contentious struggle mental health personnel face when instances of conflict and violence occur within servicemembers’ intimate relationships. Commanders minimizing violence took the form of downplaying the act or creating alternative explanations as a means of shifting blame away from the servicemember. Explanations for why violence minimization occurred were provided by mental health personnel, wherein they provided two possible justifications. First, personnel speculated a commanders’ lack of education or formalized training to what qualifies as familial conflict or violence may be to blame. Second, the fear of losing that soldier to a treatment program may cause commanders to insist that mental health personnel are responsible for crafting false accusations and “stirring the pot” as described by Michelle. Through minimizing violence perpetration, a commander releases the offender from expectations of conventional, pro-social behavior. These themes direct attention to the impact the military, in various forms, impacts soldiers’ intimate relationships, which has been demonstrated to be negative in multiple

instances. The following section discusses the implications of the qualitative results for the strain and social control theoretical framework.

Theoretical Implications

The two main theories provide insight into the findings of the study are social bonding theory and strain theory. Social control theory purports that individuals will be restricted from deviant or antisocial behavior if their bonds are strong (Hirschi, 1969). Marriage, military service, and employment are all considered important sources of social bonding (Bouffard, 2003; Osgood et al., 1996; Sampson & Laub, 1993; Warr, 1998) by creating a stake in conformity for individuals through attachments to conventional others, involvement in conventional activities, commitment to societal norms and institutions, and belief in mainstream norms and values.

Alternatively, decreased social bonding has been found to be related to other problem behaviors, such as crime and delinquency (Cernkovich & Giordano, 1992; Friedman & Rosenbaum, 1988; Wiatrowski, Griswold, & Roberts, 1981), substance use (Foshee & Bauman, 1992; Krohn et al., 1983), and sexual behavior (Udry, 1988). As such, it could be argued that there is evidence the military has provided both formal and informal social controls that inhibit deviant and criminal behavior given the severe sanctions that are enforced should soldiers deviate, such as a court-marshal, which would effectively end their military career. Due to no servicemembers in this sample confessing to perpetrating violence against an intimate partner, this may serve as further evidence of social bonds inhibiting deviant behavior.

This study provides insights for applying social bonding theory. By servicemembers being dissuaded or otherwise prevented from utilizing mental healthcare, it could be surmised that they are attempting to maintain their stake in conformity by not going against what has been reinforced by military culture. To counter this, it may be beneficial to see if bonds could also be

created between those who are struggling with their mental health, as this is generally a very isolating experience for servicemembers and veterans (Olmstead, Brown, Vandermaas-Peeler, Tueller, Johnson, & Gibbs, 2011; Shields, Kuhl, & Westwood, 2017). These social bonds may create an opportunity to share mental health struggles with others with similar experiences and to avoid shame and stigma from those who do not. By encouraging servicemembers to support each other through those difficult times, there is a stronger likelihood of creating and maintaining relationships that are pro-social and understanding.

A final consideration for expansion of the theory concerns the impact commander's responses to familial violence have on the servicemember. Hirschi (1969) makes the argument that those with strong, positive social bonds will be more likely to conform to conventional norms and behaviors. As the findings gathered from the mental health practitioners indicate, commanders are not perceived to hold perpetrators accountable by minimizing violence, wherein offenders are prevented from yielding to future impulses to perpetrate harm. Prosocial support could be obtained by requiring commanders to undergo holistic training to better understand the intricacies of familial conflict and violence. Perpetrators, then, may be more likely to conform to conventional behavior and resist deviant impulses.

There was strong support for general strain theory within this study, even having themes inspired by the particular struggles experienced by servicemembers and their families. General strain theory takes three forms. The forms most relevant to this study were strain as the removal of positively valued stimuli, and strain as the presentation of negatively valued stimuli (Agnew, 1992). For example, the requirements of deployment resulting in being away from family and intimate partners for an extended period of time could be the removal of a positive stimulus as one is separated and figuratively losing something of value to them. A confrontation with a

negative stimulus could be a soldier who regularly faces stigma for attempting to acquire mental healthcare. In either example, the negative feelings induced by these strains could lead an individual to seek out deviant or even criminal behaviors as a means of coping with their emotions (Agnew, 1992). Servicemembers experience stressors unique to their population, but lack mechanisms to help them deal with any anger they experience as a result; not having prosocial means of intervening to address these emotional responses to strain can result in problematic post-deployment readjustment (Elbogen, Wagner, Calhoun, Fuller, Kinneer, & Beckham, 2010). Multiple studies have found support for Agnew's argument that negative relationships and stressful life events are associated with increases in deviant behavior, such as increased alcohol consumption, which was also found in this study (Agnew, 1985; Agnew, 1989; Agnew & White, 1992; Mazerolle & Maahs, 2000).

Agnew (2001) provided four explanations for why he believed crime would be more likely to occur, including that crime is more likely to occur when strains are high in magnitude (i.e., severity, duration, recency, and centrality) and associated with or caused by low social control. These explanations were mirrored in the soldier interviews. Servicemembers reported their experiences of deployment to result in high levels of strain, both while deployed, during reintegration, and being sustained for years after. These findings are consistent with Agnew's description of pressures or incentives that lead one to criminal coping (1992). In regards to social control, mental health personnel also mentioned that servicemembers were not held accountable by commanders who minimized their role in perpetrating family conflict and violence. Due to the hypermasculine culture of the military (Bucher, 2011), soldiers were often directly or indirectly told to not seek out help for their problems and/or to handle it themselves; by not

following this direction, some servicemembers were marked as social outcasts and were stigmatized by others for seeking this care.

Another important consideration for not seeking out care involves a soldier's readiness as compared to general military readiness. For a unit to deploy, the unit needs to be 85% deployable, meaning that troops, cargo, and necessary materials and personnel are fit and ready to deploy. If this quota is not met, the unit is unable to deploy (Sample, 2011). This requirement may provide potential explanations for why there may be occasions where commanders ignore, cover up, excuse, or fail to report incidents of familial abuse or neglect as doing so may reduce their unit readiness to below the established threshold. Individual readiness is necessary when considering mental health care, as servicemembers may feel pressured to not seek out care so as to avoid making their unit non-deployable. Commanders are important to consider in this dynamic as well because they may want their subordinates to seek necessary care, yet also know doing so may negatively impact the unit and result in broader consequences and structural constraints by missing the deployment (Sample, 2011).

This study provides further evidence for the application of general strain theory to servicemembers and their various relationships. Conflicts between servicemembers and their intimate partners, commanders, and fellow soldiers could produce strain, leading them to engage in deviant or criminal behavior. Further, deviant behavior can be reinforced by commanders who support deviance as this not only minimizes the violence but provides a way to continue their antisocial coping caused by strain due to militarization and its associated stress by failing to hold perpetrators accountable (Brezina, 1996). Those who are exposed to strains are also likely to experience a negative affective state, namely anger, which serves as a pathway to maladaptive behavior, such as increased alcohol use or infidelity. Although there was no evidence of criminal

offending by the servicemember sample as a result of strains they experienced, this could be due to the bonds they have created with others and interventions they received that prevented criminality. If servicemembers do not have legitimate mechanisms for coping with this strain or persons and programs that can intercede, they will be more likely to engage in deviant behavior.

Limitations and Strengths

Despite the many contributions of the current study, there were some limitations. Past literature has found support that lower-ranking, enlisted military personnel have a higher likelihood of perpetrating violent behavior, which has been associated with certain sociodemographic characteristics including young age, single marital status, and lower levels of education (Department of Defense, 2015; Elbogen et al., 2010; Gallaway, Fink, Millikan, & Bell, 2012; MacManus et al., 2012). The servicemembers in this sample are mostly current or former officers in the Army, and higher-ranking soldiers have been found to be less violent with their loved ones compared to those of lower rank (Department of Defense, 2017; Elder, 1988; Mercier, 2000; Neidig & Friedman, 1984; Sonkin, Martin, & Walker, 1985; West, Turner, & Dunwoody, 1981). This is perhaps why none of the soldier respondents in this sample reported perpetrating violence. Another limitation is social desirability bias, as this is a risk inherent to completing interviews pertaining to topics such as relationship conflict, as these are particularly sensitive and more prone to social desirability bias (Groves et al., 2004; Sutton & Farrall, 2005). Although I have no reason to suspect participants were dishonest within interviews, steps were taken to mitigate this risk. Participants were not asked questions that would necessarily lead them to reveal themselves as perpetrators of violence, and honesty was encouraged by maintaining subject confidentiality through the use of pseudonyms (Larson, 2019). It is important to consider that although servicemembers interviewed for this project may not be

perpetrators themselves, they still revealed challenges associated with deployments and reintegration that significantly impact families.

The qualitative methodological technique used for this research has limitations that should be acknowledged specific to interviewing active duty and veteran soldiers, as well as mental health personnel. First, the bonds created through a deployment and subsequent time in service can lead to a level of understanding between servicemembers that makes them unlikely to talk candidly about their experience to someone without that same experience (Shields, Kuhl, & Westwood, 2017). That does not appear to be the case with participants in this study though, as multiple participants disclosed that they actually felt more comfortable talking to a stranger about these topics, which is consistent with previous research on similar topics (Edwards & Holland, 2013; Hughes, Hughes, & Portier-Le Cocq, 2020; Hughes, Hughes, & Tarrant, 2020). A second limitation is the small sample size. A challenging approval process and global pandemic proved to be significant adversaries to achieving the originally-desired goals of this study, which are addressed in Appendix C. Having a total sample size of 23 was lower than originally anticipated; however, due to a global pandemic, it was not possible to continue with interviews as originally proposed. Interviewing more active duty servicemembers would offer further insight and real-time explanations of how deployments and reintegration impact intimate relationships with less effort expended on recounting memories from many years ago.

