

Military Spouses transition, too! A call to Action to Address Spouses' Military to Civilian Transition

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Abstract

Military to Civilian Transition (MCT) is the process experienced by military personnel as they leave service and return to civilian life. This MCT process is thought to be challenging across a range of key areas such as employment, health, and community integration. Transitioning military personnel are offered various supports, trainings, and programs to assist them through the process to achieve successful transition to civilian life. However, despite the fact that a vast majority of transitioning veterans are either married or in a long-term relationship, similar support is not provided to the veteran spouse who simultaneously transitions with the exiting veteran. Moreover, due to a dearth of research investigating veteran spouses, their experiences are not well understood. This conceptual paper is a call to action for research to be conducted to investigate veteran spouses' experiences as they transition to civilian life alongside their veteran and for an increase in tailored and targeted services to be available for these often forgotten, yet crucial, partners in MCT.

Keywords: Veteran Spouses, Military Spouses, Military Families, Military to Civilian Transition.

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Approximately 250,000 military personnel have left military service each year since 2003 (Zogas, 2017). Leaving military service creates an intense and major life transition (Thompson et al., 2017) which requires the navigation of a series of adjustments such as finding civilian employment, a new home, and adapting to new roles, reference groups and cultural norms (Ebaugh, 1988; Keeling, 2018; Kintzle, Rasheed, & Castro, 2016). Literature to date focuses on military to civilian transition (MCT) from the veteran's perspective. However, since approximately half of US military personnel are married (Department of Defense, 2016) and many are likely to be in unmarried long-term relationships, when veterans transition to civilian life, so do their spouses/partners and children.

By providing practical, emotional and often financial support, veteran spouses¹ play an important role in the successful transition to civilian life (Farmer et al., 2011; Sondergaard et al., 2016; The Centre for Social Justice, 2016). There is however, limited research investigating the impact of MCT on spouses' own employment, financial, and emotional support needs. Research indicates that the challenges thought to uniquely affect veterans leaving military service, such as finding employment, healthcare resources and an overall sense of purpose, impact veteran spouses in much of the same way (Thompson et al., 2017).

Only two systematic reviews of literature investigating families during MCT were identified. Both concluded that there is limited knowledge related to the needs of veteran spouses and families, especially during MCT (Sondergaard et al., 2016; The Centre for Social Justice,

¹ We use "military spouses" and "civilian spouses" subsequently throughout to refer to spouses married to a military member or to a civilian respectively, and "veteran spouses" to refer to the spouse/partners of military members who have now left service.

2016). The majority of existing literature has been conducted in the U.S. However, rather than examining the transition to civilian life post-service, this U.S.-based literature tends to focus on spouses who have taken on a caregiving role for mentally or physically unwell veterans, or on reintegration post-deployment (while still in active service) (Sondergaard et al., 2016; The Centre for Social Justice, 2016). One published study with veteran spouses in New York State reports that across clinical measures of depression, alcohol use, physical health needs, and employment experiences, veteran spouses were remarkably similar to their general population peers (Farmer et al., 2011). Yet, limitations of this study such as a New York State focus, length of time since they left service, and recruitment of spouses via the veteran, indicates that this study only provides a narrow understanding of veteran spouses' needs and experiences. Another qualitative study of 22 spouses indicated the impact of military life on all aspects of spouses' lives, including health care access, identity, marital relationships, health outcomes, social support, spouses' educational and career opportunities, and personal growth. In this study, spouses identified how service providers could address their unique experiences by improving supports they offer military families by ensuring the spouse is involved in health care and providing support programs that focus on the entire family (Borah & Fina, 2017).

This conceptual paper is a call to action among social science researchers to investigate the experiences and needs of veteran spouses as they transition to civilian life, and design programming to address gaps in support. In order to support veteran spouses as they transition, a better understanding of this population's sensitivities and needs is required (Elnitsky & Kilmer, 2017). Increasing this research and knowledge will better inform tailored support services and improve training of future service providers who work closely with military and veteran families. This improved practice focus will ensure the best quality of care and increase the likelihood that

veteran spouses will successfully transition along with their service member, finding desired employment when it is sought, adjust to new communities, maintain good physical and mental health, and have overall good life satisfaction in their new civilian life.

