WOMEN, CHILDREN AND WAR: THE EXPERIENCE OF INTIMATE PARTNERS AND THEIR OFFSPRING WITH TRAUMATIZED MEN

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ABSTRACT

This qualitative study focused on the close family of veterans who participated and returned alive from wars. While we may have become acquainted with PTSD of soldiers, we rarely consider their spouses and children, and the effect that the veteran’s symptomatology may have on them. This article describes what the wives and children of veterans related about living with emotionally wounded and traumatised veterans, whose condition had serious and multiple effects on the family. The descriptions provided by the wives and the children were content analysed and themes extracted. The article concludes with a call for society at large to take a more active role in caring and supporting the veterans and their families.

Key words: war veterans; wives; children; emotional aftereffects; turbulence; physical abuse; dependency; loyalty

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INTRODUCTION

It has been said that no one returns from war unchanged. Symptoms that veterans reported, and which compose that diagnosis, include sleep disturbances, uncontrollable thoughts, depression, flashbacks, feelings of anger, and helplessness. Normal everyday functioning becomes difficult (see Vagharseyydin, 2015). “In addition to having suffered trauma, the affected people have experienced a whole range of losses, such as family, a home, relatives, friends, jobs and professional identity. The communities they knew are fragmented; social networks and other support mechanisms to which they normally turned are shattered.” (Ajdukovic, 2007; p. 121).

Caring for someone who is experiencing PTSD makes the caregiver, and in our case the intimate partner, vulnerable to the veteran’s disturbed thoughts, emotions, and behaviors which are bound to negatively affect the relationship and may lead to physical, emotional, or sexual abuse, of the caring partner by the war veteran (Klarić et al., 2010).

Gap in Research on Intimate Partners of War Veterans

Shoebridge’s (2007) research about the effects of war suggests that the wives of veterans have not been considered as individuals; their roles are marginalized. They were either portrayed as mothers, sisters, wives or daughters of combatants. Women, partners of war veterans, have endured real hardship during the absence of the loved soldier or subsequent to his death, particularly if the body has never been found or repatriated. More significantly, a growing issue concerns those women who did not lose their loved ones, but faced and continue to tolerate unexpected adversity upon the return of veterans to their families. Out of a sense of duty, pride, responsibility or shame, stories that would shock the world remain untold by so many women, some for fear of reprisal from surviving husbands or fathers, others from a misplaced sense of duty or family honour. These women are the unwitting victims of war, who are engaged in a secret, private conflict, at home, where the prevalent mental condition, Posttraumatic Stress Disorder (PTSD thereafter), is significantly present in their lives. The intergenerational impact of PTSD on relationships with family members -and not only wives- is quite prevalent if we understand that as the veterans suffering from trauma-related disorders bring their problems home, the ramifications on the rest of
the family begin to manifest quite early and generally haunt them for the duration of the relationship (Brown, 1984; Price, 2014). Research shows that this affects subsequent generations (See for example Castelloe, 2012; O'Brien, 2004; Yehuda, 2002) as more young people are diagnosed with PTSD than before.

Inquiries, to date, have largely focused on the veterans, predominantly documenting the effects of war, combat related events and especially Posttraumatic Stress Disorder and less on their families (Isovaara, Arman, & Rehnsfeldt, 2006; Kozaric-Kovacic, Heroigonia, & Grubisic, 2000; Larsson, Michel, & Lundin, 2000; Wild, 2003). The focus of this paper is to highlight the themes in the experience of wives and children of traumatized veterans.

The Present Study

Ten women, eight wives and two female children of war veterans, wrote about their experiences as spouses to soldiers who returned from war, physically and emotionally wounded. The writings of the participants were content analysed, and presented in this paper. The unique angle of the present study is that it was not the war veterans themselves, but the people who lived with and observed them on a daily basis, who wrote about their experiences, feelings, and how they were affected by the husband’s and father’s participation in war.

**METHOD**

**Participants**

Eight women married [or have been] to war veterans, and two adult female children were recruited by snowball technique in Australia, and volunteered to write, at length, about the war veterans, their behaviours, and the effects that their war traumas had on them and on the entire family.