Despite these limitations, there are several strengths of this study. First, there have been a variety of methodological techniques used over the years to study the military; however, this research provides qualitative interviews from both active duty and veteran soldiers and mental health personnel. These groups were able to provide context and explanations for various struggles and conflicts faced by servicemembers, as well as being able to share their own

perspectives and interpretations of these issues. It is important to have both of these viewpoints because although servicemembers can describe personally experiencing a specific struggle, the mental health practitioner is able to provide a clinical explanation and treatment options for mental health concerns, which has been a recommendation noted in past research (Bradley, 2007; Doyle & Peterson, 2005; Rentz et al., 2006; Sheppard, Malatras, & Israel, 2010; Somerville, 2009; Warner, Appenzeller, Mullen, Warner, & Grieger, 2008). As an example, although no servicemembers admitted to perpetrating violence against an intimate partner, mental health personnel provided ample evidence that relationship violence was occurring among their clients, which highlights the importance of having multiple perspectives in this study. Having both perspectives is a novel idea within research on the military, yet has provided a holistic examination of the specific struggles experienced by servicemembers and their families.

Further strengths included processes common to qualitative methods. In qualitative research, validity references the appropriateness of the research tools, processes, and data used and collected (Leung, 2015). Snowball sampling, constant comparison, and consistent review of findings were needed to achieve the standard of validity (Finfgeld-Connett, 2010). Data source triangulation through comparing servicemember and mental health personnel perspectives within and against each other were another way of achieving validity in this study (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014); however, given the sample size, it was not possible to generalize the findings of this study across all military bases and to the experiences of every servicemember, which is not the goal of this qualitative research project.

An additional strength of this research involves the advancement of social control theory and applicability of general strain theory to the area of military service. The tenets of both

theories are directly comparable to the findings of this study, reinforcing the importance of their inclusion and application. Criminality within a closed population like the military exists, yet can be difficult to parse out due to concerns like social desirability bias. Attention should remain focused on this study population given the implications military service has on servicemembers' personal relationships and professional lives, but also for the larger community given many servicemembers are our neighbors, friends, and family. This study also provides multiple ideas for future research and policy implications. Being able to use these aforementioned findings to help shape how care is offered to those struggling with the issues surrounding soldier and familial reintegration following a deployment remains the most significant finding and contribution to the literature.

Future Research

Research concerning conflict and violence in military relationships is sparse, yet this study has inspired multiple ideas for further inquiry. The first would be a study about military spouse victimization, specifically inquiring about help seeking behavior, and what their experience was like when receiving that help. Another idea is borne from social control theory and the concept of deviance-producing motivation; this study would include an exploration of the type of friendships a perpetrator has. Conceptually, once social bonds are weakened, the more deviant friends a person has, the more likely they are to deviate. Third, within the soldier sample of this project, the participants were primarily men; a future study that included more women may produce very different insights. Fourth, limited research on gender and social control indicates that features of social control are not experienced similarly across genders; stratification and patriarchal power dynamics within families and communities promote gender-specific expectations and responses to social control (Erickson, Crosnoe, & Dornbusch, 2000).

This finding was consistent within this research, however a larger sample of women is needed to be able to confidently draw such a conclusion. A final idea involves interviewing commanders regarding their perceptions of military conflict and violence and how they address incidents involving their subordinates who are perpetrators and/or victims. While this current study's participants believed that commanders lack education and training to make appropriate decisions regarding instances of conflict and violence, probing commanders directly may provide an alternative explanation that has yet to be shared.

Policy Implications

Overall, this study and ideas for the future all have significant policy and service implications. The first suggested policy change is in regards to mental health. If military culture altered its perceived view of mental health to being more sympathetic of the impacts of military service, it seems reasonable that far fewer soldiers would have to fight feelings of shame for a struggle that is more common than many realize. As such, mental health programming needs to receive mandatory funding through the Department of Defense and require that educational and/or treatment programs are well-known to soldiers and their families and applied uniformly across military service branches. Past research has indicated that servicemembers are more likely to seek out mental health care when they are encouraged from family members and friends, and endorsed the idea of practitioners from within their unit providing care (Warner, Appenzeller, Mullen, Warner, & Grieger, 2008). It was common to hear participants say they did not know what programs were available, were not made aware of them, or did not utilize them to their full extent. Should requirements regarding mental health utilization change, this could result in improved relational outcomes. Relatedly, more work needs to be done to reduce the stigma against seeking out mental healthcare. Many servicemembers believing they cannot seek therapy

without facing the stigma of being labeled as “weak” is indicative of toxicity within the military. Commanders should set a tone for their subordinates that fosters a supportive environment where servicemembers are encouraged to pursue the help they need. This could result in better-adjusted soldiers who feel confident that what they share will not have negative implications to their career or overall livelihood and may help them in having a positive transition out of the military.

Second, the training commanders receive prior to participating in IDC meetings needs to be overhauled to more comprehensively educate commanders on the intricacies of relationship conflict and family violence. For example, information regarding the harms of violence minimization could improve their perceptions of the continued impacts of violence. Mental health personnel explained how commanders are disinclined to see a well-regarded soldier be accused of perpetrating violence against their partner and/or family. Even still, being accepting of or downplaying family violence, regardless of explanation, indicates perpetrators will not be held accountable when perpetration occurs.

A third policy implication concerns transitional support offered to servicemembers upon reintegration as all participants in this study noted at least some challenges throughout that period. Better transitional training is necessary to prepare servicemembers for a return to civilian society after being away for 9-15 months. Training that includes relational programming, a more consistent reintegration policy, and a financial aid seminar may reduce some of the frequent relational conflicts servicemembers and mental health personnel mentioned throughout their interviews. Overall, reintegration is a time of notable transitions; however, making strides to reduce these challenges would allow servicemembers the opportunity to focus on reconnecting with their partners and families. Support from commanders, a servicemember’s family, and the

wider community will go a long way in making a servicemember feel as though the sacrifices they made throughout their deployment were for a greater purpose.

Conclusion

Overall, conflict from militarization and stress have been shown to be troubling issues within military intimate relationships. The results reveal that there is a wide range of experiences and reactions to deployments and reintegration that may have implications on servicemembers' intimate relationships for years to come. Military service continues to be viewed with esteem by the public; however, the impact that is less visible to the eye remains a stigmatizing actuality for those who are forced to suffer in silence. Because conflict and stress are common experiences among this sample of servicemembers, it is more important than ever that mental health services continue to be funded and offered to help servicemembers during these challenging times. Additionally, commanders need to have an increased awareness of the scope of services offered by mental health practitioners as they may contribute to or compound the negative reactions that come from being an active participant in therapy programs. These two changes could have profound impacts on the intimate relationships of Army servicemembers and mental health programming for years to come, producing stronger relationships, mentally healthy servicemembers, and a stronger military overall.

References

- 10 U.S. Code § 886 – Article 86 (1956) Absence without leave. Retrieved from:
<https://www.law.cornell.edu/uscode/text/10/886>.
- 18 U.S. Code § 922(d)(9) (2004). Unlawful acts. Retrieved from:
<https://www.law.cornell.edu/uscode/text/18/922>.
- Agnew, R. (1985). A revised strain theory of delinquency. *Social Forces*, 64, 151-167.
- Agnew, R. (1989). A longitudinal test of the revised strain theory. *Journal of Quantitative Criminology*, 5, 373-387.
- Agnew, R. (1992). Foundation for a general strain theory of crime and delinquency. *Criminology*, 30(1), 47-87.
- Agnew, R. (1993). Why do they do it? An examination of the intervening mechanisms between “social control” variables and delinquency. *Journal of Research in Crime and Delinquency*, 30(3), 245-266.
- Agnew, R. (1999). A general strain theory of community differences in crime rates. *Journal of Research in Crime and Delinquency*, 36, 123-155.
- Agnew, R. (2001). Building on the foundation of general strain theory: Specifying the types of strain most likely to lead to crime and delinquency. *Journal of Research in Crime and Delinquency*, 38, 319-361.
- Agnew, R. (2002). Experienced, vicarious, and anticipated strain: An exploratory study on physical victimization and delinquency. *Justice Quarterly*, 19(4), 603-632.
- Agnew, R., & White, H. R. (1992). An empirical test of general strain theory. *Criminology*, 30, 475-499.

- Alarid, L. F., Burton, V. S., Jr., & Cullen, F. T. (2000). Gender and crime among felony offenders: Assessing the generality of social control and differential association theories. *Journal of Research in Crime and Delinquency*, 37, 171-199.
- Allen, E. S., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (2011). On the home front: Stress for recently deployed Army couples. *Family Process*, 50, 235-247.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: American Psychiatric Association.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: American Psychiatric Association.
- Ananias Foundation (2018). *Abuse Definitions*. Retrieved from:
<https://www.ananiasfoundation.org/definitions/>.
- Anderson, C., & Bushman, B. (2002). Human aggression. *Annual Reviews of Psychology*, 53, 27-51.
- Anderson, K. L. (1997). Gender, status, and domestic violence: An integration of feminist and family violence approaches. *Journal of Marriage and the Family*, 59, 655-669.
- Archer, J. (2009). The nature of human aggression. *International Journal of Law and Psychiatry*, 32, 202-208.
- Armed Forces Health Surveillance Center. (2012a). *Top 5 Diagnoses by Medical Condition Category Fort Riley Active Duty and Army Active Duty, 2012*. Retrieved from
http://www.afhsc.mil/viewMSMR?file=2012/v19_n04.pdf#Page=04.
- Armed Forces Health Surveillance Center. (2012b). Mental disorders and mental health problems, active component, U. S. Armed forces, 2000-2011. *Medical Surveillance Monthly Report*, 19(6), 1-28.

