



Australian Government
Department of Veterans' Affairs

Vietnam Veterans Family Study

VOLUME 4

Supplementary Studies of Vietnam Veteran Families' Experiences

October 2014

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Foreword

This fourth volume of the report of the Vietnam Veterans Family Study deals with the qualitative research and consists of five parts, as listed below. The research was used to identify the themes for the Main Survey, to ensure that its design was both valid and robust. Although each of the parts can be read individually, taken together they form a cohesive whole.

- Part 1, 'Social Factors that Impact on Sons and Daughters of Vietnam Veterans and Vietnam-era Servicemen'. During the investigative stage this study was known as 'The Telephone Interviews'. The aim was to identify the family dynamics affecting the health and quality of life of the sons and daughters of Vietnam veterans.
- Part 2, 'Re-analysis of the Sons and Daughters Project'. This study reviewed the original Sons and Daughters Project, conducted in 2001; the review was carried out in order to offer improved insights into data previously collected for the then Vietnam Veterans Counselling Service and make further recommendations relating to the mental and physical health of children of Vietnam veterans.
- Part 3, 'The Lived Experiences of Sons and Daughters of Vietnam Veterans and Vietnam-era Servicemen'. During the investigative stage this study was known as 'The History of Health'. It deals with the self-reported experiences of daily life as a son or daughter of a Vietnam veteran or Vietnam-era member of the Australian Defence Force.
- Part 4, 'Intergenerational Effects of Service in the Vietnam War: the stories of six families'. During the investigative stage this study was known as 'The Ethnographic Study'. It explores health status risk and protective factors for the families of Vietnam veterans and Vietnam-era personnel.
- Part 5, 'Qualitative Study Summary'. This summarises the four qualitative research reports and discusses their methodologies and main findings.

The individual and collective findings presented in this fourth volume of the report of the Vietnam Veterans Family Study are not intended to be representative of either the Vietnam veteran group or the comparison group of Vietnam-era personnel as a whole: only a small number of participants were involved. Instead, the findings are intended to highlight the themes that are relevant to Vietnam veterans. It is the quantitative research component of the Family Study that determines the extent to which the findings are in fact representative of the two groups.

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PART ONE

SOCIAL FACTORS THAT IMPACT ON SONS AND DAUGHTERS OF VIETNAM VETERANS AND VIETNAM- ERA SERVICEMEN



Summary

This part of the report presents the results of the semi-structured telephone interviews dealing with factors affecting sons and daughters of Vietnam veterans; UniQuest Pty Ltd conducted the interviews on behalf of the Department of Veterans' Affairs. Sons and daughters of people who served during the Vietnam era but did not deploy to Vietnam were included in the study as a military family comparison group, and sons and daughters of Vietnam veterans' siblings were included as a family comparison group. The study aim was to provide to the department data on risk and protective factors for health; this information was to be used in the development of the quantitative research component of the Vietnam Veterans Family Study.

The research for this part of the study covered six cohorts:

- daughters of Vietnam veteran fathers
- sons of Vietnam veteran fathers
- daughters of serving personnel from the Vietnam-era who did not deploy to Vietnam
- sons of serving personnel from the Vietnam-era who did not deploy to Vietnam
- nieces of Vietnam veterans
- nephews of Vietnam veterans.

The research team developed a semi-structured interview in consultation with the department's project team. Qualified interviewers then conducted the interview using the Institute for Social Science Research computer-assisted telephone interviewing, or CATI, system. The Department of Veterans' Affairs provided the sample for the study. Participants were all aged over 18 years and had spent at least their formative years in Australia.

The plan was to interview about 20 participants in each of the six cohorts in the first instance (about 120 interviews in all) but to continue interviewing beyond

that number until the main topics were exhausted and no further matters emerged. With this approach 173 interviews across the six cohorts were found to be necessary. It was considered that completing any further interviews would not add greater value or raise new themes identified through the study.

The main findings emerging from the study fall into three broad groups, as follows.

Family relationships

Study participants gave a variety of descriptions of family relationships. Some participants were close to their relatives; others were not. Relatives of Vietnam veterans were more likely to report that their relationship with their father had improved over the years. Relatives of Vietnam-era personnel talked more about relationships with extended family than did relatives of Vietnam veterans.

Implications of the relative's service for the family

A rich set of themes and concepts emerged when study participants were asked about the implications of military service for their family. Many said their relative's service strongly affected family relationships. Returning fathers were often spoken of as 'strict' and 'disciplined'. Participants described various physical ailments among fathers and uncles who had served. They also described a range of psychological disorders, among them anxiety, depression and posttraumatic stress disorder. Some participants reported that their father or uncle resorted to alcohol or that their relative struggled to return to work following deployment to Vietnam.

Relatives of Vietnam veterans described more implications of service than did relatives of Vietnam-era personnel. Many of the former said family relationships had improved after a psychological condition (such as PTSD) had been diagnosed. Relatives of Vietnam-era personnel reported fewer changes as a result of their relative's service compared with the relatives of Vietnam veterans. Many relatives of Vietnam-era personnel said they were proud of their father's or uncle's service and they celebrated this on Anzac Day.

Use of health services

Study participants reported seeking out medical services for common health complaints such as a cold or flu and had routine eye and dental check-ups.

They tended to turn to a partner or parent for support. Relatives of Vietnam veterans were slightly more likely to use counselling services for mental health problems such as anxiety and depression. Relatives of Vietnam-era personnel were slightly more likely to mention medical treatment for sporting injuries.

1 Introduction

The Vietnam Veterans Family Study examined the physical, mental and social health of the families of Vietnam veterans. It involved both quantitative and qualitative research to provide a comprehensive picture of the health status of this group. The research covered a broad range of health outcomes and aimed to identify protective as well as risk factors that might affect the health and wellbeing of veterans and their families.

The qualitative research, of which this present study is a component, explored the self-reported experiences of daily life for sons and daughters of Vietnam veterans. It looked at the connection between their 'lived experiences' and their health status in relation to their family and community and their use of health services. On the basis of these 'insider' perceptions and descriptions of the lived experiences, the ways of life of the sons and daughters of Vietnam veterans can be described and contrasted with those of members of the comparison groups.

This part of Volume 4 reports on the outcomes of the semi-structured telephone interviews dealing with factors affecting sons and daughters of Vietnam veterans; UniQuest Pty Ltd conducted the interviews on behalf of the Department of Veterans' Affairs. Sons and daughters of Vietnam-era personnel who did not deploy to Vietnam constituted a military comparison group, and sons and daughters of the Vietnam veterans' siblings constituted a family comparison group. The study aim was to provide to the department data on risk and protective factors for health; this information was to be used in the development of the quantitative research component of the Vietnam Veterans Family Study.

2 Background

To assist in the development of the survey instrument and topics for questions, relevant literature was scanned and discussions were held with the Family Studies Program team, the Scientific Advisory Committee and the Consultative Forum.

Before this study of social factors affecting sons and daughters of Vietnam veterans was finalised, the findings from another qualitative component of the Vietnam Veterans Family Study, the Re-Analysis of the Sons and Daughters Project, became available (see Part Two of this volume). Three main themes arose from focus groups conducted as part of that project:

- physical and mental health problems and dysfunctional behaviours among Vietnam veteran fathers attributed to their service in Vietnam
- the impact of fathers' behaviours on mothers and children
- factors associated with drug and alcohol misuse, anxiety, depression and anger management (DVA 2012).

This had led the research team to conclude that there was a need to determine whether there were dysfunctional behaviours within family groups in the study. As a result, a number of family groups were recruited as study participants. An analysis of the members of these family groups found, however, that they reflected and demonstrated behaviours similar to those found among individuals of the same cohort. The report concluded:

All four activities subject to the re-analysis indicate that among Vietnam veterans' sons and daughters, a variety of mental health problems and issues exist that are perceived as arising from their upbringing and difficult childhood in a veteran's family. In spite of this, strong resilience is also present among sons and daughters which they often attributed to their father's discipline and behaviour. While for some sons and daughters, their father's behaviour may have been physically or mentally abusive, they believe this has given them emotional strength and taught them a variety of skills and strategies for positive life outcomes. (DVA 2012, pp. xv–xvi)

The material for the interview content for this study had also been obtained from the literature review material derived for the Research Protocol (Centre for

Military and Veterans' Health 2007). Pre-testing of groups, as conducted by the Centre for Military and Veterans' Health (now the Centre for Australian Military and Veterans' Health) in a lead-up to work related to the protocol's development, showed that any study of the health of veterans and their families, while considering physical outcomes as important, should also include psychosocial outcomes. It was the strong opinion of the veterans involved in the focus groups that the family unit should be part of the study and that family dynamics and subsequent health effects on children were integral to any study of the health of the offspring.

In summarising the literature review carried out for the development of the protocol, the Centre for Military and Veterans' Health noted one of the emerging themes:

... [the] risk of adverse child physical outcomes in relation to parental exposure to toxins, the effects of family mobility, deployment and combat exposure on the health and wellbeing of both spouse and children. The areas of child abuse and interpartner violence (IPV) were significant areas of research. (2007, p. 8)

Also identified as areas of possible impact were the following:

... upstream (macro and distal) factors such as social climate and policy, midstream (proximal) factors such as parent-child relationships, and downstream factors such as child-parent attachment, and studies investigating salient development stages of child development and periods of transition. (p. 9)

The review also pointed out that there was only limited research into important areas such as the impact of a father's mental health on his spouse and children, although it was noted that several studies were suggestive of greater use of health services by children of military personnel.

Another area that became evident through the review related to posttraumatic stress disorder. The literature was said to indicate that 'interpersonal violence was not found to be higher in veterans in general, but was a problem within the subpopulation of veterans with [PTSD] and high combat exposure' (p. 10).

Evidence of PTSD was not directly investigated in this study, but it was something that was expected to emerge through participants' accounts of their relationship with a Vietnam veteran family member. The review also found:

Research on protective factors, as opposed to risk factors, is strikingly sparse in the literature although a positive sense of community and unit support was reported to be positively related to family adaptation, and spousal wellbeing. (p. 10)*

This raised the question of how the semi-structured interviews could be used to gain an understanding of how these factors might affect family relationships.

The literature review concluded as follows:

1. That a potentially important mechanism for an association between military service and child ill-health is that family disruption and parental mental ill-health associated with military service gives rise to family dysfunction which in turn may have a negative impact on child health and wellbeing.
2. That potential protective factors include a positive sense of community, unit support, predictability of military partner's schedule and spousal mastery[†] and satisfaction in personal life, however research using a positive construct of health was relatively rare.
3. That there is still currently inadequate evidence; that is, not enough studies have been conducted to determine whether there is an association between birth defects, other than spina bifida and childhood cancers, and deployment to Vietnam. (p. 11)

On the basis of the focus group findings, the literature, and discussions with the research team and the Family Studies Program team, the purpose of the research in this present study was to provide to the department data indicative of health status risk factors and health status protective factors and to provide information for the quantitative survey for the Vietnam Veterans Family Study.

* A sense of control over the environment, or the belief that one has the ability to exercise influence over personal life circumstances, is an important characteristic of psychological resilience to stress (Krause & Stryker 1984; Lachman 2006). Lachman recently outlined a conceptual model describing how perceived control can be an adaptive psychological resource that facilitates adaptation to aging-related losses. Control beliefs (comprising conceptually related constructs including mastery, self-efficacy, and perceived constraints) are posited to have a multidirectional association with various outcomes, including health and wellbeing and the various affective, behavioural, motivational, and physiological mechanisms that influence such outcomes. Control is seen as an enabling factor that promotes effective strategy use and reduced stress reactivity, which in turn positively affect age-related outcomes, including functional capacity, cognition, and wellbeing (Lachman). Windsor TD, Ryan LH & Smith J 2009, 'Individual well-being in middle and older adulthood: do spousal beliefs matter?', *Journal of Gerontology: Psychological Sciences*, September.

[†] Windsor, Ryan & Smith 2009, as cited.

3 Methodology

3.1 Ethics committee submissions

The researchers sought ethics approval from the Department of Veterans' Affairs Human Research Ethics Committee, the Australian Defence Human Research Ethics Committee and the University of Queensland Behavioural and Social Sciences Ethical Review Committee. Approval was obtained by February 2010.

3.2 Development of the semi-structured interview

The semi-structured interview canvassed three main topics:

- relationships within the nuclear and the extended family—including how the family 'works' and the nature of relations within the family and between the family and the rest of the community
- the short- and long-term consequences of having a family member deployed to Vietnam in terms of the physical and mental health of family members and the social relationships within the family—particularly how these changed from before and after deployment
- support services available to individuals and families—for example, the Department of Veterans' Affairs, local hospital and health care facilities, social services (such as respite care), Centrelink and transport—access to those services, and social networks (such as extended family and friends) that are important to individuals and families.

The interview design was mainly semi-structured but there were some structured questions. Such a design afforded a degree of flexibility in participants' responses. Open-ended questions were used, and participants were encouraged to express their own views within a structured data collection process. Open-ended questions have the potential to glean more information about family dynamics, health, quality of life factors, and access to health and community services. Some structured questions, relating to access to services, were taken from other research done by the Institute for Social Science Research at The University of

Queensland. These questions followed tested constructs in question design and response categories. Appendix A shows the interview script.

3.3 Computer-assisted telephone interviews

The computer-assisted telephone interview, or CATI, method was used to interview participants. This involves a sophisticated computer software package operated by qualified CATI interviewers who follow a script to automate the interviewing process. It helps to minimise data collection time and costs and maximise data quality and participation rates. The instrument used by the CATI interviewers was developed by the Institute for Social Science Research and the then Centre for Military and Veterans' Health in consultation with the Department of Veterans' Affairs project team to ensure that it provided information for the quantitative study.

3.4 The interview pilot

Five pilot interviews were conducted using a sample of participants in the Brisbane area. The results were used in various ways:

- to refine interview questions
- to refine technical aspects of the interview
- to ensure that the system captured the appropriate data
- to ensure that the questions posed were clearly understood
- to ensure that the integrity of the information collected met the study objectives
- to test the time taken to complete each interview
- to improve management of the broader interview process.

3.5 Selecting participants

In keeping with the Research Protocol, the total group of study participants consisted of six cohorts:

- daughters of Vietnam veteran fathers
- sons of Vietnam veteran fathers
- daughters of serving personnel from the Vietnam era who did not serve in Vietnam
- sons of serving personnel from the Vietnam era who did not serve in Vietnam
- nieces of Vietnam veterans
- nephews of Vietnam veterans.

The Department of Veterans' Affairs provided a list of 2,261 participants from these cohorts who had consented to being part of the Vietnam Veterans Family Study. To ensure that the participants who would ultimately be approached best represented the Family Study participants, the following information was analysed for each participant:

- cohort
- gender
- geographical location—state or territory and rural or metropolitan location
- number of other family members who could be approached to be interviewed.

The participants were all aged over 18 years and had spent at least their formative years in Australia.

Because fewer nieces and nephews (compared with sons and daughters) were available, as many as possible of the former group were included in order to ensure that these cohorts were adequately represented in the interviews. Where possible, several members of the same family group were included to allow an

exploration of whether a better understanding of social impacts on family relationships might be gained.

In all, 958 individuals were chosen to provide a representative pool of the study participants. These people were contacted and invited to participate.

3.6 Recruitment

After discussion with the Department of Veterans' Affairs and in response to requests from the department's Human Research Ethics Committee, it was decided that the department would post the invitation and the information package to the potential participants in this study. The package contained the following:

- an invitation from the department
- an introductory letter
- an information sheet
- an informed consent form from the Institute for Social Science Research and the Centre for Military and Veterans' Health
- an outline of the interview to ensure that the participant had ample time to consider the questions to be posed
- details of where the participant could obtain help if required.

Appendixes B, C and D show the documentation.

If a participant acknowledged receipt of the material but did not return the consent form before their scheduled telephone interview, the interviewer led the participant through the consent process. Verification of this consent was then gathered through email or postal contact.

Of the 958 individuals invited to participate in the study, 300 consented and were available to be interviewed. Interviews were conducted progressively, as consent forms were received. After 173 people had been interviewed it was felt that all the themes relevant to this study had been identified and that further interviews would add no new information.

3.7 Demographics

The demographic information collected—covering things such as gender, family group, and metropolitan or non-metropolitan region—was used to explore differences between participants and to gain a fuller understanding of the themes revealed by their comments. Tables 3.1 to 3.5 show the distribution of participants by gender, region, state and territory, cohort and family group.

Table 3.1 Participants, by gender

Gender	Number	Percentage
Male	67	39
Female	106	61
Total	173	100

Table 3.2 Participants, by region

Region	Number	Percentage
Metropolitan	100	58
Non-metropolitan	73	42
Total	173	100

Table 3.3 Participants, by state and territory

State	Number	Percentage
Australian Capital Territory	13	8
New South Wales	47	27
Northern Territory	1	<1
Queensland	56	32
South Australia	15	9
Tasmania	7	4
Victoria	20	12
Western Australian	14	8
Total	173	100

Table 3.4 Participants, by cohort

Cohort	Number	Percentage
Vietnam veteran sons and daughters	83	48
Vietnam-era member sons and daughters	50	29
Vietnam veteran nieces and nephews	40	23
Total	173	100

Table 3.5 Participants, by cohort and family group

Cohort	Individual or family group	Number	Percentage
Vietnam veteran sons and daughters	Individual	56	32
Vietnam-era member sons and daughters	Individual	30	17
Vietnam veteran nieces and nephews	Individual	19	11
Vietnam veteran sons and daughters	Family group	27	16
Vietnam-era member sons and daughters	Family group	20	12
Vietnam veteran nieces and nephews	Family group	21	12
Total		173	100

3.8 Progress reports

UniQuest provided to the department a progress report on the status of the project in November 2009 and communicated with the Family Studies Program team throughout the study preparation phase to ensure that there was the potential to respond to any research setbacks that emerged. The Institute for Social Science Research submitted an interim report to the Family Studies Program team in March 2010, briefly outlining the status and findings of the semi-structured interviews.

4 Analysis and findings

4.1 Data analysis

The researchers analysed the study participants' responses using the Leximancer text analytics software (Smith & Humphreys 2006). Leximancer provides a repeatable, automated method for analysing text comments by taking a substantial body of electronic text and using word association information to rapidly consolidate the text into meaningful 'themes' and 'concepts'. This gives the researcher a computerised method of managing and investigating textual data. The process for identifying themes and concepts is as follows:

- Words that are often used together are grouped as potential concepts and presented to the analyst for review.
- Those that are approved move through a phase of machine learning where the meanings of the concepts are refined.
- The concepts are then coded into the comments where appropriate.
- The results are presented by means of a map that displays the emergent concepts, and the analyst uses the map as a guide to explore the participants' comments. The concepts provide a useful index with which to query the responses in order to find points of interest, difference and consensus.

The interview items were grouped according to whether they focused on family relationships, the implications of military service for the family, or use of health services. Each set of items was analysed separately in Leximancer as well as together in an overall pass of the data set.

4.2 Overall exploratory analysis

The overall analysis provided a broad view of the content of all the free-text comments arising from the interviews. Responses to each general section of the survey—family relationships, implications of service, and use of health services—were compared.

When participants were asked about their family relationships they talked about their relationships with primary relatives—mothers, fathers, siblings, cousins, aunts and uncles, and so on. When asked about the implications of their relative's service they described their early experiences. Some spoke of their awareness of their relative's service and described the physical and psychological impacts on the family. When asked about access to health services, participants described any health problems and their use of health and support services. (Each of these topics is explored in more detail in the separate analyses that follow this section.)

The researchers repeated the overall analysis in order to compare the remarks of relatives of Vietnam veterans and Vietnam-era personnel and to detect any subtle differences.

Relatives of Vietnam veterans described their awareness of the impact of their relative's service on family life and relationships, often using such terms as 'problems', 'disorder' and 'PTSD'. Some participants reported serious physical and psychological problems after their father returned from Vietnam:

Dad got [posttraumatic stress disorder]. This has affected both him and Mum. Mum has to walk on eggshells at times. Family has always tried to please and not upset Dad ...

Some relatives of Vietnam veterans also talked about the impact of their relative's condition on his capacity to work: 'It does affect us now because when I was 16 Dad was diagnosed with [posttraumatic stress disorder]; he couldn't work any longer ...'

In contrast, relatives of Vietnam-era personnel talked broadly about contact with other family members and were more likely to mention an uncle's service. They talked less about negative implications of their relative's service than did relatives of Vietnam veterans:

Good relationship, no bad blood. No psychological or other issue.

I think Dad's views are different from the other servicemen, and not seeing all the gruesome stuff didn't affect him in a bad way.

4.3 Family relationships

The family relationships analysis explored study participants' relationships with other family members. A small proportion of the comments described relationships with aunts, uncles and cousins, and these relatives tended to be considered together. There was much more discussion of relationships with mothers, fathers and siblings.

4.3.1 Relationships with siblings

In families where there was more than one sibling, relationships with some siblings were often described as good but those with others not necessarily so: 'Very good relationship with the two closest in age. Youngest sister is not as close'.

Sometimes geographical distance was cited as a reason for not communicating with siblings more often: 'Close to both of them but one has moved to Perth and we have not kept in touch as much'.

When relationships with sisters were discussed some people reported good relationships, saying they got on well and talked a lot: 'I have a good relationship with all my brothers and sisters. We have good communication between us'. Others were more distant, saying, for example, 'We are very different' or 'Not that close' or 'My younger sister requires a lot of patience on my part. We are very different, two completely different characters'.

Comments about brothers were similar to those about sisters, but brothers' career choices were described more often, participants saying, for example, 'He's done well for himself'. There were some reports of fathers being bullying or being 'hard on' brothers:

Difficult relationship with brothers especially when younger but improving now. Dad was brutal and a bully to them. Depression runs in the family but we now understand each other better.

Some brothers with less satisfactory relationships were described as being 'like his father': 'Younger brother close but argue with him. He will not even go to the wedding; he is like his father'.

There were also a few mentions of brothers with physical and psychological problems (such as Down syndrome or depression):

Not a good relationship. [He is an] Asperger's sufferer on a mental health disability pension. [He is] obsessive [and] finds it hard to hold a job.

OK now, but was strained. He was a drug addict. I resented him. [He] possibly has mental illness. [The] relationship has improved but I would not call on him in a crisis.

A common theme was that relationships with siblings had been undermined by problems with partners (and ex-partners):

I used to have a really good relationship with my sister and, probably in the last year or two, it's all fallen apart. The reason that me and my family have fallen apart is because of my ex-husband.

Sometimes similarities between the father and a sibling were seen, whether it was in terms of life choices (for example, not choosing a new partner) or being somewhat rigid ('black and white') in their views:

The youngest is the one I'm the closest to; the other two are just pleasantries and I don't seek out their company. We have nothing in common. I just think that we've all just got strong personalities, very rigid and a bit like Dad; everything is either black or white, so no grey areas.

4.3.2 Relationships with mothers

Relationships with mothers were generally described as loving and supportive. Many participants said they talked regularly with their mother and felt close to and comfortable with her:

Mum and I are pretty close. [We] talk nearly every day, see each other often. [She is the] person in the family that [I am] closest to. [We] have some arguments but they do not last long.

Some went as far as to say that their mother was like their best friend: 'My mother is like my best friend. She has always been there for me. She is very supportive and we have open communication'.

Relationships with mothers were often described as warmer or more open compared with those with fathers: 'Pretty good relationship—grew up close to Mum. Dad was away more ... Good relationship, very close to her, more than my father'. Mothers were also often described as being good with grandchildren:

She was a very strong woman, loving and very caring for her grandchildren.

Mother: We get along very well. We talk about many things. Very close, she's helped me out a lot with raising my kids.

4.3.3 Relationships with fathers

A number of participants said they were closer (particularly emotionally) to their mother than to their father. Comments to this effect were often prefaced or followed by qualifications. For example:

I love my father but ...

I have a good relationship with Dad though not as close as with Mum. I can talk to him but not as detailed as I would be with Mum.

Get on really well but don't talk about emotional affairs ...

Some fathers were described as opinionated or sensitive:

I love my father dearly but he is a pain in the butt. He can be very grumpy and very bossy, very opinionated. [He] still tries to tell us how to run our lives.

Also very loving relationship but not as close as with Mum. I cannot talk about as many things as I can with Mum as Dad is very sensitive. He is very supportive, however; would give the shirt off his back for his family. He is very right wing—pro-forestry, pro-whaling, homophobic, hates Labor party, pro-war—the opposite to me.

Several participants recalled that their father was hard, strict or authoritarian when they were growing up:

He was always strict and we probably had to make sure that we do the right things when he is around.

Close though not as emotionally close as with Mum. He has always been a warm and supportive father. He was strict when we were growing up and we were afraid to break the rules. He has a natural authoritative nature. I'm never the type to challenge authority and therefore we've always got on well. I always feel safe with Dad because he is protective and a very competent and positive person. He is a good problem solver.

There was a tendency to say that fathers were competent or good problem solvers, but sometimes the help was resented. Attempts at helping were occasionally perceived as controlling or 'trying to make up for not being around when I was young':

Father: We are not emotionally close. I get frustrated with him trying to help us all the time and trying to make up for not being around. Because I have been so independent, I find that overwhelming. He holds me physically too long, always grabs me to the point where I feel uncomfortable.

Very strong relationship but he is more controlling in terms of what we do, like, financially, the right thing to do. He is a better grandparent than a father.

Several people said their relationship with their father had improved with time:

Pretty good. Disastrous at first, he was often away. Communication improved after Mum's death. Now [we are] best mates.

Really good relationship. Improved as got older, do things together—trips away, for instance. More common ground as got older.

4.4 Relationships with extended family

When asked about their extended family, participants described relationships with cousins, aunts and uncles. Most comments were positive, although many participants said they saw their relatives only occasionally, at family events: 'I only see him during family gatherings. We are always interested in what each is doing'.

4.4.1 Relationships with cousins

Some participants said they were close to their cousins; others said they were not.

Participants who had been close to their cousins as children often reported losing touch since growing up:

Spent a lot of time with cousins when young, I still see them now and then.

... Male cousins from Mum's side as Dad is an only child. We were closer as kids but now we don't have much contact because of different commitments.

Lost a lot of contact as got older. Mum's side is closer.

Many participants reported that geographical separation meant they rarely saw their cousins:

Four cousins—two from Mum's side and two from Dad's. The two from Mum's side live in England and I've only met them once or twice.

Not close because they all live in Sydney, but we see them when there's a family event.

4.4.2 Relationships with aunts and uncles

Close relationships tended to be reported more with aunts and uncles on the mother's side (because participants tended to have had more contact with them):

Mum's side—two uncles and one aunty and on Dad's side I have three uncles and three aunts. I'm closer to my aunts and uncles on Mum's side because we grew up around them.

4.5 Descriptions of family relationships: relatives of Vietnam veterans compared with Vietnam-era personnel

The analysis of family relationships was repeated, comparing the responses from relatives of Vietnam veterans with those of relatives of Vietnam-era personnel in order to elicit any interesting differences.

Relatives of Vietnam veterans stressed that their family relationships—particularly with fathers and siblings—had improved with time:

I get on well with Dad as well. I think we get on a lot better now than when I was younger, probably in my teenage years.

Two sisters—one is two years younger and lives in London, for 10 years now. It's a good relationship and it is better now as adults than when we were young.

Relatives of Vietnam-era personnel were more likely to mention close relationships with extended family:

Always a lot of contact with the extended family including cousins. Grandparent greatly loved but ill.

Stay in regular contact with my grandmother [from mother's side]. I also stay in contact with my great aunt.

4.6 Relationships within family groups

In some cases more than one member of a family group participated in the research. This afforded an opportunity to explore the dynamics of family groups in more detail. The analysis of family relationships was repeated using as data the

subset of the sample (68 participants) in which more than one family member was represented.

On the whole, feedback from participants who were part of a family group tended to be more positive compared with feedback from the broader sample. Although not everyone was close to their relatives, there were more reports of good relationships and regular contact with parents, siblings, and so on, than among non-family group participants:

My other sister is seven years younger and we [were] closest with each other even as kids. She lives close by and we are in constant contact with each other and share a lot about our lives.

Other than this, no findings of note arose from the repeated analysis of family groups of participants when compared with non-family group participants.

4.7 Implications of service: family members

When participants were asked about the implications of their relative's service they described a variety of ways in which family relationships had been affected. A rich set of themes and concepts emerged. Many participants began by describing the physical and psychological effects service had on their father and uncles. Some highlighted implications for the wives of men who had served. Others went on to describe physical and psychological impacts of the relative's service on themselves.

4.7.1 Fathers who served: Vietnam veterans and Vietnam-era personnel

Fathers who had served were often described as strict or irritable. Children recalled household rules and angry outbursts if the rules were broken. Several suggested that their father 'went too far' with the discipline, and some said they had been afraid of their father:

To start, when you are younger you don't know about it and you think your Dad is normal, and then he became much more irritable and very quick to snap. He expected military-type success; there was no room for mistakes, especially from his son. Most of all I know he loves me. His whole life he was a disciplinarian and I think sometimes he went too far. Things are better since he was diagnosed and he takes his medication. Our family structure is that my mother took care of me in an emotional sense.

I guess I never knew anything different. I was conceived not long after he came back from Vietnam. He was strict in a military way, like we [could] never leave the table without asking for special dispensation or leave the towel outside the rail. It was all about a high standard of expectations. Basically, it was about obedience, tidiness, and I always wanted his approval and he'd always told me he was proud of me ...

Never saw Dad as often away. When he did come back, we were scared of him—very strict.

Dad gets very angry, frightened, has no patience, easily startled, cannot handle easy, simple everyday things—like parking at a shopping centre.

I was not born when Dad went to Vietnam. However, [when we were] growing up, Dad had very high expectations of [us], possibly related to his military service. Dad was very bossy (in terms of what subjects to do at school, etc). Very quick to anger (but hates confrontation), strict disciplinarian, adhered to routines ...

Some fathers were described as inflexible and wedded to their routine: 'Things with Dad just got worse—in terms of his inflexibility of opinion or routine on things. [It was] more difficult for Mum to deal/live with ...'

Some fathers were said to be stricter with their sons than with their daughters:

Dad was a completely different person according to Mum, he has never been the same man since. Older brother bore the brunt on father's return.

Several children associated their well-principled upbringing with their father's military service:

This is all post-action and I never experienced him before deployment. I guess that it has affected him, his morals and ethics and the way he does things. He would always try to bestow those qualities onto me.

Some families were unified in their support of the father's service; one participant said, 'Military service brought elements of the family closer as they had a common connection—husband/relative serving'.

Some families did not discuss the war, but in others the father regularly recounted stories about his service:

... Less trusting of the news and government propaganda. No talk of war. Dad always marched at Anzac Day—a sacred day.

As I was growing up I was interested in the Army and Dad used to tell us stories and yarns about his time. They had me quite interested and I am in active service at the moment.

I was young and it was never spoken about when I was younger. I understood a lot more as I got older, that he drank sometimes and he would talk about it. There would be mood swings and dreams; learning about it, you get a different perspective of what Dad went through.

Some participants reported that their father returned from the war with negative views about Vietnamese people:

Because I was younger, his service was something that we didn't talk about, but at times he'd have an emotional release about it. I guess it gave him some preconceived thoughts about people in the Army, the Vietnamese people ... Like, he had a negative view of Vietnam. He was diagnosed with PTSD 30 years later, which affected his entire lifestyle and really changed who he was.

Some reported that their father had the occasional 'emotional release', breaking into tears at Army reunions, for example. Many said their father participated in RSL and other groups and remained close to other ex-servicemen:

Dad was always one of those people who never ever talked about his problems. I'm more likely to find out about a problem from a mate at the pub. All the ex-servicemen seem to have very close relationships amongst themselves and keep problems to themselves. It might be an age thing, they are getting retired ...

Some fathers struggled with nightmares and occasionally lashed out at other family members—particularly wives and mostly by accident. Several had friends who had committed suicide in the intervening years:

My father cannot hear in one ear, has caused fights because people thought he was not listening. Nightmares. Mum would make us kids play outside. She was the only one that could handle him. There have been quite a few of his Army mates that have taken their lives and that has had a big impact on him also.

Some fathers 'did not cope' when returning to work following their service. Many suffered from depression or PTSD. Several had seen a counsellor or psychiatrist at some stage. Some had resorted to alcohol. Sometimes a Disability Support Pension was granted in these circumstances:

Dad still goes to a psychiatrist in Sydney. [He] still finds it hard to cope.