**Data Analysis**

The researchers read the accounts and marked what they saw as important in highlighting the essence of what the writers pointed out about the war vets and what their families lived through upon their return from war. Those were
then compared between the researchers, and a 95% agreement was found. The 5% that the researchers did not agree on were discussed, and if no agreement could be reached, were discarded. The researchers then tabulated the highlighted sentences and later performed a content analysis and organized them in categories, according to their content and meaning. Again, no category was accepted, unless agreed upon by the researchers. The Results and Discussion section will present the categories of the experiences that were described.

**RESULTS AND DISCUSSION**

Be they considered a ‘good’ [as some may be considered] or ‘evil’ wars, it is hard to refute the fact that the legacies of war are tragic and devastating. The degree to which individuals have been impacted by war is unquantifiable and has been the subject of much discourse in erudite, political and social milieus globally (Patron, Wildeboer & Rokach, 2017). The relationships which we are part of throughout our lives may be life sustaining, and promote personal growth and health, or may be abusive and traumatic. Domestic violence is one of the most frequent crimes in our nation as well as one of the most under-reported (Henderson, 2000; Makepeace 1997). Research has documented that positive relationships have mental and physical health benefits whereas abusive and restricting relationships have been found to impair mental and physical health. (Ornish, 1998; Sarason, Sarason & Pierce, 1990; VanderVoort, 1999; Veiel & Baumann, 1992).

*What are the effects of intimate abuse?*

Abusive adult intimate relationships can have devastating consequences. Harway et al. (2001) reported that the financial and personal costs of intra relational violence to families and communities are extensive. The abuse has been found to be the cause of low self-esteem (Glass, 2002; Orzeck, 2008), self-blame, denial, shame, and rage at the perpetrator, isolation, and/or social withdrawal (VanderVoort & Rokach, 2004), and helplessness that the victim experiences along with a loss of spiritual faith (Herman, 1992). Other consequences include substance abuse (Ullman, Townsend, Starzynski, & Long, 2006; Butler & Taylor, 2015) as well as the onset of depression,
anxiety, and personality disorders (McKibbin, 1998; Heinz, Makin-Byrd, Blonigen, Reilly & Timko, 2015). Additionally, physical abuse can bring about, by the very nature of the abuse, physical injuries such as broken bones, immune system stress responses, miscarriages, and brain structure alterations from the traumatic stress and physical trauma (Shalev, Yehuda, & McFarlane, 2000; Yehuda, 2002). Traumas that were inflicted by one’s intimate partner appear to have the longest lasting psychological effects (e.g., Raghavan & Kingston, 2006).

Salient features of the description provided by the participants and which were highlighted by the researchers, were then grouped into themes, and were then grouped into categories that highlighted the experience of people who fought wars and were traumatized by them, as almost all soldiers do to some extent at least, and their reaction to life after war.

1. The first and almost obvious category was the one we entitled ‘Emotional struggles’.
   a. The first group of themes are what we termed ‘internal struggles’ which include such items as the internal ‘storms’ that were caused by soldiers who had to integrate what they were ordered to do in war, with their values; a slew of emotions described as “anger, pain, nightmares, broken hearts, suicide, violence”; and others reported that they want to just ‘keep their head above water’.
   b. Another group of themes ‘Lingering struggles relating to traumatic battles’ were those that related directly to war in which the vets were described as haunted by the harrowing experiences, being sensitive to noise, to fireworks, and in constant fear of being attacked by an enemy.
   c. The third group of themes was entitled ‘Emotional aftereffects’. That included feeling hateful, depressed, mad, and suicidal, due to the stress they endured.

2. While category one highlighted the emotional, internal aftereffects of war, this category entitled ‘Behavioural manifestations of trauma’ was divided into several subgroups:
   a. ‘Destructive behaviour towards self, spouse & others’ which described behaviours such as lashing out at those close to the vet, and doing so even during sleep, emotionally and physically abusing spouse, and displaying displaced violence.
   b. The second subgroup of themes we entitled ‘Marital disharmony’ which included verbal and other kinds of violence in the marital
unit, the vet’s attempts to control the spouse, sexual dysfunction, and romantic indiscretions.

c. The last subgroup in this category was entitled ‘Unable to give or receive love’. Here we find such behaviours as narcissistic behaviour of the veteran, withholding affection [physical and/or verbal], inability to show empathy or caring, and the vet blaming the spouse for their misfortune.