- Attride-Stirling, J. (2001). Thematic networks: An analytic tool for qualitative research. *Qualitative Research, 1*, 385-405.
- Aupperle, R. L., Melrose, A. J., Stein, M. B., & Paulus, M. P. (2012). Executive function and PTSD: Disengaging from trauma. *Neuropharmacology, 62*(2), 686-694.
- Bartol, C. R., & Bartol, A. M. (1998). *Delinquency and justice: A psychosocial approach* (2nd ed.). Upper Saddle River, NJ: Prentice-Hall.
- Baum, D. (2004, July 12). The price of valor. *The New Yorker*. Retrieved from <https://www.newyorker.com/magazine/2004/07/12/the-price-of-valor>
- Bell, K. M., & Orcutt, H. K. (2009). Posttraumatic stress disorder and male-perpetrated intimate partner violence. *The Journal of the American Medical Association, 302*(5), 562-564.
- Belotto, M. J. (2018). Data analysis methods for qualitative research: Managing the challenges of coding, interrater reliability, and thematic analysis. *The Qualitative Report, 23*(11), 2622-2633.
- Benedict, H. (2009). *The lonely soldier: The private war of women in Iraq*. Boston, MA: Beacon Press.
- Berg, B. L. (2003). *Qualitative research methods: For the social sciences* (5th Edition). Allyn & Bacon.
- Berkowitz, L. (1993). Pain and aggression: Some findings and implications. *Motivation and Emotion, 17*, 277-293.
- Bernard, T. J. (1984). Control criticisms of strain theories: An assessment of theoretical and empirical adequacy. *Journal of Research in Crime and Delinquency, 21*, 353-372.
- Bijur, P., Horodyski, M., Egerton, W., Kurzon, W., Lifrak, M., & Friedman, S. (1997). Comparison of injury during cadet basic training by gender. *Archives of Pediatrics and Adolescent Medicine, 151*, 456-461.

- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., & Stevens, M. R. (2011). *The National Intimate Partner and Sexual Assault Violence Survey (NISVS): 2010 Summary Report*. Atlanta: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Block, J. (1984). *Sex role identity and ego development*. San Francisco, CA: Jossey-Bass.
- Blumenstein, L., Fridell, L., & Jones, S. (2012). The link between traditional police sub-culture and police intimate partner violence. *Policing: An International Journal of Police Strategies & Management*, 35(1), 147-164.
- Bohannon, J. R., Dosser, D. A., & Lindley, S. E. (1995). Using couple data to determine domestic violence rates: An attempt to replicate previous work. *Violence and Victims*, 10(2), 133-141.
- Booth, J. A., Farrell, A., & Varano, S. P. (2008). Social control, serious delinquency, and risky behavior. *Crime & Delinquency*, 54(3), 423-456.
- Bouffard, L. A. (2003). Examining the relationship between military service and criminal behavior during the Vietnam era: A research note. *Criminology*, 41, 491-510.
- Bradley, C. (2007). Veteran status and marital aggression: Does military service make a difference? *Journal of Family Violence*, 22, 197-209.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Bray, R. M., Camlin, C. S., Fairbank, J. A., Dunteman, G. H., & Wheelless, S. C. (2001). The effects of stress on job functioning of military men and women. *Armed Forces and Society*, 27(3), 397-417.
- Bray, R. M., Fairbank, J. A., & Marsden, M. E. (1999). Stress and substance use among military women and men. *American Journal of Drug and Alcohol Abuse*, 25, 239-256.

- Brezina, T. (1996). Adapting to strain: An examination of delinquent coping responses. *Criminology*, 34, 39-60.
- Bucher, J. (2011). General issue (G. I.) strain: Applying strain theory to military offending. *Deviant Behavior*, 32(9), 846-875.
- Burke, C. (2004). *Camp all-American, Hanoi jane, and the high and tight: Gender, folklore, and changing military culture*. Boston, MA: Beacon Press.
- Bushman, B., & Anderson, C. (2001). Is it time to pull the plug on the hostile versus instrumental aggression dichotomy? *Psychological Review*, 108, 273-279.
- Bushway, S. D., Piquero, A. R., Broidy, L. M., Cauffman, E., & Mazerolle, P. (2001). An empirical framework for studying distance as a process. *Criminology*, 39, 491-515.
- Caetano, R., Field, C. A., Ramisetty-Mikler, S., & McGrath, C. (2005). The 5-year course of intimate partner violence among white, black, and Hispanic couples in the United States. *Journal of Interpersonal Violence*, 20(9), 1039-1057.
- Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., et al. (2003). Risk factors for femicide in abusive relationships: Results from a multisite case control study. *American Journal of Public Health*, 93, 1089-1097.
- Cantos, A. L., Neidig, P. H., & O'Leary, K. D. (1994). Injuries of women and men in a treatment program for domestic violence. *Journal of Family Violence*, 9, 113-124.
- Capaldi, D. M., Knoble, N. B., Shortt, J. W., & Kim, H. K. (2012). A systematic review of risk factors for intimate partner violence. *Partner Abuse*, 3(2), 231-280.
- Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A. J. (2014). The use of triangulation in qualitative research. *Oncology Nursing Forum*, 41(5), 545-547.
- Costello, B. J., & Laub, J. H. (2020). Social control theory: The legacy of Travis Hirschi's *Causes of Delinquency*. *Annual Review of Criminology*, 3, 21-41.

- Castle, T., & Hensley, C. (2002). Serial killers with military service: Applying learning theory to serial murder. *Journal of Offender Therapy and Comparative Criminology*, 46(4), 453-466.
- Cernkovich, S. A., & Giordano, P. C. (1992). School bonding, race, and delinquency. *Criminology*, 30, 261-291.
- Charmaz, K. (2001). Grounded theory. In R. M. Emerson (Ed.), *Contemporary field research: Perspectives and formulations* (2nd ed) (pp. 252-335). Prospect Heights, IL: Waveland Press.
- Chesney-Lind, M., & Shelden, R. G. (2004). *Girls, delinquency, and juvenile justice*. Belmont, CA: Wadsworth.
- Cloward, R. A., & Ohlin, L. E. (1960). *Delinquency and opportunity: A theory of delinquent gangs*. New York, NY: Free Press.
- Coll, J. E., Weiss, E. L., & Yarvis, J. S. (2011). No one leaves unchanged: Insights for civilian mental health care professionals into the military experience and culture. *Social Work in Health Care*, 50, 487-500.
- Conklin, J. (1981). *Criminology*. New York, NY: Macmillan.
- Connell, R. W. (1995). *Masculinities*. Cambridge, UK: Polity Press.
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Thousand Oaks, CA: Sage.
- Creswell, J. W., & Plano Clark, V. L. (2007). *Designing and conducting mixed methods research*. Thousand Oaks, CA: Sage Publications, Inc.
- Creswell, J. W., Plano Clark, V. L., Gutmann, M., & Hanson, W. (2003). Advanced mixed methods research designs. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 209-240). Thousand Oaks, CA: Sage.

- Cronin, C. (1995). Adolescent reports of parental spousal violence in military and civilian families. *Journal of Interpersonal Violence, 10*(1), 117-122.
- Daley, J. G. (2000). *Social work practice in the military*. Binghamton, NY: Hawthorn Press Inc.
- Daniel, L. (2012, August 1). *Social workers join movement to support military families*. U.S. Army. Retrieved from:
https://www.army.mil/article/84725/social_workers_join_movement_to_support_military_families.
- Dayton, D. (2018, August 19). *What rank is a commander in the Army?* Chron.
<https://work.chron.com/rank-commander-army-18544.html#:~:text=An%20Army%20commander%20is%20a,commander%22%20as%20an%20official%20rank>.
- DeLisi, M., & Vaughn, M. G. (2014). Foundation for a temperament-based theory of antisocial behavior and criminal justice system involvement. *Journal of Criminal Justice, 42*(1), 10-25.
- Demers, A. (2011). When veterans return: The role of community in reintegration. *Journal of Loss and Trauma, 16*, 160-179.
- Department of Defense. (n.d.). *U. S. Department of Defense*. <https://www.defense.gov/>
- Department of Defense (2001, March 9). *Defense Task Force on Domestic Violence, No. 102-01*. Defense Technical Information Center. Retrieved from:
www.defenselink.mil/releases/release.aspx?releaseid=2851.
- Department of Defense. (2001). *Preseparation guide. DoDD 1332.25, Transition assistance for military personnel; DoDI 1332.26; Preseparation counseling for military personnel*. Washington, DC: U.S. Government Printing Office.
- Department of Defense. (2015, July 9). *Domestic Abuse Involving DoD Military or Certain Affiliated Personnel*. Retrieved from: <https://www.hsdl.org/?view&did=767922>.

- Department of Defense. (2017). *Report on Child Abuse and Neglect and Domestic Abuse in the Military for Fiscal Year 2016*. Retrieved from download.militaryonesource.mil/12038/MOS/Reports/FAP_FY16_DoD_Report.pdf.
- Department of the Army. (2003). *Army Regulations 608-18. The Army Family Advocacy Program*. Washington, DC: Department of the Army.
- Dobash, R. P., Dobash, R. E., Wilson, M., & Saly, M. (1992). The myth of sexual symmetry in marital violence. *Social Problems, 39*(1), 71-91.
- Doyle, M., & Peterson, K. (2005). Re-entry and reintegration: Returning home after combat. *Psychiatric Quarterly, 76*(4), 361-370.
- Edwards, J. B. (2006). Law enforcement officers involved in domestic violence as batterers: An integrative treatment model. *Journal of Couple & Relationship Therapy, 5*(1), 27-50.
- Edwards, R., & Holland, J. (2013). *What is qualitative interviewing*. Bloomsbury.
- Eisler, R. M., & Skidmore, J. R. (1987). Masculine gender role stress. *Behavior Modification, 11*, 123-136.
- Eisner, M. (2009). The uses of violence: An examination of some cross-cutting issues. *International Journal of Conflict and Violence, 3*, 40-59.
- Elbogen, E. B., Wagner, H. R., Battles, S., Calhoun, P., Kinner, P., & Beckham, J. C. (2010). Correlates of anger and hostility in Iraq and Afghanistan War veterans. *American Journal of Psychiatry, 167*(9), 1051-1058.
- Elder, D. R. (1988). Differences in reported spouse abuse in military families when: (A) Spouses are interviewed separately or together (B) by a male or female interviewer. Ph.D. Dissertation, Department of Human Behavior, United States International University, San Diego, CA.