Dad got worse as we got older. As I got older, I may have noticed it more. Mum always took it all on the chin and didn't complain and went shopping which is why they don't have a lot of money now. That was her coping skill. Dad didn't cope going to work as he used to. He started putting grappa in his coffee so that's when they looked into getting a disability pension. They met another woman, Jo, whose husband had gotten a TPI [Totally and Permanently Incapacitated] pension and knew about the paperwork.

It does affect us now because when I was 16 Dad was diagnosed with [PTSD]. He ... was seeing mental health professionals because he was having some difficulties with some issues—like panic attacks. It was a shock to us and trying to be aware of how we interact with him.

Some participants said that things were easier once they were aware of their relative's condition:

Dad was unable to work because of his condition but once that was out [in] the open, and he sees mental health professionals and [is] aware of his conditions, including the medications he was given, he basically then is able to deal with the disorders and how best to deal with various situations. Similarly, with us being more aware of the conditions, we are also able to deal with his condition appropriately.

Several fathers had suffered strokes or other physical illnesses and disabilities after the war:

The biggest thing was Dad has a lot of health problems—like a massive stroke where he nearly died, and had to live with constant disability which meant my mum is his full-time carer, which has affected her life. Plans that they made for their retirement, because of his ill-health, [haven't] eventuated.

There were several reports that relationships at home had improved after the father was diagnosed and treated with medication:

I think he has improved over time because he has been getting treatments for his disorder for some time now. His wife also suffers from the same thing and also has been getting help with it.

From the age of 17 to 23 I didn't get on well with my Dad, which I put down to him trying to control everything. Now we have a better relationship; some issues are still there but we can at least talk about various issues now.

Several participants said their father had mellowed or softened over the years and was now able to 'let things slip':

Dad was a very strict disciplinarian for some years ... He had an accident when I was 6, he then withdrew. [He has] mellowed out, not so strict.

Dad's mental health. He was very confrontational and aggressive until his accident, then he mellowed out.

Fathers were often described as honest or hard-working. Many volunteer or are engaged in charity and community work:

... Most of the organisations that he works for/with are in quite a large proportion made up of ex-servicemen. It might be the volunteer groups he works for as well.

Some participants described positive consequences and said they believed their father enjoyed his service:

I also don't recall Dad saying anything negative about his experiences. I got the impression that he was young (18) and the Army looked after him and he enjoyed the time because he wasn't in the war zone and it was safer here.

We enjoyed the lifestyle; we got to travel, went to different schools and got to make a lot of friends over the years.

It was interesting to hear stories about it. What I gathered from them was that he enjoyed the experience and that he was fortunate that he was lucky enough that he didn't have to go away. He wasn't happy at the time as he just finished uni.

Many said they were proud and excited to participate in Anzac Day celebrations each year:

I'm proud that he marches every year at Anzac [Day].

Things have changed for the positive. The welcome home march in Canberra was a really big turning point in our family and now there are two more generations. The Army guys have grandchildren and so there are two generations who are proud of and excited about celebrating Anzac Day ...

Very aware of [relative's] military service. I was very proud of what he was doing. He was a very professional soldier, interesting and an air of authority about him.

4.7.2 Uncles who served in the Vietnam War

Many similar themes emerged in relation to uncles who served in Vietnam. There were reports of physical and mental illness, as well as alcohol and stress:

Uncle has [PTSD]. He drank more to deal with this. Another younger uncle joined Navy, perhaps to emulate the other uncle. He also drank heavily; [he] eventually drank himself to death.

Experiences in Vietnam ... led [my] uncle to drugs and later his disappearance. Finances of family strained by supporting [the uncle's] wife when he disappeared.

Possibly mental health problem. Uncle was a closed book emotionally, possibly due to his military service; it hardened him.

There were some reports of tension within the extended family over support for the war: 'Uncle and aunt affected—opposed to the war politically. This caused family tension—still affects their relationship'.

Nieces and nephews were less likely to report a direct impact of their uncle's service than were his own offspring. Many said they were proud that their uncle had served in Vietnam and they participated in commemorative ceremonies: 'I think we were proud to have an uncle who served in Vietnam. It was a positive thing for us and we are proud that he served our country'.

4.7.3 Mothers

Participants also reported effects on other family members—particularly mothers. Many participants said their mother had been distressed when their father departed for his service:

Mum has [PTSD] as a result of husband's service in Vietnam.

The family have had to support Mum during stressful/troubled times.

A few children said their mother had 'raised the kids' on her own: 'I think that it was hard, harder on Mum. She was left alone with three kids ...' Several reported that their mother stood loyally by their father through tough times:

Mum always took it all on the chin and didn't complain ...

Mum was a tough cookie and, even if it affected [her], she never showed it.

Nevertheless, many marriages eventually broke down:

I was only little and don't remember much, but I know it had affected him much later in my life. Depression and Mum and Dad's marriage breakdown, for example.

They married when he returned. Although my parents are separated, they are still very close and she still has relationships with the other Army wives and attends some functions.

4.7.4 The servicemen themselves

Compared with relatives of Vietnam veterans, the relatives of Vietnam-era personnel were more inclined to say that little changed as a result of their relative's service:

Not affected at all. Dad didn't say anything about it.

It was something that didn't affect me much. Dad was discharged from the Army before I was born.

Relatives of Vietnam veterans, however, described personal impacts as a result of their relative's service.

Some study participants had themselves struggled with mental illness. A few mentioned problems with self-esteem and reported seeking their father's approval:

... Because of his inability to maintain relationships, I now struggle to build and maintain rewarding relationships. I seek my father's acceptance through other people.

I was not alive when Dad came back from the war but I have mental issues. I have seen many counsellors. As far as my health issues go, I was a drug addict when I was younger. I have issues with doubting myself and I stress out easily and I don't think much of myself.

Some feared that they have 'modelled' their father's behaviour, so that they display some similar traits (for example, 'snapping easily') as an adult:

I guess I know my own faults. I've been to see my father's psychiatrist. I'm a fairly defensive person and take criticism very personally and I do have a snapping point similar to my father. It may be that I've seen him do that over the years and think that's okay to do. It's still my responsibility to control that. This has affected my relationship with my wife; my son is only 14 months old, I would like to be closer to my son.

Others recalled controversy about the war, even within the family, but stressed the need to respect the sacrifices servicemen had made:

Uncle was against the War like the rest of his family. They strongly disliked his being drafted.

... when people tried to devalue what these men did, [it] angers me considerably, because these do-gooders don't know the sacrifices made by these men—both physical and mental. There were no support mechanisms for returned servicemen.

There were some suggestions that birth defects in children might have a connection with the father's service:

... All the boys (my brothers) were born with hearing problems and my older brother has epilepsy.

I had a sister who was born with a birth defect—her stomach was outside of her body, she only lived for a few days ...

The two oldest children [were said to have had developmental and physical disabilities]. They had to live in a halfway house when they were teenagers. They had behavioural problems so they had to move from Melbourne [to] Sydney and back because both my uncle and aunt had difficulties dealing with them.

Some sons and daughters of ex-servicemen reported problems with sensitive skin, irritation and rashes:

The three of us kids were all born post-deployment and I get skin irritations. The three of us have sensitive skin. It's an allergy within oneself that causes the rash to appear.

4.8 Implications of service: family groups as study participants

The analysis explored the implications of military service when more than one member of a family group participated in the research. The differences between comments made by relatives of Vietnam veterans and those made by relatives of Vietnam-era personnel resembled those of the full sample. This more focused analysis did, however, highlight some further implications for fathers and families.

4.8.1 Fathers

Family group participants tended to say that their father returned from the war ‘a different person’:

He was different when he came back—more stressed and depressed. I noticed the change in him and it made family [life] more difficult because he wasn’t the strong person he was.

My Mum said that my Dad came back a completely different person. Before he went, he never smoked or drank and when he came back, he did both. He had bad dreams but we were shielded from all of that.

Like, Mum said he was a different person [during] my childhood. I was looked after well but the house was very stressful. When Dad was away, the house was different.

4.8.2 The family

Many family group participants said their experiences growing up were different from those of other families:

Social workers in Grade 5 took Army kids aside at school for a talk on their experiences—first sense of being different. Probably more disciplined than the norm.

Several also reported that their relative was posted to new places so their family moved frequently: ‘We moved a bit and I went to lots of different schools’.

4.9 Use of health services

Participants were asked about their use of health services, and responses from relatives of Vietnam veterans and those of Vietnam-era personnel were compared in order to see if there were any contrasting trends.

Across the board, respondents reported using health services for everyday physical problems. They saw a general practitioner for minor complaints such as a cold or flu. They had routine eye and dental check-ups. They renewed prescriptions for glasses or contact lenses. Women used medical services for their own ailments, for children’s health (for example, immunisation) and during pregnancy.

Relatives of Vietnam veterans were slightly more likely to mention mental health difficulties such as anxiety and depression:

For mental issues—he is the one who referred me to the DVA counselling services.

Psychiatrist, to manage depression.

Some mentioned using counselling services or referring others to them:

It's an organisation set up to link veterans and their families with services—they have a counselling service which I have never accessed but I have certainly recommended them to other veterans.

Relatives of Vietnam-era personnel were more likely to seek medical treatment for sporting injuries.

4.10 Relatives and others turned to for help or support

Participants were asked who they turned to when seeking help or support and about their relationship to this person. As Table 4.6 shows, when someone had a partner or spouse this was the main person approached (66 per cent). Parents and friends were the next main groups of people from whom help was sought, followed by siblings.

4.11 Main support services used

Participants were asked which of the support services available in their community they used. As Table 4.7 shows, the main support service was doctors (79 per cent), followed by dentists (39 per cent). The reasons given for using services were mainly aligned with those of the general population, with small exceptions where specialist services were sought.

Table 4.6 People participants turn to for support

Support person	Number	Percentage
Family member—partner or spouse	115	66
Family member—mother	94	54
Family member—father	84	49
Friend	78	45
Family member—sibling	62	36
Counsellor	18	10
Doctor	17	10
Family member—relative	8	5
Neighbour	3	2
Other	11	6
No one	5	3
Base <i>n</i> = 173		

Note: This was a multiple-response question, so percentage total does not add to 100.

Table 4.7 Main support services used

Services	Number	Percentage
Doctor	136	79
Dentist	67	39
Other health professional (physiotherapist)	30	17
Medical specialist	25	14
Optometrist	25	14
Counselling service	21	12
Community health centre	17	10
DVA services	9	5
Online services and health websites	8	5
Social services	6	3
Respite care	3	2
Other	13	8
None	25	14
Base <i>n</i> = 173		

Note: This was a multiple-response question, so percentage total does not add to 100.

5 Conclusion

The design of the semi-structured interview afforded the opportunity to explore the factors identified from the literature, the focus groups conducted as part of the original project, and discussions with the research team and the department's Family Studies Program team. The main factors investigated in this study related to risk and protective factors for health and support services available to and used by individuals and families. Responses to each section of the survey—family relationships, the implications of service, and use of health services—were compared.

When asked about the implications of their relative's service, participants described their early experiences. Some discussed their awareness of their relative's service and described its physical and psychological impact on their family.

The literature shows that sons and daughters saw positive outcomes from their father's influence; these included personal strengths in self-discipline and high achievement. Resilience was also evident through emotional strength and skills and strategies for dealing with adversity and conflict. The study found similar patterns in the cohorts for sons and daughters of Vietnam veterans where fathers were described as strict and disciplined.

In contrast, however, participants ascribed various physical symptoms to fathers and uncles who had served, there being evidence of psychological disorders such as anxiety, depression and PTSD. There was also an indication from relatives of Vietnam veterans that some of these disorders were more prevalent than was suggested by relatives of Vietnam-era personnel.

When participants were asked about family relationships, they talked about their relationships with important relatives—mothers, fathers, siblings, cousins, aunts and uncles, and so on.

The literature revealed physical and mental health problems and dysfunctional behaviours among Vietnam veterans' families that could be attributed to the father's service in Vietnam. In this study, however, although participants did raise

such problems, Vietnam veterans' relationships with their sons and daughters were improving with time. Relatives of Vietnam-era personnel talked more about relationships with extended family than did relatives of Vietnam veterans.

When asked about health services, participants described many health difficulties and explained their use of health and support services.

The literature revealed that among the protective factors were a positive sense of community, family unit support, predictability of military spousal mastery, and satisfaction in personal life. The results for use of health services tend to bear this out in that sons and daughters reported using medical services for mostly common health complaints and for routine check-ups. They tended to turn to their partner or parent for support on personal matters. Relatives of Vietnam veterans were, however, slightly more likely to mention seeking out counselling services for mental health problems such as anxiety and depression, whereas relatives of Vietnam-era personnel were more likely to mention medical treatment for sporting injuries.

The aims of this study and other opportunities for raising new areas of interest were explored through the 173 semi-structured interviews, and this report reflects those topics that were considered. The researchers concluded that further interviews covering these themes would not provide any other substantial evidence or material to assist with the quantitative study.

Appendix A The semi-structured interview script

The following script was used for the computer-assisted telephone interviews conducted for the ‘social factors’ component of the Vietnam Veterans Family Study.

Q99BEG2

Consent form returned?

1. Yes
2. No

Q99BEG3

Gender

1. Male
2. Female

Q99BEG4

Region:

1. Metropolitan
2. Non-metropolitan

Q99BEG5

Participant type

1. RSVVCH = son/daughter Vietnam veteran
2. RSCGCH = son/daughter Vietnam era
3. RSVVNN = niece/nephew Vietnam veteran
4. SSVVNN = self select niece/nephew Vietnam veteran

Q99BEG6

Family Group

1. FRSVVCH = son/daughter Vietnam veteran
2. FRSCGCH = son/daughter Vietnam era
3. FRSVNN = niece/nephew Vietnam veteran
4. FSSVNN = self select niece/nephew Vietnam veteran
5. Not selected for family

SECTION 1: INTRODUCTION TO PARTICIPANT

Hello, my name is <interviewer name>. I'm calling from the Institute for Social Science Research at The University of Queensland in Brisbane. I am calling you today on behalf of the Department of Veterans' Affairs regarding the Vietnam Veterans Family Study. I would like to speak to <participant name>. Would that be you?

1. Yes, that is me
2. Person or telephone incorrect does not live here
3. Participant not in—make an appointment
4. Refused/not interested

FAIL 'Thank you for your time, goodbye'

if 2 Q99STRT go Q99BEG1a

if 3 Q99STRT go Q99BEG

if 4 Q99STRT abort 'Participant refused at first contact'

if 2 Q99beg2 go Q99intro3

if 1 Q99beg2 go Q99intro3a

Q99INTRO3

Introduction

You may have recently received an information pack from the Department of Veterans' Affairs describing this study and outlining what your participation would involve. In the pack, you were asked for your consent to be included in this component of the study. Do you recall receiving this information?

1. No—did not receive information pack
2. Yes—received information pack, consent form has been returned
3. Yes—received information pack, consent form has not been returned

if 1 Q99INTRO3 skip Q99INTRO4
if 2 Q99INTRO3 skip Q99C1
if 3 Q99intro3 skip Q99c2

Q99INTRO3a

Introduction

You recently returned to ISSR your consent form from the information pack the Department of Veterans' Affairs posted to you describing this study and outlining what your participation would involve. In the pack, you were asked to consider the issues described. Have you had time to consider these issues?

Prompt if necessary that issues are set out in the information sheet and cover three main areas. If necessary explain: the first is about your relationships with members of your family, the second looks at the consequences of having a family member in the Australian Defence Force during the Vietnam era and the third relates to the support services available to you and your family.

1. Yes—considered issues
2. Yes—has not considered issues as yet

if 1 Q99INTRO3a go Q4ISSUES
if 2 Q99INTRO3a go Q99C4a

Q99C1

Did you give your consent to undertake this part of the study?

1. Yes
2. No
3. Refused, does not want to continue

FAIL 'Thank you for your time, goodbye'

if 1 q99c1 skip Q99c3
if 2 Q99C1 skip Q99BEG1
if 3 q99c1 abort 'Participant refused at first contact'

Q99C2

Do you give your consent to undertake this part of the study?

1. Yes
2. No
3. Refused, does not want to

FAIL 'Thank you for your time, goodbye'

if 1 Q99c2 skip Q99c3

if 2 q99c2 skip Q99beg1

if 3 q99c2 abort 'Participant refused at first contact'

Q99C3

Have you considered the issues that were explained in the information pack?

Prompt if necessary that issues are set out in the information sheet and cover three main areas. If necessary explain: the first is about your relationships with members of your family, the second looks at the consequences of having a family member in the Australian Defence Force during the Vietnam era and the third relates to the support services available to you and your family.

1. Yes
2. No

if 1 Q99c3 go Q99c4

if 2 Q99C3 skip Q99C4a

Q99C4

Thank you for consenting to undertake this part of the study; however as we have not received your consent form as yet, I can either call back in another week to allow your consent form to arrive and make an appointment now or take you through the consent process so that we have a record of your understanding of your role in this study. Do you want to continue or make an appointment in about one week's time?

If asked why not continue the interview now based on consent coming, you will need to explain that we are required by ethics to have a record of consent before proceeding. Explain that consent should only take a minute to record.

1. Yes, continue
2. No, make an appointment

if 1 Q99C4 go Q1CONSENT

if 2 Q99C4 go Q99BEG

Q99C4a

Thank you for providing consent to undertake this part of the study; however as we would like you to consider the issues before we conduct the interview I would like to make an appointment now and call back in a couple of days to give you time to consider the issues.

Make an appointment to call back in a few days to allow the participant time to consider the issues.

1. Yes, make an appointment
2. Not interested to make appointment

if 1 Q99c4a skip Q99BEG

if 2 Q99c4a skip Q99BEG1

Q99INTRO4

Would you like me to send you the information pack?

1. Yes
2. No

if 1 Q99INTRO4 go Q99INTRO5

if 2 Q99INTRO4 go Q99BEG1

Q99INTRO5

Would you prefer to receive this via Australia Post or email?

1. Post
2. Email

if 2 Q99INTRO5 go Q99INTRO7

Q99INTRO6

Can I confirm your mailing address?

Read out mailing address from records.

Street address

Town

State

Postcode

Is this correct?

If correct code 5 and make an appointment and thank participant, confirming appointment has been made. If incorrect, record new address details at codes 1–4 and then make an appointment.

MR

1. Street address (specify)
2. Town (specify)
3. State (specify)
4. Postcode (specify)
5. Correct

go Q99BEG

Q99INTRO7

I just need to confirm your email address and we will send you the information again.

Check email address against sample information. If correct code 1 and make an appointment and thank participant confirming appointment has been made. If

incorrect, record new email address details at code 2 and then make an appointment

1. Correct
2. New email address details (specify)

go Q99beg

Q1CONSENT

I now need to run through the consent process. The following will cover aspects found on the information sheet and consent form.

Although you have already consented to DVA to participate in the Vietnam Veterans Family Study, The University of Queensland requires your express consent to participate in this component of the study. You do not need to participate in this component of the study to be eligible to participate in other components. Under the Mazengarb clause 3.9 in the DVA ethics guidelines:

Your answers will be completely confidential and any personal details, which may identify you in any way, will not be passed to the Department of Veterans' Affairs. Your answers will not in any way affect any pension, benefits or health services which you are entitled to from DVA, or to which you may become entitled in the future. If you wish, you can discontinue your participation in this study at any time.

As you speak I will be recording your responses and these will only be used to ensure I have correctly recorded our discussion. The recordings will be held in a separate area to any information you provide through this interview and will be destroyed at the end of the study. If at any time you feel uncomfortable or distressed discussing a specific issue we can move on or stop the interview. Can we move on to the next question on consent?

1. Yes, continue
2. No

if 2 Q1CONSENT go Q99BEG1

Q2CONSENT

Your role in this study will be to give us your thoughts on a number of issues. Your responses along with [those of] other participants will be used to identify major themes or concepts that relate to your experiences as a family member of a Vietnam veteran or a veteran from the Vietnam era. Do you understand your role in this component of the study?

If participant does not understand their role ask them which part they are not sure of and refer to the invitation letter, information sheet and consent form to answer their concerns. If you are unable to resolve this record code 2 and make an appointment to call back once you have sufficient information to answer their concerns.

1. Yes, continue
2. No

if 2 Q2CONSENT go Q99BEG1

Q3CONSENT

I will be asking you to comment about your experiences on the issues which fall into three main areas. The first is about your relationships with members of your family, the second looks at the consequences of having a family member in the Australian Defence Force during the Vietnam era and the third relates to the support services available to you and your family. Your comments will be used to identify major themes or concepts that relate to your experiences. Do you understand what we will be seeking from you in this study?

1. Yes, continue
2. No

if 2 Q3CONSENT go Q99BEG1

Q4CONSENT

Although there are no risks associated with your participation in this study, there may be some questions you might feel uncomfortable in answering, please let me know and we can skip over them and continue without discussing that issue

further. If you feel distressed at any time, the contact details of a number of counselling and support services that you are able to access are listed on the information sheet. Have I explained that you are able to stop or move on at any time during the interview to your satisfaction?

You may need to explain how we can stop an interview and return at another time that is convenient to the participant at any time

1. Yes, continue
2. No

if 2 Q4CONSENT go Q99BEG1

Q5CONSENT

You understand that:

Q5C1. your participation is voluntary.

1. Yes
2. No

Q5C2. you are free to stop this interview at any time.

1. Yes
2. No

Q5C3. if you choose not to participate there will be no detriment to your career, benefits or future health care.

1. Yes
2. No

Q5C4. any information you provide will be confidential, anonymous, and used only for this project?

1. Yes
2. No

Q5C5. any publications or reports on this study will preserve your anonymity?

1. Yes
2. No

Q5C6. your role in this part of the study has been explained to your satisfaction.

1. Yes
2. No

if 2 Q5CR and 6 Q5CONSENT skip Q99BEG1

Q6CONSENT

Once the study is completed and the data analysed, a summary report will be posted on the ISSR website for your information. We intend to post or email you a copy of a summary of that report. Would you be interested in receiving a summary of this study?

1. Yes
2. No

if 2 Q6CONSENT go Q4issues

Q7CONSENT

Would you prefer the summary to be posted to you or emailed to your address?

1. Post
2. Email

if 1 Q7CONSENT go Q8CONSENT

if 2 Q7CONSENT go Q9CONSENT

Q8CONSENT

Can I confirm your mailing address?

Street address

Town

State

Postcode

Is this correct?

If correct, record as code 5. If incorrect, record new address details at codes 1–4

MR

1. Street address (specify)
2. Town (specify)
3. State (specify)
4. Postcode (specify)
5. Correct

GO Q4issues

Q9CONSENT

I just need to confirm your email address and we will send you the information again.

Check email address against sample information. If correct, code 1 and make an appointment and thank participant, confirming appointment has been made. If incorrect, record new email address details at code 2 and then make an appointment

1. Correct
2. New email address details (specify)

GO Q4issues

Q99BEG1

Do you wish to think further about your involvement in the study and I call you back in a day or two. If you are uncertain about continuing I can take you off the list of participants for this part of the study?

1. Make an appointment and call back
2. Refused at introductory stage

FAIL 'Thank you for your time and we will remove you from our sample'

if 2 Q99BEG1 abort 'refused to continue at introductory stage'

if 1 Q99BEG1 skip Q99beg

Q99BEG1a

Thank the person and record code 1 incorrect telephone or contact person; make a soft appointment for about two weeks and a note to reason why in the appointment area; notify supervisor telephone number

1. Incorrect telephone or contact person

SKIP Q99beg

Q4ISSUES

The interview will take between approximately 30 and 45 minutes depending on your answers. I will be asking you to comment about your experiences on the issues in the information letter. The Department of Veterans' Affairs has given ISSR permission to record this interview. If it is OK with you, I would like to record this interview to ensure that I don't miss anything. The project manager ... will review the recording to ensure that I have accurately recorded your responses. If there are any discrepancies your recorded comments will be transcribed and combined with what I have recorded. In accordance with both DVA and UQ ethics your recorded responses will be stored in a secure electronic format separately to other information you provide. Do you agree to allow me to voice record this interview?

If yes, say 'OK I am just turning on the recorder'. If no, say OK I am not recording this session'.

1. Yes, recording made

2. No recording made

if 2 Q4ISSUES skip Q99BEG

Q99BEG

If participant continuing interview say: Shall we begin?

For those wanting you to call back later, make an appointment.

Q2 Introduce son/daughter Vietnam veteran or serving member

if 1 Q99BEG5

The issues that I would like us to discuss today fall into three broad categories. These have been outlined in the introduction letter, but briefly, these are your family relationships, the consequences of having a parent who is a Vietnam veteran, and the types of social services and support networks that you access. I would like to use these questions as a starting point and we can pursue these or other issues that you see as important to you and your situation.

ELSE

The issues that I would like us to discuss today fall into three broad categories. These have been outlined in the introduction letter, but briefly, these are your family relationships, the consequences of having a parent who served in the Australian Defence Force during the Vietnam era, but was not deployed to Vietnam, and the types of social services and support networks that you access. I would like to use these questions as a starting point and we can pursue these or other issues that you see as important to you and your situation.

go Q2a

Q2aa Niece/nephew Vietnam veteran

The issues that I would like us to discuss today fall into three broad categories. These have been outlined in the introduction letter but, briefly, these are your family relationships, the consequences of having an uncle/aunt who served in Vietnam and the types of social services and support networks that you access. I would like to use these questions as a starting point and we can pursue these or other issues that you see as important to you and your situation.

Q2A

Can we start with your family relationships? I'd like you to think about your relationships with your family (includes your parents, step-parents, your brothers or sisters and step-siblings). Can you describe in as much detail as you feel comfortable with, your relationship with each member of your family?

MR

1. Mother/stepmother (specify)
2. Father/stepfather (specify)
3. Brothers/stepbrothers (specify)
4. Sister/stepsisters (specify)
5. Cousins (specify)
6. Other family members mentioned (specify)

if 1 Q99beg5 skip Q2B1

if 2 Q99beg5 skip Q2b2

if 3-4 Q99beg5 skip Q2b3

Q2B1

In terms of your family relationships and the way your family functioned, what was it like to have a parent who served in Vietnam?

Q2C1

Did their deployment affect your family relationships?

If participant doesn't offer much information, probe: In what ways did family relations change over the years?

Q2D1

What about relationships with your extended family (this includes grandparents, cousins, aunts, uncles, nieces and nephews)? Were they affected by your parent's service in Vietnam?

If participant doesn't offer much information, probe: Did relationships change between how things were before your parent went to Vietnam versus when they returned?

Q2E1

What about your relationships with your own immediate (nuclear) family (includes partner, spouse, children)? Do you think they have been affected by your parent's deployment to Vietnam?

Q3A1

Now could I ask you to think about some of the health consequences for you and your families (both physical and mental health) of having a parent who served in the Vietnam War. Thinking about the time IMMEDIATELY after they returned from the war, did your parent have any mental or physical health issues that impacted on your family and the way that it functioned?

If participant doesn't offer much information, probe: Were there changes in the way your family functioned from before deployment and once they had returned due to mental or physical health issues?

Q3B1

Were things in your family very different from other families that you knew because of your parent's deployment to Vietnam?

Q3C1

What about in later years, did things change?

We have a few more questions to go and I would like to cover some areas around access to services, thanks for coming this far.

skip Q4a

Q2B2

In terms of your family relationships and the way your family functioned, what was it like to have a parent in the ADF but who did not deploy to Vietnam?

Q2C2

Did their service in the ADF affect your family relationships?

If participant doesn't offer much information, probe: In what ways did family relations change over the years?

Q2D2

What about relationships with your extended family (this includes grandparents, cousins, aunts, uncles, nieces and nephews)? Were they affected by your parent's military service?

If participant doesn't offer much information, probe: Did relationships change over the course of your parent's military service?

Q2E2

What about your relationships with your own immediate (nuclear) family (includes partner, spouse, children)? Do you think they have been affected by your parent's military service?

Q3A2

Now could I ask you to think about some of the health consequences for you and your families (both physical and mental health), of having a parent who served during the Vietnam era. Do you think there were any mental or physical health issues that impacted on your family and the way that it functioned?

If participant doesn't offer much information, probe: Were there changes in the way your family functioned due to mental or physical health issues?

Q3B2

Were things in your family very different from other families that you knew because of your parent's military service?

Q3C2

What about in later years, did things change?

We have a few more questions to go and I would like to cover some areas around access to services, thanks for coming this far.

skip Q4a

Q2B3

In terms of your family relationships and the way your family functioned, what was it like to have an uncle/aunt who served in Vietnam?

Q2C3

Did their deployment affect your family relationships?

If participant doesn't offer much information, probe: In what ways did family relations change over the years?

Q2D3

What about relationships with your extended family (this includes grandparents, cousins, aunts, uncles, nieces and nephews)? Were they affected by your uncle/aunt's service in Vietnam?

If participant doesn't offer much information, probe: Did relationships change between how things were before your uncle/aunt went to Vietnam versus when they returned?

Q2E3

What about your relationships with your own immediate (nuclear) family (includes partner, spouse, children)? Do you think they have been affected by your uncle/aunt's deployment to Vietnam?

Q3A3

Now could I ask you to think about some of the health consequences for you/your families (both physical and mental health), of having an uncle/aunt who served in the Vietnam War. Thinking about the time IMMEDIATELY after they returned from the war, did your aunt/uncle have any mental or physical health issues that impacted on your family and the way that it functioned?

If participant doesn't offer much information, probe: Were there changes in the way your family functioned from before deployment and once they had returned due to mental or physical health issues?

Q3B3

Were things in your family very different from other families that you knew because of your uncle/aunt's deployment to Vietnam?

Q3C3

What about in later years, did things change?

We have a few more questions to go and I would like to cover some areas around access to services, thanks for coming this far.

Q4A

From time to time, most people discuss important matters with other people. I would now like you to think about the people that you currently turn to when you need some help and support (this could be someone that you talk to or go to for advice). What is their relationship to you?

MR

1. Doctor
2. Family member—sibling
3. Family member—partner/spouse
4. Family member—mother
5. Family member—father
6. Family member—relative
7. Counsellor
8. Neighbour
9. Friend
10. Other (specify)
11. No one

if 1–10 Q4a go Q4b

if 11 Q4a skip Q5a

Q4B

What sort of support do you get from your <name of support person>?

1. Emotional issues
2. Practical
3. Both emotional and practical matters
4. Something else (specify)
5. Refused

Q5A

Now I would like you to think about more formalised support networks such as DVA services, local hospital or health care facility, social services e.g. respite care. Which of these would you use? Could you nominate three or four that you would use the most?

MR

1. Social services
2. Community health centre
3. Doctor
4. Medical specialist
5. Counselling
6. Other health professional (physiotherapist)
7. Online services and health websites
8. Dentist
9. Optometrist
10. DVA services
11. Respite care
12. Other (specify)
13. I do not use any support networks or services

if 1–12 Q5a go Q5b

Q5b

For each service used, ask each of the following questions:

1. What sort of things do you use this service for? (specify)
2. How long have you been using this service? (specify)

3. How do you access this service (by phone, internet, going into an office, home visit)? (specify)

Q99END

That's the end of the survey, thank you for taking the time to answer these questions. If there is an issue that we have not discussed today or if you would like to make any further comments, I can send you a link to a secure website where you can add any additional information that you would like. Would you like me to email a link to you?

If yes, continue instructions below; if no code 3.

I just need to confirm your email address and we will send you the information again? Check email address against sample or previous information recorded. If correct, code 1. If already recorded new address, code 2. If incorrect, record new email address details at code 4.

1. Correct
2. Already have email in previous question
3. No further comments
4. New email address details (specify)

Q99END1 finish

If you have questions or problems associated with your participation in the project, or wish to raise a concern or complaint about the project, you can contact the project manager; telephone <number>. The information letter that you received also has a list of counselling and support services that you are encouraged to contact if you feel that you need to talk to someone external to the study. On behalf of the research team, I would like to thank you for agreeing to share your experiences and participating in this study.

Appendix B The letter of invitation



Australian Government
The Repatriation Commission

FAMILY STUDY PROGRAM

PHONE 1800 502 302
FACSIMILE (02) 6289 4700

«date»

«Title» «FirstName» «Surname»
«Address1»
«Address2»
«Suburb» «State» «Postcode»

Dear «Title» «Surname»,

Family Study Program – Telephone Interviews

I am writing to you because you have registered to be involved in the Department of Veterans' Affairs (DVA) Vietnam Veterans' Family Study examining the effects of war and military service on families. I reiterate my warm appreciation for your involvement. You have been selected as a possible participant in the telephone interview component of this study from the list of registered participants.