3. The last category employed, both, internal experiences with behavioural expressions of it and which we entitled ‘**Loneliness and disconnection from others**’.

   a. The first subgroup of themes in this category was ‘**Loneliness and disconnection from others**’ which highlighted the vet’s difficulty in integrating back into ‘normal’ life, feeling best while being surrounded by other veterans, being guarded and non-communicative, and dealing with the myriad of their feelings and thoughts on their own, since counselling was not available or offered by the state which sent the soldiers to war.

   b. Society as a whole, while theoretically thankful to those vets, was unable to relate to their traumas. The second subgroup was the ‘**Feeling betrayed, used, unaccepted by others and society**’. Here we find descriptions of society’s intolerance of veterans and their experiences, a wish that society was good at communicating to them to ‘keep quiet’, and such experiences as “Feeling betrayed, used, deceived & morally bankrupt; Returning home after the war to jeers, being spat on, called names; Feeling misjudged and misunderstood by society”.

   c. As a result of such an inhospitable society, vets led what one described as ‘**a double life = Repressing trauma**’. They were secretive about their home lives; avoided talking about the war in which they participated; felt ashamed that their PTSD affected their families, and in general presented as healthy a façade as they could.

In general, it can be observed that war veterans were described by their spouses and children as people who were broken, disturbed and unable to return to the life they had prior to enlisting in the army. Those aftereffects have affected the vets themselves, their emotional wellbeing, was expressed in destructive behaviours, and ended up, in many instances, with the vet accepting that there is no help offered to assist him to get out of the
predicament he is in, that society has no interest in those who fought after they served their country, that their families are struggling to accept and adjust to their disturbed behaviours, and that the only way that they see fit is to run away - into alcohol, drugs, denial and finding their place on the edge of society without being able to move back into the main stream.

The Canadian Mental Health Association [https://www.cmha.bc.ca/get-informed/mental-health-information/ptsd] defined (2017) PTSD as:

- “Recurring thoughts, ‘flashbacks’ or nightmares about the event (each person’s experience with flashbacks is unique. Some people have “complete” flashbacks like the example in the opening paragraph of this fact sheet while others may re-experience a feeling, smell, sight or sound from the event without losing touch with the present.)
- Changes in sleep patterns or appetite
- Anxiety and fear, especially when confronted with events or situations that remind you of the trauma
- Feeling “on edge,” being easily startled or becoming overly alert
- Crying for no reason, feeling despair and hopelessness or other symptoms of depression
- Memory problems including finding it difficult to remember parts of the trauma
- Feeling scattered and unable to focus on work or daily activities
- Difficulty making decisions
- Irritability or agitation
- Anger or resentment
- Guilt
- Emotional numbness or withdrawal
- Sudden overprotectiveness and fear for the safety of loved ones
- Avoidance of activities, places or even people that remind you of the event
- Other physical health problems like dizziness, stomach upset or less ability to fight off sickness or infection“

Reading the above list, it is clear that those who suffered the horrors of war, then return home and end up paying the price for all that they have witnessed and undergone. The spouses and children who participated in the present study described many, if not most of those symptoms, in their spouses and fathers. The following sections will outline how those very symptoms and
aftereffects of war, impacted the lives of those who resided and were intimately connected with them.

Ajdukovic (2007) poignantly stated that when one is involved in experiences where traumatic events occur, such as in rape, shootings or actual war, “a person is severely affected by the traumatic experience and his or her life can change. This can have major effects on the whole family system and the lives of other family members. Lasting physical incapacity, dysfunctional behaviours, lack of capacity to keep a job or abusive behaviours in the family are only some consequences that build upon the troubling symptoms of a trauma victim. However, if the trauma victim has access to appropriate assistance, support and treatment, he or she stands a good chance of getting on with a constructive life as a member of the community” (p.121). Here is a clear reminder that not feeling part of the community and not receiving support from one’s social support network or from professional mental health workers, may have contributed to the lasting emotional and behavioural maladjustments that were reported by the families of ‘our’ vets.

The next results are those of the women, the wives of the veterans, those who bore the full brunt of their disturbance, sleepless nights, aggression, and inability to reintegrate into society.