This call to action highlights why and how spouses are impacted by MCT and the key areas that require research attention in order to increase knowledge and develop effective supports for this population. Military Transition Theory (MTT) (Castro, Kintzle, & Hassan, 2015) identifies three interacting and overlapping components that can be applied to understand how veterans navigate the transition to civilian life: “Approaching the military transition” outlines factors considered important in shaping the base of the transition trajectory (e.g. military/cultural factors; the nature of the transition; and personal characteristics); “Managing the transition” refers to factors experienced post-discharge such that they affect transition progression from service member to civilian (e.g. Individual factors; social support; community civilian transition support; and military transition management); and, “Assessing the Transition”, describes the outcomes associated with transition (e.g. work; family; health; general well-being; and, community); these outcomes are interconnected and impact one another, however, success or failure in one does not indicate success or failure in overall transition (Castro, Kintzle, & Hassan, 2014).

While MTT was designed to explain veterans’ transition trajectories, it parallels the experiences and challenges of the veteran spouses transitioning alongside the veteran. The “Managing the transition” and “Assessing the transition” factors inform the areas of focus of this call to action since they highlight key areas of potential transition challenges. Guided by MTT, this call for action will focus on the: education and employment; community, culture and identity; marital relationships and family; health and wellbeing; and help-seeking of veteran

spouses. Of note, due to the limited published literature specifically focused on the veteran spouses' experiences, many of the points made in this call for action are based on the specialist expertise and anecdotal experiences of the authors and are clearly identified when this is the case.

Education and Employment

Research has consistently revealed U.S. military spouses (the vast majority (93%) of whom are women) experience a substantial and pervasive labor force penalty for being married to someone serving in the military (Bourg & Segal, 1999; Bradbard, Maury, & Armstrong, 2016; Castaneda & Harrell, 2008; Harrell & Berglass, 2014; Hosek, Asch, Fair, Martin, & Mattock, 2002; Lakhani, 1994; Payne, Warner, & Little, 1992; Schwartz, Wood, & Griffith, 1991). These employment disadvantages are hypothesized to stem from a series of structural challenges including: frequent relocations hindering accumulation of job experience and firm-specific human capital (which involves skills and knowledge that have productive value in a particular company) (Castaneda & Harrell, 2008; Hosek & Wadsworth, 2013); the relatively limited labor markets in which many military installations are located (Booth, 2003; Booth, Falk, Segal, & Segal, 2000); and possible employer discrimination in hiring military spouses owing to concerns of future relocation (Castaneda & Harrell, 2008; GAO., 2012; Hisnanick & Little, 2014; Hosek & Wadsworth, 2013).

The compounding of labor force disadvantage leads military spouses to amass work histories that diverge from the ideal worker norms expected and valued by employers such as a consistent track record of employment and a consistent location (Acker, 1990; Williams, 2001). The strategies that military spouses use to adapt to the work constraints they face, such as taking part-time or volunteer positions, or furthering their education, may sometimes work against

them. For example, military spouses are more likely to be involuntarily working part-time and/or underemployed, that is, working at a job requiring less education or skills than they possess (Lim & Schulker, 2010). Army and Navy spouses earn a lower return on a Bachelor's degree than their civilian peers, and all military spouses earn a lower return on a graduate degree than spouses of civilians (Harrell, Lim, Castaneda, & Golinelli, 2004). Spouses, especially more educated spouses, report perceptions of employer bias against military spouses, fearing that they are likely to be temporary employees (Harrell et al., 2004). As a result of continued un- and underemployment, some military spouses may have already reduced or abandoned their career aspirations, opting out of the labor force, and into other roles like volunteering or homemaking. Military spouses are more likely to be out of the labor force than their civilian peers are, but we simply lack sufficient evidence to fully understand why this is the case.