The various components of the program are being undertaken by professional, independent research organisations to ensure a comprehensive and valid study. The telephone interview component is being undertaken by The University of Queensland through the Institute for Social Science Research (ISSR), and the Centre for Military and Veterans' Health (CMVH).

The information which you have provided to the Family Study Program will be released to the research organisation to allow them to undertake the study. This information will be stored securely by them and will only be used for this component of the study.

An information pack from CMVH is attached which explains the telephone interview component and which asks you to complete and return to them a form giving your consent to participate. A reply paid envelope is included to return the form.

Want More Information?

If you have any questions regarding the telephone interview component of the study or the study itself please do not hesitate to contact the Family Study Program using the free call phone number 1800 502 302 or the Family Study Program website www.dva.gov.au/vvfs.

Please note that participation in this Study will in no way affect any pensions, benefits or health services which you or your family members are entitled to from DVA. Participation is entirely voluntary and participants may withdraw at any time.

Thanks you again for your involvement.

Yours faithfully,

Brigadier W Rolfe AO (Ret'd)
Commissioner
Chairman Vietnam Veterans' Family Study Program

PO BOX 21 WODEN ACT 2606

Appendix C The introductory letter to participants



Institute for Social Science Research

DIRECTOR Professor Mark Western

The University of Queensland
Brisbane Qld 4072 Australia
Telephone (07) 3346 7344
International +61 7 3346 7344
Facsimile (07) 3346 7646
Email issr@uq.edu.au
Internet www.uq.edu.au/issr

Dear <insert mail merge here>,

You have been randomly selected to participate in the telephone interview component of the Vietnam Veterans Family Study which has been commissioned by the Department of Veterans' Affairs. This phase of the study is being conducted by The University of Queensland through the Institute for Social Science Research, and the Centre for Military and Veterans' Health.

Participants are invited to complete a semi-structured telephone interview that will allow them the opportunity to speak freely about their experiences as a family member of a serving member of the Australian Defence Force (ADF) during the Vietnam era. The information gained from this study will be used to help guide the direction of future major components of this important study.

You do not need to participate in this component of the study to be eligible to participate in other components. Under Clause 3.9 of DVA Ethics Guidelines:

Your answers will be completely confidential and any personal details, which may identify you in any way, will not be passed to the Department of Veterans' Affairs. Your answers will not in any way affect any pension, benefits or health services which you are entitled to from DVA, or to which you may become entitled in the future. If you wish, you can discontinue your participation in this study at any time.

Some people have been selected as a family group. This is to help the researchers gain a clearer picture of the effects of the Vietnam deployment on family dynamics and to compare and contrast the experiences of different members within the same family. If you have been selected as part of a family group, any information that you provide will be kept confidential and not shared with any other persons.

Included with this letter is:

- A consent form which needs to be signed and returned in the reply-paid envelope.
- An information sheet which includes further information about this study and a list of some areas of interest to the study that you may like to comment on in the telephone interview.
- The contact details of the ethics committees who have approved this component of the study.
- A list of organisations and their contact details that can provide telephone counselling and support should you become distressed by any aspect of the study.

If you **do not** wish to participate in this component of the study there is no need for you to do anything more. You do not need to participate in this component of the study to be eligible to participate in other components of the study. Likewise, participating in the component of the study does not obligate you to participate in other components of the study.

A summary of the results will be available at the conclusion of the study. If you would like to receive this summary, please return the consent form (in the supplied reply-paid envelope) with your contact details completed.

Thank you for your consideration of this invitation. This study provides a rare opportunity to understand



more fully the experiences and associated health impacts of Australia's valued veterans and their families.

We look forward to working with you in this study.

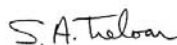
Yours sincerely,



Assoc Prof Warren Laffan
Chief Investigator
ISSR



Dr Judith Griffiths
Research Fellow
ISSR



Assoc Prof. Susan Treloar
Head UQ Node,
CMVH



Appendix D The information sheet and consent form



THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA

Institute for Social Science Research

DIRECTOR Professor Mark Western

Level 4, GPNorth 3
University of Queensland
Old 4072 Australia
Telephone (07) 3346 7344
International +61 7 3346 7344
Facsimile (07) 3346 7646
Email issr@uq.edu.au
Internet www.uq.edu.au/issr

VIETNAM VETERANS' FAMILY STUDY- TELEPHONE INTERVIEWS INFORMATION SHEET

Brief description of the study

The Vietnam Veterans' Family Study aims to explore the effects of the Vietnam war service on the families of the deployed Australian Defence Force (ADF) members and by comparing them with family members of ADF members of that era. This phase of the study will focus on documenting the experiences of family members in a range of areas including physical and mental health, family functioning, and social aspects that have been affected by the deployment. A semi-structured telephone interview will be used to allow participants to discuss a wide range of issues. Those issues discussed will ensure that the main survey considers all the important issues.

Who is conducting the study?

The telephone interview study of the Vietnam Veterans' Family Study is being conducted by The University of Queensland through the Institute for Social Science Research (ISSR) in association with the Queensland node of the Centre for Military and Veterans' Health (CMVH).

This study is part of the Vietnam Veterans' Family Study which has been commissioned by the Department of Veterans' Affairs (DVA) into the effects of the Vietnam deployment and military service on ADF families.

Your part in the study

We are seeking your consent to be a potential participant in this telephone interview. If you are willing to participate in **this part** of the Vietnam Veterans' Family Study, please complete the attached Consent Form and return it using the enclosed "reply-paid envelope". Only those who provide consent are able to participate. Please retain this information sheet for future reference so that you have it available to you during the period of this research study.

We will be randomly selecting people to interview from those who have given their initial consent. There is no guarantee that you will be interviewed if you have provided your consent to participate in the Vietnam Veterans' Family Study. Some participants will have family members also selected for this part of the study and some will not. If you are selected, you will be asked to participate in a telephone interview that is expected to take between 20 and 30 minutes depending on your answers. When contacted, if this time is not suitable, the interviewer will offer various other times to you when the interview can be undertaken. In the interview you will be asked to reflect on a number of broad issues covering the consequences of the Vietnam deployment.

Prior to the telephone interview, we would like you to give some thought to the following areas. The telephone interview will use these general areas as a starting point and the conversation will be guided by your responses.

❖ Your relationships

- Your relationship with members of your nuclear family [including your parents, siblings and step-siblings, grandparents, and your spouse and own children (if you have any).
- Your relationship with members of your extended family (cousins, aunts, uncles, nieces and nephews).
- How you're family works, and the nature of relations within your family and between your family and the rest of the community.



❖ The consequences of having a family member in the ADF and/or deployed to Vietnam

- The short and long term consequences of having a family member who is a member of the ADF during the Vietnam era (how this has influenced the physical and mental health of family members, and the social relationships within your family).
- How family relationships and functioning changed from prior to post deployment.

❖ Support Services

- The support services that are available to you and your family (e.g., DVA; local hospital and health care facility, social services (respite care); Centrelink; transport) and whether or not you and/or your family members are able to easily access these services.
- Social networks that are important to you and your family. (Social networks are informal networks such as extended family, and friends who you can turn to for support) and whether or not you and/or your family members are able to easily access this type of support.

At the completion of the interview, the interviewer will ask you if you wish to add to the information you have already provided by expanding on the issues raised or comment on other issue that you would like to add. If you wish to provide this additional information you will be given sufficient details by the interviewer so that you are able to submit your comments to the research team.

Risks of participating in the study

There are no expected risks associated with your participation in this study. There may be some questions which you find distressing during the interview, or while providing further information, if there are issues that you feel uncomfortable discussing, please inform the interviewer and the interview can progress without further discussion on that issue. Should you feel distressed you may wish to discuss this with someone. A list of services is provided on this information sheet.

Your privacy

The information you provide to us will not be passed on to the Department of Defence or the Department of Veterans' Affairs. Any information collected will be stored at The University of Queensland and identifying information is stored separately from your interview data to protect your privacy. Any personal data will be stored in a locked facility. All information is treated confidentially and your anonymity will be preserved in reports or published articles. Some non-identifying direct quotes may be used in reports or published articles. Any personal data collected will be used for the purpose of the Vietnam Veterans' Family Study only and no other, without your express permission.

While we will not ask other members of your family direct questions about you, it is possible that they may reveal personal information about you in the course of relating their experiences. Information provided in the course of an interview will not be shared with any other participant. No identifying data provided by your family members will be stored.

Principal Investigator

Associate Professor Warren Laffan
Institute for Social Science Research
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This study has been approved by the following Human Research Ethics Committees

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*The University of Queensland Behavioural &
Social Sciences Ethics Committee*
Office of Research and Post-graduate studies,
University of Queensland
St. Lucia QLD 4072
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COUNSELLING / SUPPORT SERVICES

Veterans' and Veterans' Families Counselling Service

Call the Veterans' Line - **1800 011 046** from anywhere in Australia

Veterans' Affairs Network (VAN)

Phone **1300 55 1918** to call the nearest VAN office.

General inquiries number - **133 254** (which connects callers to the nearest DVA office switchboard)

1800 555 254 connects non-metropolitan callers to the nearest DVA office

1300 13 1945 connects callers to any DVA office by using voice prompts.

The directory for the DVA state offices can be found at: <http://www.dva.gov.au/contacts/van.htm>

Department of Veterans' Affairs

General inquiries **133 254** (which connects callers to their nearest DVA state office)

All-hours Support Line

ADF Mental Health Strategy All-hours Support Line (ASL). The ASL is a confidential telephone triage support service for current serving ADF members and reservists and their families that is available 24 hours a day, 7 days a week.

CALL 1800 628 036 (Outside Australia +61 2 9425 3878)

Lifeline

"Lifeline offers 24-hour telephone counselling services, by calling **13 11 14** for the cost of local call. There are also 42 Lifeline Centres across Australia, which can assist with face-to-face counselling services."

"Lifeline also has a "Just Ask" service on **1300 131114** for the cost of a local call. This is for people with mental health difficulties or friends, relatives, professionals, carers and others who look after people with mental health difficulties. "

National Office for the Military Compensation and Rehabilitation Service

1300 550 461



CONTACTS FOR INFORMATION ON PROJECT AND INDEPENDENT COMPLAINTS PROCEDURE

Human Research Ethics Committees are obliged to monitor approved research projects. In conjunction with other forms of monitoring it is necessary to provide an independent and confidential reporting mechanism to assure quality assurance of the institutional ethics committee system. This is done by providing research participants with an additional avenue for raising concerns regarding the conduct of any research in which they are involved.

The following study has been reviewed and approved by the Department of Veterans' Affairs Human Research Ethics Committee (DVA HREC) and the Behavioural and Social Sciences Ethics Committee of the University of Queensland:

Title: Vietnam Veterans' Family Study; Tier 1a – Semi-structured telephone interviews

1. If you have questions or problems associated with the practical aspects of your participation in the project, or wish to raise a concern or complaint about the project, then you should consult the project manager:

Name: Dr Judith Griffiths
Telephone: 07 3346 7801

2. If you wish to discuss with an independent person matters related to,
 - making a complaint;
 - raising concerns on the conduct of the project;
 - the University policy on research involving human participants;
 - your rights as a participant,

you may contact an Ethics Officer from either of the Ethics Committees listed below:

**Department of Veterans' Affairs Human
Research Ethics Committee**
Department of Veterans' Affairs
PO Box 21
Woden ACT 2606
T: 02 6289 6204
Email: ethics.committee@dva.gov.au

**The University of Queensland Behavioural &
Social Sciences Ethics Committee**
Office of Research and Post-graduate studies,
University of Queensland
St. Lucia QLD 4072
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Email: humanethics@research.uq.edu.au



CONSENT FORM

Telephone Interview - Vietnam Veterans Family Study

Please note that while you have already consented to DVA to participate in the Vietnam Veterans' Family Study, The University of Queensland requires your express consent to participate in this component of the study. You do not need to participate in this component of the study to be eligible to participate in other components. Under Clause 3.9 of DVA Ethics Guidelines:

Your answers will be completely confidential and any personal details, which may identify you in any way, will not be passed to the Department of Veterans' Affairs. Your answers will not in any way affect any pension, benefits or health services which you are entitled to from DVA, or to which you may become entitled in the future. If you wish, you can discontinue your participation in this study at any time.

I, have read the Information Sheet and agree to give my consent to participate in the telephone interview component of the Vietnam Veterans Family Study.

The aims of this research project, how it will be conducted and my role in it have been explained to me. I understand the risks involved as described in the Information Sheet.

I am cooperating in this project on condition that:

- the information I provide will be kept confidential;
- the information will be used only for this project; and
- a summary of the research results will be made available to me at my request and any published reports of this study will preserve my anonymity.

I understand that:

- there is no obligation to take part in this study;
- if I choose not to participate there will be no detriment to my career, benefits or future health care; and
- I am free to withdraw at any time with no detriment to my career, benefits or future health care.

Would you like to receive a summary of the findings? Yes / No

Would you like to receive the summary via Email or Australia Post; please provide you're Postal and/or Email addresses below:

		Address Details
Signature	_____	Postal: _____
Name in Full (Please print)	_____	_____
Date:	___ / ___ / 2010	Email: _____

Please return this page in the reply-paid envelope provided.

PART TWO

RE-ANALYSIS OF THE SONS AND DAUGHTERS PROJECT



Summary

This part of Volume 4 presents the results of a re-analysis of data and associated information relating to the mental and physical health of sons and daughters of Vietnam veterans who had sought counselling from the Vietnam Veterans Counselling Service (now the Veterans and Veterans Families Counselling Service). The data were collected and/or published in the early 2000s by the Vietnam Veterans Counselling Service.

In mid-2009 the Department of Veterans' Affairs commissioned Enhance Management to examine and report on information previously collected in four ways:

- a clinical audit
- a series of focus groups—65 in all
- a survey of the focus group participants
- a national publication consisting of the writings and drawings of children of Vietnam veterans.

The re-analysis had two specific objectives:

- to report on the outcomes and main themes arising from the existing data and information
- to assist with development of the research methodology for subsequent tiers of the Vietnam Veterans Family Study.

The focus of the re-analysis was the wellbeing of the sons and daughters of Vietnam veterans and best practice for investigating their difficulties and resilience. The Scientific Advisory Committee for the Family Studies Program provided input to enable completion of this report.

It is to be noted that the re-analysis used data from only 51 of the 65 focus groups: data from the other 14 were not available to Enhance Management.

Limitations of the re-analysis report

The re-analysis was carried out to inform the design and development of the Main Survey. The considerable limitations of this study preclude any substantial comparisons with the findings of the Main Survey, as reported in Volume 2.

Among the limitations are the following:

- The data used are historical and span 13 years. Much has changed since 2001 in terms of individual life experience and the services and programs offered by the Department of Veterans' Affairs.
- The study sample has significant bias due to the fact that all participants had sought counselling services for health and wellbeing concerns primarily related to their father's active service in Vietnam.
- The conduct of the focus groups was inconsistent across locations and did not use any standardised measurement instrument, relying instead on subjective interpretation.
- Participants who attended focus groups held in Victoria were not given the opportunity to complete a survey. This resulted in incomplete data, thus skewing the results of the re-analysis.
- The data collected have an inherent level of error arising from the nature of the data collection: it is not possible to be certain that all of an individual's problems were presented, admitted to or recorded during the counselling data collection process.
- The terms used in the re-analysis have variable meanings and so could be interpreted differently by counsellors running the focus groups and completing the audit.

Primary findings

The clinical audit reporting provided data on demographics and problems and concerns raised by over 600 sons and daughters. The most frequent problems they said they had were relationship difficulties, depression, low self-esteem, family conflict, and problems with stress management. Over 30 per cent of the

group were unemployed. Unemployment had been identified in the original analysis of the data as the most prominent demographic factor associated with higher levels of complexity and suicidal behaviour and higher frequencies of presentation of drug and alcohol, violence and anger management problems.

Three main themes had arisen from the 65 focus groups conducted around Australia:

- physical and mental health problems and dysfunctional behaviours among Vietnam veteran fathers, attributed to their service in Vietnam
- the impact of fathers' behaviour on mothers and on children growing up
- drug and alcohol misuse, anxiety, depression and difficulties with anger management.

Notwithstanding the adverse wellbeing indicators evident in the groups, the sons and daughters also identified positive aspects of their father's influence, among them personal attributes such as self-discipline and high achievement and resilience demonstrated through emotional strength and skills in coping with adversity and conflict.

Focus group participants (other than those in Victoria) completed a short survey consisting of 21 questions immediately after the group discussions. In all, 313 surveys were completed. The survey results showed high levels of agreement on two important factors:

- The veteran's health suffered because of the Vietnam War.
- The war was responsible for the veteran's (current) behaviour.

Additionally, a majority of participants agreed on questions relating to personal strengths and resilience. They agreed that their father had taught them to be disciplined in their life and that his war experience had helped them 'learn to cope in the world'.

The national publication was designed to present stories and images on the theme of 'hope', as submitted by sons and daughters. In keeping with this, a dominant theme in the published contributions was about 'moving on' and hope

for a better future. Mental strength and resilience also emerged as themes, as did being thankful for support from family and from counselling.

Conclusions

All four activities subject to the re-analysis suggested that among Vietnam veterans' sons and daughters a variety of mental health problems and difficulties exist and are perceived to have arisen as a consequence of their upbringing and difficult childhood in a veteran's family. In spite of this, however, strong resilience was also evident, and sons and daughters often attributed this to their father's discipline and behaviour. Although for some sons and daughters their father's behaviour might have been physically or mentally abusive, they believed this had given them emotional strength and taught them a variety of skills and strategies for securing positive life outcomes.

Recommendations

In the context of development of the Main Survey of the Vietnam Veterans Family Study, Enhance Management recommended that consideration be given to inclusion of measures for the following:

- positive characteristics—such as self-discipline, high achievement, leadership, strength of character and good social skills
- resilience characteristics—such as positive attitudes, emotional strength, an orientation to 'moving on', and skills and strategies for coping with adversity and conflict
- feeling 'normal'—as in leading a normal life and having had a normal upbringing
- wellbeing problems—among them posttraumatic stress disorder, self-harm, depression, drug and alcohol abuse, physical and verbal violence and abuse, irrational behaviours, and relationship difficulties
- individual concerns or worries about the health effects of exposure to chemicals such as Agent Orange during the Vietnam War—directly or through genetic inheritance.

It also recommended that in other elements of the Vietnam Veterans Family Study attention be given to avoiding some methodological shortcomings identified in association with the activities that were re-analysed for this project. Survey response options should offer enough scale positions to allow for good discrimination of ratings and provide options for where respondents cannot give a scale rating. Enhance Management also recommended that further qualitative research be considered if the survey produced results that call for better understanding and should continue until the research activity has ceased to yield new insights.

6 Methodology

The Department of Veterans' Affairs supplied to Enhance Management reports and data relating to four activities conducted by or on behalf of the then Vietnam Veterans Counselling Service and involving sons and daughters of Australian veterans of the Vietnam War:

- a clinical audit of a sample of sons and daughters registered by VVCS
- a series of focus groups held around Australia with sons and daughters of Vietnam veterans
- a short survey completed by many of the participants in the focus groups
- a VVCS publication that presents writings and drawings submitted by sons and daughters of Vietnam veterans.

In overview, the objectives for the project, as set by the Department of Veterans' Affairs for all four activities, were as follows:

- to identify the factors affecting sons and daughters
- to identify the factors the sons and daughters perceive to be related to their father's service
- to identify coping strategies and resilience factors among sons and daughters
- to assess the effectiveness of the data collection methods.

6.1 The clinical audit

The information supplied for this aspect of the re-analysis relates to a clinical audit checklist process carried out in 2001 for 600 to 700 registrations for counselling, this being about half of the sons and daughters VVCS registered in the preceding 12 to 18 months. The objectives for the re-analysis of the data and reports were as follows:

- to identify the health concerns and risk factors for sons and daughters of Vietnam veterans

- to analyse the data in order to create a demographic profile of sons and daughters who have presented for counselling
- to analyse the history of violence, substance abuse, development and maintenance of relationships, mental health, and self-harm and suicidal behaviour in this group
- to analyse the effectiveness of the data captured by the audit checklist.

The clinical audit checklist allowed for recording of demographic information such as gender, age, relationship status, number of children, and whether either parent was a client of VVCS. It also allowed for recording whether or not the following problems were presented and whether or not they were dealt with in counselling:

- parenting difficulties
- relationship problems
- drug and alcohol problems
- current or recent instances of violence
- past instances of violence or child abuse
- current suicidal ideation
- any recent suicide attempt
- past history of suicidal ideation
- past history of suicide attempts.

All these were to be recorded as 'Yes' or 'No'. In addition, for the two questions about violence it was to be noted whether the son or daughter client was the victim or the perpetrator of the violence. Even with the clarification of whether the son or daughter was the perpetrator or the victim, however, there is ambiguity in these two checklist items. For example, being the perpetrator of 'past instances of violence or child abuse' could refer to the son or daughter having been violent to a parent, partner or friend, or even a person not known to them, or it could refer to them having abused their own children. Similarly, for cases of being a victim of 'past instances of violence or child abuse', there could be

an intended implication that the violence or child abuse was perpetrated by their father, although violence by others, including a current or recent partner, would also be relevant.

Counsellors completing this audit were also asked to rate the estimated level of complexity of the case and suicide risk. The scale provided for these two estimates was 1 = 'None', 2 = 'Low', 3 = 'Medium', 4 = 'High' and 5 = 'Very high'. No information was provided on how counsellors were to assess these levels; presumably, their ratings relied on subjective professional judgment.

The clinical audit data were compiled by location—variously identified as state, territory, city, suburb or regional town. For some locations, but not all, further data were provided on the presentation of more particular difficulties:

- anger management
- family conflict
- stress management
- depression
- employment problems
- anxiety
- panic attacks
- low self-esteem
- sexual orientation
- relationship break-up.

Some conjecture appears necessary in relation to exactly what some of these terms mean: it was assumed, for example, that 'anger management' refers to clients who said they had a problem with managing their anger and 'sexual orientation' means they presented matters for counselling that related to their sexual orientation.

Tabular data analysis output files were provided for 11 locations covering 686 sons and daughters, together with a profiling report, tabular data and cross-tabulations for 11 locations and 639 sons and daughters and a second report with

data from 10 locations covering 615 cases. The data analysis output files and the reports relate to different groupings of locations, which accounts for the varying numbers of audit cases included. Victorian registrations were not included in any of the data, so the outcomes cannot be regarded as fully 'national'.

Enhance Management inspected the data by location and found large variations in the recorded frequency of occurrence of specific problems; for example, current suicidal ideation ranged from 4 per cent in Darwin to 33 per cent in Newcastle. In addition, as noted, for some locations the frequency of occurrence for various problems was not recorded. In view of these differences, an average across the locations reporting data for specific problems was calculated as an indicative frequency of occurrence. This provides a cross-check and comparison with the total frequency data provided in the two 'descriptive' reports of the 'national' data (which are not the same figures because different locations were included in the two reports). Inspection of the frequencies provided in the two reports and Enhance Management's calculated averages revealed no major or material differences between the figures. In any case, it must be recognised that the data have an inherent level of error arising from the nature of the data collection: it is not possible to be certain that all of an individual's problems were presented, admitted to or recorded during the counselling data collection process.

For consistency, only Enhance Management's average frequency figures are used in Chapter 7 of this report. Appendix E shows the tabulation by location and the averages.

6.2 The focus groups

During 2001 the Vietnam Veterans Counselling Service conducted focus groups with children of Vietnam veterans in cities and regional centres throughout Australia. There were 65 such groups, and 426 people participated. The following information about the groups was provided for re-analysis:

- a full overview report covering the background, methodology and findings
- detailed reports by location, variously including part-transcripts or key phrases from participants' verbal contributions and/or thematic analysis of

problems and behaviours raised and/or interpretive reporting of the outcomes

- the facilitator's kit for conducting the focus groups and the list of 'questions' to be asked.

There were two objectives for the re-analysis of this material:

- to determine what problems affect sons and daughters and what ones they perceive as being related to their father's service
- to assess the data collecting methods for this participant group.

The focus groups were designed to explore experiences, behaviours and views among sons and daughters of Vietnam veterans in relation to the following:

- the effect of their parent's experience of the military and the Vietnam War
- major concerns for sons and daughters of Vietnam veterans
- skills and strategies the sons and daughters have used and would like to use in managing their daily lives
- services and programs that would best support sons and daughters of veterans.

Facilitators received a list of 12 questions to ask the groups as the basis for the discussions:

1. Tell us your name, where you're from and something you like to do.
2. What are a couple of words you would use to describe what it is like to grow up the child of a Vietnam veteran?
3. What effect, if any, has your parent's experience of the military and the Vietnam War had on: you? your parent who served? your family?
4. What skills have you developed as a result of growing up in a veteran family?
5. What are some skills and strengths you would like to develop in the future?

6. If a friend of yours, who happened to be the child of a Vietnam veteran, was really emotionally upset, what would you suggest they do?
7. What do you think are the major issues for the children of Vietnam veterans?
8. What services or programs do you think could be useful for sons and daughters [of Vietnam veterans] in this region?
9. Of all these services and programs, which three are most important to you?
10. What services in the community do you think are good and easy to access?
11. What could be done to make it easier to access these services?
12. In an ideal world, with an unlimited supply of money, if you could design any sort of program for sons and daughters of Vietnam veterans, what would it be?

Of these questions, those numbered 2, 3, 4 and 7 are in the scope of the objectives for this project. The aspects of the discussions (questions 8 to 12) that focused on services and programs for sons and daughters are not only out of scope for the re-analysis but are also more subject to change over time: services and programs available in 2001 could now be different. Questions 5 and 6, to the extent that they are reported at all in the material supplied, are related to the discussion of services and programs. Question 1 is a traditional type of 'warm-up' exercise in focus groups, so was not included in the focus group reporting provided.

The facilitators were also given a structure for reporting on the sessions. At the top level, it was suggested that the reporting be split between the following two major themes (with four subheadings for the second theme):

- identified problems
- possible solutions
 - resilience
 - agencies and support
 - future directions
 - other.

In keeping with the objectives, the re-analysis was restricted to the 'identified issues' and the sub-themes listed under 'resilience', since the latter relate to skills developed as result of growing up in a veteran family. The sub-themes were as follows:

- identified issues
 - family of origin relationships
 - social relating
 - relationship/intimacy
 - parenting
 - psychological issues
 - violence, abuse and self-harm
 - physical health
- resilience
 - internal
 - external
 - interpersonal.

The reporting provided generally, but not always and not consistently, followed these guidelines for the themes and sub-themes. The nature of the reporting within the themes also varied markedly, ranging from lists of single words and short phrases to paragraph-long apparently verbatim quotes from participants (these often being repeated under different themes).

In re-analysing the focus group data, a similar categorisation approach was developed, using themes and sub-themes but using a different typology—one that encompassed all the original themes and sub-themes while providing different perspectives and insights. It is important to recognise, however, that, because the material had already been classified into themes, any discussion or observation from the groups outside those themes will have been lost in the original analysis. Enhance Management's approach to re-analysing the data was to identify and tabulate by location themes arising in the written material. This approach allows judgments to be made about whether particular themes appear to be concerns raised in all or most locations or whether they were mentioned in

only one or a few locations. Because a very large number of themes or concerns were raised across the groups, an overlying structure of the ‘focus’ of the themes was used. Some themes, for example, focus on the participant’s father while others focus on the mother, on siblings or on the focus group participant. A stream of hierarchical logic was used, beginning with the son’s or daughter’s father (the Vietnam veteran) and moving on to the impact of the father’s problems and behaviour on, in turn:

- their mother
- themselves—that is, the focus group participant
- their siblings
- their own families.

The categories used to classify the themes are not clear-cut: many themes overlap and potentially fit into several categories, but they were nevertheless allocated to one category or sub-category in each case. The main themes identified were cross-tabulated by report provided—eight reports for individual states (and territories) or cities (‘location’) and an overall national summary report. A major difficulty encountered with this analysis was the very varied quality and nature of the original reporting from the different locations. Furthermore, detailed reports from three of the locations were not provided—Sydney (six groups), Newcastle (six groups) and Darwin (two groups).

Additionally, in performing this analysis Enhance Management was conscious—and cautions the reader to be aware—that just because a particular topic was not included in the report for a location this does not necessarily mean the matter was not relevant for the participants in the focus groups held at that location. In the limited time of the focus group discussions, there might simply not have been enough time for that topic to be mentioned or discussed, or the discussion might have moved on from the point where a participant could have raised the subject in relation to the current topic of discussion, or they might not have been inclined to do so. Further, even if the topic had been raised, it might not have been reported.

6.3 The focus group survey

In conjunction with the national focus group consultation the Vietnam Veterans Counselling Service engaged in with sons and daughters of Vietnam veterans in 2001, a sample of the focus group participants completed a survey. Victorian focus group participants were not asked to complete the survey, but in the other jurisdictions 313 survey questionnaires were completed, representing a 91 per cent response rate.

In slightly edited form, the objectives of the re-analysis of the focus group survey were as follows:

- to analyse the quantitative data from the questionnaire
- to analyse the effectiveness of the questionnaire format, including the prevalence of 'No answer given'
- to compare the qualitative and quantitative data provided for this participant group.

The survey was provided for the re-analysis, as were the frequency counts of the raw data relative to the four-point scale provided for each statement in the questionnaire—1 = 'Strongly disagree', 2 = 'Disagree', 3 = 'Agree', 4 = 'Strongly agree'. The survey comprised 21 questions:

1. The Vietnam War is responsible for my parent's behaviour today.
2. I feel comfortable to express how I feel in my family.
3. My father's physical health has suffered because of the Vietnam War.
4. There are lots of bad feelings in the family.
5. My parent's war experience has helped me learn to cope in the world.
6. I feel confident about my future.
7. I feel responsible for the problems in my family.
8. When I am around people who are angry, I feel scared.
9. My father has taught me how to have discipline in my life.

10. Growing up in my family taught me how to stand up for myself.
11. I would go and see a counsellor if I needed to.
12. I have no difficulty keeping close relationships.
13. People close to me think I have a drug and/or alcohol problem.
14. I feel OK about making mistakes.
15. My friends understand my family upbringing.
16. If I felt very upset, I would talk to my family about it.
17. If I felt very upset, I would talk to my GP.
18. If I felt very upset, I would talk to my friends.
19. If I felt very upset, I don't know what I would do.
20. People in the community understand what it is like for the families of Vietnam veterans.
21. Growing up the child of a Vietnam veteran has had a positive impact on my life.

Because the data analysis of the survey provided in the reporting for the focus group consultation is slightly inaccurate as a result of the erroneous treatment of non-responses ('missing values'), the statistics for each statement were recalculated for this re-analysis. In addition, the outcomes of the survey are presented a little differently, to facilitate understanding. When comparing statements with high and low levels of agreement, it might not immediately be obvious to the reader that the results are actually similar since agreement or disagreement depends on the way the statements are worded. Comparisons in terms of the levels of agreement or disagreement, based on whichever is higher, provide greater insight into the levels of consensus in the results.

6.4 The national publication

The 'national publication' is a Vietnam Veterans Counselling Service publication for the Australian Government; it was issued in 2004 and has the title '*... And the Pine Trees Seemed Greener after That': reflections by sons and daughters of Vietnam veterans*' (VVCs 2004). The publication consists of personal stories, poems and illustrations contributed by Vietnam veterans' sons and daughters,

interspersed with articles by health professionals offering facts and advice about health problems typically experienced by those sons and daughters.

The objectives for the analysis of the national publication were as follows:

- to analyse the publication's data on the coping strategies and resilience behaviours of sons and daughters
- to identify what problems sons and daughters perceive as being related to their father's service
- to apply thematic analysis methods to the written and illustrative material in the publication.

Enhance Management carefully read all the sons' and daughters' contributions in the national publication and tried to identify the primary themes and physical and mental health problems referred to. The professional contributions in the publication were not examined or analysed, these being in the nature of general advice and support for the target audience of sons and daughters of Vietnam veterans and thus outside the scope of the project objectives.

It is of note that, because the contributions from sons and daughters are often of a highly personal and sometimes very creative nature, each author's intended meaning is not always obvious and can be open to the reader's interpretation. Indeed, contributors were offered assistance in this regard: 'Creative writing and drawing workshops with sons and daughters were held in the offices of VVCS' (VVCS 2004, p. 138). Not surprisingly, in view of the implication that creative contributions were sought and selected, many of the published contributions are poems, others are poetic prose, and some stories are told in an obscure manner. All contributions are, however, variously poignant, heartfelt, highly personal, and very 'real' or 'raw'.