- Elkins, K. (2017, January 12). *The 10 most stressful jobs in America*. Retrieved from <https://www.cnn.com/2017/01/11/most-stressful-jobs-in-america.html>.
- Empey, L. T. (1978). *American Delinquency*. Homewood, IL: Dorsey.
- Erickson, K. G., Crosnoe, R., & Dornbusch, S. M. (2000). A social process model of adolescent deviance: Combining social control and differential association perspectives. *Journal of Youth and Adolescence, 29*, 395-425.
- Esterberg, K. G. (2002). "Making Sense of Data" and "Narrative Analysis" in *Qualitative Methods in Social Research*.
- Exum, H., & Coll, J. E. (2008). *A civilian counselor's primer for counseling veterans*. Deerpark, NY: Linus Publications, Inc.
- Exum, H., Coll, J. E., & Weiss, E. L. (2011). *A civilian counselor's primer for counseling veterans* (2nd edition). Deerpark, NY: Linus Publications, Inc.
- Figley, C. R. (1993). Coping with stressors on the home front. *Journal of Social Issues, 49*, 51-72.
- Finfgeld-Connett, D. (2010). Generalizability and transferability of meta-synthesis research findings. *Journal of Advanced Nursing, 66*(2), 246-254.
- Forgey, M. A., & Badger, L. (2006). Patterns of intimate partner violence among married women in the military: Type, level, directionality and consequences. *Journal of Family Violence, 21*, 369-380.
- Foshee, V., & Bauman, K. E. (1992). Parental and peer characteristics as modifiers of the bond-behavior relationship: An elaboration of control theory. *Journal of Health and Social Behavior, 33*, 66-76.

- Foshee, V. A., Bauman, K. E., & Linder, G. F. (1999). Family violence and the perpetration of adolescent dating violence: Examining social learning and social control processes. *Journal of Marriage and Family, 61*(2), 331-342.
- Foy, D. W., & Card, J. J. (1987). Combat-related post-traumatic stress disorder etiology replicated findings in a national sample of Vietnam-era men. *Journal of Clinical Psychology, 43*(1), 28-31.
- Frattaroli, S., & Vernick, J. S. (2006). Separating batterers and guns: A review and analysis of gun removal laws in 50 states. *Evaluation Review, 30*(3), 296-312.
- Friedman, J., & Rosenbaum, D. P. (1988). Social control theory: The salience of components by age, gender, and type of crime. *Journal of Quantitative Criminology, 4*, 363-381.
- Gallaway, M. S., Fink, D. S., Millikan, A. M., & Bell, M. R. (2012). Factors associated with physical aggression among US Army soldiers. *Aggressive Behavior, 38*(5), 357-367.
- Garber, D. L., & McNelis, P. J. (1995). Military social work. In L. Beebe, N. A. Winchester, F. Pflieger, & S. Lowman (Eds.), *Encyclopedia of social work* (19th ed., pp. 1726-1736). Washington, DC: NASW Press.
- Garvey, T. M. (2015). The highly trained batterer: Prevention, investigation, and prosecution of officer-involved domestic violence. *Strategies, 14*, 1-12.
- Garvey Wilson, A. L., Messer, S. C., & Hoge, C. W. (2009). U.S. military mental health care utilization and attrition prior to the wars in Iraq and Afghanistan. *Social Psychiatry and Psychiatric Epidemiology, 44*, 473-481.
- Gelles, R. J., & Conte, J. R. (1990). Domestic violence and sexual abuse of children: A review of research in the eighties. *Journal of Marriage and Family, 52*, 1045-1058.
- Gershon, R. (1999). *Police stress and domestic violence in police families in Baltimore, Maryland, 1997-1999. ICPSR version*. Baltimore, MD: Johns Hopkins University

- [producer], 1999. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor] 2000.
- Gibbons, D. C. (1979). *The criminological enterprise*. Englewood Cliffs, NJ: Prentice-Hall.
- Goffman, E. (1961). *Asylums*. New York: Doubleday/Anchor.
- Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures, and measures to achieve trustworthiness. *Nurse Education Today*, 24(2), 105-112.
- Greenberg, G. A., Rosenheck, R. A., & Desai, R. A. (2007). Risk of incarceration among male veterans and nonveterans are veterans of the all volunteer force at greater risk? *Armed Forces & Society*, 33(3), 337-350.
- Greene, T., Buckman, J., Dandeker, C., & Greenberg, N. (2010). How communication with families can both help and hinder service members' mental health and occupational effectiveness on deployment. *Military Medicine*, 175(10), 745-749.
- Griffin, W. A., & Morgan, A. R. (1988). Conflict in martially distressed military couples. *American Journal of Family Therapy*, 16(1), 14-22.
- Groves, R. M., Fowler Jr., F. J., Couper, M. P., Lepkowski, J. M., Singer, E., & Tourangeau, R. (2004). *Survey Methodology*. Hoboken, NJ: John Wiley & Sons, Inc.
- Hagan, J., Hewitt, J. D., & Alwin, D. F. (1979). Ceremonial justice: Crime and punishment in a loosely coupled system. *Social Forces*, 58(2), 506-527.
- Haller, W., & Portes, A. (1973). Status attainment processes. *Sociology of Education*, 46, 51-91.
- Hamel, J. (n.d.). Facts and statistics on domestic violence at-a-glance. Retrieved from: <http://domesticviolenceresearch.org/domestic-violence-facts-and-statistics-at-a-glance/>

- Hardesty, J. L., Crossman, K. A., Haselschwerdt, M. L., Raffaelli, M., Ogolsky, B. G., & Johnson, M. P. (2015). Toward a standard approach to operationalizing coercive control and classifying violence types. *Journal of Marriage & Family, 77*, 833-843.
- Hardesty, J. L., & Ogolsky, B. G. (2020). A socioecological perspective on intimate partner violence research: A decade in review. *Journal of Marriage & Family, 82*, 454-477.
- Harris, J. J., & Berry, S. (2013). A brief history of the military training of the enlisted mental health worker. *Journal of Human Behavior in the Social Environment, 23*, 800-811.
- Harrison, D. (2006). The role of military culture in military organizations' responses to woman abuse in military families. *The Sociological Review, 54*(3), 546-574.
- Harrison, L. A., & Esqueda, C. W. (1999). Myths and stereotypes of actors involved in domestic violence: Implications for domestic violence culpability attributions. *Aggression and Violent Behavior, 4*, 129-138.
- Herzog, J., & Everson, R. (2010). Secondary traumatic stress, deployment phase, and military families: Systematic approaches to treatment. In B. Everson and C. Figley (Eds.), *Families under fire: Systemic therapy with military families*. Routledge: Psychological Stress Series.
- Heyman, R.E., & Neidig, P.H. (1999). A comparison of spousal aggression prevalence rates in U.S. Army and civilian representative samples. *Journal of Consulting and Critical Psychology, 67*(2), 239-242.
- Hindelang, M. J. (1973). Causes of delinquency: A partial replication and extension. *Social Problems, 20*, 471-487.
- Hirschi, T. (1969). *Causes of delinquency*. Berkeley, CA: University of California Press.
- Hirschi, T. (1977). Causes and prevention of juvenile delinquency. *Sociological Inquiry, 47*, 322-341.

- Hirschi, T. (2004). Self-control and crime. In RF Baumeister & K.D. Vohs (eds.) *Handbook of self-regulation: Research, theory, and applications*. New York: Guilford.
- Hockey, J. (2002). Head down, Bergen on, mind in neutral: The infantry body. *Journal of Political and Military Sociology*, 30(1), 148-171.
- Hoge, C. W., Auchterlonie, J. L., & Milliken, C. S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning home from Iraq or Afghanistan. *The Journal of the American Medical Association*, 295(9), 1023-1032.
- Hoge, C. W., McGurk, D., Thomas, J. L., Cox, A. L., Engel, C. C., & Castro, C. A. (2008). Mild traumatic brain injury in US soldiers returning from Iraq. *New England Journal of Medicine*, 385(5), 453-463.
- Hosek, J., & Wadsworth, S. M. (2013). Economic conditions of military families. *The Future of Children*, 23(2), 41-59.
- Hotaling, G. T., & Sugarman, D. B. (1986). An analysis of risk factors in husband and wife violence: The current state of knowledge. *Violence and Victims*, 1, 101-124.
- Houppert, K. (2005). *Base crimes: The military has a domestic violence problem*. Foundation for National Progress. Retrieved from http://www.motherjones.com/news/featurex/2005/07/base_crimes.html
- Howard, R. W. (2013). The Army Internship Program: Enhancing mission readiness for uniformed Army social workers. *Journal of Human Behavior in the Social Environment*, 23, 812-816.
- Howarth, E., & Feder, G. (2013). Prevalence and physical health impact of domestic violence. *Domestic violence and mental health*. London: RCPsych Publications, pp. 1-17.
- Huang, C. C., Son, E., & Wang, L. R. (2010). Prevalence and factors of domestic violence among unmarried mothers with a young child. *Families in society: The Journal of Contemporary Social Services*, 91(2), 171-177.