When a military family transitions to civilian life, employment and education of the new veteran takes center stage for researchers, who have primarily focused on the experiences of the transitioning service member. However, spouses also experience this transition, which may offer new opportunities and challenges for educational and employment activities. Research has failed to systematically account for the roles and experiences of spouses in the MCT process. Based on unpublished interviews with transitioning service members (Kleykamp & Montgomery, 2016a, 2016b), as well as ongoing conversations with spouses of veterans in our own personal and professional networks, it is clear spouses experience the transition as well, and as variably as different veterans. For some veteran spouses, leaving military life offers opportunities to pursue their careers, finally prioritizing them over the needs of the military. For these spouses, separation from the military means it's finally their turn to pursue and prioritize their career and educational goals, or at least to be given equal consideration, thus MCT can be a time of great

opportunity for personal and professional enhancement (Kleykamp, 2013). Other spouses of veterans may experience the transition as a continuation of their military spouse experience, with the veteran's job search and career transition taking precedent over the spouse's employment or educational pursuits. This may mean continued geographic relocation to pursue opportunities for the veteran's career. Throughout the transition process, the spouse often takes on a role of surrogate employment counselor, spending considerable time helping the new veteran find civilian work and prepare for interviews (Kleykamp & Montgomery, 2016b). For those married to veterans experiencing negative mental or physical health as a result of their service, caregiving demands are often added to their employment challenges (Griffin et al., 2012).

Anecdotally (because of the lack of systematic research on veteran spouses), we have observed a range of employment consequences for veteran spouses. If a veteran's employment search extends longer than planned, spouses can find themselves taking on new roles as primary breadwinners for the family. For already-employed spouses, their employment can provide a buffer for the veteran and the family, stabilizing finances and allowing the veteran time to find work or explore additional education or training. However, spouses who may not have been able to successfully maintain a career due to military lifestyle may find themselves now pressured to work to cover financial responsibilities. The greatest potential challenges befall those families in which the veteran and the spouse are unemployed and cannot find work. These families are at greatest risk when they have not planned financially for military separation and have not built savings or a financial cushion to fall back on. Such families may take sub-optimal jobs, or may use educational benefits inappropriately as income replacements (e.g. enrolling in an educational program to access GI Bill stipend benefits). Although a large literature has examined the employment and education of military spouses, we are limited to these speculations based on

anecdotal observations because of the surprising dearth of research on the work lives of the spouses of military veterans. These spouses experience a transition to civilian life alongside their veteran, with the associated disruptions to career trajectories, yet we have virtually no empirical research on their experiences and outcomes.

Community, culture and identity

Military Transition Theory (Castro et al., 2015) suggests that the civilian community to which the veteran transitions, as well as the support that community provides, impacts how well veterans manage the transition. Military spouses are commonly connected to their spouses' military units and locations. These units include a built-in community support system, during their partners' service. When their partner leaves military service, spouses and families often relocate; thus, disconnecting from the local military community and the social support represented within. Leaving the military therefore involves a shift in community and the associated support networks (Ebaugh, 1988; Jolly, 1996). Successful transition requires veteran spouses to find new communities and develop new connections to derive social support. Where immersion in to a new community and new connections are not made, veteran spouses may be at risk of becoming isolated if they find it difficult to develop and manage new relationships. In addition, the assumed challenges of connecting to new communities may be exacerbated for veteran families due to the military/civilian gap (Ray & Heaslip, 2011; Taylor, 2011). A gap between military and civilian culture is created when the majority of the general civilian public have limited experience with the military, do not know anyone who served in the military (Taylor, 2011), and/or do not understand the impact of service on military families. The military/civilian gap is reported to create misunderstandings, and leave veterans feeling like

outsiders (Suzuki & Kawakami, 2016). It is likely that the military/civilian gap also impacts veteran spouses' ability to integrate in to their new communities.

The social identity model of identity change suggests that deriving effective social support is largely influenced by an established social identity where one identifies with their peers and feels part of a group(s) (Praharso, Tear, & Cruwys, 2017). Meaningful social support does not occur with any/all social relationships, but rather, emerges from salient shared group memberships (Praharso et al., 2017). This experience of engaging in meaningful community connection is a crucial aspect of the transition to civilian life and could have the potential to impact veterans' and their spouse/partners' self-esteem and mental well-being (Smith & True, 2014).

Veteran transition literature highlights the possible positive impact for veterans to connect with other veteran peers, throughout each stage of the MCT (Keeling, 2018; Keeling, Kintzle, & Castro, 2018). It is possible that veteran spouses would benefit from connecting with other veteran spouses to exchange experiences and provide support in the context of a continued group membership. Over the last decade, online social media tools have allowed military spouses to stay more connected, however, research attention is required to better understand how the experience of shifting community and social support during transition impacts veteran spouses' adjustment and wellbeing.