Enhance Management's approach to analysing the material was to categorise the main themes relative to the apparent mental disposition of the writer, even though this was often unstated. For example, many pieces focused on the physical and mental ill-health of the father (the Vietnam veteran) but with the tone of the contribution suggesting the son or daughter was angry that their

father is in that situation. Contributions about the son's or daughter's own health or experiences were generally easier to classify.

It is also important to appreciate that the contributions are completely different from the other three sets of data examined for this project. While the other data sets were concerned with overall assessments of the Vietnam War and its effects, the published material should be seen in relation to the objective of the publication: 'Sons and daughters of Vietnam veterans were invited to submit stories and images of hope, showing how they have met challenges and adversity in their lives' (p. 138).

7 Main findings

This chapter presents the main findings and insights derived from the re-analysis of the data gathered from the four activities relevant to this project.

7.1 The clinical audit

In view of the fact that Vietnam veterans' sons and daughters seeking counselling do so because they have one or more problems in their life, they are not necessarily typical of the cohort of sons and daughters. Nevertheless, of interest for this study are the types of health problems presented, the history of violence and substance abuse, the mental health and relationship difficulties recorded, and the demographic profile of the group.

No data are available for a suitable comparison group for this collection of people seeking counselling, so it is not possible or valid to determine 'risk factors' for sons and daughters from the data. It is plausible, for example, that the identified health concerns are no different among sons and daughters of Vietnam veterans who did not seek counselling or among a similar demographic group from the general community who undergo counselling or, indeed, among people of the same demographic in the overall general community. A valid comparison group is needed to determine risk factors.

Appendix E presents frequency data for each location covered by the analysis and the average frequencies. Those averages are used in the sections that follow here.

7.1.1 Demographic profile

Almost three-quarters (73 per cent) of the sons and daughters seeking counselling had a parent or parents who were clients of the Vietnam Veterans Counselling Service. The sons and daughters audited were split almost equally by gender—49 per cent male and 51 per cent female. By age grouping, the distribution was as follows:

- 6 per cent aged less than 15 years
- 13 per cent aged 15 to 19 years

- 19 per cent aged 20 to 24 years
- 37 per cent aged 25 to 29 years
- 18 per cent aged 30 to 34 years
- 8 per cent aged 35 years or more.

(Note that percentages do not add to 100 because of rounding.)

The clients ranged in age from 8 to 47 years, the average being 26 years.

Overall, the group was relatively young, and half were single. One in 10 was, however, separated or divorced. About a third (34 per cent) had children. By relationship status, the average profile was as follows:

- 50 per cent single
- 24 per cent in a de facto relationship
- 16 per cent married
- 10 per cent separated or divorced.

In terms of employment status, fewer than half were employed and close to a third were classified as ‘unemployed’. The employment status of the group was 45 per cent employed, 31 per cent unemployed, and 20 per cent undergoing training or education. The balance did not fit these categories and, as suggested by the authors of the ‘Clinical audit descriptive report’, were likely to be involved in ‘home duties’.

The proportion of unemployed people appears high but, since there is no standard or commonly accepted definition of ‘unemployment’, no valid comparison can be made with other statistics—for example, unemployment in the general community. It is not apparent what definition of ‘employment’ was used in the clinical audit or, indeed, if it was only self-assessed (as seems likely) by those attending counselling.

* An internal document from the original clinical audit. Copies can be obtained from the Research and Development Group, Department of Veterans’ Affairs.

7.1.2 Problems and concerns presented

Based on averages across the locations, the main problems and concerns sons and daughters presented to the counsellors were as follows:

- relationship problems—81 per cent
- depression—65 per cent
- low self-esteem—64 per cent
- family conflict—61 per cent
- stress management difficulties—60 per cent.

The complexity of problems presented was assessed as medium to very high in 82 per cent of cases. Although of lower frequency, of particular concern in relation to the physical and mental health of the audited clients are the levels of violence and actual or potential self-harm reported:

- violent incidents as victim—93 per cent in past, 54 per cent current
- violent incidents as perpetrator—8 per cent in past, 46 per cent current
- drug and alcohol problems—36 per cent
- suicidal ideation—34 per cent in past, 23 per cent current
- suicide attempts—15 per cent in past, 8 per cent recent.

Additionally, an average of 30 per cent of clients were assessed by the counsellors as being at medium to very high risk of suicide. Other mental health and wellbeing problems that affected about a third or more of clients were anxiety (53 per cent), anger management (46 per cent), employment difficulties (37 per cent), parenting difficulties (33 per cent) and relationship break-up (30 per cent). Of lesser occurrence were panic attacks (17 per cent) and sexual orientation (4 per cent).

7.1.3 Demographic correlates of problems and concerns

Enhance Management did not receive the original data sets from the clinical audit and so was unable to perform correlation* analysis between demographics and the problems and concerns presented. It was therefore necessary to rely on the previous analysts' reporting of the data for the following summary of how demographic factors relate to the occurrence levels of problems and concerns presented.

Age and sex are correlates for a number of the problems presented. The assessed suicide risk was highest in the 20–29 age group, but there was no difference between males and females. In general, increasing age was associated with a higher frequency of occurrence of the following:

- parenting difficulties
- relationship difficulties
- drug and alcohol problems
- past experience of violence
- current suicidal ideation.

By gender, males were more likely than females to seek counselling for the following:

- drug or alcohol problems
- current suicidal ideation
- anger management difficulties
- employment problems.

Males were also more likely to be unemployed and to be the perpetrator in recent violent incidents.

Females were more likely than males to present with stress management difficulties, depression and anxiety, relationship difficulties and break-ups, and

* Correlation is the degree of relationship between two measures—especially relevant where one may imply or predict the other.

parenting difficulties. They were also more likely to be the victim in recent violent incidents.

It is of note that the numbers of sons and daughters registering with VVCS were almost equal. As pointed out in the original report, this balanced gender breakdown is in contrast to help-seeking behaviour in Australia in general, the prevalence of which is much lower for males than for females, particularly in the case of formal counselling services.

Having children (as about a third of these clients did) was associated with a higher frequency of occurrence of problems such as relationship difficulties, violence (both current and past) and a past suicide attempt. Those with children were almost twice as likely to have made a past suicide attempt compared with those without. Interestingly, however, having children did not affect past suicidal ideation rates, which were the same for those with and without children.

Although only 10 per cent of the clinical audit group were separated or divorced, those who were were characterised by the following:

- drug and alcohol problems at twice the frequency of those married yet equal to that for those in a de facto relationship
- suicidal behaviour at twice the rate for those married or in a de facto relationship
- past involvement in violence around 50 per cent greater than for single people and slightly greater than for those married or in a de facto relationship.

As documented in the reporting from the previous analyses, unemployment among this group is the most significant predictor for many problems and concerns, particularly the following:

- the complexity of problems presented to VVCS
- drug and alcohol problems
- suicidal behaviour
- recent violence

- anger management difficulties.

Almost three-quarters of the unemployed participants had some level of suicide risk assessed. And six in 10 of the unemployed participants had drug and alcohol problems, compared with one-third of those employed.

7.1.4 Concurrent problems and concerns

The problems and concerns revealed by the sons and daughters were not necessarily independent, and the presentation of a specific problem or concern was often accompanied by presentation of one of more other problems or concerns. Specifically, based on the previous correlation analyses and reports, the following applied:

- Two-thirds of those presenting with a drug or alcohol problem also presented with depression.
- Suicide risk levels (as assessed by VVCS) were higher for those who presented with drug and alcohol problems.
- Nine in 10 reporting past violence also reported relationship difficulties.
- Over three-quarters of those reporting past violence also reported current violence.
- Two-thirds of those reporting past violence had drug and alcohol problems.

The original data files were not available for further analysis, so it was not possible to investigate or determine any other correlations between reported problems and concerns.

7.1.5 Effectiveness of the data captured by the audit checklist

The audit checklist has effectively captured data on the relevant and important demographics of the clients seeking counselling, together with the problems and concerns they reported. The checklist included suicidal behaviour and violence, as well as drug and alcohol problems and problems with relationships and parenting. These aspects would appear to adequately capture basic indicators of wellbeing and mental health.

To avoid ambiguity in the checklist items dealing with violence, clarifying information would have been useful, in addition to the perpetrator–victim distinction provided. A checklist of common perpetrators and victims would have afforded a better understanding of the topic. Such a list, which would allow multiple selections to be made for both victim and perpetrator, could contain categories such as father, mother, brother, sister, own child, other relative, friend, acquaintance and unknown person. This clarification would provide a clear distinction between, for example, being a victim of violence by an unknown assailant and being the victim of ‘domestic violence’ in a relationship. Such an approach would also have made it clear that it was possible for the presenting person to be both a victim and a perpetrator, which, while potentially allowed for in the audit checklist used, could have been confusing to some when completing the form. The question ‘Was the son/daughter a victim or perpetrator?’ could be interpreted as implying it had to be one or the other. A supplementary checklist (not provided but reported on for most locations) focused on more specific mental health indicators, including depression, anxiety, panic attacks, low self-esteem, and difficulties with management of anger and stress.

A valuable feature of the audit checklist is the counsellor’s subjective rating of complexity and suicide risk. This helps to identify clients most at risk and to develop priorities for resources for clinical intervention and assistance. The same approach could usefully have been applied to each of the problems and concerns in the checklist. Instead of recording only whether or not a problem or concern was reported with ‘Yes’ or ‘No’, the severity of the problem could have been rated by the client in conjunction with the counsellor. Ideally, for consistency and ease of analysis the same rating scale (1 = ‘None’, 2 = ‘Low’, 3 = ‘Medium’, 4 = ‘High’, 5 = ‘Very high’) would have applied to all relevant checklist items. So, for example, when a person was asked about drug and alcohol problems, a rating of 2 might be selected for occasional problems while 5 could indicate a serious addiction.

Finally, among the additional areas that could have been considered for inclusion in the checklist are the following:

- concerns about actual or potential physical health problems arising from genetic factors—for example, from the veteran father’s exposure to Agent Orange in Vietnam

- obsessive behaviours—such as excessive and unreasonable perfectionist behaviour
- positive mental factors—such as personal strengths and resilience.

Measurement of positive factors would offer a more comprehensive understanding of the state of an individual's wellbeing, given that someone seeking counselling will have perceived negative factors affecting their mental health. The rated data would allow for fuller and advanced statistical analyses. Correlated problems and concerns could be identified to allow for greater understanding of interactive and concomitant conditions. Segmentation analysis could also be done to identify groups of clients with similar characteristics. These groups could then be profiled in terms of their demographics and types of problems and concerns, including the presence of multiple concerns. This would represent an extension of analysis that would have been possible with the original audit checklist data but could not be analysed any further for this project in view of the unavailability of the original raw data sets.

7.2 The focus groups

Appendix F provides the results of the focus group re-analysis. The table gives an indication, by location, of common observations or themes about family, growing up, personal strengths, and problems and concerns among participating sons and daughters. With 65 focus groups having been conducted, this type of thematic analysis could in theory have been presented in a table with 65 columns. The frequency of occurrence of a particular theme across groups would then provide an indication of the consistency of themes arising across groups. Not only would such a large table be unwieldy, however: the level of source detail needed (transcripts or reporting for each focus group) is not available. The tabulation by location (state, territory, region, city or town, as relevant) nevertheless serves the same purpose, providing a demonstration of consistency of concerns across Australia. The absence of a theme for a location is not, however, evidence of that theme being irrelevant: rather, it is simply that it was not mentioned to any extent in the focus group report for that location. No useful or valid conclusions can be drawn in relation to geographic location since differences are likely to be a

function of limited time available for discussion and the dynamics of individual group discussions.

7.2.1 Problems affecting sons and daughters and perceived as relating to their father's service

The focus group re-analysis singled out major themes relating to perceptions among participating sons and daughters of the impact of their father's Vietnam service on their lives, past and present. A small set of themes describes what the participants themselves call 'normal' in terms of behaviours and upbringing:

- Father had positive characteristics such as exhibiting leadership, strength of character, self-reliance and self-discipline.
- Father was a positive influence on the family.
- The son or daughter is proud of their father's achievements and service in Vietnam.
- The son or daughter had a normal and happy childhood.
- The son or daughter leads a normal life and feels 'quite normal'.

It is not possible to conclude from this analysis that all such sentiments 'belong' to the same group of people. Indeed, there are also themes and quotes that suggest the father's self-discipline manifested as excessively authoritarian behaviour towards and regimentation of the family.

Further, there are no data available on the proportions of focus group participants who considered aspects of their nature, their upbringing or their family as 'normal'. Even had it been possible to determine this from full transcripts for all 65 groups, the information would, however, be of limited utility because the sample is self-selected, as indeed are the participants' contributions to the discussions.

Vastly outweighing the 'normal' sentiments in terms of number of topics raised in the groups, though, are the negative effects sons and daughters generally implied as resulting from their father's service in Vietnam. Among these are effects on physical and mental health (the father's as well as the family's) and the consequences of the father's experiences and behaviour for other family

members and subsequent generations. Themes that best illustrate the harmful effects can be summarised in terms of those affected.

The following difficulties were said to affect the father himself:

- physical ill-health—there being many conditions mentioned, including early death
- mental health problems—often cited as posttraumatic stress disorder and/or depression or anxiety disorders, as well as numerous references to alcoholism and drug abuse or addiction
- dysfunctional behaviour—particularly physical or mental abuse of or aggression towards family members, short-temperedness, moodiness, unpredictability, inconsistency, and emotional detachment or lack of affection
- controlling behaviour—such as regimentation of family life and setting unrealistically high or perfectionist standards for the family.

The following were said to affect the mother:

- mental health problems—terms such as ‘neurotic’, ‘unstable’ and ‘mentally ill’ being used and often attributed to the father’s aggression and violence, moodiness or continual criticism
- a difficult life because of the father’s violence, aggression, drunkenness or criticism
- the need to be strong and independent, holding the family together and doing ‘everything’ because of the father’s behaviour or his effective withdrawal from family life
- the need to be the ‘peacemaker’ or ‘mediator’ in the family in order to protect the children from the father’s aggression or violence.

The family unit was said to be affected by the following:

- family split-up—parents having separated or divorced
- conflict and confusion arising from poor communication, misunderstandings and dysfunctional relationships in the family

- avoidance of involving the father in any family affairs in an attempt to avoid conflict and aggression—the phrase ‘like walking on eggshells’ often being used
- feelings of being ‘different’, even while trying to appear ‘normal’ to outsiders.

The sons and daughters were said to be affected by the following:

- a poor relationship with the father—stemming from violence, abuse or criticism and possibly leading to feelings of no connection with or animosity or hate towards the father
- bad feelings about growing up in the family, missing a ‘normal’ childhood, feeling isolated and ‘different’, having few friends and friends not understanding—some of these difficulties also being attributed to frequently moving as a Service family, rather than to the father’s war service
- concern about their own physical health arising from the father’s exposure to chemicals—particularly Agent Orange, as often mentioned
- mental health problems such as suicide attempts and suicidal ideation, depression, anxiety, uncontrollable anger, and abuse of alcohol and drugs
- poor self-image, as manifested in terms of self-identified problems such as low self-esteem, lack of confidence, poor communication skills, poor relationship skills and unreasonable expectations of oneself
- dysfunctional behaviour—bad relationships, avoiding intimacy, emotional withdrawal, not trusting people, avoiding contact with family, and generally behaving ‘like father’, with a short temper, uncontrolled anger and resort to violence.

The following difficulties were said to affect the sons and daughters as siblings:

- poor relationships and lack of connection between the siblings, as well as, at the other extreme, siblings having bonded strongly because of a need to ‘look after each other’
- negative feelings resulting from the father having favoured one sibling over others or one gender over the other

- physical and mental health problems—as for the sons and daughters.

Several difficulties were also said to affect the sons’ and daughters’ families:

- a concern that the son’s or daughter’s upbringing had adversely affected their own ability to parent effectively—some being so concerned that they did not want to be parents at all
- a desire not to repeat the negative parenting patterns of their parent(s), but some recognising that they were inadvertently doing so
- concern about the health impacts of the father’s exposure to chemicals—especially Agent Orange—in the war.

Notwithstanding the many adverse effects noted in connection with the father’s service, all the focus group reports revealed a selection of participants’ identification of positive effects resulting from their upbringing as a son or daughter of a Vietnam veteran. Chief among these positive outcomes were the following:

- resilience—particularly through emotional strength and skills and strategies for coping with adversity and conflict
- personal strengths such as self-discipline, self-reliance, independence and high achievement
- relationship skills—including good communication, good mediation and negotiation skills, and adeptness at defusing conflict.

There is no suggestion that such positive outcomes compensate for the negative family experiences that are extensively reported. On the contrary, there are clear indications in the quotes provided in the reporting that many of those who experienced what they see as a bad childhood would have much preferred their upbringing to have been ‘normal’ instead of ‘different’.

7.2.2 Effectiveness of the data collection methods

Data collection using focus groups is an effective research method for particular objectives and circumstances, but it is neither straightforward nor easy. Several related difficulties had an impact on the effectiveness of the focus groups.

The number and conduct of the focus groups

In market and social research, the holding of focus groups is commonly used for exploring a topic in a qualitative manner. Yet it is extremely complex. As in all qualitative research, the researcher's role is fundamental to effective application of the methodology. Ideally, one person would be responsible for designing, conducting—in the context of focus groups often called 'moderating' or 'facilitating'—and analysing the research. The analysis of focus groups is intimately entwined with how the groups are conducted in that the moderator shapes the information obtained from the group discussion and mentally performs an analysis to fit a 'theory' that they are developing and testing in their mind. Any other person exposed to information collected from the group cannot be aware of exactly what the moderator was thinking at the time. Even more important is the fact that a focus group is interactive, and this interaction goes beyond what is said. Also important are *how* things are said, facial expressions and body language, as well as group dynamics. A transcript of the words spoken, even if completely accurate, does not capture all the information the moderator picks up (or should pick up).

By personally moderating all focus groups involved in a research project, the researcher develops a theory about the primary themes and how these are the same or otherwise in different segments of the target population. The moderator is then effectively testing and modifying this developing theory as the group discussions take place. After conducting several groups with the same segment (or groups representing the entire target population if this population is not believed beforehand to be segmented) the researcher can come to a judgment about whether any important new information is emerging or whether a stage of low likelihood of gaining additional insight has been reached. If the latter applies, the focus groups can be discontinued, and the researcher will then expand on and report the theory that has been mentally developed while conducting the groups.

In practice, though, this ideal approach cannot always be followed. Often the number of focus groups to be conducted is decided at the outset on the basis of budgetary or planning considerations. Further, when a large number of groups are to be conducted it can be impractical for timing and geographical reasons for a single moderator to conduct all the groups. Such was the case with this project, for which 65 focus groups were conducted in 20 centres around Australia. The

rationale for the large number of groups was not provided in the reporting supplied for this re-analysis. The number of groups conducted seems excessive in terms of gaining an understanding of the matters at issue.

One possible explanation is that it was assumed in advance that each location would bring forward different themes. In view of the relatively uniform nature of Australia's metropolitan areas in terms of social concerns and support services, however, it is difficult to imagine that major differences between them had been expected. It is more likely that differences exist between rural and regional areas compared with metropolitan areas since the social milieus and support services are not uniform. Little is made of any differences between the locations in the reporting.

The purpose of the focus groups

Another possible reason for having the large number of groups is that the decision to do so was based not a research reason but more on providing social benefit and opportunity across the country for sons and daughters of Vietnam veterans to get together, discuss and share information about their upbringing, lives and relationships and thereby engender feelings of identification with and belonging to a community of sons and daughters. The therapeutic benefits that might have accrued to those attending would represent a valuable—but non-research—reason for the large number of groups.

It is important to bear in mind that the purpose of qualitative research is not to gain a representative sample of the population—that being the role of quantitative research—but rather to obtain a good sample of the ideas and views from that population. Thus, a large number of groups is needed only when saturation of identified themes is not being achieved. In this project the groups also served the purpose of providing a sample for a quantitative survey—the Vietnam Veterans Family Study's Main Survey (as discussed separately in this report). From a quantitative research perspective, it *is* appropriate to collect data from a large sample, sufficiently large to enable comparison by location or on the basis of other criteria that are relevant.

The large number of focus groups necessarily meant that the groups had different facilitators. Even though a facilitator's kit was provided to all facilitators so as to

ensure a consistent approach to all the groups, having multiple facilitators constitutes a limitation of the data collection methodology, as discussed. Moreover, much of the data ‘input’ (the non-verbal) has been lost because of an apparent focus on only the spoken words (as recorded by a scribe at each focus group) in the analysis performed. Some of the reporting might also have included written responses to the focus group questions since facilitators were given the option of providing to participants a copy of the questions; they could then write down their responses and return the question sheet to the facilitator at the end of the session.

The focus group questions

From a research perspective, the focus group questions—usually referred to as a ‘discussion guide’—are quite reasonable in terms of initiating discussion in the groups. They are sufficiently open-ended and broad to allow participants to relate them to their own experiences and make contributions to the discussion. It is assumed that the facilitators were adept at leading discussion and were not treating the discussion as a question-and-answer session. The scope of the questions reflected the objectives of the focus groups, which were broader than the scope of this re-analysis.

Reporting

Another consideration is that the completeness of the individual regional reports is likely to be highly variable, depending on the skills of the scribe in each group. Some scribes might have been able to capture the majority of what was said; others might have been highly selective in what they recorded. Again, this constitutes a potential limitation on the effectiveness of the data collection. For the re-analysis, ideal data would have been provided by a video recording of each group, the next best options being audio recordings and/or full transcripts. A deliberate decision had, however, been made in the design of the focus group sessions that none of the groups would be recorded since recording might make some participants feel uncomfortable. This is a judgment call on the part of the research designers, but it does impose limitations on the available data. If the available data had included the facilitators’ analysis of the groups, drawing on the verbal and non-verbal information available to them, along with information on

group dynamics, a deeper level of analysis and development of theories about the experiences of sons and daughters might have been possible.

Evaluation

In summary, Enhance Management was unable to properly evaluate the effectiveness of the focus group data collection because there was insufficient information to fully assess the following:

- the professional competence of the facilitators
- the consistency of the facilitation across groups
- non-verbal information that might have been apparent to facilitators
- the competence of the scribes
- the completeness and consistency of the scribes' note-taking
- the completeness and competence of the reporting.

The very varied nature of the reports for different locations suggests that there are some questions about how well the results of the group discussions were reported. Section 8.1.2 provides details about inconsistencies in the nature of the reporting.

Overall, however, the focus groups provided a large amount of data relevant to the objectives of the present project—information about sons' and daughters' recollections of growing up and their perceptions of the effect of their father's Vietnam experience on family members and on themselves, as well as their personal strengths and skills. The focus group methodology therefore proved an effective data collection method for the intended purpose.

7.3 The focus group survey

The focus group survey form contained 21 statements (see Section 6.3), and focus group participants were asked to indicate how much they agreed or disagreed with each statement, using a scale of 1 to 4, 1 being 'Strongly disagree', 2 being 'Disagree', 3 being 'Agree' and 4 being 'Strongly agree'.

7.3.1 The results

The following results are based on an analysis of the responses of the 313 people who completed the survey. The wording of the survey questions can be regarded as ‘positive’ or ‘negative’ in terms of desirability for the individual or the community. The original reporting of the survey used this terminology and classification. For example, ‘People in the community understand what it is like for the families of Vietnam veterans’ is a positive statement since it would be desirable for this to be the case. It would, however, be naïve to expect that the community as a whole understands the impact of war experiences on health (or many other health problems that affect individuals and their families). It could therefore be expected that most sons and daughters of Vietnam veterans would disagree with this statement—as was indeed the case.

Appendix G details the survey results. A tabulation by level of agreement or disagreement with the statements, taking into account the direction based on the majority response, is included. This approach to the data provides an alternative means of understanding the survey results compared with the original reporting of the results. The comparative levels of agreement or disagreement are more apparent when put in the context of the majority opinion. The results are discussed in the following sections in terms of the main topics covered by the questionnaire, using a sequential categorisation approach similar to that used for the focus group thematic analysis.

Impacts on the father

Two items (arguably) directly related to a respondent’s father:

- ‘My father’s physical health has suffered because of the Vietnam War’—to which 86 per cent agreed
- ‘The Vietnam War is responsible for my parent’s behaviour today’—to which 76 per cent agreed.

Enhance Management chose to interpret the second item as being about the father’s behaviour. It could, however, have been interpreted as applying to both parents’ behaviour: the original question and reporting omitted the apostrophe, so there is no way of knowing what was meant or how respondents interpreted the question. Both questions received high levels of agreement from

participants—in the case of the former, the second highest level of agreement in the survey. Obviously, the first of the questions signifies a negative outcome ('health has suffered'), whereas the second could relate to positive aspects of behaviour as well as negative. In view of the general tenor of the data from the focus groups, it can be assumed (but is not provable) that many or most respondents were thinking of adverse behavioural impacts.

Impacts on the family

The strongest result in the survey was participants' response to the statement 'People in the community understand what it is like for the families of Vietnam veterans': 89 per cent of participants disagreed. Sons and daughters felt their families were not understood by the community at large.

Not as clear cut, but still with 61 per cent in agreement, was the statement 'There are lots of bad feelings in the family'. The implication in the context of the focus groups is of dysfunctional family relationships and behaviour arising from the war experience.

Impacts on growing up

One topic in the survey relates to participants' thoughts and observations about growing up in a family with a Vietnam veteran. Negative outcomes are apparent from two statements:

- 'My friends understand my family upbringing'—66 per cent disagreed
- 'Growing up the child of a Vietnam veteran has had a positive impact on my life'—66 per cent disagreed.

The majority felt their friends did not understand their upbringing, and although their upbringing did not necessarily have a negative impact on their life it was at least not positive. Again, in context, the implication is that these outcomes were a result of the way the family functioned. On a positive note, however, was a majority view of a beneficial effect on their character and behaviour: 'Growing up in my family taught me how to stand up for myself'; 61 per cent agreed to this.

Impacts on sons and daughters

In addition to ‘standing up’ for themselves, a number of other personal strengths were tested in the survey, some or all of which could be attributable to upbringing. Although these were not subject to high levels of agreement, they nevertheless were strengths and positive attitudes identified by the majority of the participant group:

- ‘My father has taught me how to have discipline in my life’—65 per cent agreed
- ‘I feel confident about my future’—65 per cent agreed
- ‘I feel OK about making mistakes’—57 per cent agreed
- ‘My parent’s war experience has helped me learn to cope in the world’—55 per cent agreed
- ‘I have no difficulty keeping close relationships’—54 per cent agreed.

A subset of the questions in the survey related to help-seeking behaviour in the event of need or feeling ‘very upset’. The majority agreed that they would seek help from a counsellor: ‘I would go and see a counsellor if I needed to’; 81 per cent agreed to this.

This result needs to be seen in the context of the recruiting for the focus groups, which were organised and promoted by the Vietnam Veterans Counselling Service—as the name suggests, a counselling service. Although participants in the groups extended beyond VVCS clients (people who were therefore accustomed to seeing a counsellor), non-clients would also have felt some connection with the service by having been recruited through word of mouth by VVCS clients or through VVCS advertising.

More than six in 10 said they would know what to do if they felt very upset, yet only just over half would talk with friends or family and almost two-thirds would not talk to a doctor:

- ‘If I felt very upset I would talk to my GP’—65 per cent disagreed
- ‘If I felt very upset I don’t know what I would do’—62 per cent disagreed

- ‘If I felt very upset I would talk to my friends’—55 per cent agreed
- ‘If I felt very upset I would talk to my family about it’—52 per cent agreed.

It is a matter of conjecture whether these reactions are peculiar to sons and daughters of Vietnam veterans. It is possible that any group of adults drawn from the community would react similarly; for example, some people would talk to their family about personal problems while others would not, and perhaps many would not discuss being upset with a GP since GPs might be thought of more in relation to physical rather than mental health.

Similar comments could apply to the remaining statements, which appear to imply particular personal strengths or weaknesses that could be attributable to the father’s war experience and might (but equally might not) distinguish these participants from the general community:

- ‘I feel responsible for the problems in my family’—72 per cent disagreed
- ‘People close to me think I have a drug and/or alcohol problem’—71 per cent disagreed
- ‘I feel comfortable to express how I feel in my family’—60 per cent disagreed
- ‘When I am around people who are angry I feel scared’—53 per cent agreed.

It could be argued that a mentally healthy ‘normal’ individual does not feel responsible for problems in their family (assuming this means their parents’ family) and does not have a drug or alcohol problem but does feel comfortable expressing how they feel to their family and does not feel scared when around angry people. On this basis, a majority of the participant group could be judged ‘normal’ on the first two statements but less so on the second two. In the absence of information about how the community at large would answer such questions, no useful insights can be gained from the data.

7.3.2 Survey results analysis

Enhance Management was unable to further analyse the focus group survey data—for example, by preparing cross-tabulations by demographics and correlation of responses.

A range of previous analysis tables were provided and the outcomes of these are included in Section 7.3.1. The following summary draws on those sources. In terms of age, a limited number of differences between younger and older participants were established (see Table 7.1).

Table 7.1 Differences in response to selected survey items: younger and older participants

Younger	Statement	Older
Less likely to agree	‘People in the community understand what it is like for the families of Vietnam veterans.’	More likely to agree
	‘If I felt very upset I would talk to my GP.’	
	‘My parent’s war experience has helped me learn to cope in the world.’	

Longer life experience seems to have engendered trust in and reliance on a personal GP and tempered critical views about the community and the father’s war experience.

Important differences were also found between responses from males and females, as Table 7.2 shows.

Table 7.2 Differences in response to selected survey items: male and female participants

Female	Statement	Male
62% agree	‘When I am around people who are angry I feel scared.’	59% disagree
84% agree	‘I would go and see a counsellor if I needed to.’	70% agree
59% agree	‘If I felt very upset I would talk to my friends.’	57% disagree
58% disagree	‘If I felt very upset I would talk to my GP.’	79% disagree

These differences appear consistent with distinctions between males and females in general. Females are more likely than males to be scared when people are angry and to talk to others (a counsellor, friends, a GP) when they are upset. It should be noted, however, that there were almost twice as many females as males in the sample for which gender was recorded (85 per cent). This means that the results for females are of greater accuracy statistically than those for males.

While differences by age and sex were relatively few, major contrasts in the responses were found between two groups characterised by having negative or positive family experiences or attitudes (see Table 7.3).

Table 7.3 Characterising selected participants by negative and positive attitude to their family groups: responses to two survey items

Negative family	Statement	Positive family
Disagree	'If I felt very upset I would talk to my family about it.'	Agree
Agree	'There are lots of bad feelings in the family.'	Disagree

Of the total sample, 26 per cent fell into the negative attitude group and 27 per cent into the positive attitude group.

Differences in responses to some of the other statements for these two groups are quite marked and statistically significant (see Table 7.4).

Table 7.4 Differences in responses to selected survey items: negative and positive attitude families

Negative family	Statement	Positive family
88% disagree	'I would go and see a counsellor if I needed to.'	85% agree
83% disagree	'Growing up the child of a Vietnam veteran has had a positive impact on my life.'	64% agree
81% disagree	'My friends understand my family upbringing.'	54% agree
58% disagree	'I feel responsible for the problems in my family.'	89% disagree
58% agree	'My father has taught me how to have discipline in my life.'	81% agree
58% disagree	'I feel comfortable to express how I feel in my family.'	80% agree
52% disagree	'I feel confident about my future.'	85% agree
52% agree	'Growing up in my family taught me how to stand up for myself.'	78% agree

Unsurprisingly, those with negative attitudes to their family carry this through to other aspects of their life and orientation. Most particularly, the negative group would tend to:

- not go to a counsellor if they needed to
- not feel that being the child of a veteran had a positive impact on them

- believe their friends do not understand their upbringing.

In contrast, those with a positive attitude to their family would tend to:

- not feel responsible for problems in their family
- feel confident about their future
- go to a counsellor if they needed to.

The previous analysts tried to gain further insight into the survey results by allocating each of the 21 statements to one or two of the following five categories:

- impact of the war
- family functioning
- personal effect/issues
- help seeking
- strengths.

Statistical testing was done by the previous analysts to determine the usefulness (reliability) of these categories in understanding the results. The strength of the associations (measured by the alpha statistic) was reported to be low. These categories were thus found to be of limited utility.