- Huebner, B. (2005). The effect of incarceration on marriage and work over the life course. *Justice Quarterly*, 22(3), 281-303.
- Hughes, K., Hughes, J., & Portier-Le Cocq, F. (2020). Introduction: Making the case for qualitative interviewing. *International Journal of Social Research Methodology*, 23(5), 541-545.
- Hughes, K., Hughes, J., & Tarrant, A. (2020). Re-approaching interview data through qualitative secondary analysis: interviews with internet gamblers. *International Journal of Social Research Methodology*, 23(5), 565-579.
- James, J. J., Furukawa, T. P., James, N. S., & Mangelsdorff, A. D. (1984). Child abuse and neglect reports in the United States Army Central Registry. *Military Medicine*, 149, 205-206.
- Johnson, L. B. (1991). *On the front lines: Police stress and family well-being*. Hearing before the Select Committee on Children, Youth, and Families House of Representatives. 102 Congress First Session May 20 (p. 32-38). Washington, DC: US Government Printing Office.
- Johnson, L. B., Todd, M., & Subramanian, G. (2005). Violence in police families: Work-family spillover. *Journal of Family Violence*, 20(1), 3-12.
- Johnson, T. (2014). Snowball sampling: Introduction. *Wiley StatsRef: Statistics Reference Online*, 1-3. doi: 10.1002/9781118445112
- Jones, L., Hughes, M., & Unterstaller, U. (2001). Post-traumatic stress disorder (PTSD) in victims of domestic violence: A review of the research. *Violence and Victims*, 2(2), 99-119.

- Jordan, K. (2011). Counselors helping service veterans re-enter their couple relationship after combat and military services: A comprehensive overview. *The Family Journal, 19*(3), 263-273.
- Karney, B. R., & Crown, J. S. (2007). *Families under stress: An assessment of data, theory, and research on marriage and divorce in the military*. National Defense Research Institute, RAND Corporation.
- Katz, J. (2012). Ethnography's expanding warrants. *The Annals of the American Academy of Political and Social Sciences, 642*, 258-275.
- Keats, P. (2010). Soldiers working internationally: Impacts of masculinity, military culture, and operational stress on cross-cultural adaptation. *International Journal of Advanced Counseling, 32*, 290-303.
- Kelley, B. T., Huizinga, D., Thornberry, T. P., & Loeber, R. (1997, June). *Epidemiology of serious violence* (OJJDP Bulletin). Washington, DC: Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Kelly, D. H., & Pink, W. T. (1973). School commitment, youth rebellion and delinquency. *Criminology, 10*, 473-485.
- Kessler, R. C., & McLeod, J. D. (1984). Sex differences in vulnerability to undesirable life events. *American Sociological Review, 49*, 620-631.
- Killgore, W. D. S., Stetz, M. C., Castro, M. C., & Hoge, C. W. (2006). The effects of prior combat experience on the expression of somatic and affective symptoms in deploying soldiers. *Journal of Psychosomatic Research, 60*, 379-385.
- Kim, H. K., Laurent, H. K., Capaldi, D. M., & Feingold, A. (2008). Men's aggression toward women: A 10-year panel study. *Journal of Marriage and Family, 70*(5), 1169-1187.
- Kimmel, M. (2000). Saving the males: The sociological implications of the Virginia Military Institute and the Citadel. *Gender & Society, 14*, 494-516.

- Knight, H. (1997, April 30). Civilian panel sought to probe sex abuse. *Los Angeles Times*, sec. A, p. 20.
- Krohn, M. D., & Massey, J. L. (1980). Social control and delinquent behavior: An examination of the elements of the bond. *The Sociological Quarterly*, *21*(4), 529-544.
- Krohn, M. D., Massey, J. L., Skinner, W. F. M., & Lauer, R. M. (1983). Social bonding theory and adolescent cigarette smoking: A longitudinal analysis. *Journal of Health and Social Behavior*, *24*, 337-349.
- Krueger, R. A., & Casey, M. A. (2014). *Focus groups: A practical guide for applied research* (5th ed.). SAGE Publications, Inc.
- Kulka, R. A., Schlenger, W. E., Fairbank, J. A., & Hough, R. L. (1992). The prevalence of post-traumatic stress disorder in the Vietnam generation: A multi-method multi-source assessment of psychiatric disorder. *Journal of Traumatic Stress*, *5*(3), 333-363.
- Lambert, J. E., Engh, R., Hasbun, A., & Holzer, J. (2012). Impact of posttraumatic stress disorder on the relationship quality and psychological distress of intimate partners: A meta-analytic review. *Journal of Family Psychology*, *26*, 729-737.
- Langhinrichsen-Rohling, J., Neidig, P. H., & Thorn, G. (1995). Violent marriages: Gender differences in levels of current violence and past abuse. *Journal of Family Violence*, *10*, 159-176.
- Larson, R. B. (2019). Controlling social desirability bias. *International Journal of Market Research*, *61*(5), 534-547.
- Laub, J. H., & Sampson, R. J. (2003). *Shared beginnings, divergent lives: Delinquent boys to age 70*. Cambridge, MA: Harvard University Press.
- Laufer, R. S., Gallops, M. S., & Frey-Wouters, E. (1984). War stress and trauma: The Vietnam veteran experience. *Journal of Health and Social Behavior*, *25*(1), 65-85.

- Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care*, 4(3), 324-327.
- Lindlof, T. R., & Taylor, B. C. (2002). *Qualitative Communication Research Methods*, (2nd ed.). Thousand Oaks, CA: Sage.
- Lloyd, D. M. (n.d.). *Frequently asked questions about the family advocacy program data collection system and central registry*. Retrieved from www.ncdsv.org/images/FAQFAPDataCollectioncentralregistry.pdf.
- Lofland, J., Snow, D., Anderson, L., & Lofland, L. H. (2006). *Analyzing social settings: A guide to qualitative observation and analysis* (4th ed.). Belmont, CA: Wadsworth.
- Lonsway, K. A. (2006). Policies on police officer domestic violence: Prevalence and specific provisions within large police agencies. *Police Quarterly*, 9(4), 397-422.
- Loveland, J. L. (2009). Smith college school for social work and combat-related trauma allegiance, scholarship, and commitment. *Smith College Studies in Social Work*, 79, 471-491.
- McCarroll, J. E., Newby, J. H., Thayer, L. E., Norwood, A. E., Fullerton, C. S., & Ursano, R. J. (1999). Reports of spouse abuse in the U. S. Army Registry (1989-1997). *Military Medicine*, 164(2), 77-84.
- McCarroll, J. E., Thayer, L. E., Liu, X., Newby, J. H., Norwood, A. E., Fullerton, C. S., et al. (2000). Spouse abuse recidivism in the U.S. Army by gender and military status. *Journal of Consulting and Clinical Psychology*, 68(3), 521-525.
- McCauley, J., Kern, D. E., Kolodner, K., Dill, L., Schroeder, A. F., DeChant, H. K., ... Derogatis, L. R. (1995). The "battering syndrome": Prevalence and clinical characteristics of domestic violence in primary care internal medicine practices. *Annals of Internal Medicine*, 123(10), 737-746.

- McDonald, R. Jouriles, E. N., Ramisetty-Mikler, S., Caetano, R., & Green, C. E. (2006). Estimating the number of American children living in partner-violent families. *Journal of Family Psychology, 20*, 137-142.
- McGlohn, S. E., King, R. E., Butler, J. W., & Retzlaff, P. D. (1997). Female United States Air Force (USAF) Pilots: Themes, challenges, and possible solutions. *Aviation, Space, and Environmental Medicine, 68*, 132-136.
- McLeland, K. C., Sutton, G. W., & Schumm, W. R. (2009). Marital satisfaction before and after deployments associated with the Global War on Terror. *Psychological Reports, 103*(3), 836-844.
- MacManus, D., Dean, K., Al Bakir, M., Iverson, A.C., Hull, L., Fahy, T., Wessly, S., & Fear, N.T. (2012). Violent behavior in UK military personnel returning home after deployment. *Psychological Medicine, 42*(8), 1663-1673.
- Marques, J., Abrams, D., & Serodio, R. (2001). Being better by being right: Subjective group dynamics and derogation of in-group deviants when generic norms are undermined. *Journal of Personality and Social Psychology, 81*, 436-447.
- Marshall, A. D., Panuzio, J., & Taft, C. T. (2005). Intimate partner violence among military veterans and active duty servicemen. *Clinical Psychology Review, 25*, 862-876.
- Martin, D. (1976). *Battered wives*. New York: Praeger.
- Martin, S. L., Gibbs, D.A., Johnson, R.E., Rentz, E.D., Clinton-Sherrod, M., & Hardison. (2007). Spouse abuse and child abuse by Army soldiers. *Journal of Family Violence, 22*, 587-595.
- Mazerolle, P., Burton, Jr., V. S., Cullen, F. T., et al. (2000). Strain, anger, and delinquent adaptations. *Journal of Criminal Justice, 28*, 89-101.
- Mazerolle, P., & Maahs, J. (2000). General strain and delinquency. *Justice Quarterly, 17*, 753-778.