Marital relationships and family

Military couples' marriages/relationships and military children are unavoidably impacted over the course of the family's military service. Active duty military members have a divorce rate of approximately three percent (Bushatz, 2018), with female service members, and those with PTSD having much higher rates of relationship problems (Cook, Riggs, Thompson, Coyne,

& Sheikh, 2004). Military marriages can face significant strain due to extended separations, the stress and uncertainty related to one (or both) partner(s) engaged in potentially dangerous work and the decreased emotional connections that often follow. Many military marriages weather these challenges, and successfully work to stay connected and supportive of each other's lives while living separately, while others face significant problems, and can struggle to remain married (Karney & Crown, 2011; Karney, Loughran, & Pollard, 2012; Keeling, Wessely, Dandeker, Jones, & Fear, 2015; Keeling, Wessely, & Fear, 2017; Keeling, Woodhead, & Fear, 2016). Data from the Millennium Cohort Family study examined the direct association between military experiences (number and length of deployments, combat experiences, and service member PTSD) and non-military experiences (social support, caregiver burden, work-family conflict, and financial strain) and military spouse marital quality. This data indicates that most military experiences did not have a direct association with low marital quality, except service member PTSD symptoms. Lack of social support, caregiver burden, work-family conflict and financial strain did however increase the likelihood of low marital quality among spouses of currently serving personnel (Pflieger, LeardMann, McMaster, Donoho, & Riviere, 2018), all factors likely to be impacted further during MCT.

After years of sporadic geographic relocation, partners may struggle to re-build their relationships; finding challenges in recreating intimacy, conflict resolution, reinstating household and family roles and improving emotional connections with each other. Couples must also re-establish approaches to decision making, ensuring safety in the relationship and re-establishing trust. Successfully resolving these concerns requires effective communication, which can be difficult for couples who have spent large periods of time apart during military service (Monson et al., 2012). Further, dual-military couples may experience heightened challenges during the

MCT process. For example, psychological injuries experienced by both partners could have a ripple effect, influencing their marriage and parenting abilities. For couples where PTSD is present in one or more partner, couples' treatment for PTSD has demonstrated symptom reduction for the veteran, and enhanced relationship functioning for the couple (Monson et al., 2012).

MCT can also influence parents and children's relationships as the family transition to new communities, repair attachments which may have been strained during military separations, and problems faced during military service may require attention during MCT (Renshaw, Rodrigues, & Jones, 2008). During military service, couples likely developed unique parenting roles to address the absence of one or more parents. Parents going through MCT may have to establish new approaches to parenting with their children due to both parents being home full time, and to address challenges their children may face during MCT. Family members may have to reform attachments and work to strengthen their relationship with each other. In addition, families with nontraditional compositions, including divorced families who build new families with children from past marriages, face unique challenges. Attachment problems for children, parents and stepparents may require clinical attention to address the many changes that come in MCT. Programs like Strong Families that offer support for families as they reconnect after deployments or after military service have been tested in National Guard, active duty Army and with veteran families in a community-based clinic (Borah, Dondanville, Centola, Devoe, & Williams, 2018; E. R. DeVoe, Paris, Emmert-Aronson, Ross, & Acker, 2017). PTSD intervention developers are increasingly calling for treatment modalities that treat not only the individual with PTSD but also the whole family that is unavoidably affected (Ellen R. DeVoe, Dondanville, Blankenship, & Hummel, 2018).

Health and well-being

Research has yet to examine the health of spouses through their transition out of the military and the long-term impact of military service on spouse health. It is known, however, that the demands of military life, such as frequent relocation, readjustment to new communities, physical and emotional separation, uncertainty of the future and concern over the safety of loved ones, can create risk for adverse health outcomes (Green, Nurius, & Lester, 2013). Research has also demonstrated a direct correlation between the overall health and functionality of service members and the well-being of military spouses (Eaton et al., 2008). Despite this, there remains a paucity of research on the physical and psychological well-being of military spouses, and even more so for veteran spouses.