7.3.3 Effectiveness of the questionnaire format

Conducting a survey in conjunction with holding focus groups is a useful way of augmenting the qualitative data captured in discussions with some quantitative measures from the same sample of participants. It is especially useful when there is a large sample available, as was the case with the 65 focus group sessions that were held for this project. That the questionnaire used was short (only 21 statements) and easy to complete (a 1 to 4 scale of agreement) are helpful aspects of the survey design that would have encouraged participants to complete all the questions.

But the effectiveness of a survey most fundamentally depends on the quality of the questions. If questions are unclear, ambiguous, confusing, leading or insufficiently precise the integrity of the results can be comprised. The questions

in a survey also need to have a clear purpose and objective. The intention of each question used for the focus group survey is not apparent in retrospect, and a background discussion of the design intentions and decisions was not among the documents supplied for this re-analysis. More specifically, Enhance Management makes the following observations about the questionnaire:

- Use of ambiguous language and grammar—for example, misuse of apostrophes—can cause confusion and misinterpretation:
 - In the case of ‘My fathers physical health has suffered because of the Vietnam War’, there is not much of a problem since most people have only one father.
 - Similarly, it can be assumed (in most cases) that only the respondent’s father had war experience for ‘My parents war experience has helped me learn to cope in the world’.
 - But in ‘The Vietnam War is responsible for my parents behaviour today’ it is unclear whether this is referring just to the father (my parent’s behaviour) or to both parents (my parents’ behaviour).
- For other questions it is also unclear exactly what is meant:
 - The statement ‘My friends understand my family upbringing’ is problematic because ‘upbringing’ can refer to all sorts of environmental conditions, such as upbringing in the country or the city, as an only child or in a large family, or being loved or abused.
 - On a similar note, ‘People in the community understand what it is like for the families of Vietnam veterans’ provides no guidance about what is meant by ‘what it is like’.
 - ‘I feel comfortable to express how I feel in my family’ could be referring to the family of their upbringing (father, mother, siblings) or it could be referring to their own family (partner, children). It is not clear which one is meant or whether perhaps both should be considered when responding.
- The reasons for inclusion of some of the questions are not apparent. It can be surmised they were intended to help provide psychological profiles of

respondents and so assist in understanding their other responses. The scientific basis for this is not, however, explained for statements such as:

- ‘I feel responsible for the problems in my family’
 - ‘When I am around people who are angry I feel scared’.
- In relation to understanding major health problems and concerns (such as suicidal ideation and suicide attempts, alcohol and drug abuse, depression, anger and anxiety), which arguably participants might have been more willing to divulge in a questionnaire than in a focus group discussion, the questionnaire contains only one question:
 - ‘People close to me think I have a drug and/or alcohol problem’, which could have been intended as a less confronting way of asking whether the participant in fact believed they personally had a drug or alcohol problem. The logical difficulty with the question is that others (even when ‘close’) might be unaware of the problem because the affected person ‘hides’ it or, alternatively, considers that outsiders cannot perceive it.
 - The four-point scale is limiting because it provides no option for a ‘Neither agree nor disagree’ response; nor is there a ‘Not applicable’ option:
 - For example, if someone feels there are no ‘problems’ in the family, it is not obvious how they should answer the statement ‘I feel responsible for the problems in my family’ other than to refrain from responding.

Although the most suitable number of scale points to use is a perennial (and unresolvable) question in market and social research, as a general rule providing more differentiation by using a seven- 10- or 11-point scale is preferred over a four-point scale because more variation in responses is then usually available for statistical analysis and thus better insights into the results can be gained. Whether the survey questions were pre-tested in a pilot study was not stated in the documentation supplied. Enhance Management considers that the survey could have been more effective had more development and pre-testing of the questions been done.

The brief for the re-analysis specifically sought comment on the level of no responses in the results. In fact, the number of respondents not answering questions is relatively low for a self-completion survey, ranging from one person (0.3 per cent) to a maximum of 11 (4 per cent). The latter occurred for the last question, 'Growing up the child of a Vietnam veteran has had a positive impact on my life', suggesting that some participants might have been rushing to finish or, since a 'Neither agree nor disagree' option was not available, they simply neither agreed nor disagreed with the proposition. Perhaps more pertinent to non-response is that, of the 426 participants in the focus groups, only 313 participated in the focus group survey. This was, however, largely a result of the 82 Victorian focus group participants not being asked to complete the survey. This breakdown in consistency across locations is regrettable. Of the remaining 344 participants, 31 (9 per cent) did not wish to complete the survey or provided insufficient data to be included. This does not appear to be a particularly high 'refusal' rate in view of the sensitive subject matter. A higher completion rate might have been obtained by providing an explanation on a cover page or at the top of the survey form about how the data were to be used and why it was important to complete the survey.

7.3.4 Comparison of qualitative and quantitative data from the focus groups

Comparison of data from the qualitative and quantitative aspects of the focus groups is difficult because the groups identified a very large number of themes and concerns, whereas the quantitative data were confined to the testing of 21 statements. Furthermore, five of the 21 statements were concerned with potential help-seeking behaviour. Although the focus groups included questions about what participants would do if a friend needed help when emotionally upset and the services and programs that could be useful (which Enhance Management considered out of scope for the re-analysis), they did not cover participants' own help-seeking behaviour. There is therefore no useful comparison on these questions, other than the responses being considered as a personal strength or weakness.

The remaining 16 questions did provide some quantitative measures for general themes arising in the focus groups. It is worth reiterating that the purpose of qualitative research is to establish what the concerns are, while quantitative research is designed for measuring the extent of the concerns in the population in

question. Ideally, the quantitative survey would be designed and implemented after the focus group outcomes have been analysed, so that the most pertinent and important themes can be tested quantitatively rather than the survey being conducted concurrently. Table 7.5 summarises the qualitative and quantitative data from the focus group participants.

Table 7.5 Qualitative and quantitative data from the focus group participants, by theme: a summary

Theme	Qualitative matters	Quantitative measures
Impact on father	<ul style="list-style-type: none"> Physical health conditions Mental health disorders Dysfunctional behaviours Controlling behaviours 	<ul style="list-style-type: none"> 86% considered father's physical health suffered 76% considered war responsible for parent's behaviour
Impact on family	<ul style="list-style-type: none"> Family different from outsiders Conflict in family Life difficulties for mother 	<ul style="list-style-type: none"> 89% considered community doesn't understand families of veterans 61% perceived lots of bad feelings in the family
Impact on growing up	<ul style="list-style-type: none"> Friends not understanding Missed a normal childhood Feeling isolated and different 	<ul style="list-style-type: none"> 66% considered friends don't understand their family upbringing 66% considered growing up the child of a Vietnam veteran did not have a positive impact on their lives 61% considered growing up in their family taught them how to stand up for themselves
Impact of father on son or daughter	<ul style="list-style-type: none"> Personal strengths—self-discipline, independence, high achievement 	<ul style="list-style-type: none"> 65% considered father taught them personal discipline 55% considered father's war experience helped them learn to cope in the world
Son's or daughter's behaviour and mental health	<ul style="list-style-type: none"> Concerns about physical health Mental health problems—depression, anxiety, anger, alcohol and drugs Poor self-image—low self-esteem, lacking confidence, poor social skills Dysfunctional behaviour—bad relationships, emotional withdrawal, avoiding contact, short temper, anger, violence Resilience—emotional strengths, coping skills and strategies 	<ul style="list-style-type: none"> 72% did not feel responsible for the problems in their family 71% did not feel as though they were seen by others to have a drug or alcohol problem 65% felt confident about their future 60% did not feel comfortable expressing how they feel in their family 57% felt OK about making mistakes 54% felt no difficulty keeping close relationships 53% felt scared when around people who are angry

In general terms, the survey questions cover the same broad themes as those covered in the focus groups. Important themes that come through in both the

qualitative and the quantitative work include the perception that the Vietnam veteran father's physical health suffered because of the war and that the community in general and the sons' and daughters' friends did not understand their family or family life. There is also a theme in both areas that the father had positive impacts on sons' and daughters' lives by teaching them personal discipline and coping skills.

On the other hand, where the qualitative and quantitative data differ most markedly is in specific concerns and personal strengths among sons and daughters. The qualitative research includes mentions of a large number of different considerations and personal attributes. The tabulation of the qualitative research re-analysis in Appendix G includes over 130 items, and the majority of these are summaries or abstractions of more specific matters individuals in the focus groups mentioned. Of necessity, a quantitative survey can test only a relatively small number of themes or statements. The ones chosen in this instance—perhaps because they were designed *before* the focus groups were held—do not appear to be the most incisive or relevant ones. For example, important topics such as violent behaviour, self-harm, and concerns about inadvertently following their father's bad behaviour in their own relationships were not included in the survey.

Nevertheless, a valuable contribution of the quantitative data as an adjunct to the qualitative identification of themes is its demonstration that particular problems for sons and daughters (even among this self-selected Vietnam Veterans Counselling Service group) were not as ubiquitous or applicable to the majority as a reading of the focus group reports might suggest.

7.4 The national publication

The objective of the national publication, *'... And the Pine Trees Seemed Greener after That': reflections by sons and daughters of Vietnam veterans* (VVCS 2004), was to present stories and images of hope from sons and daughters of Vietnam veterans, showing how they have dealt with challenges and adversity in their lives.

In keeping with this objective, important themes among the contributions published are to do with hope for the future, ‘moving on’, resilience, love, understanding and forgiveness. Another thread of contributions concerns support from family, the Vietnam Veterans Counselling Service, and VVCS sons and daughters groups. A small number of contributors mention being proud of who they are and/or of their father’s service in Vietnam. The dominant theme throughout the publication, however, is an amalgam of emotions relating to the impact of the father’s service in Vietnam—particularly the effect on the family and growing up with varying degrees of emotional pain and dysfunction. The emotions associated with looking back on childhood or thinking about their father’s physical or mental health range from regret and sadness to continuing hurt and anger.

Less frequent in appearance—but nevertheless significant—are accounts of past, and in some cases continuing, severe mental health problems, among them depression, hating their father, mental torment, lack of self-esteem and attempted suicide.

Extracts for each of the main themes covered in the publication are presented in the following sections. Appendix H provides a full list of the themes, plus quotes from each of the published contributions.

7.4.1 Moving on and hope

The theme of hope is reflected in the publication’s title, which is drawn from an account in which the father tore his pants while jumping on a trampoline at the beach: ‘He was embarrassed but he laughed at himself anyway, and the pine trees seemed greener after that’ (p. 53).

Although the title comes from an apparently trivial incident, the idea of a particular event leading to new hope is mentioned several times in the publication:

[Planting a tree at my father’s grave] was a symbolic gesture of burying the past to enable me to move on into the future. (p. 135)

[Following] a point of rage that exploded ... things were never the same after that. I was no longer afraid. (p. 75)

This piece reflects letting go of all [the negative experiences] and the need and want to move on to a more positive experience. (p. 6)

More generally, hope is expressed for the future and leaving behind an unhappy or tortured past:

Tomorrow is a positive aim, not hindered by worry and care. (p. 48)

I decided I was not going to be beaten. I was going to get on with my life and push those things that were filling me with rage out of my life. (p. 5)

The good news is that in the end, it's all going to be OK. (p. 39)

7.4.2 Strength and resilience

Some sons and daughters reflect on their experience as the child of a Vietnam veteran and attribute their own strength and resilience in life to what they learnt from that experience:

... The fact that I am the daughter of a Vietnam vet, I think only makes me stronger ... has helped me overcome many things ... Fight for what you want, don't ever give in, and along the way never forget your family, yourself, and your Dad, Vietnam veteran. (p. 62)

Growing up a frightened child is not a lot of fun ... Grown up from all this mess somehow, I have a stronger power. My courage grows, my spirit soars ... I have the strength to cope. (p. 121)

[Like a tree] I will grow through the rubble, I will be free. (p. 65)

7.4.3 Gratitude for support and counselling

Some of the sons and daughters see the support of family and friends, and counselling from the Vietnam Veterans Counselling Service, as helping them put the past behind them and gain mental composure and strength, particularly in terms of understanding themselves and their father:

[My] family and friends ... always reach out to help me when I don't feel like I can do it on my own. (p. 10)

I got in touch with the VVCS. It was one of the best things I ever did, for myself ... What I learned from the VVCS made it possible for me to begin to understand and forgive my father. (p. 123)

I am so thankful for that counsellor, she helped save my life, but most importantly she helped me to help myself. (p. 37)

[Since counselling] I'm not so scared of depression anymore. I know I have a support system, I am not alone. (p. 33)

7.4.4 Pride and gratitude

A sentiment somewhat different from the majority of the themes that emerged but expressed often enough to be identified as important involves pride in and gratitude for being the son or daughter of a Vietnam veteran:

Dear Dad ... how very proud I am of you ... I am so very proud that you have tried so hard to make up for lost time with our family ... You have taught me the best skill of all—learning through experience. (pp. 104–5)

I am proud that my father fought in Vietnam, it is part of who I am today; not perfect but unique. (p. 33)

I'm a daughter of a Vietnam veteran and damn proud of it. (p. 52)

Some of these comments are in contrast with the apparently negative public perception of service personnel returning from Vietnam at the time.

7.4.5 Understanding and forgiveness

A sentiment related to moving on and resilience and evident in a number of the contributions is that growing up has led to an understanding of their father and the reasons underlying the difficult times the son or daughter had as a child. In many cases this too has resulted in forgiving the father for the hurt he caused them and the family:

I realise now it was not his fault, he was not to blame for all that had happened, he was only trying to deal with what he went through in Vietnam. (p. 11)

He didn't talk about it other than to say he'd been. I now understand how hard that is, to try to deny a time in your life. (p. 18)

I yearn to understand him in every way I can ... I know he'll never fully leave his dark and noisy jungle. (p. 121)

Now I'm 35. I've forgiven my father, though I can't forget. (p. 89)

7.4.6 Anger

A dominant theme concerns sons' and daughters' anger, regret, and a mix of related emotions over what they feel happened to their fathers and, by extension, their families and themselves because of the Vietnam War:

I'm also very angry about this war. I feel it took away the father I was supposed to have ... I am disgusted with the manner in which [they] were all treated upon [their] return from hell. (pp. 104–5)

I was ... angry and confused about why my father is the way he is. (p. 5)

As a small child, I couldn't understand why my Dad was such a cranky bastard ... I didn't understand why no one wanted to talk to me either or why they kept their distance like I had something contagious or why they teased me. I hated it, I really did. (p. 52)

My father ... returned spiritually wounded, unable to adjust to the quiet comfort of life in rural Australia. (p. 32)

... He did come back, but he wasn't the same and never would be. And one day he would die, as much a casualty of the War as if he had died in the jungles of Vietnam. (p. 132)

Angry but not all is hatred. If only I could tell him. If only it was different. (p. 93)

I wish with all my heart that you were better, that you could find joy, find peace, finally laugh. (p. 64)

I imagine him as he was then and how he might have been if he were alive. (p. 103)

7.4.7 The pain of growing up in a veteran family

A specific area of the pain and regret that some contributors focus on is their experience of growing up as part of the family of a Vietnam veteran. They suggest that as the children in the family they suffered pain and hurt as a result of their father's behaviours:

Growing up as a child of a Vietnam veteran was hard ... I always felt so alone, I could never talk to my friends about what life was like living with my Dad. (p. 11)

Thinking about the bad times of my childhood is like picking a scab. (p. 89)

7.4.8 The pain of being a veteran's son or daughter

Feelings of anger, sadness, confusion, hurt, frustration and many other things come out in a variety of the contributions. These are not specifically focused on the father or growing up but more generally seem to be a lament about being who they are—the child of a Vietnam veteran:

... The torment, agony and frustration imposed upon not only the veteran, but his family too. (p. 79)

I felt confused, hurt and all by myself. (p. 11)

I would like to be the girl I used to be before I got angry. (p. 131)

A lot of the time, she doesn't know why she is feeling so sad. She just wishes that sometime someone will understand. (p. 94)

7.4.9 Mental health problems

In some cases, for the sons and daughters the pain of being who they are appears more pronounced and more in the realm of mental health problems. Manifestations of depression, violence, mental torment and low self-esteem emerge from a number of contributions:

When I was 15 yrs old, I tried to slash my wrists; I had had enough of it all. (p. 11)

I suffer from depression ... I wanted to sleep and never wake up; life was too much damn effort. (p. 11)

I had an emotional breakdown, crying, sobbing, I was in intense pain inside and I thought it would never end. (p. 37)

Why am I so angry? ... Why am I so depressed? ... Why am I not happy with my life? ... Violence stems from being angry. (pp. 108–9)

I am 32 and my self-esteem still gets in the way of social interaction. (p. 34)

There is, however, only one report of attempted suicide.

8 Discussion

The findings from the material supplied for re-analysis would ideally provide a profile of sons and daughters of Vietnam veterans and an unbiased snapshot of their state of health. In reality, though, the findings need to be understood in the context of the limitations that apply to the source information. Various limitations in the source material are discussed in the next section, among them design shortcomings, anomalies, misleading reporting, and errors in analysis. Notwithstanding these limitations, however, a number of consistent findings emerge in relation to the mental and physical health of the sons and daughters and their resilience despite past experiences and life's challenges. These are discussed in Sections 8.2 and 8.3.

8.1 Data limitations

8.1.1 The clinical audit data

Enhance Management received two descriptive reports on the clinical audit process. Confusingly, the reports are based on different numbers of cases registered by the Vietnam Veterans Counselling Service. The 'Clinical audit descriptive report' presents results based on data from 639 sons and daughters; the 'Descriptive report of the Sons and Daughters Project clinical audit' uses data from 615 registrations, and the data frequencies supplied for individual centres cover 686 cases. The differences in these reported figures appear to be a result of different locations or regions being included in the data sets and differences in the way locations and regions were labelled. Across all the sources, however, there are no data for Victoria, giving rise to the situation that the data in aggregate are not fully 'national'.

A source of potential limitation in the data collected is the inconsistency in how the clinical audit information was assessed and recorded. First, different clients might have been more or less honest or accurate in what they presented and, second, individual counsellors might have recorded and assessed the matters presented differently. Further, large variations by location in the recorded occurrence of specific client problems and concerns could reflect the interests and

expertise of particular counsellors involved in the audit, rather than being a function of the clients' geographic situation. The fact that data on 10 specific problems and concerns not included in the main audit checklist were not recorded at all or only in part for some locations is also illustrative of inconsistency in the data collection.

Another limitation in the data supplied is that analysis outputs—frequencies, cross-tabulations and analysis of variance, or ANOVA—provided analysis only by demographics. To understand the co-occurrence of problems, frequencies of problem combinations and cross-tabulations of problems with each other would be needed.

8.1.2 The focus group data

Enhance Management identified several types of limitations in the focus group data provided for analysis. A major limitation involves the considerable variation and inconsistency in the extent and content of the reporting from different locations. The nature of the participants (or the sample) in the groups also constitutes a data limitation.

Inconsistency of reporting

The reports provided from the focus group sessions generally consist of a series of words or phrases and quotes from group participants, organised by themes and sub-themes for each location (region or city).

Despite the focus group designers' desire for consistency of reporting across regions, as described in the facilitator's kit, this was not actually achieved, and the style and content of the reports varied greatly. The lack of consistency and, more importantly, the apparent lack of detailed data for some regions in comparison with others constitute a serious limitation. The most important and severe shortcoming in this regard is that no reports were provided for regions identified in the national report as 'Sydney', 'Newcastle' and 'Northern Territory'. Oddly and confusingly, however, detailed group attendance tables that were also provided identify groups held in Sydney, Parramatta and Campbelltown (perhaps collectively referred to as 'Sydney'), Wollongong and Dubbo, but there is no reference to Darwin.

Enhance Management noted the following characteristics of and differences between the regional reports supplied for the re-analysis:

- ACT (Canberra and Wagga)
 - This is the only report in the form of a ‘traditional’ focus group report, with an analyst’s summary statements of interpretation and conclusion supported by selected quotes from participants—although with many of the same quotes repeated in different sections.
 - It is also the only report to include a summary, background material, recommendations and a discussion of limitations.
 - The results of the focus group survey are also included.
- Victoria
 - This is the most comprehensive, apparently thorough and longest of the reports, although the matters raised are reported in a very abbreviated style (unlike the majority of the other regional reports).
 - It is also the only report that provides data on the number of mentions of specific themes across the focus groups conducted, some of the themes being followed by a parenthesised number—for example, ‘Parents separated/divorced—in several instances only temporarily (31)’, which presumably means that this was mentioned by 31 of the 82 participants in the 12 focus groups in Victoria.
 - There is a lack of consistency, however, in the way the counts are presented, with x2, x6, and so on, sometimes appearing at the end of themes, presumably meaning the same as (2), (6), and so on, and one could guess (although it is not stated) that where no number appears the specific theme or observation was mentioned only once.
- Lismore
 - This report consists of mostly paragraph-length quotes organised under subheadings.

- Many of the quotes are repeated under different subheadings.
- South East Queensland (Southport, Gold Coast and Maroochydore, Sunshine Coast)
 - In note format, this report mostly uses short phrases or sentences (often just one or two words) together with a few verbatim paragraphs; it is organised by subheadings.
- Townsville
 - The information is confusingly reported and uses a mix of the first and third persons—for example, ‘My Dad ...’ as opposed to ‘... made her feel ...’
 - A mix of full sentences and separate words or phrases is used, the same quotes being repeated under different headings.
 - Helpfully, but unfortunately confined to this report, notes on group agreement on particular points are provided—for example, ‘Others agree with this’; ‘Effect of chemicals and what it means for my children ... a very dominant theme which keeps emerging’.
- Tasmania
 - This report is more in note form or short phrases rather than full sentences; for example, the ‘resilience’ section is made up of a list of items consisting of one or a few words.
 - There is a mix of reporting in the first person (for example, ‘He used to have nightmares and stuff’) and the third person (for example, ‘Two of the participants reported ...’; ‘Several members of her family ...’). The latter is useful when, for example, ‘8 of 10 participants reported ...’ is used, but minimal information of this nature is included.
- South Australia
 - The reporting style ranges from single words to long quoted paragraphs.
 - The same full paragraphs are repeated multiple times under different sub-themes.

- Most, but not all, of the entries are identified as F or M (female or male).
- Some additional information is provided with a small number of quotes—for example, ‘Others in the group agreed’ or ‘General agreement’.
- Western Australia
 - This is briefest of all the regional reports. It consists mainly of short phrases, sometimes single words, listed under headings; it is thus difficult to understand the context in which the words or phrases were used.
- National
 - The summary report is organised according to the main themes discussed in the groups; it is presented as narrative, with a mix of dot points and a small number of quotes from participants.
 - The reporting on the focus groups is somewhat confusingly interspersed with discussion of the overall results from the focus group survey, greater emphasis seeming to be given to the survey results than to the focus group discussions.

The lack of consistent reporting for the various locations means that additional information supplied in some reports—such as identification of male and female, observations of agreement among members of a group, and the number of mentions of a topic—cannot be used to any effect since corresponding information from other locations is missing. To a large extent, however, as discussed in the next section in relation to the content of the reporting, this is irrelevant because the objective of the focus groups was not to establish the frequency of occurrence of a topic (which is the role of survey research) but to establish the range of opinions held in connection with a particular topic.

The content of the reporting

In addition to the variability of the reporting, at a more fundamental level the way the focus groups were designed, conducted and reported on can be questioned.

As noted in Section 7.2.2, the large number of focus groups held ruled out having a single facilitator moderating and reporting on all the groups, leading to a loss of the insight that would naturally be developed if the same person moderated all groups. In any case, relying on note-takers to record spoken words limits the data to what was said, thus excluding information about body language and group dynamics, factors that can augment understanding.

Following on from that, it should be noted that Enhance Management's thematic analysis can work only with the topics that were raised (and reported) in the groups and cannot give an indication of the strength of these themes or how often they were raised. It is also possible that a small number of people were responsible for a majority of quotes and for raising topics listed in the reports while others had little to say—and indeed might have had differing experiences and opinions. The diversity of views and the conviction with which these views were expressed could be assessed only by someone who had been present at the sessions reported.

Enhance Management also made an assumption that the content of the reports supplied covers all groups in the location or region in question. This might or might not be the case.

Participation in the groups

Another limitation in the data concerns who participated in the groups and how they participated. The ACT report (more fully identified as 'Regional report—ACT & southern NSW') responds to some of these limitations. First, it notes that those attending focus groups are self-selected and so are not necessarily drawn from all sections of the broader population of Vietnam veterans' sons and daughters. The people who attended were recruited using media advertising, Vietnam Veterans Counselling Service publications and a word-of-mouth ('snowballing') approach. Given that VVCS instituted and organised the focus groups, its own publications and the word-of-mouth approach would have a tendency to lead to over-recruitment of people who had had some contact with VVCS, despite the fact that participants in the Veterans Children Education Scheme and the Australian Vietnam Veterans War Trust also received information. Further, it can be assumed that focus group participants self-selected on the basis that they felt functional and capable of attending and discussing their concerns with others and also that

they believed there was a connection between problems they had and their father's Vietnam service. Consequently, two types of sons and daughters might not have been included in the focus groups:

- those who were highly dysfunctional or had a 'high-crisis' type of lifestyle
- those who did not associate difficulties in their life with their father's Vietnam War service.

The results of the focus groups are therefore probably indicative only of the thoughts, feelings and experiences of a particular subgroup of sons and daughters of Vietnam veterans, rather than capturing a wider representation of themes and views among the broader population of the children of Australian Vietnam veterans. Second, participation in the groups was necessarily limited. Like all focus groups, these groups had to be conducted within a very limited period, and a large number of questions were put to the groups, ideally inviting quite intense, detailed and complex discussion. Obviously, with up to 10 people in each group, not all participants would have had an opportunity to contribute their thoughts and details of their experiences when they had something to say. More importantly, what participants did say might well have been limited by social conventions. In particular, mental illness is not easily discussed in a group context because of the stigma associated with it. As a result, things to do with conditions such as depression might have been largely suppressed in discussion. Similarly, stigma, shame and secrecy are often associated with suicide, so suicidal ideation, attempted suicide and actual suicide in the family might have been mentioned less often than they ought to have been. Indeed, suicide is mentioned relatively rarely in the focus group reports.

8.1.3 The focus group survey data

The methodology adopted for the focus group survey accounts for the most serious data limitations. The crucial factors are the timing of the survey and the design of the questionnaire. The way the survey results were analysed and reported and the nature of the respondents (that is, the nature of the sample) also constitute limitations of the data.

Survey timing

Focus groups participants were asked to complete the survey form after their focus group session. The problem with this approach is that respondents might be strongly influenced by the discussion that had just taken place, particularly by others' opinions and descriptions of their experiences. Participation in a group might not change a person's views, but there is a risk that it will skew their levels of agreement and disagreement more towards what they have just heard and seen. That is, conducting the survey after the focus groups could have affected the integrity of the data collected. It would have been better if the survey had been conducted before the groups started. Alternatively, the survey could have been sent to participants for completion some time after the focus groups—after sufficient time had elapsed for the detail of what others said to fade in memory to a large extent—or, even better, sent to a similar but different group of people. This latter option would allow the survey questions to be developed on the basis of the outcomes of the focus groups.

Questionnaire design

As noted, the 21 questions in the survey were rather idiosyncratic in nature; some were also ambiguous, and some seemed to lack a clear purpose. In most market and social research projects for which there are qualitative and quantitative research phases, quantitative research is conducted after the qualitative research. The qualitative phase is used to identify the range and details of themes associated with the topic, and a survey is then designed around the main findings so as to provide quantified data on those themes for the target group or population. This general approach dovetails the two types of research to allow for an overall understanding of the topic, in terms of the what and why of the views people hold and measures of how many and to what extent people have those views.

In this case—with the survey questions being designed in conjunction with the focus groups—there was no opportunity to use the focus group findings as the basis for the questionnaire design. This, along with the other problems of poor questionnaire wording and construction, leads to limitations in the collected data. It also seemed that the questions were not adequately tested and checked before being administered to focus group participants.

Survey analysis and reporting

As noted in relation to the analysis and reporting of the survey, the mean (average) figures previously reported for each statement are incorrect because the averages were calculated with the inclusion of a '9' value for missing responses. Since there was only small number of missing responses, the error is essentially relevant only in the second decimal place of the reported means. The means should not, however, have been reported to two decimal places at all: they should have been reported to only one.

The reason the results are correct to one decimal place only is that the 313 respondents effectively constitute a sample of the type of people relevant to the study. Normal sampling practices should therefore be applied to the results. From the dispersion of responses to each statement, a standard error of the mean, or SEM, can be calculated. At the 95 per cent confidence level, the accuracy of a calculated mean (M) is within two times the SEM from the mean. Thus, the sample result is correctly stated as M plus or minus 2 SEM. As shown in Appendix E, 2 SEM for all the statements in the survey is 0.1, so all the means are accurate only to the first decimal place and technically should be presented as $x.x \pm 0.1$.

An unexplained anomaly in the data from the survey concerns the numbers of sons and daughters allocated to the 'negative' and 'positive' family experience groups. In both the 'Brief report on the data analysis from the focus group survey' and the 'Draft report of the national focus group consultation' provided for this re-analysis, the positive family environment group (called 'group a') is said to comprise 84 participants and the negative family environment group ('group b') 81 participants. In the cross-tabulations provided, however, the number in the positive group is 84 but the number in the negative group is 110. In the present report the figures from the previous reports are used, although it is not clear which figures are correct.

The nature of the respondents

A further limitation to the survey data concerns the fact that no data were collected for Victoria, so the results are not national. The sample is not random in any sense and so cannot be construed as being representative of sons and daughters of Australian Vietnam veterans. The participants were already known

to or recruited through the Vietnam Veterans Counselling Service and therefore might have sought VVCS counselling or had friends receiving counselling or were in some other way exposed to VVCS recruiting efforts for the focus groups. In addition, they self-selected to take part in a focus group, and further self-selection applied to those who completed the survey (except in Victoria, where, as noted, the survey was not conducted).

8.1.4 The national publication data

As for the other component of this re-analysis, the published contributions in *'... And the Pine Trees Seemed Greener after That': reflections by sons and daughters of Vietnam veterans* (VVCS 2004) are not in any way representative of sons and daughters of Australian Vietnam veterans. Selection limitations applied to the material presented for publication:

- Contributors had to be known to the Vietnam Veterans Counselling Service and/or had to be aware of the invitation to submit material for the publication
- Contributors were most likely sons and daughters who had attended creative writing and drawing workshops held in the VVCS offices in preparation for the publication.
- Contributors self-selected on the basis that they had something to contribute that they felt had artistic merit.
- The contributions actually published were chosen by those responsible for the publication on behalf of VVCS.

The result is that the final selection of material was influenced by a range of factors and potential biases. This means the publication presents contributions that are interesting and varied and provide insight into the experiences and mental and physical health of the individuals who contributed, but it cannot be regarded as representative or typical of sons and daughters of veterans.

8.2 Health

8.2.1 The clinical audit

More than eight in 10 members of the audited group were assessed as presenting with a medium to high complexity of problems. About one in three were assessed as being at medium to high suicide risk. Medium to high frequencies of mental health concerns—including depression, low self-esteem and problems with stress management—were apparent. The most common problems were relationship difficulties and family conflict.

In relation to mental health affecting physical health, over a third presented with drug and alcohol problems and a third with previous suicidal ideation; almost half had been a victim of violence in the past. Factors associated with violence and suicide at the time of the audit were less common but nevertheless involved substantial proportions of the group:

- recent suicide attempts—8 per cent
- suicidal ideation—23 per cent
- victims of violence—17 per cent
- perpetrators of violence—14 per cent.

Increasing age was associated with increased numbers experiencing parenting difficulties, relationship difficulties, and drug and alcohol problems. Further, males were more likely to present with drug and alcohol problems and current suicidal ideation. Stress management problems, depression and anxiety were more associated with females.

Unemployment was found to be associated with higher levels of most problems, including drug and alcohol problems, suicidal behaviour, current violence, and difficulties with anger management.

8.2.2 The focus groups

The focus group discussions uncovered a multitude of physical and mental health concerns among participating sons and daughters. Physical health concerns centred largely on the perceived actual or potential effects of genetic inheritance

for themselves and subsequent generations as a result of the father's exposure to chemicals—particularly Agent Orange—in Vietnam. Among the serious physical and mental health concerns raised were suicide attempts and ideation, depression, anxiety, uncontrollable anger, and alcohol and drug problems. More in the domain of mental health were a wide range of self-diagnosed personal difficulties such as low self-esteem, lack of confidence, poor communication skills, poor relationship skills and unreasonable expectations of oneself.