1. The women described evidencing the effects of PTSD on the men they loved, those they sent to war healthy, and returned exhibiting many of the symptoms listed above. Needless to say, the effect that it had on them was highly significant, traumatic, and sometimes devastating. Samples of the wives’ evidence can be found in their own descriptions: I evidenced the night sweats, flashbacks, anger, and anti-social tendencies of vets. Another saw her husband as a TPI [Totally and Permanently Incapacitated] with emotional wounds. And another wife described her husband, who was physically out of the war, still being in it emotionally - day and night.

2. The second theme was the effects that the vet’s symptom had on the wife. Wives described being terrorized by the men, and resulted in them feeling inadequate, not worthy of him, and thus meekly accepted his infidelity.

3. The third theme relates to the effects that PTSD had on the couple’s relationship. Either the man appeared like a stranger in his own home, or they were both frustrated, fought frequently, hardly communicated, and basically each lived in his own world.
4. This theme explored how the wives felt in light of the changes that war brought to their man, their relationship and their homes. We termed it *Loyalty and confusion despite ongoing abuse* since although abused, neglected, and sometimes even emotionally tortured, the women reported still feeling for their husbands, realizing that they were needed in order to support and guide those wounded vets, and although most felt strongly and negatively toward their abusive and disturbed husbands, they were proudly pointing out their loyalty to them, as if that loyalty was their contribution to the war effort, or at least to society-at-large.

5. One theme that was common to almost all the accounts was the *secrecy, no support, isolation* that the women reported. Whatever happened at home, was almost never divulged to anyone else, including members of the larger family. The wives felt that anyways, no one would believe them and thus held a ‘stiff upper lip’, hoping that the state would offer some guidance, support or counselling - but that usually did not happen [at least in Australia].

And what did the *children of the war vets* feel and experience? Although we had but a small sample, each adult child wrote lengthy reports about the effects of war on their growing up years. The themes that were identified included:

1. The main theme was the salient features of *growing up in a vet’s home*. The children reported that fear was the ruling emotion. Fear of painful physical abuse, fear of emotional abuse they suffered by a stressed and burned out mother, witnessing father’s alcoholism, parental violent relationship, and experiencing an ever present sense of danger.

2. As the wives indicated, but here it was a major theme, *secrecy* was enforced, sometimes harshly and with physical punishment. The war was a taboo topic at home, the children had to put a ‘happy face’ for the outside world, lest anyone would guess what was happening behind closed doors. Mothers prohibited any discussion with anyone about the father’s condition, children having to hide bruises caused by physical abuse, and as one child indicated “silence was the way to live”.

3. Consequently, the children reported feeling *loneliness, isolation, a feeling of not belonging* and consequently experienced anger,
yearying to be loved and included and actually cared for, and wanting to be seen without having to pretend.

4. The next theme focuses on the emotioanl/psychological effects of growing up in a vet’s home. The children reported feeling emotionally crushed, experienced agony due to the non-ending pain and abuse, becoming depressed, bitter and hateful, and even considering suicide to end the suffering.

5. The next theme highlights the medical effects children bear, even though they never saw the battlefield. As a result of the chemical warfare that their fathers were exposed to [especially Agent Orange], they reported illnesses such as cancer, malformations, and various physical abnormalities that they had to bear because their father participated in war.

6. The next theme highlighted how the children felt towards their shell-shocked fathers. Although one may expect a lot of resentment and lack of any positive feelings, this theme highlights dual feelings toward the vet. On the one hand they experienced anger about their lost and tormented childhood, and on the other hand they felt sorry for the father, and even felt guilty for not understanding him in ‘real time’.

7. So what were the effects of growing up in such a home, on the child in adulthood? The children described sadness at their father’s death, attempting to run away from memories and guilt feelings, balancing the bad memories they had with good ones that they had prior to their father’s enlisting, as well as when he felt good following his return from the battle field. Some decided not to bear children, not to ever engage in sex, some were unable to trust men, and some suffered emotional breakdowns during adulthood.

_In conclusion_, war, an unnatural and often in contradiction to what we and the soldiers believe in, requires its participants to commit horrendous acts in the name of protecting their homeland. There is no question that when called for duty, one must go and serve. But, there is a price to pay. A hefty one. Not only for the soldiers, but for their wives, children and possibly for the extended family as well. Society, clearly is losing all the goodness and contributions that these men could offer to society, had they not been so devastatingly affected by the war in which they had to participate. It is incumbent on society not to abandon those who fought. Society owes them gratitude, and part of it, is helping them reintegrate back into the society for which they fought and defended.
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