Although limited, research demonstrates that military spouses often struggle with mental health challenges. A 2016 report by the Substance Abuse and Mental Health Services Administration found that more than 29 percent of the nation's 900,000 military female spouses (wives) aged 18 to 49 experienced a mental illness within that past year (Libari, Forsyth, Bose, Kroutil, & Lane, 2016). That same report found military spouses to be more likely than civilian peers to abuse prescription medications meant to treat mental health disorders. The majority of literature on the health of military spouses focuses on their health during times of separation (i.e. deployment) during active service. Eaton et al., (2008) explored the prevalence of mental health challenges in spouses of service members deployed to Iraq and Afghanistan and found almost 20% of the sample met the diagnostic criteria for depression or generalized anxiety. Further, a study by Mansfield et al. (2010) examined the health records of over 250,000 spouses of service members who were deployed between 2003 and 2006 and found nearly one-third had at least one mental health diagnosis, with the percentage increasing to 60% for those with spouses deployed

for more than 11 months. Dimiceli, Steinhardt and Smith (2009) examined physical symptoms in military spouses during deployment and reported challenges such as headaches, difficulty sleeping, and changes in body weight and menstrual cycle.

Using data from the Millennium Cohort Family Study, Steenkamp et al. (2018) report that one third of junior military spouses screen positive for one or more of eight psychiatric conditions (somatization, insomnia, depression, PTSD, anxiety, panic, alcohol misuse, and binge eating). The most commonly endorsed were moderate to severe somatization (17.63%) and moderate to severe insomnia (15.65%). Depression and binge eating were reported at rates comparable to the US female civilian population, whereas PTSD, panic, and alcohol misuse were reported at double the rate of female US civilians. In a separate paper reporting results from the Millennium Cohort Family Study, a probable diagnosis of major depressive disorder (MDD) was reported in 4.9% of the spouses. An increased likelihood of MDD was found to be associated with lower education, unemployment, having four or more children, the spouses own previous military service, the service member being Enlisted compared to an Officer, and service member PTSD (Donoho et al, 2018). While the prevalence of MDD was consistent with estimates in other US population-based studies, (Donoho et al, 2018) the factors associated with an increased risk of MDD are factors likely to be exacerbated in the context of MCT.

Research related to the health of veteran spouses is sparse but emerging. Consequently, less is known regarding the health of veteran spouses but it is likely that the mental health problems experienced during military service do not go away upon transition. Further, living with and caring for veterans with psychological injuries adds additional stressors to spouses that can manifest in mental illness as documented in research with veteran caregivers. Literature on this population of spouses focuses primarily on secondary traumatic stress and the health impact

of having a spouse with PTSD. In an integrative review of the literature on this topic, Yambo and Johnson (2014) found that spouses of veterans living with PTSD experience a range of mental health concerns including general psychological distress and PTSD. In this same study, peer support for the veteran spouses was found to be useful by helping to reduce isolation and improve understanding of PTSD (Yambo et al., 2016). In a recent study of partners of 100 veterans seeking help for PTSD in the UK, spouses reported high rates of mental health problems: 39% for depression, 37% for generalized anxiety disorder and 17% for symptoms of probable PTSD (Murphy, Palmer, & Busuttil, 2016).

This literature highlights the importance of the spouse's health on the family unit as well as the potential impact of military service on spouse health, particularly during times of increased stress. Transition out of the military has been identified as its own source of significant stress for service members and their families (Castro et al., 2014). Although military separation has been recognized as a crucial time point for early health intervention aimed at improving functioning and increase the likelihood of a successful transition for veterans, we have yet to acknowledge the importance of or address the spouse's health during this time. Most transitioning spouses will no longer be eligible for health care benefits that were once provided through their spouse's service. The physical and psychological stress of transition may cause new health issues to develop while health issues that occurred before or during military service may reemerge or become exacerbated. Social support, as noted above, which can have a substantial impact on health, may be reduced as the spouse transitions from the supportive military environment, often into new communities. As research has demonstrated the impact of a spouse's health on the service member and family unit during service, it is likely the same can be said for the importance of spouse health during transition from the military.