Other areas of concern were bad relationships, avoiding intimacy, emotional withdrawal and behaviour emulating their father, such as short-temperedness, uncontrolled anger and use of violence. Participants with children mentioned inadvertently emulating negative parenting behaviours of their parents; indeed, some participants did not want to become parents for fear of being unable to be a good parent.

At the heart of the matters raised in the focus groups was a general perception and belief that sons' and daughters' health problems are attributable to the father's Vietnam service and the family situation and dynamics while the sons and daughters were growing up.

8.2.3 The focus group survey

Mental and physical health problems among the sons and daughters are difficult to 'diagnose' on the basis of the results of the focus group survey. Although three in 10 felt that people close to them would think they had a drug and/or alcohol problem, it is not possible to draw definitive conclusions about the extent of actual drug and alcohol problems among these sons and daughters. Perhaps some do not have a problem with drugs or alcohol and other people just think they do; others might have a problem but people close to them are not aware of it; and still others with a problem might simply think that others are not aware of their problem.

A number of other statements in the survey could be regarded as designed to assess mental health, yet they could just as readily be seen as reflecting 'normal' behaviour regardless of how they are answered. In any event, in each case a majority of those surveyed could arguably be judged as not having a mental health problem on account of the following:

- ‘not feeling responsible for the problems in their family’
- ‘not feeling comfortable to express how they feel in their family’
- ‘not having difficulty keeping close relationships’
- ‘feeling scared when around people who are angry’.

8.2.4 The national publication

Evidence of individual sons and daughters having physical and mental health difficulties abounds in the national publication, and the impression is reinforced by the professional advice sections interspersed throughout the publication; the sections provide advice about ‘getting through tough times’, coping with depression, relaxation, healthy relationships, drug and alcohol use, parenting, managing anger, mentally healthy lifestyles, and recovering from mental illness.

Among the specific physical and mental health difficulties reflected in the publication are suicidal behaviour, depression, anxiety, anger, violence, guilt, self-blame and low self-esteem. Other emotions—such as sadness, hurt, frustration, confusion and conflicted feelings—are also mentioned. These feelings can be prompted by difficulties experienced in people’s current lives or when growing up or by what is perceived to have happened to their father and family as a result of the Vietnam War.

8.3 Resilience

8.3.1 The clinical audit

The resilience-related characteristics of sons and daughters were not included in the clinical audit checklist but would have been useful in affording a fuller understanding of and balance for the problems and concerns revealed.

8.3.2 The focus groups

A strong topic in the focus groups—on the basis of it being reported extensively in the focus group reports—concerned resilience among sons and daughters of Vietnam veterans. Many references were made to personal strengths such as self-discipline, self-reliance, independence and high achievement. These were often seen as arising from the father’s emphasis of being disciplined and independent

and his having high expectations of his children. Also mentioned were development of coping skills and strategies for dealing with adversity and conflict, again these having developed as a result of the son's or daughter's upbringing (often implied as having to cope with family conflict and adverse family relationships).

It is also apparent from the focus group discussions that among the sons and daughters there is a group who consider themselves 'normal' in terms of their lives, their childhood and upbringing, and their parents. In addition, some say they have good relationships and good social skills, which might or might not be attributable to their father's positive or negative influences while growing up.

8.3.3 The focus group survey

Several questions in the focus group survey dealt with sons' and daughters' resilience and coping skills, largely in the context of being influenced by their upbringing and the teaching of their fathers. The majority of survey respondents evinced positive attitudes and perceptions in relation to their resilience. In particular, they felt:

- 'confident about their future'
- 'OK about making mistakes'
- 'their father's war experience helped them learn to cope in the world'
- 'their father taught them how to have discipline in their life'.

A large majority of focus group participants who completed the survey also displayed a positive attitude to their mental health, agreeing that they would go and see a counsellor if they needed to. Further, just over half said they would talk to their friends if they felt very upset and a similar number said they would talk to their family about it. Finally, six out of 10 believed they would know what to do if they felt very upset. These are all indicators of resilience and coping behaviour.

8.3.4 The national publication

Given the national publication's aim of focusing on resilience and moving on, the majority of the published contributions reflect that theme. In particular, sub-themes of hope, release, growth and personal strength are evident. Related are

expressions of understanding and forgiveness in connection with the Vietnam veteran father and their behaviour. Clearly, too, many are thankful for support they have received—from the Vietnam Veterans Counselling Service, other counselling, family, and Sons and Daughters groups—to help them on the way to resilience and coping.

9 Conclusion

Throughout the four aspects of the project that provide the source documentation for this re-analysis two important conclusions about sons and daughters of Vietnam veterans emerge:

- They suffer or perceive that they suffer from a variety of mental health problems.
- They are remarkably resilient, this being in part attributed to their father's discipline and behaviour.

These are, of course, generalisations: some individuals perceive themselves as not having any problems at all, while others are overwhelmed with problems and are not at all resilient.

An overall conclusion about the material supplied to Enhance Management is that some aspects of the data collection design and the analysis and reporting of results are flawed from a research perspective and, in retrospect, might have been done better. Specific conclusions relating to each aspect of the project follow.

9.1 The clinical audit

The picture that emerges from the clinical audit statistics is one of a group of relatively young people, about half of whom have been victims of violence in the past—presumably mostly as children. A large proportion of these people had relationship difficulties, and many suffered from depression and low self-esteem. A situation of family conflict was common, and there were moderately high occurrences of difficulties with stress management, anxiety and anger management.

The audit checklist used could have usefully included rating scales—instead of 'yes-no' indicators—for problems mentioned, as well as measures of positive mental health. Other possible improvements to the checklist include revised wording and clarifying options to avoid possible ambiguity, particularly in relation to occurrences of violence. Specification by category of the perpetrators of

violence, where the subject person was the victim, and by category of the victims of their own violence would afford a clearer understanding of the person's history and circumstances in connection with violence.

9.2 The focus groups

Despite the fact that some focus group participants believed themselves and/or their families and upbringing to be 'normal', the number of concerns raised in the focus groups suggests that many participant sons and daughters believe they had a dysfunctional family life while growing up and have been adversely affected in terms of their health, self-image and relationships as a result.

There being no basis for comparison, it is not possible to draw conclusions about whether these sons' or daughters' experiences and difficulties do in fact stem from their father's war experience. It is possible to speculate that many similar difficulties would be raised in relation to parents, upbringing, current behaviours and relationships among any group of people drawn from the wider community. In other words, the sons and daughters of Vietnam veterans might not be as atypical as they might think. Equally, though, judging from the large number of concerns raised, they could well be correct in their belief that they and their families have suffered greatly and have been damaged as a consequence of their father's service in Vietnam. Only comparative quantitative studies, as commissioned by the Department of Veterans' Affairs, can determine this.

Among the central themes that emerge from the focus groups are adverse physical and mental health effects on the father, adverse effects on the mother (often relating to verbal or physical abuse on the part of the father), family dysfunction and conflict, and adverse effects on the son or daughter—including difficult childhood experiences, relationship difficulties, feelings of alienation, poor self-image, and more serious mental health concerns such as depression, uncontrolled anger, and alcohol and drug misuse.

Shortcomings of the focus group methodology include the large number of groups conducted and substantial variations in the quality and content of the reporting.

9.3 The focus group survey

In relation to the Vietnam War itself, a strong majority of survey respondents felt as follows:

- The community does not understand the factors affecting Vietnam veterans' families.
- Their father's health suffered because of the war.
- The war is responsible for their parents' current behaviour.

The majority also considered, however, that they personally would see a counsellor if necessary and were not responsible for problems in their family. Furthermore, reflecting their resilience and a positive approach to life, the majority believed their upbringing taught them discipline in life and how to stand up for themselves. They were confident about their future, would know what to do if they felt very upset, and felt OK about making mistakes.

On the question of their upbringing, however, many survey respondents felt their friends did not understand what it was like and that being the child of a Vietnam veteran did not have a positive impact on their life. Many also pointed to bad feelings in their family and said they were not comfortable expressing how they felt in their family.

Among the methodological shortcomings of the focus group survey were the timing of its administration (after the focus group discussions, which could have influenced responses), wording and punctuation problems, and lack of clarity or explanation about what the questions were supposed to measure or achieve.

9.4 The national publication

The national publication contains a wide variety of contributions focused on hope, resilience, understanding, forgiveness and moving ahead. Embedded in these sentiments is the premise that there is something in the past lives of contributing sons and daughters that needs to be understood, forgiven and 'moved on' from. That something includes bad experiences and difficult relationships with their father and family, particularly while growing up. General anger and related

emotions are also evident about what is perceived to have happened to their fathers and how this has adversely affected sons' and daughters' own lives.

A proportion of the contributions identify mental health problems—such as depression, emotional breakdown and low self-esteem—that are assumed to have arisen from negative family experiences and growing up in a dysfunctional environment.

10 Recommendations

The recommendations arising from this re-analysis were aimed at assisting with development of the quantitative components of the Vietnam Veterans Family Study. Enhance Management recommended that the quantitative questionnaires, which aimed to measure the physical, mental and social health of Vietnam veterans and their families, incorporate positive, negative and neutral indicators.

Although the survey questions needed to cover a wide range of identified problems and concerns (as identified in this re-analysis) among Vietnam veterans' sons and daughters, as well as among their fathers and mothers, measures that capture positive aspects were also needed. Personal attributes of self-discipline, high achievement, leadership, strength of character, emotional strength and good social skills are mentioned in relation to Vietnam veterans and their children. Resilience, coping skills and a desire to move on are other characteristics that can serve to provide a balanced view of mental and social health.

Also not to be forgotten in the questionnaire design was the fact that, as can be expected of members of the control groups, some veterans and their family members will have no particular problems or strengths and consider themselves 'normal'. Some sons and daughters participating in the focus groups said they felt they had a normal upbringing and live a normal life.

It was also recommended that, to a large extent, the findings of the research that had been conducted for the Vietnam Veterans Family Study—including the results of the re-analysis reported here and the other qualitative research components—be thoroughly assimilated so as to provide the basis (and a cross-checking mechanism) for designing suitable questions for measuring the negative outcomes, both past and current, that have been reported for Vietnam veterans and their families.

One particular factor that emerged among sons and daughters—and could perhaps be overlooked in the design process since it is not an overt physical, mental or social health matter—involves being 'concerned' or worried about their own health and/or the health of their father, mother, siblings and children. This

concern was often associated with the possible future effects of a veteran's exposure to Agent Orange and other chemicals in the Vietnam War.

A further important recommendation relating to development and design of the Main Survey was that best practice be followed in questionnaire design. The focus group survey questionnaire used for the data re-analysed in this project serves to illustrate a number of problems that can occur. The base recommendation in relation to survey design was to ensure that the survey form had the following characteristics:

- It is not overly long or complex.
- Scales used for measures allow for good discrimination of ratings—for example, 0 to 10 or 1 to 7.
- Wording of questions is not confusing, leading or ambiguous.
- Good standard English, including correct punctuation and spelling, is used.
- The survey is fully tested for validity and reliability.

Also noted was that survey testing should incorporate testing reliability (consistent results) and validity (measuring what it is intended to measure). It was recommended that a pilot survey be conducted, in which respondents can be asked for permission to be contacted for a follow-up interview. In such follow-up interviews the designers can ask respondents about how they interpreted and answered particular questions. An interview of this nature is often called a 'cognitive interview'.

Along with the Research Protocol (Centre for Military and Veterans' Health 2007) and meetings with key stakeholders such as the Scientific Advisory Committee and the Consultative Forum, the findings of the qualitative components of the study as outlined in these recommendations were taken into account in the design and development of the Main Survey questionnaire.

Appendix E Raw data provided for the re-analysis of the clinical audit

Table E.1 shows the number of Vietnam veterans' sons and daughters included in the audit by location, demographic characteristics and the problems and concerns recorded.

Table E.1 The clinical audit: location, demographics and problems and concerns reported by sons and daughters of Vietnam veterans

Ref. no.	2	9	6	4	1	8	5	10	3	7	11		
Location	Canberra	Sydney	Newcastle	Lismore	Brisbane	Gold Coast	Sunshine Coast	Townsville	Darwin	SA	WA	Average	SD
Number	39	73	24	27	88	93	33	88	24	100	97	62	33
Demographics	(per cent)												
Male	41	59	54	33	44	38	63	44	58	54	47	49	10
Parents a client of WVCS	69	59	84	91	68	65	74	68	96	77	57	73	13
Age (years)													
Under 15	3	7	4	0	6	10	7	6	9	5	6	6	3
15–19	8	8	8	22	19	12	0	19	14	20	13	13	7
20–24	21	18	21	7	14	21	10	14	18	32	30	19	8
25–29	44	44	38	59	31	34	43	31	27	26	32	37	10
30–34	15	21	17	11	24	14	13	24	27	16	14	18	5
Over 35	10	3	13	0	7	10	27	7	5	1	5	8	7
Average	26	26	27	25	26	25	29	26	26	24	25	26	1
Single	67	56	33	56	50	51	24	50	50	65	47	50	12
De facto	13	24	29	26	29	15	27	29	21	24	31	24	6
Married	18	14	21	11	16	21	12	16	25	6	14	16	5
Divorced or separated	3	7	17	7	5	13	36	5	4	5	7	10	10

Ref. no.	2	9	6	4	1	8	5	10	3	7	11		
Location	Canberra	Sydney	Newcastle	Lismore	Brisbane	Gold Coast	Sunshine Coast	Townsville	Darwin	SA	WA	Average	SD
Have children	31	26	38	41	39	36	38	39	38	26	27	34	6
Employed	46	61	33	52	36	42	42	36	50	41	55	45	9
Unemployed	35	25	46	11	39	24	39	39	25	25	28	31	10
In training or education	19	14	17	37	21	23	6	21	17	29	12	20	8
Vocational training					5	2	3	5	0	2	5	3	2
Secondary education	11	11	4	7	7	11	3	7	13	18	4	9	5
Tertiary education	8	3	13	30	9	10		9	4	9	3	10	8
Other employment status			4		5	11	12	5	8	5	5	7	3
Problems and concerns reported													
Parenting difficulties	18	18	21	22	21	50	43	21	0	85	67	33	25
Relationship problems	77	66	88	85	71	89	90	71	79	86	85	81	8
Drug and alcohol problems	36	40	42	30	27	36	52	27	21	37	44	36	9
Current violence incidents	31	22	38	44	34	28	42	34	0	45	24	31	13
As victim	33	23	50	75	65	75	46	65		47	57	54	17
As perpetrator	67	77	50	25	35	25	54	35		53	43	46	17
Past violence incidents	54	63	71	67	27	56	73	27	13	67	58	52	20
As victim	80	92	100	100	86	98	90	86	100	94	98	93	7
As perpetrator	20	8	0		14	2	10	14	0	6	2	8	7
Current suicidal ideation	18	25	33	26	21	26	25	21	4	22	27	23	7
Recent suicide attempt	8	6	9	0	5	14	13	5	4	7	13	8	4
History of suicidal ideation	39	34	78	33	15	30	38	15	17	36	40	34	17
History of suicide attempts	10	15	44	7	7	15	22	7	8	14	19	15	11
Complexity	74	79	71	92	74	78	82	74	100	93	81	82	9
Medium	37	35	33	33	29	28	30	29	22	36	31	31	4
High	13	26	38	37	29	22	34	29	39	33	25	30	8
Very high	24	18	0	22	16	28	18	16	39	24	25	21	10

Ref. no.	2	9	6	4	1	8	5	10	3	7	11		
Location	Canberra	Sydney	Newcastle	Lismore	Brisbane	Gold Coast	Sunshine Coast	Townsville	Darwin	SA	WA	Average	SD
Risk of suicide	10	42	17	41	17	20	24	17	75	30	34	30	18
Medium		17	9	19	10	9	12	10	38	13	18	16	9
High	8	15	8	11	4	4	3	4	25	6	6	9	7
Very high	2	10	0	11	3	7	9	3	12	11	10	7	4
Anger management	61	55	46	50	46	0	0	46	25	53	29	46	21
Family conflict	70	71	79	35	62	0	0	62	38	81	53	61	29
Stress management	88	48	33	80	73	0	0	73	33	73	37	60	31
Depression	82	74	42	80	68	0	0	68	46	67	57	65	29
Employment problems	30	26	25	70	42	0	0	42	21	42	37	37	20
Anxiety	58	69	21	75	58	0	0	58	21	66	51	53	28
Panic attacks	9	23	8	30	16	0	0	16	21	13	14	17	9
Low self-esteem	85	55	25	85	64	0	0	64	0	70	60	64	34
Sexual orientation	3	0	0	10	4	0	0	4	0	9	5	4	4
Relationship break-up	33	32	21	50	25	0	0	25	0	38	18	30	17

Notes: The right-hand side of the table shows the average of the percentages across the locations (excluding those locations where the problem or concern was not recorded) and their standard deviation. A small standard deviation relative to the average indicates consistency of a characteristic across locations, whereas a large standard deviation indicates that level of the factor differs markedly by location.

The following shading conventions are applied in the table (except for percentages of victims or perpetrators relative to the incident's percentage and the breakdowns to medium, high and very high):

- generally high percentages—60% or higher frequency on average
- low standard deviation relative to the average across locations
- no occurrence of this problem or concern recorded for the location.

Appendix F Focus group themes and sub-themes

Table F.1 shows the themes and sub-themes identified from the focus group reports.

Table F.1 Focus group themes and sub-themes, by location

	ACT	Victoria	Lismore	Southport, Maroochydore	Townsville	Tasmania	SA	WA	National
Number of groups	5	12	4	9	8	5	4	4	65
FATHER'S CHARACTERISTICS									
Physical health									
Father's physical health suffered as a result of Vietnam service	x	x	x	x	x	x	x	x	x
Concern about father's health		x		x	x	x	x		x
Mental health									
Father had mental health problems (e.g. depression, anxiety, disturbed)		x	x	x	x	x	x		x
Father had alcohol and/or drug abuse or addiction problems	x	x	x	x	x	x	x	x	x
Father had posttraumatic stress disorder	x	x	x	x	x	x	x	x	x
Behaviour									
Father exhibited leadership, self-discipline, self-reliance, strength of character (positive characteristics)		x	x	x	x	x	x		x
Father was a different person after the war	x	x	x	x	x	x	x		
Father was violent or abusive	x	x	x	x	x	x	x	x	x
Father was cruel or sarcastic	x	x		x		x	x		x
Father was irritable and moody	x	x	x	x	x	x	x	x	x
Father was often angry, had a short temper, would have aggressive outbursts	x	x	x	x	x	x	x	x	x
Father's behaviour was unpredictable or inconsistent	x	x	x	x	x	x	x		x

	ACT	Victoria	Lismore	Southport, Maroochydore	Townsville	Tasmania	SA	WA	National
Father exhibited obsessive behaviours		x		x	x	x			x
Father always wanted to be in control, to dominate	x	x	x	x	x	x	x	x	x
Father was overly authoritarian		x	x	x	x	x	x		x
Father did not show any affection for or interest in others, was emotionally detached or distant	x	x	x	x	x	x	x	x	x
Father avoided dealing with problems		x							x
Father had strong sense of mateship with other veterans (in a dysfunctional way—e.g. alcohol abuse)	x	x		x	x	x	x		x
Father was racist or encouraged family to be racist (towards Asian people)	x	x	x	x		x			
Father avoided discussing the war	x	x	x	x	x	x	x		
IMPACT ON MOTHER									
Mother suffered hardship because of father's behaviour	x	x	x	x	x	x	x	x	x
Mother bore the brunt of father's aggression, violence, bad moods		x	x	x	x	x			
Mother was controlled or continually criticised by father		x	x	x	x		x		
Mother was very highly strung, neurotic, mentally unstable, mentally ill	x	x	x		x	x		x	
Mother strong, independent, had to do everything, hold the family together	x	x	x	x	x	x	x		x
Mother seen as the peacemaker, mediator	x	x	x	x	x	x			x
IMPACT ON FAMILY AND FAMILY RELATIONSHIPS									
Father was a positive influence on the family		x		x	x	x			
Family life was good, happy		x			x				
Family split up (e.g. parents separated, divorced)	x	x	x	x	x	x	x	x	
Conflict between parents or in the family	x	x	x	x	x	x	x	x	
Family had dysfunctional relationships (e.g. 'didn't get along')		x	x	x	x	x			
Poor communication, misunderstandings within the family		x	x	x	x	x		x	
Father got all the attention in the family		x	x	x	x			x	
Family avoided dealing with problems, arguments, conflict ('walking on eggshells')	x	x	x	x		x	x	x	x

	ACT	Victoria	Lismore	Southport, Maroochydhore	Townsville	Tasmania	SA	WA	National
Father was perfectionist, set standards that were too high for family	x	x	x	x	x		x		x
Family life was overly regimented, father treated family members like soldiers	x	x	x	x	x	x	x		
Father was emotionally distant, avoided having close relationships with family members, was isolated from family	x	x	x	x	x	x	x	x	x
Lack of discipline in the family (e.g. could do anything)		x	x						
Family tried to appear normal, functional to outsiders		x	x	x	x	x	x		x
Family was treated differently by others	x			x	x	x			
IMPACT ON SELF									
Relationship with father									
Felt a lack of connection with or animosity or hate towards father	x	x	x	x	x	x	x	x	
Was verbally or physically abused by father	x	x	x		x	x			x
Felt constantly criticised by father	x	x	x						
Felt guilt about resenting father				x	x				
Employed a variety of coping strategies to reduce or avoid interaction with father	x	x		x	x	x		x	x
Rejected having a relationship with father due to his behaviour					x	x	x		
Proud about father's achievements, service in Vietnam		x	x	x	x	x	x	x	
Only really found out about father's war experiences in recent years		x	x	x	x		x		
Want to talk with father but lack the skills					x				
Growing up									
Had a normal and happy childhood		x		x	x			x	x
As a child, felt was to blame for family's issues	x	x							
As a child, felt scared, frightened of father	x	x	x					x	x
Felt grief about having missed a normal childhood	x		x	x					x
Envied other families' 'normal' lives and relationships		x	x	x					
Realised or discovered later that other families were different	x	x		x	x	x		x	
Vietnam War was never discussed while growing up					x	x			

[illegible]

	ACT	Victoria	Lismore	Southport, Maroochydore	Townsville	Tasmania	SA	WA	National
Have good social and communication skills, am emotionally strong	x				x	x		x	
Have good mediation, negotiation, defusing conflict skills	x	x	x	x	x	x	x		x
Am introverted, have poor social and communications skills	x	x			x				x
Have poor relationship skills	x	x	x		x	x		x	x
Have low self-esteem, feel worthless, inadequate, lack confidence	x	x	x	x	x	x	x		x
Feel lack of 'belonging', lack self-identity	x	x	x				x		
Am perfectionist, have unreasonable self-expectations	x	x	x		x				
Behaviour									
Behave like father, with short temper, violence, uncontrolled anger and relationship problems	x	x	x	x	x	x	x	x	x
Always seeking approval from others		x		x		x			x
Always needing to be in control of situations	x	x	x	x				x	
Have relationship difficulties (e.g. avoid intimacy, dealing with problems, conflict)	x	x	x	x	x	x			
Avoid contact with family due to bad relationships	x					x			
Don't deal with problems, then 'blow up' inappropriately			x	x	x	x			
Avoid drinking alcohol because of father's alcohol abuse		x			x	x	x		
Have problems being around people who drink alcohol due to father's drinking		x	x				x		
Avoid situations, feel scared when people are angry or violent	x	x		x					x
Have trouble expressing emotions to others	x	x		x	x	x	x		
Have trouble trusting others	x	x	x	x	x	x	x	x	
IMPACT ON SIBLINGS									
Relationships									
Siblings felt united, bonded, a need to look after each other		x	x		x	x		x	x
Siblings felt lack of connection, had poor relationships	x	x	x	x	x	x	x		x
Father favoured one sibling over others or one gender over the other		x	x		x				x

	ACT	Victoria	Lismore	Southport, Maroochydore	Townsville	Tasmania	SA	WA	National
Health									
Sibling has physical health problems					x	x	x		
Sibling is at risk of, has attempted or committed suicide	x			x				x	
Sibling has alcohol or substance abuse or addiction problems	x	x				x	x		
Sibling has violence problems		x	x	x	x				
Sibling has mental health problems	x	x		x		x		x	
IMPACT ON OWN FAMILY									
Feel that upbringing has adversely affected ability to parent effectively or at all	x		x		x	x		x	x
Not wanting to repeat the bad parenting behaviour of father or parents	x	x	x	x	x	x		x	x
Feel that treating own children in same bad way (e.g. anger, losing temper) as father did but not wanting to	x		x		x				x
Concerned about the potential or actual health impacts on own children of father's exposure to Agent Orange or other chemicals	x	x	x		x	x	x		x

Notes: An x in a cell indicates that that particular matter was mentioned in the reporting for the location.

Five groups were identified as 'ACT'—four in Canberra and one in Wagga Wagga in southern New South Wales.

The 'National' column represents the overall 'national' report of the focus group consultation.

Themes relating to parents of the participant and family life are expressed in the past tense as these generally relate to reflections about growing up and how their family used to be. It is not meant to imply that the parents were deceased, although that was the case for some, based on reported participant quotes.

Sixty-five focus groups were held nationally. This re-analysis used data from only 51 groups because no reports for the other 14 groups (six in Sydney, six in Newcastle and two in the Northern Territory) were available to Enhance Management.

Appendix G The focus group survey

Table G.1 shows the raw data for the re-analysis of the focus group survey as well as the calculated mean (excluding the missing responses), the percentages for the two categories of ‘Agree’ and ‘Disagree’, the standard deviation and two times the standard error of the mean (which represents the theoretical dispersion around the mean of 95 per cent of responses in the corresponding total population based on the sample).

Table G.1 Focus group statements: raw data and descriptive statistics for the re-analysis

Statement	1	2	3	4	–	M	% D	% A	SD	2 SEM
1. The Vietnam War is responsible for my parent’s behaviour today	17	56	126	105	9	3.0	24	76	0.87	0.1
2. I feel comfortable to express how I feel in my family	45	76	118	67	7	2.7	40	60	0.98	0.1
3. My father’s physical health has suffered because of the Vietnam War	7	37	98	168	3	3.4	14	86	0.78	0.1
4. There are lots of bad feelings in the family	39	83	93	95	3	2.8	39	61	1.02	0.1
5. My parent’s war experience has helped me learn to cope in the world	45	93	125	44	6	2.5	45	55	0.91	0.1
6. I feel confident about my future	25	85	128	74	1	2.8	35	65	0.89	0.1
7. I feel responsible for the problems in my family	100	122	67	18	5	2.0	72	28	0.88	0.1
8. When I am around people who are angry I feel scared	52	95	87	77	2	2.6	47	53	1.04	0.1
9. My father has taught me how to have discipline in my life	38	71	130	72	2	2.8	35	65	0.95	0.1
10. Growing up in my family taught me how to stand up for myself	38	82	101	88	4	2.8	39	61	1.00	0.1
11. I would go and see a counsellor if I needed to	17	43	147	103	3	3.1	19	81	0.83	0.1
12. I have no difficulty keeping close relationships	48	96	105	62	2	2.6	46	54	0.98	0.1
13. People close to me think I have a drug and/or alcohol problem	134	87	56	33	3	2.0	71	29	1.02	0.1

Statement	1	2	3	4	–	M	% D	% A	SD	2 SEM
14. I feel OK about making mistakes	61	116	106	29	1	2.3	57	43	0.89	0.1
15. My friends understand my family upbringing	91	113	88	17	4	2.1	66	34	0.89	0.1
16. If I felt very upset I would talk to my family about it	66	82	116	45	4	2.5	48	52	0.98	0.1
17. If I felt very upset I would talk to my GP	80	121	83	23	6	2.2	65	35	0.90	0.1
18. If I felt very upset I would talk to my friends	56	84	112	57	4	2.6	45	55	0.99	0.1
19. If I felt very upset I don't know what I would do	74	118	92	24	5	2.2	62	38	0.90	0.1
20. People in the community understand what it is like for the families of Vietnam veterans	165	109	24	10	5	1.6	89	11	0.77	0.1
21. Growing up the child of a Vietnam veteran has had a positive impact on my life	92	106	78	26	11	2.1	66	34	0.95	0.1

Note: The column headings have the following meanings:

1	Number of 'Strongly disagree' responses
2	Number of 'Disagree' responses
3	Number of 'Agree' responses
4	Number of 'Strongly agree' responses
–	Number of missing or non-responses to the scale
M	Mean (average) response on the 1 to 4 scale
% D	Percentage of 'Strongly disagree' plus 'Disagree' responses
% A	Percentage of 'Agree' plus 'Strongly agree' responses
SD	Standard deviation (around the mean)
2 SEM	Two times standard error of the mean.

As noted in the body of the report, when interpreting the results in Table G.1, one should be mindful of the wording of each question since some are expressed in a positive form and others in a negative form.

Table G.2 shows the survey statements in order of the percentage level of agreement or disagreement, depending on which is greater.

Table G.2 Focus group statements in order of percentage level of agreement or disagreement

Statement	Majority	%	Mean
People in the community understand what it is like for the families of Vietnam veterans	Disagree	89	3.4
My father's physical health has suffered because of the Vietnam War	Agree	86	3.4
I would go and see a counsellor if I needed to	Agree	81	3.1
The Vietnam War is responsible for my parent's behaviour today	Agree	76	3.0
I feel responsible for the problems in my family	Disagree	72	3.0
People close to me think I have a drug and/or alcohol problem	Disagree	71	3.0
My friends understand my family upbringing	Disagree	66	2.9
Growing up the child of a Vietnam veteran has had a positive impact on my life	Disagree	66	2.9
If I felt very upset I would talk to my GP	Disagree	65	2.8
My father has taught me how to have discipline in my life	Agree	65	2.8
I feel confident about my future	Agree	65	2.8
If I felt very upset I don't know what I would do	Disagree	62	2.8
Growing up in my family taught me how to stand up for myself	Agree	61	2.8
There are lots of bad feelings in the family	Agree	61	2.8
I feel comfortable to express how I feel in my family	Disagree	60	2.7
I feel OK about making mistakes	Agree	57	2.7
My parent's war experience has helped me learn to cope in the world	Agree	55	2.5
If I felt very upset I would talk to my friends	Agree	55	2.6
I have no difficulty keeping close relationships	Agree	54	2.6
When I am around people who are angry I feel scared	Agree	53	2.6
If I felt very upset I would talk to my family about it	Agree	52	2.5

Appendix H The national publication

Table H.1 shows extracts from the national publication ‘... *And the Pine Trees Seemed Greener after That*: reflections by sons and daughters of Vietnam veterans (VVCS 2004); they were chosen as the primary themes or sentiments that characterise each published item, be it a personal story, reflective prose or a piece of poetry. Each extract is classified in terms of one or a small number of descriptive terms. These individual sentiments in turn are collected under headings of a smaller number of themes.

Table H.1 Themes from the national publication

Theme or sentiment	Page	Extract
Moving on and hope		
Moving on ... hope	53	A beach incident: ‘He was embarrassed but he laughed at himself anyway, and the pine trees seemed greener after that’.
	89	‘I’m an optimist with a sense of humour that rarely fails ... Recently I dreamt ... I could go anywhere, even places nobody else could reach.’
	135	‘Recently I placed an ornamental Weeping Birch [at my father’s grave] and I buried [a] note beside it. It was a symbolic gesture of burying the past to enable me to move on into the future.’
Rage ... release	75	A poem: ‘... All those years of suppressed anger ... crystallising in a point of rage that exploded ... things were never the same after that. I was no longer afraid’.
Need to move on	5	‘I decided I was not going to be beaten. I was going to get on with my life and push those things that were filling me with rage out of my life.’
Moving on ... but guilty	95	A poem: ‘Independence ... leaving the nest. Finding yourself, escaping your past. Feeling guilty ... Independence to me is having the ability to make your dreams come true without feeling guilty’.
	6	‘This piece reflects letting go of all that [the negative experiences] and the need and want to move on to a more positive experience.’
Self-awareness ... moving on	118–19	‘Becoming aware of my emotional states and processes has been a most profound and enduring enlightenment ... Although I delve a little into my past ... I try to remain present-centred. [Keeping a journal] gives me the opportunity to look back at past experiences and see how I progressed through them.’
No longer alone	11	‘... I know now what I didn’t know then ... I am not alone anymore!’
OK in end	39	‘The good news is that in the end, it’s all going to be OK.’
Discordance ... hope	48	A reflection: ‘Tomorrow is a positive aim, not hindered by worry and care. A place to find solace and comfort for there is no discordance there’.