- Mazzola, J. M. (2013). Honey, I'm home: Addressing the problem of officer domestic violence. *Journal of Civil Rights and Economic Development*, 27(2), 347-368.
- Melzer, S. A. (2002). Gender, work and intimate violence: Men's occupational violence spillover and compensatory violence. *Journal of Marriage and Family*, 64(4), 820-832.
- Mercier, P. J. (2000). Introduction: Violence in the Military Family. In P. J. Mercier & J. D. Mercier (Eds.), *Battle cries on the home front: Violence in the military family* (pp. 3-11). Springfield, IL: Charles C. Thomas.
- Mercier, P. J., & Mercier, J. D. (2000). *Battle cries on the home front: Violence in the military family*. Springfield, IL: Charles C. Thomas.
- Merton, R. (1938). Social structure and anomie. *American Sociological Review*, 3, 672-682.
- Merton, R. (1949). *Social Theory and Social Structure*. Free Press: Glencoe, IL.
- Messner, M. (1990). Boyhood organized sports and the construction of masculinities. *Journal of Contemporary Ethnography*, 18(4), 416-444.
- Messerschmidt, J. W. (1993). *Masculinities and crime: critique and reconceptualization of theory*. New York, NY: Rowan & Littlefield Publishers, Inc.
- Migliaccio, T. A. (2002). Abused husbands: A narrative analysis. *Journal of Family Issues*, 23, 26-52.
- Miller, T.W., & Veltkamp, L.J. (1993). Family violence: Clinical indicators among military and post-military personnel. *Military Medicine*, 158, 766-771.
- Mollerstrom, W.W., Patchner, M.A., & Milner, J.S. (1992). Family violence in the Air Force: A look at offenders and the role of the Family Advocacy Program. *Military Medicine*, 157, 371-374.
- Musheno, M. C., & Ross, S. M. (2008). *Deployed: How reservists bear the burden of Iraq*. Ann Arbor, MI: The University of Michigan Press.

- National Coalition Against Domestic Violence. (2018). *Statistics*. Retrieved from https://ncadv.org/statistics?gclid=CjwKCAiAz-7UBRBAEiwAVrz-9Q3yQxvp5BfGHuxY230Kvy33v9vK1oxUbbYPygrLxRnJOpFRC3dmJRoCOlQQAvD_BwE
- Neff, J. A., Holamon, B., & Schulter, T. D. (1995). Spousal violence among Anglos, Blacks and Mexican Americans: The roll of demographic variables, psychosocial predictors, and alcohol consumption. *Journal of Family Violence, 10*, 1-21.
- Neidig, P. H., & Friedman, D. H. (1984). *Spouse abuse: A treatment program for couples*. Champaign, IL: Research Press.
- Neidig, P.H., Russell, H.E., & Seng, A.F. (1992). Interspousal aggression in law enforcement families: A preliminary investigation. *Police Studies, 15*(1), 30-38.
- Norwood, A. E., Ursano, R. J., & Gabbay, F. H. (1997). Health effects of the stressors of extreme environments on military women. *Military Medicine, 162*, 643-648.
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *Journal of Qualitative Methods, 16*(1), 1-13.
- Nye, F. I. (1958). *Family relationships and delinquent behavior*. New York, NY: Wiley.
- O'Donnell, C., Cook, J.M., Thompson, R., Riley, K., & Neria, Y. (2006). Verbal and physical aggression in World War II former prisoners of war: Role of posttraumatic stress disorder and depression. *Journal of Traumatic Stress, 19*(6), 859-866.
- Ogbonnaya, I.N. (2015). Effect of race on the risk of out-of-home placement among children with caregivers who reported domestic violence. *Journal of Family Violence, 30*, 243-254.

- Olmstead, K. L. R., Brown, J. M., Vandermaas-Peeler, J. R., Tueller, S. J., Johnson, R. E., & Gibbs, D. A. (2011). Mental health and substance abuse treatment stigma among soldiers. *Military Psychology, 23*, 52-64.
- Osgood, D. W., Wilson, J. K., O'Malley, P. M., Bachman, J. G., & Johnston, L. D. (1996). Routine activities and individual deviant behavior. *American Sociological Review, 61*, 635-655.
- Paternoster, R., & Mazerolle, P. (1994). General strain theory and Delinquency: A Replication and Extension. *Journal of Research in Crime and Delinquency, 31*, 235-263.
- Paternoster, R., Saltzman, L. E., Waldo, G. P., & Chiricos, T. G. (1983). Perceived risk and social control: Do sanctions really deter? *Law and Society Review, 17*(3), 457-479.
- Patterson, G. R., & Dishion, T. J. (1985). Contribution of families and peers to delinquency. *Criminology, 23*, 63-79.
- Peebles-Kleiger, M. J., & Kleiger, J. H. (1994). Re-integration stress for Desert Storm families: Wartime deployments and family trauma. *Journal of Traumatic Stress, 7*(2), 173-193.
- Petrovich, J. (2012). Culturally competent social work practice with veterans: An overview of the U.S. Military. *Journal of Human Behavior in the Social Environment, 22*, 863-874.
- Pezalla, A. E., Pettigrew, J., & Miller-Day, M. (2012). Researching the researcher-as-instrument: An exercise in interviewer self-reflexivity. *Qualitative Research, 12*(2), 165-185.
- Pincus, S. H., House, R., Christenson, J., & Adler, L. E. (2001). The emotional cycle of deployment: A military family experience. *U. S. Army Medical Department Journal, 2*(5), 15-23.
- Pleck, J. H. (1995). The gender role strain paradigm: An update. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men* (pp. 11-32). New York, NY: Basic Books, Inc.

- Powers, R. (2018, December 26). *A guide to active duty death entitlements*. Retrieved from <https://www.thebalancecareers.com/active-duty-death-entitlements-3356940>.
- Prickett, K. C., Martin-Storey, A., & Crosnoe, R. (2018). Firearm ownership in high-conflict families: Differences according to state laws restricting firearms to misdemeanor crimes of domestic violence offenders. *Journal of Family Violence, 33*, 297-313.
- Raine, A. (1993). *The psychopathology of crime: Criminal behavior as a clinical disorder*. Elsevier.
- Reiss, A. J. (1951). Delinquency as the failure of personal and social controls. *American Sociological Review, 16*, 196-207.
- Renshaw, K. D., & Campbell, S. B. (2017). Deployment-related benefit finding and postdeployment marital satisfaction in military couples. *Family Process, 56*, 915-925.
- Rentz, E.D., Martin, S.L., Gibbs, D.A., Clinton-Sherrod, M., Hardison, J., & Marshall, S.W. (2006). Family violence in the military: A review of the literature. *Trauma Violence Abuse, 7*, 93-108.
- Richter, P. (1997, April 30). Drill sergeant guilty of 18 charges of rape. *Los Angeles Times*, sec. A, pp. 1 and 21.
- Ricks, T. E. (1997). *Making the corps*. New York, NY: Schribner.
- Riviere, L. A., & Merrill, J. C. (2011). The impact of combat deployment on military families. In A. B. Adler, P. D. Bliese, & C. A. Castro (Eds.), *Deployment psychology: Evidence-based strategies to promote mental health in the military* (pp. 125-149). American Psychological Association.
- Riviere, L. A., Merrill, J. C., Thomas, J. L., Wilk, J. E., & Bliese, P. D. (2012). 2003-2009 marital functioning trends among U. S. enlisted soldiers following combat deployments. *Military Medicine, 177*(10), 1169-1177.

- Rodriguez, A. E., Funderburk, J. S., Keating, N. L., & Maisto, S. A. (2015). A methodological review of intimate partner violence in the military: Where do we go from here? *Trauma, Violence, & Abuse, 16*(3), 231-240.
- Rosen, L. N., Parmley, A. M., Knudson, K. H., & Fancher, P. (2002). Intimate partner violence among married male U.S. Army soldiers: Ethnicity as a factor in self-reported perpetration and victimization. *Violence & Victims, 17*(5), 607-622.
- Roth, S., & Cohen, L. J. (1986). Approach, avoidance, and coping with stress. *American Psychologist, 41*, 813-819.
- Rubin, H. J., & Rubin, I. S. (2005). *Qualitative interviewing: The art of hearing data* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Sample, D. (2011, October 25). *Army wants more soldiers back on deployable status*. U.S. Army. Retrieved from:
https://www.army.mil/article/67037/army_wants_more_soldiers_back_on_deployable_status
- Sampson, R. J., & Laub, J. H. (1993). *Crime in the making: Pathways and turning points through life*. Cambridge, MA: Harvard University Press.
- Saunders, D. G., Prost, S. G., & Oehme, K. (2016). Responses of police officers to cases of officer domestic violence: Effects of demographic and professional factors. *Journal of Family Violence, 31*, 771-784.
- Savitsky, L., Illingworth, M., & Dulaney, M. (2009). Civilian social work: Serving the military and veteran populations. *Social Work, 54*(4), 327-339.
- Sayers, S. L., Farrow, V. A., Ross, J., & Oslin, D. W. (2009). Family problems among recently returned military veterans referred for a mental health evaluation. *Journal of Clinical Psychiatry, 70*, 163-170.

- Schachter, S. (1951). Deviation, rejection, and communication. *Journal of Abnormal and Social Psychology, 46*, 190-207.
- Schumm, W. R., Bell, D. B., Ender, M. G., & Rice, R. E. (2004). Expectations, use, and evaluation of communication media among deployed peacekeepers. *Armed Forces & Society, 30*(4), 649-662.
- Schwabe, M. R., & Kaslow, F. W. (1984). Violence in the military family. In F. W. Kaslow & R. I. Ridenour (Eds.), *The military family: Dynamics and treatment* (pp. 125-145). New York: Guilford.
- Sewell, W. H., Haller, A. O., & Portes, A. (1969). The educational and early occupational attainment process. *American Sociological Review, 34*, 82-92.
- Shane III, L. (2018). For the first time, domestic violence will be a crime under military law. Retrieved from <http://www.militarytimes.com/news/pentagon-congress/2018/08/09/for-the-first-time-domestic-violence-will-be-a-crime-under-military-law/>
- Sheppard, S. C., Malatras, J. W., & Israel, A. C. (2010). The impact of deployment on U. S. military families. *American Psychologist, 65*(6), 599-609.
- Sherman, N. (2005). *Stoic warriors: The ancient philosophy behind the military mind*. New York, NY: Oxford Press.
- Shewmaker, P., & Shewmaker, S. (2014). Military nuances in domestic violence cases. *American Journal of Family Law, 28*(1), 25-30.
- Shields, D. M., Kuhl, D., & Westwood, M. (2017). Abject masculinity and the military: Articulating a fulcrum of struggle and change. *Psychology of Men & Masculinities, 18*(3), 215-225.
- Shupe, A. D., Stacey, W., & Hazelwood, L. (1987). *Violent men, violent couples: The dynamics of domestic violence*. Lexington, MA: Lexington Books.