Help-seeking and service utilization

In the context of the health problems experienced by military and veteran spouses, spouses face significant barriers to accessing care, including limited awareness of resources, difficulty scheduling appointments, securing time off from work and/or child care, and cost (Eaton et al., 2008). Eaton et al.'s (2008) research investigating military spouses' mental health also indicated that the stigma of mental health creates a barrier to spouses seeking care. The effects of stigma contributed to the belief that seeking help would be "embarrassing", that they would be seen as "weak", and a concern that seeking help would harm their spouse's career (Eaton et al., 2008, p. 1054). More recent research indicates that the same concerns are shared by active duty personnel and reservists themselves (Gorman, Blow, Ames, & Reed, 2011). It stands to reason that if military members and spouses equally share these barriers to seeking help during service, then military members and spouses will equally struggle with help-seeking behavior during the MCT process.

Support services are available to address the needs of military spouses while the military member or reservist is actively serving. Family Readiness Groups (FRG) or Family Readiness Officers (FRO) provide support to family members under the direction of the military member's command or unit, yet cease when the service member leaves the command. Other spouse benefits include employment assistance, healthcare, education assistance, counseling, legal assistance, recreation support, and other benefits. Some of these benefits may be available to the military spouse for 365 days post-separation (Military Onesource (n.d)), however military spouses generally do not receive equal support when compared to the military member during MCT. Further, affordable childcare offered through the military is available to military spouses while in service, but poses a challenge upon entering civilian life, which can hinder employment

options. While spouses are encouraged to attend military-sponsored transition programs with their service member (Army., 2013) military transition programs are designed and marketed primarily toward the military member. Military spouses once eligible for non-competitive hiring for federal jobs will lose that privilege post-transition. Thus, while the service member often receives continued support thorough the VA and other services, spouses lose the help and support of several services once their service member separates from the military.

Summary

Based on the apparent needs of veteran spouses as raised in this call to action, specialized services for military spouses during the MCT process and post-transition should be developed and promoted. There are opportunities to build upon existing resources, including enhancing the Department of Labor/Veterans Affairs Transition Assistance Program (TAP) to more explicitly include spouses. There is also room to develop post-transition support programs to ensure spouses are also receiving crucial resources such as career counseling and educational, mental health and financial supports. Although there are resources on the VA website that may be helpful to spouses, these resources are aimed predominantly at providing support for the service member, not the spouse. State and national organizations designed to support veteran spouses, post-transition, have emerged including Blue Star Families (that targets military and veteran spouses), and the Texas Veteran Spouse Network, which can provide a model for services nationwide.

Further research must be conducted to better understand the experiences of veteran spouses during MCT. Increasing research will build upon an evidence-based infrastructure, ultimately informing and improving the supports provided on the federal, state and local levels.

Based on the reviewed literature this call to action offers the following recommendations for researchers, academics, policy makers and service providers:

- Revise the TAP program to include spouses; make a couples track available for service members who are married or have a long-term partner; and ensure the program is both relevant and marketed to veteran spouses.
- Expand all veteran-specific supports to veteran spouses, including employment training and job-seeking preparation training, peer support, transportation and other supports such as childcare that could support job seeking. The VA could also expand the mental health supports it offers spouses at VA Centers that currently only address concerns related to the veterans' concerns, and expand its Caregiver support program to include any spouses seeking support, rather only those defined as caregivers based on veterans' disability status.
- Offer peer support for spouses in the same way that veteran programs offer peer support to assist with community integration as well as provide emotional and practical support.
- Study the trajectory of spouses and their families who do and do not receive various types of supports aimed at understanding support needs and access to services.
- Conduct longitudinal research to understand the prevalence and course of the mental and physical health of veteran spouses and children as they experience MCT.
- Conduct longitudinal research investigating marital/romantic relationships during MCT aimed at highlighting risk and resilience factors for relationship functioning and adjustment.

Conclusion

To date, limited research attention and few support services have focused on the needs of veteran spouses. This call to action highlights key areas of research attention and areas for

focused support services, based on the existing literature as well as some anecdotal information. These recommendations should be considered by researchers, policy makers and service providers as an opportunity to widen the current safety net of supports, aiding both veterans and spouses as they exit the military. As military veterans and their spouses embark on the rest of their lives, researchers, policy makers and service providers have an opportunity to improve the long-term functioning of the entire family: the veteran, spouse and their children.

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