Theme or sentiment	Page	Extract
Strength and resilience		
Growth ... resilience	65	A poem with a tree metaphor: 'It lives here in all of us, this process of growth ... I will grow through the rubble, I will be free'.
Strength and resilience	7	A poem: 'How do we get it? ... Done it before ... can do it again'.
	8–9	Home threatened by Canberra bushfire: 'managed to do the right thing'.
	62	A poem: '... The fact that I am the daughter of a Vietnam vet, I think, only makes me stronger, makes me honest. It has helped me overcome many things ... Fight for what you want, don't ever give in, and along the way never forget your family, yourself, and your Dad, Vietnam veteran'.
Growing up pain ... gaining strength as adult	121	A poem: 'Growing up a frightened child is not a lot of fun ... Dad was ever on the edge ... Older now and stronger, I am at last a man ... Grown up from all this mess somehow, I have a stronger power. My courage grows ... I have the strength to cope'.
Suffered ... but lucky	90, 92	'My brother and I had a happy childhood; our parents were loving and made time for us ... My family and I suffered in silence for many years but I know we were the lucky vet's kids, our parents found a way to deal with their problems as well as ours. They taught us respect ... and they instilled in us hope, manners and taught us how to achieve happiness.'
Unhappy ... hope	49	On a road trip: 'I remember the signposts ... To travel hopefully, to look to the joys of the future. I feel lucky to have this strong memory of one of the last moments of happiness I shared with my family'.
Thankful for support and counselling		
Family strength and love	88	A poem: 'Unconditional love is at the base of this family unit. Regardless of what the future brings, what happens now and what happened yesterday, this love will remain strong'.
The help of friends and family	10	'... Tribute to ... family and friends who always reach out to help me when I don't feel like I can do it on my own.'
Learning from the Sons and Daughters groups	5	'I have since learnt we all need to express our emotions.'
	20	'... It has changed my frame of mind towards that part of my Dad's life ... being able to ask the sorts of questions that don't make me sound naïve has helped me to talk more with my father about his time there.'
	32	At a workshop for the book: '... Sharing part of our hearts with each other'.
Counselling helped	33	About the Vietnam Veterans Counselling Service: 'I started to see destructive patterns in my life and understand some of the causes'. 'I'm not so scared of depression any more. I know I have a support system, I am not alone.'
	37	'Someone understood.' 'She didn't "fix" me, but turned me around so I could save myself.' 'I am so thankful for that counsellor, she helped save my life, but most importantly she helped me to help myself.'
	123	'I got in touch with the VVCS. It was one of the best things I ever did, for myself ... What I learned from the VVCS made it possible for me to begin to understand and forgive my father.'

Theme or sentiment	Page	Extract
Counselling is helping	108–9	'Counselling has brought out some hard challenges ... The road is a long one ...'
Felt unloved ... counselling changed father	50–1	'I always knew he did love me, he just didn't say it.' 'I felt constantly criticised for trying new or different things.' 'I spent years stressing out, pushing myself, arguing, fighting with internal conflict trying to prove who I am and that I am worthy of his love and respect.' After counselling with VVCS: 'One of the first things he said to me was "I want you to know I love you, son" ... I was nearly 30 years old and could not remember the last time my father told me he loved me'.
Proud of father		
Proud, grateful	104–5	A 'Dear Dad' letter: '... How very proud I am of you—not just for having such courage during the War but, more importantly, for braving each day you wake up after it ... I am so very proud that you have tried so hard to make up for lost time with our family ... I applaud your courage to seek professional help ...' 'Thank you for supporting all my decisions in life ... You have taught me the best skill of all—learning through experience'.
Proud	33	'I am proud that my father fought in Vietnam, it is part of who I am today; not perfect but unique.'
	39	'I will always be proud of you ... I love you.'
	52	'I just want to say how proud I am of my Dad and I also want to tell everyone how brave I think he was.' 'I'm a daughter of a Vietnam veteran and damn proud of it.'
Understanding of father and forgiveness		
Understanding and forgiveness	11	'I realise now it was not his fault, he was not to blame for all that had happened, he was only trying to deal with what he went through in Vietnam.'
	18	'He didn't talk about it other than to say he'd been. I now understand how hard that is, to try to deny a time in your life.'
	40	A poem: 'I don't understand nerves. Shaky hands. Heart thumping ... You're only human'.
	77, 78	'Frequently, I find myself trying to understand what Dad experienced.' '... After reading about other veterans, I began to understand war and the torment it can bring to an individual.'

Theme or sentiment	Page	Extract
Trying to understand	121	A poem: 'I yearn to understand him in every way I can ... Escaping from his foxhole is not an easy road ... I know he'll never fully leave his dark and noisy jungle'.
Seeking answers	19	A poem: 'Why is it like this? To provide an opportunity ... So I can understand'.
Forgiveness	89	'Now I'm 35. I've forgiven my father, though I can't forget. He swears he doesn't remember.'
Healing	34	A poem: 'My healing of the sentence my Dad put on me was ... "Vietnam veteran"'. 'I needed some reason to feel I was not the wrong one, the bad one, the enemy.'
Angry about what happened to father		
Angry about father taken away	104–5	'I'm also very angry about this War. I feel it took away the father I was supposed to have ... I am disgusted with the manner in which you were all treated upon your return from hell.'
Angry about father's condition	5	'I was not the only one angry and confused about why my father is the way he is.'
Father: difficult when growing up	52	'As a small child I couldn't understand why my Dad was such a cranky bastard. I found him really hard to deal with ... I couldn't understand what it was that made him so withdrawn, tired, anti-social and cranky ... I didn't understand why no one wanted to talk to me either or why they kept their distance like I had something contagious, or why they teased me. I hated it, I really did.'
Father: a changed man	ii, 38	'A letter to the Man my Dad once was ... I'm writing to you in 1969 ... I know you get angry at the drop of a hat—an explosive anger ... I know that sometimes you were distracted, like there was a movie playing in your head ...'
	11	'... Friends of his would talk about how different he was before Vietnam, and how distant he was now ...'
	32	'My father ... returned spiritually wounded, unable to adjust to the quiet comfort of life in rural Australia.'
	77	'I often wonder what he would be like had that tragic event thirty years ago not robbed him of so much ...' 'It seems like everything he once was is gone, robbed from him in eighteen months of jungle warfare. It's like Vietnam somehow transformed this bubbly, exuberant teenager ... into a scared, confused alcohol-ridden man.'
	132	'... He did come back, but he wasn't the same and never would be. And one day he would die, as much a casualty of the War as if he had died in the jungles of Vietnam.'
Father lacking emotion	35	A poem: 'Emotions ... confusing—maybe that's why he didn't want to show me'.

Theme or sentiment	Page	Extract
Father pre-occupied	41	A poem: 'Don't forget ... to take a look around you ... and hear the birds ... because one day they just might not be there'.
	76, 79	'He takes his post on the verandah, cigarette in hand. He's there every night; watching, waiting ... His expressionless stare into the distance reflects years of pain.'
	93	A poem: 'Broken down but not all is lost. Disconnected but not all is lonely. Angry but not all is hatred. If only I could tell him. If only it was different'.
Father emotional	90 91	'It wasn't until I was about 7 or 8 that I realised my father had a problem ... He made it about half way through [a war movie on TV] then to our absolute horror he turned into a gibbering mess ... I remember being scared stiff and crying ... [Watching another movie on TV] ... No warning, he just up and vomited. Then, not even a month later we sat down to watch a documentary [on the Vietnam War] ... the camera panned around to show the gunner's face ... it was my Dad. The nightmare seemed to last forever this time.'
	106	'It was like ... he was two people or followed by a shadow.'
Father in poor health	76	'... The result of poor medical attention (or a reluctance to seek it in the first place) ... once young and strong but now old and weak, both in mind and body.'
Father erratic	63	A poem: 'A laughing pleasant man ... one week later, a surly remote man ... the war in his head has resumed'.
Father drunk and abusive	122	'[Every night] he would be a happy drunk at first ... He would become loud and aggressive, then slump into tears, back and forth from one extreme to the other.'
Father missed	103	'I am reminded of the emptiness I feel when I think of the absence of my father. I imagine him as he was then and how he might have been if he were alive.'
Hate, hurt, love (conflicted feelings for father)	64	A poem: 'It is hard to feel anything but hate for him when he ... drinks, points his gun at me, hits me, never says he loves me. And it hurts me so much when I say I didn't feel for you ... And I wish with all my heart that you were better, that you could find joy, find peace, finally laugh'.
Family trying to cope	122	'My family tried to cope, we tried to avoid Dad when he was drunk, we tried to help, we tried to pretend everything was okay, but it wasn't ... So many times I reached out to him, only to be viciously pushed away.'
Aware of being different	62	A poem: 'I know I am different ... my Dad was in Vietnam ... The War that took place there has haunted my family all my life. It caused my Dad to have nightmares, and for me, in a way, it kept me out of strife. I was always so aware of my family's pain, that in everything I did, I strived to lessen the blow'.

Theme or sentiment	Page	Extract
The pain of growing up in a veteran family		
Growing up hard and solitary	11	'Growing up as a child of a Vietnam veteran was hard ...' 'I always felt so alone; I could never talk to my friends about what life was like living with my Dad.'
Growing up painful, alone, afraid	81	A poem: 'Someone cracks ... a little girl cries ... The girl's alone, with no one to phone ... She's afraid of her life ... She constantly weeps till she falls asleep. The pain has eased, the fighting ceased ... Still the little girl cries'.
Growing up bad, painful	89	'Thinking about the bad times of my childhood is like picking a scab: I always end up bleeding. A lot of my childhood was normal ... The rest ... was bad enough that I suffered a minor nervous breakdown ...'
	106	A poem: 'When Dad knocks on the door we pretend to be asleep ... In the morning, our eyes are red and puffy. When we go to school we are exhausted'.
Erratic behaviour	38–9	'[As a child] my behaviour [was] erratic, uncontrollable, undisciplined.' '... A rough 25 years ... you struggled for authority and I struggled to rebel.' '... It doesn't matter how smart you are at school if your behaviour is awful.'
The pain of being a veteran's son or daughter		
Angry	131	'I would love to be free, free of guilt, shame and anger. I would like to be the girl I used to be before I got angry.'
Sad	130	A poem: 'The sky is falling. I want the answers why she cries a tear of blue as the sun shines ...'
Angry, sad, confused ... alone	94	A poem: 'She acts so calm and cool, but when she's alone she lets her feeling show. But no one knows how she feels and she's left to cry alone ... A lot of the time, she doesn't know why she is feeling so sad. She just wishes that sometime someone will understand'.
Hurt and frustrated	107	A poem: 'Sometimes it's OK to forget ... And sometimes it's as frustrating as hell because you know deep down there is something wrong but ... you can't put your blasted finger on it'.
Confused and hurt	11	'I felt confused, hurt and all by myself.'
	81	A poem: 'Father left home ... "Good bye son, I'm off the city to live". A father hits the wall, a son sinks'.
	5	'... Much of the time when a veteran is part of the family, life can be very different—unpredictable, changeable, chaotic.'
Family life is different, difficult	79	'... Those who weren't there will never be able to grasp the torment, agony and frustration imposed upon not only the veteran, but his family too.'
Fear, curiosity, anxiety	18	'I remember the feeling of fear and curiosity, wondering what he experienced ... I remember the nervous anxiety, wanting to know but not wanting to.'

Theme or sentiment	Page	Extract
Mental health problems		
Suicide attempt	11	'When I was 15 years old, I tried to slash my wrists; I had had enough of it all.'
Depression	32	'I suffer from depression ... I wanted to sleep and never wake up; life was too much damn effort.'
	37	Depression: 'I knew it was, it was obvious ... it was real, it wasn't all in my head and I hadn't made it up ... These were feelings of hopelessness, despair, anger, terrible sadness and being completely numb ... I was either extremely happy or sad, with no in between, or I was angry ... I had an emotional breakdown, crying, sobbing, I was in intense pain inside and I thought it would never end'.
Angry, depressed, violent	108-9	'My Dad gets angry. The sins of the fathers do pass on to the children ... Why am I so angry? ... Why am I so depressed? ... Why am I not happy with my life? ... Violence stems from being angry ... Why am I still angry and depressed? The way I behaved as a child no longer helps me in the real world.'
Hateful	11	'I hated my father.'
	123	'I hated my father for a long time. [During a verbal abuse incident] I turned to my father and started screaming at him ... It felt as though I could have killed him in that moment.'
Tormented, guilty	107	A poem: 'I feel the dread wash over me, the moment consciousness clicks in. Those things I am avoiding all have voices ... My plethora of little guilts ... join in'.
	21	A poem: 'Pride never spoken ... Clinging to the signs and hoping for all your life that you're right'.
Self-blame	19	A poem: 'What did I do wrong?'
Lack of self-esteem	34	A poem: '... I am 32 and my self-esteem still gets in the way of social interaction.'

Notes: For the majority of the contributions, only a single entry in the tabulation is included, while a small number of contributions are represented by multiple extracts under different theme headings. Some sentiments are represented by several examples. Page numbers, which refer to the printed publication, are included for cross-referencing.

PART THREE

THE LIVED EXPERIENCES OF SONS AND DAUGHTERS OF VIETNAM VETERANS AND VIETNAM-ERA SERVICEMEN



Summary

This part of Volume 4 presents qualitative research findings in relation to the lived experiences of sons and daughters of Vietnam veterans and Vietnam-era personnel. A comparative case history study was conducted to compare and contrast the lived experiences of three sub-populations of sons and daughters:

- sons and daughters of Vietnam veteran Army volunteers (regulars)
- sons and daughters of Vietnam veteran Army servicemen (conscripts)
- sons and daughters of Vietnam-era personnel who did not deploy to Vietnam.

The aim of this part of the study was to provide to the department data on risk and protective factors for health in order to guide the development of the quantitative research component of the Vietnam Veterans Family Study.

Each of the research participants' stories is detailed by different life stages and elements:

- early family situation
- adolescence
- becoming an adult
- family relationships
- health
- father's military involvement
- life today
- awareness and use of DVA services.

11 Introduction

The Vietnam Veterans Family Study was initiated in order to examine the physical, mental and social health of the families of Vietnam veterans. It involved both quantitative and qualitative research methods so as to provide a comprehensive picture of the health status of this group of people. The research covered a broad range of health outcomes and aimed to identify protective as well as risk factors that might affect the health and wellbeing of veterans and their families.

The qualitative research, of which this part of the study is a component, explored the self-reported experiences of daily life for sons and daughters of Vietnam veterans. This project sought to develop a richer understanding of the experience of people and so complement and add insight to the interpretation of other data. It also sought to bring the data to life, describing the context in which mental, physical and social health and ill-health occur. The detailed case histories taken from each individual examine their lives, in their own words, and link this to information gathered in a health questionnaire distributed at the conclusion of each interview.

The research is characterised by a broader investigation of the following:

- the mental, physical and social health of the sons and daughters
- family and community dynamics—including experiences of community hostility to the Vietnam War
- information about attitudes to family support services
- ideas for additional services.

This project was also designed to assist with development of the Main Survey of the Vietnam Veterans Family Study. As the Research Protocol (Centre for Military and Veterans' Health 2007) specifies, each case history becomes its own unit of analysis, offering a record of a person's way of seeing and making sense of their life, as well as an interpretation by the researcher in the light of the particular lines of inquiry and other available information.

There has to date been little qualitative research into the life experiences and health of the children of men who served in the Australian Defence Force when Australia was involved in the Vietnam War; nor has there been any elaboration in relation to these experiences as they pertain to the children's fathers' involvement in Vietnam or elsewhere. A literature review also revealed that there was a need for more research into family function and mental health. In view of this, the veteran community will probably benefit from the present research in two broad ways. First, the research will give a voice to the views and experiences of veterans' children and, in so doing, acknowledge and validate their experiences. Second, the research results will contribute to the store of knowledge in this area, strengthening the foundation on which further research can be developed and conducted. Ultimately, this will help us gain an understanding of the positives and negatives associated with being part of the veteran community and facilitate the development of services designed to benefit that community.

12 Research objectives

As the Research Protocol states, this qualitative case study had two primary aims:

- to obtain thematic data indicative of risk factors for health
- to obtain thematic data indicative of protective factors for health (Centre for Military and Veterans' Health 2007).

The project was designed to support the development of the Main Survey by giving expression to the views and experiences of adult sons and daughters (aged 18 to 50 years) of veterans in relation to their physical, mental and social health, their family context and their father's experience of military service. It also functions as a stand-alone study, however, by elaborating on the concepts, themes and patterns that hold meaning for the participants—in their own language and from their own point of view. The lines of inquiry that delineate this particular study objective are as follows:

- the way family structure and dynamics interact with physical, mental and social health outcomes
- strategies commonly used by sons and daughters of Vietnam veterans as a group compared with those used by other groups
- how negative community attitudes to the Vietnam conflict can affect the physical, mental and social health of families of Vietnam veterans
- protective factors that encourage physical, mental and social wellbeing
- attitudes to services that are available for the families of veterans.

It should be borne in mind that this research is qualitative and must be interpreted as such. Qualitative research is not intended to provide a precise and definitive index of what happens in the population of interest. The approach adopted for the study was interpretive, relying on a relatively free and unprompted conversation between the researcher and the participants, as directed by a discussion guide. The findings presented here are based on the

observations and interpretations of the interviewers, along with detailed analysis of the transcripts. Verbatim comments from respondents are included in the report to illustrate ideas and experiences.

13 Methodology

On 21 January 2010 the Department of Veterans' Affairs Human Research and Ethics Committee granted approval to proceed with this study.

13.1 The recruitment strategy

A recruiter associated with The Open Mind Research Group contacted eligible study participants by telephone and invited them to participate in the study. The recruiter randomly selected potential participants from lists the department provided: every n th eligible person was selected, n being determined by the number of participants in each sampling category. If the eligible person was interested in participating, a time was arranged for a researcher from Open Mind to telephone them and have an introductory discussion about the project and participants' involvement. All but two of the people who took part in the introductory discussion went on to take part in an interview and complete the questionnaire. The two people who did not participate changed their minds after the initial discussion and before their scheduled interview.

During the introductory discussion the Open Mind researcher told potential participants how the research process would work. They explained that participation in the study would involve a one-on-one discussion taking about an hour, followed by distribution of a short questionnaire, which would take about 10 minutes to complete. It was also explained that the interview would be audiotaped, thus giving the researcher an opportunity to go back over the discussion during the analysis phase of the project and allowing de-identified transcriptions of the interviews to be made. Potential participants were also assured that the information provided would be kept confidential and stored securely and that participation would not in any way affect any pension, benefit or health services they or their family were entitled to from the Department of Veterans' Affairs now or in the future. Further, they were told participation was entirely voluntary and they were free to withdraw at any time. The researcher was to answer any questions participants had about the project and, if the person agreed to be involved, secured a time for the face-to-face interview; every effort was made for this to be with the same researcher. It was explained that the

location of the interview could be at one of the Open Mind facilities or at a place determined by the participant, whichever was most convenient for the participant. Finally, the researcher explained the consent process, noting that this included consent to have the interview audiotaped.

After the introductory telephone call, a letter of invitation, incorporating a plain English statement and a consent form, was forwarded to the participant (by email or post) for signing; the consent form was collected at the beginning of the face-to-face interview. Participants were given a copy of the statement and consent form to keep. Appendix I shows the letter of invitation and the consent form.

Participants received no financial inducement to participate. Any incidental costs associated with participation (such as parking costs) were, however, reimbursed.

13.2 Participants

The sample of participants was drawn from the register of the Vietnam Veterans Family Study. This register contains the contact details for and personal information about people aged 18 years or more who had consented to register their interest in becoming a participant in the study and who were aware that they might be contacted in relation to further participation. A person's eligibility to participate was determined from the information stored on the register and information provided in the recruitment interview. Three geographical locations were targeted—Sydney, Melbourne and Geelong. These locations were chosen to ensure a mix of metropolitan and regional representation in the sample. The final sample consisted of 30 people:

- 10 whose fathers were Vietnam veteran Army volunteers—that is, regulars
- 10 whose fathers were Vietnam veteran Army servicemen—that is, conscripts
- 10 whose fathers were Vietnam-era Army personnel but did not serve in Vietnam.

An additional selection criterion concerned people's self-rated health. Having told the recruiter they were prepared to be considered for participation in this project, potential participants were asked, 'In general, would you say your health is: 1) EXCELLENT, 2) VERY GOOD, 3) GOOD, 4) FAIR or 5) POOR'. The initial aim was for

the final sample to include at least 10 people who rated their general health as excellent, very good or good and 10 people who rated their general health as fair or poor. The final sample comprised 21 people in the former group and nine in the latter. The participant list was exhausted when attempting to find further people who rated their health as fair or poor. On 24 March 2010 the Family Studies Program’s Scientific Advisory Committee endorsed this amendment to the sample. Table 13.1 shows the final sampling framework.

Table 13.1 Sampling framework of participants

Location	Description of fathers	Participants
Sydney (12 interviews)	Vietnam veterans who were regulars	2 sons
		2 daughters
	Vietnam veterans who were conscripts	2 sons
		2 daughters
	Vietnam-era personnel	2 sons
		2 daughters
Melbourne (12 interviews)	Vietnam veterans who were regulars	2 sons
		2 daughters
	Vietnam veterans who were conscripts	2 sons
		2 daughters
	Vietnam-era personnel	2 sons
		2 daughters
Geelong (6 interviews)	Vietnam veterans who were regulars	1 son
		1 daughter
	Vietnam veterans who were conscripts	1 son
		1 daughter
	Vietnam-era personnel	1 son
		1 daughter
Total		30

13.3 Data collection

Data were collected through face-to-face interviews and short questionnaires: each person was invited to participate in an interview and to complete a questionnaire afterwards. As noted, the interviews—conducted at a place of the participant’s choosing, including the Open Mind offices in Melbourne and Sydney, in homes, in a cafe, and at workplaces—lasted about an hour and the questionnaire took five to 10 minutes to complete.

Once the interviews were done and the questionnaires completed, the researchers engaged in a detailed de-identification process for each case study. This involved changing or omitting participants' names, the names of family members and friends, and the names of organisations, institutions, towns and cities mentioned during the interviews. To further ensure that participants could not be identified, the researchers changed or omitted other details—such as the number and gender of any siblings or children participants might have and the occupations of participants and other family members.

Participants were mailed a hard copy of their de-identified case study. The covering letter explained that the Department of Veterans' Affairs planned to release the resultant report publicly but that the participant's case study would be included in the report only with consent. Of the total of 30 participants, 25 provided consent for their case study to be released.

Both the discussion guide and the questionnaire for this project were designed after discussions between the researchers at Open Mind and the Family Studies Program's Scientific Advisory Committee. The survey data complement the information gathered during the interview. This being a qualitative study, there was no statistical analysis of the data.

13.4 Analysis

The 30 interviews and survey responses form 30 case histories. Each case history is its own unit of analysis, offering a record of a person's way of seeing and making sense of their life, as well as an interpretation by the researcher in the light of the particular lines of inquiry and other available information—that is, self-rated survey data and observations. To prepare each individual case study and the section detailing the overview of findings, Open Mind undertook a thematic analysis of the qualitative data. The three interviewers reviewed their detailed notes, the interview transcripts and the information recorded in the post-interview questionnaire when preparing the research findings.

14 The findings: an overview

The aim of presenting the stories in this report is to detail and bring to life the experiences of the sons and daughters of Vietnam veterans and Vietnam-era service personnel. Some stories reveal sons and daughters with strong families and positive childhoods who made a relatively smooth transition to adulthood. Other stories are not so encouraging, revealing sons and daughters who experienced difficult childhoods characterised by serious setbacks or hardship, or both. The researchers acknowledge the challenges involved in describing these experiences and sincerely thank study participants for their openness and cooperation.

A knowledge of such self-reported experiences—which are presented in detail as ethnographic case studies in Chapter 15—helps us understand the lives of these sons and daughters. Some important themes are hypothesised on the basis of commonalities of experience between the sons and daughters; these are reported in the remainder of this chapter.

14.1 The nature of the father's Army involvement

One of the aims of the study was to gain an understanding of differences in the experience of sons and daughters as that relates to the nature of their father's Army involvement—that is, whether their father was a regular, a conscript, or a Vietnam-era member. These stories suggest, however, that differences in life experience for the sons and daughters are based on how their father has coped *beyond* Army service. Fathers who appeared to adjust well on their return, or who at the least did not reveal their struggles to their children, were more likely to have a strong family unit. Their sons and daughters reflected on their childhood positively and now appear to be well-adjusted adults. Where fathers did not adjust well on leaving Army service and in the decades to follow, this seemed to permeate family life. Many of the sons and daughters of fathers who did not adjust well on leaving Army service witnessed alcoholism, abuse and marriage breakdown.

14.2 Family structure and dynamics: well-functioning families

The families that appeared to be functioning best among the sample were characterised by parents who had demonstrated love and support for their children throughout their childhood, provided a stable and safe family home, and encouraged their children to try new things and forge their own identity.

A strong theme to emerge from the data is that these families regularly spent time together as a family unit. This might have been through family holidays or outings, eating meals together at the dinner table every night, or driving their children ‘around the countryside’ to play sport or do other things. In addition, participants from these families remembered their parents encouraging them as children, in both academic and non-academic pursuits. They tended to recall parents who urged them to try new things and who were there to support them, through both their successes and their failures.

This love and support continued beyond childhood. Many of these adult sons and daughters described continuing to have loving and supportive parents and siblings who express a genuine interest in their life and that of their partner. In many cases the families maintained regular contact with each other as the children progressed into adulthood. This could be through continued regular family dinners or visits home or phone conversations.

These parents also displayed and continue to display to their children a strong model of marriage. The couples demonstrated stable, loving relationships as their children grew up, and most of them are still together and remain in the family home. Many participants spoke of how they loved having the family home to return to when they needed support or just a break from the ‘daily grind’.

Whether or not these well-functioning families can be described as ‘resilient’ is difficult to determine. Most of the son and daughter participants with well-functioning families felt they were fortunate not to have experienced many great hardships in life beyond the common experiences of grandparents dying, completing high school, adjusting to university life, and moving out of home. They saw themselves as lucky in this regard. These sons and daughters were yet to experience profound hardship. If resilience is seen as one’s ability to cope with, adjust to and ‘bounce back’ from major difficulties and hardship, the continuation

of strong family support networks would most probably serve as a protective factor in the event of future hardship.

14.3 Family structure and dynamics: less well functioning families

As noted, the less well functioning families from the sample were more likely to have a veteran father who did not adjust well after his Army service. Often such fathers had tried many different jobs before settling into routine civilian work. In most instances alcohol was their means of coping. Marriages were more likely to have broken down, and some children had witnessed their mother being abused or were themselves physically abused.

Many of these sons and daughters are still struggling to come to terms with what they experienced as a child. As adults, they are trying to move on and to build a positive relationship with their father. But deep emotional scars often remain. As a means of coping, some sons and daughters have exhibited deleterious patterns of alcohol use and drug-taking behaviour, in both teenage and adult years, and some continue to struggle with this. Instances of remaining in violent relationships, and even of self-harm, were also reported.

For these people, alcohol and drug abuse served as an escape from the challenges of family and school life when they were teenagers. When they were younger than that, they used other forms of escapism such as long bike rides or walks. Older siblings often took on the role of 'parent' for younger siblings as the parents struggled with their own drug or alcohol abuse. For some, this had adverse effects on sibling relationships later in life.

Those who have sought professional help or other forms of help (such as spiritual guidance) appear more likely to have bounced back from their physical and emotional hardships. Acceptance of their experience—whatever they have had to try and cope with—and a desire to move on with the rest of their life characterise the stories with more positive outcomes. Other sons and daughters, however, continue to struggle in the absence of strong support networks of family and friends or professional help. These are the participants who are at greatest risk of poor physical and emotional health in the long term and who would most benefit from making use of available support services.

14.4 Sons' and daughters' understanding of their father's Army experiences

Among all participants—those from both well-functioning and less well functioning families—it was rare for fathers to have talked with their children about their experiences in the Army. In many households there was an unspoken 'rule' against asking their father about his time in the Army. The sons and daughters recall receiving snippets of information from their father—often jovial, amusing stories about times with his Army mates—but nothing about the 'serious stuff'. Moreover, in many instances the children did not feel a desire to know: it was consigned to the past—something their father did a long time ago. Often it is not a subject they have really thought about. Those who grew up in struggling families accept their father's Army experiences, even though it is something they feel sad about.

Some fathers who had received counselling had opened up about their Army experiences when their children became adults, although there were only a few examples of this. Despite tending not to seek out this information, many sons and daughters were comfortable listening when their father finally started talking about the past. In addition, the experience of having their Army service 'validated' in the decades after their return to Australia—which did not happen on their immediate return—appears to have prompted some fathers to open up with their family about their service. Whether it be by personal presentation of medals, by involvement with the RSL and other veterans bodies, by marching on Anzac Day or by the establishment of the Vietnam Forces National Memorial in Canberra, these kinds of validating experiences for fathers appear to have somewhat softened the emotional impact of a negative community response to those who served in Vietnam, both at the time of their service and after their return.

14.5 Possible effects of their father's Army experiences

It is obviously difficult for the sons and daughters to understand how their father's military service might have affected either their father's or their own life. They generally did not know their father before his service, so this was an impossible task. Some observed 'Army-like' punctuality and rigidity in the way their father goes about day-to-day tasks, and some even believe they have

‘inherited’ these traits themselves (most seeing this as a positive). In other instances sons and daughters could see where their father’s Army experience had taught him work skills or shaped his career path or life interests. Others could see the more obvious impacts of service—such as physical or psychological ill-health or alcohol abuse. But, even though they suspected as much, they could not be sure these were purely the effects of military service.

The sons and daughters in this sample had very mixed experiences with their own physical health. Most were aged in their early 30s and, as noted, rated themselves as being in good health. Some, however, experienced serious physical or psychological conditions, among them depression and other mental health problems, a suicide attempt, substance abuse, hip problems (both congenital and acquired) and one example of a serious skin condition. Some mothers and siblings, or the daughters themselves, had experienced multiple miscarriages. But again, although some of these sons and daughters suspected a relationship between their health and their father’s military service, they know they cannot be certain there is a link. Some have been in contact with the Department of Veterans’ Affairs about their health situation and are receiving support; others are obtaining treatment privately; yet others have untreated conditions. There are, however, no clear patterns in health conditions that emerged for all three sample groups. The small sample size prevents the drawing of any definitive conclusions.*

As noted, one of the study objectives was to identify the strategies commonly used by sons and daughters of Vietnam veterans as a group compared with other groups. When the coping strategies adopted by the sons and daughters in this sample were examined—strategies that included religion, drugs and alcohol, seeking counselling and leaving home—no clear pattern emerged. In particular, the sons and daughters of veterans who did not serve in Vietnam were, across the board, less likely to report challenging or traumatic childhoods compared with the sons and daughters of Vietnam veterans. It was thus difficult to draw out concrete themes in relation to coping mechanisms.

* Where no references to specific health conditions are made in the individual case studies presented in Chapter 15, this means no health conditions of note were mentioned by participants during their interview or in their health questionnaire responses.

14.6 Department of Veterans' Affairs services for families of Vietnam veterans

Among all participants there was limited awareness of or contact with support or other services provided by the Department of Veterans' Affairs for families of veterans. Many were aware that their father had had contact with the department, had received counselling, was receiving a veteran's pension or had been issued a Gold Card. A handful of sons and daughters had made use of services themselves, having heard about them from their father. In the case of those who had not heard of support services for families of veterans before becoming involved in this study, many were interested in learning more about the services that are available to them or other family members and felt these could be of use to them.

As noted, the findings suggest that participants who needed psychological counselling and were able to avail themselves of it have probably fared better in adult life than those who did not seek counselling. There are, however, also signs that use of counselling services was episodic, be that as a result of the participant's circumstances or motivation, unavailability of continuing counselling or lack of perceived need. On the basis of the information provided in the interviews, the findings suggest that there are people represented in this study—whether it is the participant or one of their siblings—who could benefit from counselling or other psychological assistance at this time.

Sons and daughters whose father had limited military service—and particularly those whose father who did not serve in Vietnam—tend not to see their father as a 'veteran'. As a result, they did not realise Department of Veterans' Affairs services were applicable to their father or to themselves and had not considered this before their involvement in the study.

14.7 The reaction to community attitudes

Some of the sons and daughters who participated in the project were aware of negative community attitudes towards the Vietnam War and Vietnam veterans. Others reported having little awareness of this (noting that many of these people were not born until after the Vietnam War).