- Sibley, D. S., & Durtschi, J. (2015). The K-State Relationship Survey-Spring 2015. (Wave #1). [Codebook]. Kansas State University: Manhattan, KS.
- Simmons, C. A., & Rycraft, J. R. (2010). Ethical challenges of military social workers serving in a combat zone. *Social Work, 55*(1), 9-18.
- Simons, R. L., Whitbeck, L. B., Conger, R. D., & Conger, K. (1991). Parenting factors, social skills, and value commitment as precursors to school failure, involvement with deviant peers, and delinquent behavior. *Journal of Youth and Adolescence, 20*, 645-663.
- Smith, S. G., Chen, J., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., Walling, M., & Jain, A. (2017). *The national intimate partner and sexual violence survey (NISVS): 2010-2012 state report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Snowden, D. L., Oh, S., Salas-Wright, C. P., Vaughn, M. G., & King, E. (2017). Military service and crime: New evidence. *Social Psychiatry & Psychiatric Epidemiology, 52*, 605-615.
- Solomon, Z. (1988). The effect of combat-related posttraumatic stress disorder on the family. *Psychiatry, 51*, 323-329.
- Sontag, D., & Alvarez, L. (2008, January 13). Across America, deadly echoes of foreign battles. *New York Times*. Retrieved from: <http://www.nytimes.com/2008/01/13/us/13vets.html>
- Somerville, K. J. (2009). The military report card concerning domestic violence and sexual assault, including compliance with the Lautenberg Amendment. *Family Law Quarterly, 43*(2), 301-314.
- Sonkin, D. J., Martin, D., & Walker, L. E. (1985). *The male batterer: A treatment approach*. New York: Springer.
- Spiro, A., Settersten, R. A., & Aldwin, C. M. (2016). Long-term outcomes of military service in aging and the life course: A positive re-envisioning. *The Gerontologist, 56*(1), 5-13.

- Stinson, P. M., & Liederbach, J., (2013). Fox in the henhouse: A study of police officers arrested for crimes associated with domestic violence and/or family violence. *Criminal Justice Policy Review*, 24(5), 601-625.
- Stith, S. M., Smith, D. B., Penn, C. E., Ward, D. B., & Tritt, D. (2004). Intimate partner physical abuse perpetration and victimization risk factors: A meta-analytic review. *Aggression and Violent Behavior*, 10(1), 65-98.
- Straus, M. A. (1979). Measuring intrafamily conflict and violence: The conflict tactics scale. *Journal of Marriage and the Family*, 41, 75-88.
- Straus, M. A. (1990). The national family violence surveys. In M. A. Straus & R. J. Gelles (Eds.), *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families* (pp. 3-16). New Brunswick, NJ: Transaction.
- Straus, M. A., & Gelles, R. J. (1986). Societal change and change in family violence from 1975-1985 as revealed in two national surveys. *Journal of Marriage and the Family*, 48(3), 465-479.
- Straus, M. A., & Gelles, R. J. (1990a). How violent are American families? Estimates from the national family violence survey and other studies, In M. A. Straus & R. J. Gelles (Eds.), *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families* (pp. 95-112). New Brunswick, NJ: Transaction.
- Straus, M. A., & Gelles, R. J. (1990b). *Physical violence in American families-risk factors and adaptations to violence in 8,145 families*. New Brunswick, NJ: Transaction Publishers.
- Strauss, A. L. (1987). *Qualitative analysis for social scientists*. Cambridge University Press.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.

- Sutton, R. M., & Farrall, S. (2005). Gender, Socially desirable responding and the fear of crime. *British Journal of Criminology*, 45, 212-224.
- Suzuki, M., & Kawakami, A. (2016). U.S. military service members' reintegration, culture, and spiritual development. *The Qualitative Report*, 21(11), 2059-2075.
- Taft, C. T., Pless, A. P., Stalans, L. J., Koenen, K. C., King, L. A., & King, D. W. (2005). Risk factors for partner violence among a national sample of combat veterans. *Journal of Consulting and Clinical Psychology*, 73(1), 151-159.
- Taft, C. T., Watkins, L. E., Stafford, J., Street, A. E., & Monson, C. M. (2011). Posttraumatic stress disorder and intimate relationship problems: A meta-analysis. *Journal of Consulting and Clinical Psychology*, 79, 22-33.
- Taylor, S. E., Klein, L. C., Lewis, B. P., Gruenewald, T. L., Gurung, R. A., & Updegraff, J. A. (2000). Biobehavioral responses to stress in females: Tend-and-befriend, not fight-or-flight. *Psychological Review*, 107, 411-429.
- Terrio, H., Brenner, L. A., Ivins, B. J., Cho, J. M., Helmick, K., Schwab, K., ... Warden, D. (2009). Traumatic brain injury screening: Preliminary findings in a US Army brigade combat team. *The Journal of Head Trauma Rehabilitation*, 24, 14-23.
- The Heritage Foundation (2018). 2017 Index of U.S. military strength. Retrieved from <http://index.heritage.org/military/2017/assessments/us-military-power/u-s-army/>
- Thorne, B. (1994). *Gender at play: Girls and boys in school*. New Brunswick, NJ: Rutgers University Press.
- Tjaden, P., & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence: Findings from the national violence against women survey*. [NCJ 181867] Washington, DC: U.S. Department of Justice.
- Today's Military. (n.d.). *Enlisting in the military*. Retrieved from <http://www.todaysmilitary.com/joining/enlisting-in-the-military>

- Udry, J. R. (1988). Biological predispositions and social control in adolescent sexual behavior. *American Sociological Review*, 53, 709-722.
- U. S. Congress, House Committee on Armed Services, Subcommittee on Military Personnel. (September 18, 2019). *Shattered Families, Shattered Service: Taking Military Domestic Violence Out of the Shadows*. 116th Congress, 1st Session.
- United States Department of Justice (2018). *Domestic violence*. Retrieved from <https://www.justice.gov/ovw/domestic-violence>.
- United States Army. *The Army values. The official homepage of the United States Army*. Retrieved from <http://www.army.mil/values>
- United States Government Accountability Office. (2006, May). *Military personnel: Progress made in implementing recommendations to reduce domestic violence, but further management action needed, GAO-06-540 2*. Retrieved from <https://www.gao.gov/new.items/d06540.pdf>.
- United States Census Bureau. (2010). *2010 demographic profile data*. Retrieved from <http://factfinder2.census.gov>
- Vaismoradi, M., & Snelgrove, S. (2019). Theme in qualitative content analysis and thematic analysis. *Forum: Qualitative Social Research*, 20(3), 1-14.
- Valentine, C., Oehme, K., & Martin, A. (2012). Correctional officers and domestic violence: Experiences and attitudes. *Journal of Family Violence*, 27(6), 531-545.
- Verma, R., Balhara, Y. P. S., & Gupta, C. S. (2011). Gender differences in stress response: Roles of developmental and biological determinants. *Industrial Psychology Journal*, 20(1), 4-10.
- Vest, J. R., Catlin, T. K., Chen, J. J., & Brownson, R. C. (2002). Multistate analysis of factors associated with intimate partner violence. *American Journal of Preventative Medicine*, 22(3), 156-164.

- Vigdor, E. R., & Mercy, J. A. (2006). Do laws restricting access to firearms by domestic violence offenders prevent intimate partner homicide? *Evaluation Review, 30*, 313-346.
- Walter Reed Army Institute of Research (2006). *Battlemind training II continuing the transition home*. Army Medical Research and Materiel Command: United States.
- Walters, G. D. (1994). *Drugs and crime in lifestyle perspective*. Thousand Oaks, CA: Sage Publications.
- Walton-Moss, B. J., Manganello, J., Frye, V., & Campbell, J. C. (2005). Risk factors for intimate partner violence and associated injury among urban women. *Journal of Community Health, 30*, 377-389.
- Warner, C. H., Appenzeller, G. N., Mullen, K., Warner, C. M., & Grieger, T. (2008). Soldier attitudes toward mental health screening and seeking care upon return from combat. *Military Medicine, 173*(6), 563-569.
- Warr, M. (1998). Life-course transitions and desistance from crime. *Criminology, 36*, 183-216.
- Wasileski, M., Callaghan-Chaffee, M. E., Chaffee, R. B. (1982). Spousal violence in military homes: An initial survey. *Military Medicine, 147*, 761-765.
- West, C. M. (1998). Lifting the political gag order: Breaking the silence around partner violence in ethnic minority families. In J. L. Jasinski & L. M. Williams (Eds.), *Partner violence* (pp. 184-209). Thousand Oaks, CA: Sage.
- West, L. A., Turner, W. M., & Dunwoody, E. (1981). *Wife abuse in the armed forces*. Washington, DC: Center for Women Policy Studies.
- Weston, C., Gandell, T., Beauchamp, J., McAlphine, L., Wiseman, C., & Beauchamp, C. (2001). Analyzing interview data: The development and evolution of a coding system. *Qualitative Sociology, 24*, 381-400.

- Westwood, M. J., McLean, H., Cave, D., Borgen, W., & Slakov, P. (2010). Coming home: A group-based approach for assisting military veterans in transition. *The Journal for Specialists in Group Work, 35*(1), 44-68.
- Wetendorf, D. (2000). The impact of police-perpetrated domestic violence. In D. C. Sheehan (Ed.), *Domestic Violence by police officers* (pp. 375-382). Washington, DC: U.S. Department of Justice.
- Wiatrowski, M. D., Griswold, D. B., & Roberts, M. K. (1981). Social control theory and delinquency. *American Sociological Review, 46*(5), 525-541.
- Wolf, M. E., Ly, U., Hobart, M. A., & Kernic, M. A. (2003). Barriers to seeking police help for intimate partner violence. *Journal of Family Violence, 18*(2), 121-129.
- Wolfowitz, P. (2001, November 19). *Domestic violence*. Retrieved from <http://www.ncdsv.org/images/DVLetterWolfowitz.pdf>.
- Zimbardo, P. (2007). *The Lucifer effect: Understanding how good people turn evil*. New York, NY: Random House.

Appendix A - Soldier Interview Guide

Thank you for meeting with me today. I appreciate you taking the time out of your schedule to sit down and talk with me about this important subject. As a reminder, your responses are completely anonymous and will not be tied to you. For my research, I am interested in your perspectives on reunification following deployment. To begin with, I would like to learn about you.

1. Can you tell me a little about yourself?
 - a. How long have you been a soldier?
 - b. What made you decide to be a soldier?

Soldiers are not the only ones impacted by station changes and deployments. I am interested in learning more about your family and their experiences with military life.

Family Life:

2. Please tell me about your family.
3. How would you describe your relationship with your partner?
 - a. Probe: How long have you been together?
4. Can you describe your experiences reintegrating back into your household after deployment?
 - a. Probe: What challenges did you face?
 - b. Probe: What are your interactions like with your partner?
5. How did the transition back into the home impact your relationship with your partner?
6. What type of conflict(s) did you have within your family related to deployment or reintegration?
 - a. Probe: With partner?

All jobs have some amount of stress associated with them, but deploying to another duty station and leaving your family behind to complete an important mission may be extremely difficult. I'd like you to think about the job you do as a soldier and the stress that might be associated with that position.

1. Can you describe your duties while deployed?
2. What can you tell me about your experience going through basic training?
 - a. Probe: What were some of the challenges? Rewards?

- b. Probe: Did you notice a change in yourself as a result of this?
- 3. What is your opinion of deployments? Do/did you like/dislike them?
- 4. How would you describe your life before, during, and after deployment(s)?
- 5. How do you compare your life as a civilian (post-deployment) to life as a soldier?
- 6. How would you describe the most stressful aspects about working in the military?
- 7. How do you deal with your stress?
- 8. How do you resolve conflicts that occur in your home?
 - a. Probe: Does this seem to be effective?
 - b. Probe: What kind of conflicts arise?
 - c. Probe: Are these the same conflicts you experienced prior to deploying?
- 9. How do you talk to family members about your deployment experiences?
- 10. Do you feel as though you are able to leave your work behind when you come home, or do you believe there is spillover? Why or why not?
- 11. What are the top 3 things you have learned from being a U.S. soldier?

There are many services provided at Ft. Lane and other military bases to help soldiers and their families transition back home, and I am interested in learning about your experiences with these services.

- 1. What type of programs or support have you received to help you transition back after deployment?
 - a. Probe: What were your experiences like with these programs? Were they helpful?
 - b. Probe: What sort of support would you like?
- 2. What kind of programs or services would be helpful for returning soldiers that are not currently being offered?
 - a. Probe: What would encourage you to access this help if it was available?
- 3. One program that I have looked into is the Family Advocacy Program. Are you familiar with this program?
 - a. Probe: Have you ever been involved in this program? If so, what were your experiences like?
 - b. Probe: Have you ever heard about this program? If so, what are your impressions of the program?

There was a survey published in 2016 about what life is like for those living on Ft. Lane's base. One of the questions indicated that 13% of respondents believed domestic violence is a threat to the health of those living on base. What are your thoughts on these findings? (Then probe)

Have you heard of any instances of domestic violence?

- 1. Probe: If so, what happened?
- 2. Probe: If not, what are the procedures on post for handling these situations?

Appendix B - Mental Health Personnel Interview Guide

Thank you for taking time out of your busy schedule to meet with me. As a reminder, your responses are completely anonymous and will not be tied to you. For my research, I am interested in your perspectives on the issues surrounding soldier and familial reintegration following deployment. To begin with, I would like to learn about you.

1. Can you tell me a bit about your professional work?
 - a. Probe: Where have you been stationed?
 - b. Probe: Have you ever deployed from Ft. Lane?
 - c. Probe: What are your job duties?
 - d. Probe: What is a typical client you serve?
 - e. Probe: What is your role in assisting service members?
 - f. Probe: How are clients referred to your services?
2. What is your educational background?
 - a. Probe: Do you have any specializations?
3. Are there programs you recommend outside of the counseling relationship? Do soldiers utilize the services? How effective do you believe these programs to be?
4. Please walk me through the process of reintegrating soldiers back home from deployment.
 - a. Probe: What is your role in this process?
 - b. Probe: How well-supported are soldiers during reintegration by their command team?
5. What are the services available to assist soldiers in their transition to civilian life? Post-deployment?
6. Based on your professional opinion, how well do you think soldiers handle conflict in their personal relationships?
7. Based on your professional opinion, what are the most common conflicts seen within military relationships on this installation?
8. There was a survey published in 2016 about what life is like for those living on Ft. Lane's base. One of the questions indicated that 13% of respondents believed domestic violence is a threat to the health of those living on base. What are your thoughts on these findings?
 - a. Probe: Do you believe Army command leadership understands this to be an issue on Fort Lane's military base? Why or why not?

9. Is there anything else you would like to share with me? Something we have covered, or have not, to help me understand family reintegration after deployment?

Appendix C - Interviewing members of the U.S. Army

When I began intently working on this project where the main focus revolved around interviewing members of the U.S. Army, the first question asked was, “How are you going to do that?” Members of the military are not protected populations in the same way that prisoners and children are; however, as a group they pose their own unique security challenges and metaphorical hoops to jump through. Luckily for me, I had prior experience working at the military base through which I gained my sample of mental health personnel; however, I did not have the permissions in place to also interview their clients. After my contract ended, I turned my attention to working on the associated applications to gain permission to study active duty and veteran soldiers through my university.

I originally proposed conducting a two-phased explanatory mixed methods study and acquired the 2017 Status of Forces Survey of Active Duty Members dataset. In this type of project, quantitative data is collected prior to qualitative data in which qualitative data helps explain or build upon initial quantitative results (Creswell, Plano Clark, et al., 2003). After running preliminary quantitative descriptive analyses, I discovered that out of over 120,000 respondents, the total n for Army was 4,946, and only 1,477 of that number deployed in the last 24 months, which was an important group for my analyses. This initial subsample decreased even further as I began to examine variables of interest, including relationship conflict and emotional affect from deployment. As an example, 642 responded to the relationship conflict scale questions (n= 286 of whom deployed in the past 24 months). Further, only 204 answered both of the two key variable questions I needed (i.e., emotional affect from deployment (and only those who deployed in past 24 months were asked this) and relationship conflict). Therefore, 204

out of 4,946 Army respondents (4.1%) would not be representative or generalizable to the larger Army population.

My major professor and I tried to find other datasets that could work in its place (AddHealth, National Survey of Families and Households); however, we could not locate datasets that had the variables I needed (military service-specifically Army, deployment experience, reintegration, stress, and conflict) with an adequate response rate. As an example, in looking at military service questions in AddHealth data, only 6.9% (n=351) have served in the military, 2% (n = 101) are currently in the military, and 3.2% (n=164) ever served in the Army. As a result, my dissertation committee and I agreed to move forward with a solely qualitative dissertation project.

In shifting the focus to a qualitative study, I began interviewing active duty soldiers and veterans that I knew personally. These connections garnered six interviews, and the remaining five were acquired by snowball sample. Eleven total interviews was less than originally desired as part of this proposed study, so in consultation with my major professor and a representative from the Public Information office from the military base wherein most of my sample originated, I began a series of inquiries for how to obtain Department of Defense (DOD) permission to go on base to interview active duty soldiers. The inquiry, facilitated by a research ethics and compliance officer as part of the Army Human Research Protections Office, required I send documents including my Institutional Review Board application, the application approval letter from KSU, and interview protocol. This inquiry culminated into a phone call in February 2020 to discuss the process of getting DOD support.

Per the instructions provided, I needed to get Army command assistance to recruit service members, requiring a submission to the Army Human Research Protections Office (AHRPO).

The office would perform an Administrative Review to ensure that DOD-supported research that was reviewed by a non-DOD IRB in accordance with DOD human subject protection regulations. The representative offered instructions on what to submit as part of this packet, and the regulations on which the submission requirement is based. These instructions included a command support letter, and update to my IRB with amended protocol, contacting Army Information Management Control regarding the necessity of submitting to their office, then a submission to AHRPO including the final version of the interview protocol, updated IRB approval, and any additional documents that may be needed.

In the meantime, my mentor and I decided to move forward with trying to recruit more veterans and active duty-connected soldiers on campus, wherein we devised and executed a plan consisting of sending in an amendment to my previously-approved IRB application to request permission to place an advertisement in “K-State Today,” the university’s daily email sent to students, faculty, and staff. The approval to place an advertisement was approved, and we planned to send the advertisement out once classes reconvened after Spring Break. However, classes never reconvened. Over Spring Break, news of the global pandemic, COVID-19, prompted university officials to extend Spring Break to another week, then to discontinue all in-person classes for the remainder of the semester. By no longer being able to meet with potential participants in-person, the decision was made to forge ahead with the interviews already collected and analyzed, as attempting to make contact with participants in the midst of such a confusing and challenging time seemed futile.