In the case of those who had some awareness and understanding of community attitudes, this tended to stem from either their father's or their mother's account of their father's experience on his return. The respondents concerned generally felt sad for their father and what he experienced on his return.

14.8 Summary of protective and risk factors for physical, mental and social health and wellbeing

The primary aims of the project were to obtain thematic data about risk and protective factors for health. In this regard, 'health' is defined to mean not only physical health but also emotional and social health and wellbeing.

Among the sons and daughters who participated, a number of protective factors were commonly observed:

- strong parental relationships throughout the sons' and daughters' childhoods—characterised by an apparently healthy marriage between the parents as their children grew up; regular family outings together, as a family unit or also with extended family or friends; and a strong sense of parental support and encouragement in school and extracurricular endeavours
- continuation of these strong parental relationships into adulthood—sons and daughters spoke of continued support and encouragement from their parents as they progressed through adolescence and into adulthood
- having a strong support network as adults—including parents, siblings, the broader extended family and romantic partners
- some sons and daughters of fathers with long-term Army careers speaking of having to relocate frequently as something that made them socially and emotionally resilient
- avoiding asking their father about his experiences being also seen as a protective factor. In this sense, knowing not to ask their father about his Defence Force experiences—particularly for sons and daughters of Vietnam veterans—serves to protect against the father's reaction to such questions. Sons and daughters remembered asking their father about his experiences

and receiving for the most part angry reactions; thus, to avoid such reactions in future, the sons and daughters had learnt not to ask again.

Among participants who experienced more difficult childhoods several additional protective factors were observed:

- seeking counselling or other support services at some point in their adult life
- being in a positive, healthy romantic relationship as an adult
- in the absence of positive parental relationships and parental support, having supportive siblings and other supportive relationships in their life—for example, close friendships or grandparents
- in the case of one participant, religion helping her to cope with and manage challenges she has faced and continues to face.

Among the identified risk factors affecting sons' and daughters' health and wellbeing were the following:

- an absence of support networks, such as family and friends—this was evident for those struggling most with not only their health but also their lives in general
- fathers who did not cope or adjust well on their return from Army service—this often led to the father not having stable or regular employment, with obvious implications for the broader family unit
- possibly related to the foregoing, parents' drug and alcohol use being a clear theme among those sons and daughters who were now struggling most as adults. To some extent, the sons' and daughters' own drug and alcohol use was also a risk factor, although this is also seen as a mechanism for coping with their difficulties
- the separation or divorce of their parents during a son's or daughter's childhood
- experiencing or witnessing physical and emotional abuse—particularly during childhood

- lack of access to or awareness of support services or not being able to afford care.

The possible exposure of fathers to Agent Orange in Vietnam could also be seen as a risk factor for health and wellbeing, and this appears to have been a big concern in some families. It is, however, not the role of this project to determine whether there is any association between Agent Orange exposure and participants' health and wellbeing.

14.9 Summary by type of Army service

As noted, one of the aims of the study was to seek to understand differences in the experience of sons and daughters as this relates to the nature of their father's Army involvement—that is, whether their father was a regular (a volunteer), a conscript (a National Serviceman) or a Vietnam-era serviceman. What the stories suggest is that the differences in experience are based on how a son's or daughter's father coped *beyond* Army service. Fathers who appeared to adjust well on their return from service were more likely to have a strong family unit. When fathers did not adjust well on leaving service and in the decades to follow, this permeated family life. For the sake of completeness, the following brief summary presents some of the main themes raised by sons and daughters of Vietnam veteran fathers who were volunteers, National Servicemen and Vietnam-era fathers who served in the Army but not in Vietnam (that is, Vietnam-era personnel).

14.9.1 Vietnam veteran fathers who were volunteers

Many of the fathers who were regulars had long-term careers with the Army, and their sons and daughters described childhoods in which their family often relocated. For some study participants this was largely a positive experience, seen as an opportunity to meet new people and make new friends; for a few, though, moving was stressful, and it was hard having to constantly make new friends and leave others behind.

Many of the sons and daughters of regulars have had and continue to have positive family relationships. A few reported difficult experiences growing up and less positive relationships with their family. In these cases their father did not

seem to cope well on his return from Vietnam. There are instances of fathers experiencing problems psychologically and with alcohol and violence. This group of fathers typically did not 'open up' with their children about their Army experience (although a few had done so in more recent years).

Generally, the sons and daughters of regulars have very little awareness of the Department of Veterans' Affairs services available to veterans and their families and little awareness of whether their father had made use of these; a few were, however, able to nominate services their father had used.

Among the health conditions reported by the sons and daughters of regulars are skin cancer, a digestive condition, childhood pneumonia, mental illness, iron deficiency, and heavy drinking and smoking. Some siblings have experienced sensory disorders, other types of cancer and mental illness. Among the health conditions of fathers are posttraumatic stress disorder and some alcohol and mental health problems.

14.9.2 Vietnam veteran fathers who were National Servicemen

The sons and daughters of conscripts spoke of both positive and negative childhood experiences. As with the sons and daughters of regulars, where a father struggled to cope on his return from Vietnam many conscripts' sons and daughters experienced difficult and often troubling childhoods.

Again, few fathers talked to their sons and daughters about their Army experience. Participants said they knew not to ask about it after previous, unsuccessful attempts to glean information or did not feel a need to ask about it. They reported, however, that they would be happy to listen if their father did choose to open up. There were some mentions of fathers who felt frustrated or hurt, or both, about the community reaction towards Vietnam veterans, a few such fathers only recently beginning to take part in Defence Force commemorations such as RSL functions, reunions or Anzac Day events.

Among the health concerns for participants in this group are pre-cancerous cells, a serious skin disorder, allergies, miscarriages and difficulty becoming pregnant, tonsillitis, epilepsy, heavy smoking and drinking, and weight problems. Other family health concerns among the group include a sibling born with birth defects, a mother who experienced several miscarriages, a mother who committed

suicide, and a mother with cancer. Of the fathers, one was diagnosed with cancer and one with posttraumatic stress disorder.

14.9.3 Vietnam-era fathers who served in the Army but did not serve in Vietnam

The sons and daughters of Vietnam-era Army members who did not serve in Vietnam mostly recalled very positive childhoods involving active families, regular outings and frequent holidays. Of those with less positive experiences to relate, one experienced bullying at school, one had parents who divorced when she was a baby, one struggled to make friends at school, and another had a father who was a heavy drinker.

Of the 10 sons and daughters in this group, seven reported that their father was conscripted into National Service at the time of the Vietnam War but did not go to Vietnam or was discharged; one of these fathers refused to go and spent time in an Army prison. The remaining three were unable to report on the nature of their father's Army involvement.

Again, these sons and daughters have very limited knowledge of their father's Army experience. Their fathers did not talk to them about it, and the sons and daughters generally did not feel a desire to know. Some reported being aware that their father's time with the Defence Force gave him skills and knowledge he could use in subsequent employment.

For the most part, these sons and daughters did not regard their fathers as veterans and said their fathers also did not see themselves as veterans. Further, members of this group have essentially no knowledge of the Department of Veterans' Affairs services available to veterans or their families. Because they do not regard their fathers as veterans, this is something they had not considered before.

Among the health concerns for participants in this group are a manageable stomach condition, eczema, allergies, depression, genetically linked obesity and hip problems. Siblings have experienced digestive and bowel problems, heart problems and depression; mothers have experienced cancer, high blood pressure, osteo-arthritis and depressive disorders; and fathers have experienced cancer, chronic neck and back pain, and heavy drinking.

15 The sons' and daughters' stories

This chapter details the experiences of each of the sons and daughters who took part in the project. As noted, in order that participants' identities remain confidential, each case study was subjected to a 'de-identification' process that involved changing the participant's name, changing or omitting the names of the participant's family members and friends, and changing the names of organisations, institutions, towns and cities mentioned in the interviews. Other minor details—such as the number and gender of any siblings or children participants or their families might have or a participant's occupation or the occupations of family members—might also have been changed for the same reason. The researchers were careful, however, to ensure that this process did not lead to inaccuracies or bias in the themes presented for each case study and the findings.

As also noted, each participant was given the opportunity to consent to their de-identified case study being provided to the Department of Veterans' Affairs for inclusion in a report designed for public release as part of the Vietnam Veterans Family Study. Some participants asked that minor changes be made to their case study description, and those changes were incorporated.

Five participants did not consent to the release of their case study. Another participant (the son of a conscript) could not be contacted to seek consent and one further participant (the daughter of a regular) did not respond to the researchers' attempts to contact her. Although these case studies are not incorporated in the report, the findings from the interviews with these participants were taken into account in the preparation of Chapter 14.

15.1 Vietnam veteran fathers who were volunteers

15.1.1 'Linda'

Aged in her 40s, Linda lives in the suburbs with her husband and three school-age children. She has been married for nearly 20 years and met her husband when they were working together in retail. Linda runs a logistics business with her husband but tries to be at home as much as possible with her children.

She has two younger brothers who live elsewhere in Australia. Her father lives on a farm in a rural area; her mother died some years ago.

Early family situation and adolescence

Linda's family relocated frequently during her childhood as a result of her father's long career with the Army. This moving around was something Linda found difficult, and she does not want her children to experience it. She noted it was difficult repeatedly starting new schools and making new friends: 'We went overseas for a few years, then back to Australia. I mean, I'm not really sure exactly, but we moved interstate often, so every few years we were on the go'.

Her father was the main income earner in the family. Her mother was a stay-at-home mum for a time but did hold various blue-collar jobs during Linda's childhood.

Linda spoke of a volatile upbringing and a childhood 'without love'. Both her parents were alcoholics for as long as she can remember. Her parents had a 'horrible' relationship with each other and often fought. Linda described parents who were self-absorbed—too busy with their own problems to bother with her and her brothers:

I've seen a lot of stuff. It was a very violent life, upbringing ... police always coming to our house and ambulances coming. Mum needing stitches. All that sort of stuff. That's what's in my mind.

As a child, Linda did not spend much time with her parents, and she has no positive childhood memories involving her parents. She never felt loved by them: 'I don't think I had a relationship with them, really. That's how I describe it. No relationship, no'. She thinks her parents believed that only material things were important to provide for their children:

I think [my father] thought things were good for us, materialistic things were better than showing love. Like they never showed love and gave you a hug or sat down and did homework with you. You never had anything like that happen. There was never any love shown at all, only through things.

Linda said her father was a good provider, ensuring that the children were fed and attending to them when their mother was drinking:

She was the actual drinker and never looked after us. So he actually kept food on the table for us, a roof over our head, got us to school, you know, did all those things that he should've done ...

As the eldest child, and in view of her parents' problems, Linda spent a great deal of time looking after her brothers. The result was that she and her brothers were close as children, in order to support each other. As a coping mechanism Linda would 'escape' with one of her brothers, leaving the house to go exploring: 'There's good memories of me and my brother because we would take off a lot and we wouldn't hang around, and we'd just stay out all day and all night, you know, come back late'.

Becoming an adult

As an adult, and almost a decade into her marriage, Linda embraced Christianity. She feels this has helped her cope with many of the things she experienced as a child. It has allowed her to move on:

I became a Christian, so that's what's helped me deal with a lot of things. That's what's helped me deal with a lot of my past hurts and understand that [my parents] probably were hurt, and they'd probably seen stuff, you know, it probably wasn't all their fault. So I sort of forgave them and moved on.

Before this, Linda had taken drugs for many years. She and her husband were moving in very different circles, and that had put a strain on their relationship:

It was a big time. There was a lot of ... hassles, I suppose. Not really any arguments or anything but just we weren't on the same path, type of thing. He had his group of friends; I had my group of friends. I was more into taking drugs and all that, and [his] was a different life. We had very different lives for a while.

Family relationships

These days Linda is in contact with her father and is trying to put the past behind her. He lives alone and is rather reclusive. Linda will stay in touch with him by telephone, she says, as long as he is not drinking. He has visited occasionally to spend time with his grandchildren. She said she loves her father but does not like him.

Cancer claimed Linda's mother recently. Linda said her relationship with her mother improved when her mother stopped drinking and 'turned her life around':

She stopped drinking, she changed her life ... I had a mother, for once, because I never had one [before]. It was really good. We did things together, went out. It was very different, the last few years.

Linda's relationship with her siblings is now fragmented, and some substance abuse is involved.

Father's military involvement

Linda's father had a long career in the Army and he served in Vietnam when he was in his teens. Linda's parents married just before her father left for Vietnam and Linda was born while he was away:

He went for one year. He was away when I was born. I think [my parents] rushed and got married, actually. That's what happened, yes, because my mum got pregnant with me and they weren't married, and then he was going to Vietnam so they quickly got married.

Linda noted that her father did not often speak of his time in Vietnam; when he did he was usually intoxicated. She found it difficult to determine whether her father's time in Vietnam had affected him, although she feels it must have. She recalled her mother saying her father was 'different' when he returned from Vietnam, but she is unsure what her mother meant by that. Although her father was not physically injured in Vietnam, as far as Linda knows, he has struggled psychologically. Linda described her father as being an 'alcoholic' and at times violent, but she is not sure whether this would have been the case had he not gone to war:

I mean, he drank a lot, but I don't know if he would have anyway, before that. I don't know what he was like, if he was a drinker before. I just always knew him as a drinker. I'd need to ask Mum that.

Linda understands that her father remains in contact with some 'Army buddies' he sees on Anzac Day and at occasional 'get-togethers'.

Linda's family has a history of Army service: both her grandfather and great-grandfather also served with the armed forces and saw active service.

Health

Linda described her health as 'good, excellent'. She said she has a skin cancer, but she felt this was being 'looked after'. She exercises regularly, going to the gym and having personal training sessions, and no longer takes drugs:

I was never at the doctors, never in the hospital for anything, no broken bones, nothing like that. I smoked though. I used to smoke and do drugs and that ... now that's stopped. I used to cough and stuff but I don't do any of that now.

In her teenage years Linda drank heavily, the result of 'a life of un-love'. Alcohol helped her feel confident.

Department of Veterans' Affairs services

Linda has never made use of any DVA services, although she is aware of services made available to her father. She noted that her father had seen a counsellor and received some help with medical needs: 'They seem to look after the guys that have been in the war, in the Army ... So, yeah, he's got heaps of services'.

Linda feels that her brothers could make use of services that are available for them. One of her brothers has seen mental health professionals on and off. He is not in a position to finance continued treatment, though, so any support available from the department would be helpful for him.

15.1.2 'Cassie'

Cassie, in her 30s, is a postgraduate student living in the suburbs. She grew up on a small farm with her parents and two siblings, and her parents still live in the family home. Cassie's father was fostered as a child and had grown up in another country.

Early family situation and adolescence

Cassie was born after her father returned from Vietnam. She looks back on her childhood on the farm as uninteresting and simple, yet it was a childhood she loved. She can see she was fortunate and spoke of her childhood with fondness. She described being surrounded by farm animals as a child, and as she got older she became involved with the local pony club. She recalled feeling isolated at times, particularly when she was a teenager, and she often felt envious of school

friends who lived in town, with access to shops and other things to do. But she also loved the freedom of living in the bush and described going horse riding with friends for hours at a time:

Overall, I think it was great; you know, going out horse riding, just me and my friends going horse riding around the bush and going out all day, and that was like before mobile phones and my parents saying 'OK, tell me what tracks you're going on and if you're not back by night time, we'll come looking for you'.

As a child and a teenager Cassie was studious. She attended a tiny primary school a few kilometres away. The parents of children at the school would share transport by car-pooling, although sometimes Cassie and her siblings would ride their bikes to school. Occasionally Cassie even rode her horse to school. She attended the local high school and did well academically:

[High school] was just regular. I didn't have any traumatic experiences, nor was it like the best thing in my life. It was just high school. And good friendships. I mean, I've still got a lot of my friends from high school.

With encouragement from her father, Cassie also played a great deal of sport while she was growing up.

Family relationships

Cassie described her relationship with her parents as 'good, really good'. Although she feels close to both parents, she probably feels closer to her mother and attributes this to their having similar personalities. She shares her mother's interest in horses. The time she spent helping her mother with the family's horses and other animals strengthened their relationship as Cassie grew up. Her relationship with her father deepened later on, when she travelled overseas to see where he had been raised. She felt that this experience, and gaining an understanding of the difficulties he faced in his childhood, drew her closer to him.

As children, Cassie and her siblings bickered and fought, but now they get along well. She pointed out that one of her siblings had recently been diagnosed with a genetic sight and hearing disorder. She said the sibling was having difficulty coming to terms with the disorder and had lost their sense of purpose and direction. Cassie is hopeful that with family and medical support the situation will improve in time.

Becoming an adult

After secondary school Cassie left her country home to study in the city, eventually completing an honours degree in science. Wanting more than life in the country as a farmer's wife, she was on the lookout for something challenging:

A lot of my friends at the time were studying [locally] and ... doing the whole farmer thing—you know, marrying the farmer next door and having a few kids and that. That just wasn't for me. I wanted a professional career, so the only option for that was to go to uni ... So I left home when I was 18 ... Yeah, parents packed me up and off I went.

After completing honours Cassie felt she had done enough study for the time being. She went overseas for quite a few years, most of the time living and working in the United Kingdom. She spent some time working in the service industry, but after a while she realised she needed something more challenging. It was then that she seriously considered further postgraduate study:

I wasn't feeling mentally stimulated and I thought 'OK, what's next?' I really enjoyed my research at [university], my honours year, so I thought that's an option, I could do a PhD. And part of it, I guess, was that I didn't know what I wanted to do when I grew up. Then I thought that by doing a PhD I'd gain new skills ... also potentially meet people and doors would open with opportunities [for] whatever would be the next part of my life.

Once she had decided to continue with her studies, Cassie needed to decide whether to stay in the United Kingdom or return to Australia. She decided to return to Australia, mainly to be closer to her family.

Cassie's parents remain on the family farm, and this is the place Cassie loves to return to. It is a haven where she can escape the city when she needs to: 'It's lovely to go back there and have a break, so you're in the country and you're away from the hustle and bustle of cities ... it's really lovely'.

Having her parents together is important to Cassie: some of her friends' parents have separated and the family home is no more.

Cassie described her health as generally good throughout her life—'No issues, none at all'. She has never smoked and drinks alcohol less than once a week.

Father's military involvement

Cassie's father's involvement with the Australian Army began when he first came to Australia in his 20s. He was looking for work, and the Army was appealing because 'they'd pay you, you got your clothes and your accommodation' and he thought that was a pretty good deal.

A few years after he joined the Army, he served in Vietnam. Cassie admitted she did not know a great deal about her father's time there and was not sure how long he served there. She did know, however, that he left the Army after serving in Vietnam.

Her father's Vietnam experience is not something he has spoken of spontaneously or in detail over the years. Cassie and her siblings did, however, have a strong interest in his experiences, and she recalled that as a child she asked him many questions about his time in Vietnam—first when she was in primary school, then in high school. She said her father was fairly open in response to direct questions. She remembers feeling confused as a teenager about why the Vietnam veteran fathers of school friends were not as forthcoming about their experiences:

... One of my classmates, her father was in Vietnam and he was a chopper pilot, and she said to me ... that her Mum had told the children specifically do not ask your father anything about the War, don't even mention it. It was just a 'no-go zone' in their household. And I found that surprising because in our household it was quite different: if you have a question, you ask it and it will be answered and quite, what I thought, openly.

When thinking about why her father might be open about his Vietnam experience, Cassie reflected that the war was but one of many challenging things in his life. There had been considerable hardship during his childhood, so she sees Vietnam as not having as great an impact on her father as it might have had on veterans who grew up in more comfortable circumstances.

Despite her father having received some counselling, Cassie finds it hard to see any Vietnam-related impact on her father's life or on the life of their family. She does not see her life as significantly different from that of friends and peers whose fathers did not go to Vietnam and thus concludes that there has not been any major impact. Her father encouraged his children to learn about the Vietnam

War and even encouraged them to join the Army if they wished. Because he supported the Army in this way, Cassie feels he must have gained something positive from it.

Cassie's father has recently started to attend Vietnam veteran reunions. She thinks he did not attend before simply because he did not know about them. She said he seems to really enjoy these events and 'drags [her mother] along' but has sometimes been emotionally affected by them.

Department of Veterans' Affairs services

Cassie is aware that her father had been seeing a counsellor as part of a service to Vietnam veterans. She is unsure whether he still attends. She has not herself made use of any DVA services and does not think either of her siblings has done so. The sibling with the recently diagnosed sight and hearing disorder has been seeing a psychologist or psychiatrist, but Cassie was unsure whether this was part of a DVA program or a service obtained elsewhere.

15.1.3 'Janet'

A single woman in her 40s, Janet lives in the suburbs of a major city and works in an office coordination role for a manufacturer. She said she enjoys her work and the people she works with.

Janet has an older brother and sister who both currently live in the same city as she does. Her sister is a single mother with two children and her brother recently married. Janet's parents are both alive, although they recently separated after a long marriage. Her father lives in the same city as Janet and her siblings; her mother moved to a rural town after the separation.

Early family situation

Janet's parents met as teenagers when they were working together in Queensland. In his late teens Janet's father joined the Army. He married her mother just a few weeks before being posted to Vietnam. Janet's brother was a 'honeymoon baby' and was born while her father was in Vietnam.

After her father returned from Vietnam Janet's family relocated periodically; in fact, Janet was born overseas during an Army posting. The family spent a few

years overseas then returned to Queensland for most of Janet's primary school years, living in the suburbs. After that, they moved to a small town in South Australia and a few years later moved to Sydney. Janet's father was originally from South Australia and wanted to return 'home', so they returned, living in a small coastal town and enjoying beach visits after school as well as boating and fishing.

Janet described her childhood as 'good'. She reflected that her primary school years were largely a positive time:

The friends I had at primary school, it was like a small town [in the] country, even though it was in a big city ... we were one of the first houses on the street ... It was a kind of safe childhood area where you could walk to your friend's place and go to a park and play.

She fondly recalls time spent with her father in the garden on weekends during these years.

Adolescence and becoming an adult

Janet said she enjoyed her high school years—particularly the social side of things. She also enjoyed the study, though, describing herself as strong in English and history but not so strong with maths. She had planned to go on to Years 11 and 12 but later changed her mind. She described the subject choices at her high school as 'limited' and thought it not worth going back after Year 10 if she would not enjoy what she was learning.

After leaving school Janet had difficulty finding work. It took several months for her to find her first jobs, two part-time roles:

When I left school ... there was a bit of a recession on and where we lived trying to get a job was really hard. When I first left school, my Mum said that if I didn't find a full-time job by the end of the Christmas holidays, I had to go back. But she saw me writing six or seven letters a week, applying for anything that I was qualified for, and just the knock-backs ... and so I was given a year to find a job. So actually finding a full-time job, it was like, finally.

Janet began her first full-time job, working in a clothing store, just before she turned 16. Some time later her father secured a job in Sydney and the family moved there, which meant Janet had to search for work again, this time in a new city.

When she was in her 20s, Janet became engaged but after a time broke off the engagement. She did not describe in detail the circumstances of this but noted it was a very difficult experience yet ‘one of the best things I ever did for myself’.

Family relationships

Janet feels she has a close relationship with both of her parents. She fondly recalls her father being the ‘softer’ of the two when she was growing up. It was to him the children would go to when they wanted something because they knew their mother would not always be so lenient. She does, however, recall her father catching on: ‘I’ll have to ask your mother’ soon became more familiar.

Today, Janet said she has a closer relationship with her father than with her mother, although she and her mother remain close. Janet feels that the few years she spent living just with her father after her broken engagement strengthened their bond. She has struggled to come to terms with her parents’ separation, which she described as ‘a real shock’: her parents had been married for decades when they separated, and she recalls them being ‘really close’ as she was growing up, despite arguing from time to time—‘One thing Dad always said was that Mum was his best friend’.

Janet described herself as the only one in the family who has close relationships with all other family members. She noted that one of her siblings does not speak much with either parent, the other sibling does not speak at all to their father, and the relationship between Janet’s two siblings is deteriorating:

[—] doesn’t have much contact with Mum and not a lot of contact with Dad. It’s sort of been that way all the time so, yeah, I’m used to it ... It does make it hard, especially with my Dad and [—], because they had a big fight. I just never wanted that to happen.

Father’s military involvement

Janet’s father had joined the Army as a teenager. In his early 20s when he was sent to Vietnam, he married Janet’s mother not long before leaving, and he served there for about a year. Janet knows little about her father’s experience in Vietnam: he has not spoken much about it. She noted, however, that her father ‘gets in these moods’ when anyone in the family mentions the Army or Vietnam:

[When asked about Vietnam] he sort of just closes off. He goes silent and you just don't know whether, you know, if you say one word, he'll yell at you or sort of be angry with you. Because he can be happy and talking and you just mention one thing, like, to do with the Army or Vietnam ... and he just, I guess ... he doesn't shut off but he closes people out and the atmosphere just changes.

Whenever he does reveal something, the siblings tend to share the information.

Although Janet does not think her father was involved in combat, she does know 'he saw the results of it'. She understands from one of her siblings that her father had seen some comrades being ambushed and had described this event as 'the worst time of his life'. Janet noted, however, that occasionally the family had also heard from him some stories of 'fun things he did' with his Army mates.

Janet observed that her father was upset about community reactions towards those who served in Vietnam and was particularly hurt about how he received the medals he earned in Vietnam—in the mail, rather than their being presented personally at a ceremony: 'I think he sort of felt that they were ashamed [of Vietnam veterans] and [the veterans were] being swept under the carpet'.

Her father has recently started to attend Anzac Day parades, which Janet described as 'a big step for him'. She herself has attended Anzac Day parades and marched with her father's medals.

Health

Janet described her health as 'over the years, generally ... pretty good'. She used to smoke but gave that up years ago. She said she is (physically) 'thin-skinned', and she suspects this could be because of her father's possible exposure to Agent Orange during his time in Vietnam:

I've never been into a hospital with a broken bone. I did get stitches ... when I got those stitches, they found out that I'm thin-skinned and that's one thing, where Dad was in Vietnam, it was near where Agent Orange was done, so that's one thing Mum's always said, that it could be an effect from that.

Janet was recently diagnosed with proctitis (inflammation of the rectum) but was not aware of its cause. She has received treatment for the condition and 'everything's been going well' apart from a relapse a few days before her interview.

Her mother and one of her siblings had experienced multiple miscarriages.

Department of Veterans' Affairs services

Although the discussion with Janet did not specifically focus on her awareness or use of DVA services, she stressed the difficulty caused by having been born overseas (during an Army posting) yet having been 'registered' as Australian. She holds an overseas birth certificate but described herself as 'considered Australian'; she nevertheless has had great difficulty proving that she is in fact Australian in the absence of an Australian birth or naturalisation certificate. As a consequence, throughout life she has had trouble when trying to prove her identity. She felt that there might be other 'Defence children' who have also experienced this predicament.

15.1.4 'Harry'

Harry, aged in his 30s, is a vehicle technician with the Australian Army. He is married and lives with his wife, two sons and one daughter, all of primary school age, in the suburbs of a major Australian city.

Harry has been involved with the Army for over 10 years. Before that he was a mechanic in 'civvy street'. His father's career was also with the Army, and about the time of his retirement his father suggested that Harry join the Army. Harry has served overseas twice, the last time being a few years ago. Since then he has been based in Australia.

Harry's parents are both retired and living in a different state of Australia. His three siblings live either interstate or overseas. Harry is the only one of the children to have followed in their father's footsteps and enlisted in the Army.

Early family situation and adolescence

Harry was born after his father's return from Vietnam. His father's Army involvement took the family all over the country during Harry's childhood, and by the time he finished school Harry had lived in three states and about six different locations. Although his father was again posted interstate, once Harry had finished school and begun his apprenticeship, he decided to stay put (until his own Army involvement required him to again move from state to state).

Harry found that all the moving around was ‘quite stressful’ for both him and his parents. Despite this difficulty, though, he can now see that one of the benefits was being able to meet people and make friends more easily:

Moving to new schools and everything like that and you had to make new friends again. But I didn’t mind moving. When I look back on it now, I probably hated moving back then but ... I think it’s the best thing. If you keep moving all the time, you learn how to make new friends and you can fit in.

School was not easy for Harry. He was not the academic type, preferring to do things with his hands, so he did not pay much attention in class. He enjoyed playing sports of all kinds, including Australian Rules football and cricket. During his primary school years he mostly lived in what he described as ‘Army areas’, spending a great deal of time playing with ‘Army kids’. Harry noted that Army children know what they are each going through when it comes to relocating. It was hardest when the family did not live in Army areas:

... When we moved to one place, where the soldiers’ kids were in the minority ... most of it was just civilian kids up there, so it was a bit hard. They didn’t know what we went through moving and everything like that and when you go to a new school, they’ve known each other since First Grade ... I think that’s why most Army kids are joined to each other, because they know what’s going on.

Harry described his father as very strict and has concluded that this is a result of his Army experience. There were times where there was much arguing between his parents as they struggled to cope with his father’s drinking and heavy smoking. These could be frightening times for the children, although Harry insisted that his father was never violent—‘just strict’: ‘[The arguing] scared us, yeah. It scared us. I think only we were scared for ourselves’.

Family relationships

Harry recalled often getting into trouble with his parents as a child, ‘but that was my own fault for doing the wrong thing’. Now, he has a ‘good’ relationship with both his parents and feels he can talk to them about anything. This has been particularly important for him since returning from overseas service and in his efforts to deal with what he witnessed there. He noted that his father had been opening up more about his own Army experiences, so as to help Harry come to terms with what he saw on active service. He thus feels closer to his father than to

his mother: 'My Dad is sort of my mate ... because he's seen active service, so have I, that's when it helps. So we can talk about anything, which is good'.

Becoming an adult

After completing school Harry did an apprenticeship. He enjoyed the discipline of the apprenticeship and the opportunity to work with his hands.

Since joining the Army he has relocated a great deal, and he knows that it has been tough for his children, just as it was for him. He sees them finding it difficult to adjust to new schools and can empathise; he is pleased when they make new friends.

Harry described the changing nature of Army life since he first joined years ago. Although he still values the opportunity of working with the Army and the security that provides, he finds it harder to have fun with colleagues these days. Before, it was more acceptable to 'go out and have fun with your mates', but now going to the pub for a few drinks is 'frowned upon'. He has seen a change in Army culture and what he perceives as less 'mateship and camaraderie' as a result:

Years ago, it wasn't frowned upon to have a few beers but now, if you have one too many, it's looked upon as wrong. A lot of the culture has changed in the Army ... I'd rather go back to the old days.

Health

Harry said that during childhood his health was 'pretty good', apart from having had pneumonia at some point. His health as an adult, particularly in the last decade, has, however, 'gone right down'. He described having smoked heavily and drunk large amounts of alcohol, especially since returning from active service, observing that this was also how his father behaved on his return from Vietnam. Harry said his knees are 'shot', something he ascribes to both working with the Army and playing sport.

After having a nervous breakdown a few years ago Harry saw a psychiatrist and took anti-depressants for an unspecified period. He attributes the breakdown to various work-related incidents, including deployments overseas. He has now been moved into a less pressured role, and this has helped with his recovery: '[The

breakdown was] from the stress from work and just from deployments and drinking and everything like that’.

Although Harry continues to drink alcohol (five to eight drinks a day, three to four times a week), he reported that this is less than in the past: ‘I still enjoy the beer but I don’t drink until I black out these days, where that was what I used to do, just drink until I blacked out’. He is also a regular smoker, although he is trying to quit.

In relation to broader family health, one of Harry’s siblings has cancer. The cancer was first diagnosed 10 years ago, and the sibling is now undergoing chemotherapy and radiation treatment. His father also has some health difficulties—‘He’s got crook knees, crook back, crook shoulder’—and takes medication for both physical and emotional concerns, none of them specified.

Father’s military involvement

Harry’s father began his Army career by completing an apprenticeship. This was a difficult time for his father, having to endure ‘initiation’ rituals at the hands of fourth-year apprentices; some of these rituals entailed physical harm.

His father went to Vietnam in the late 1960s and on his return was based in Australia for the rest of his Army career. In Vietnam his father served in a mechanical role that involved participating in patrols with the battalion. He was not physically injured while serving in Vietnam, but he did have a few near misses.

Harry’s father generally does not talk much about his time in Vietnam. After Harry served overseas, though, his father began speaking more with Harry about his own time serving. They swap stories, and this has been a support to Harry: ‘It’s only basically since I’ve been in the Army and I’ve seen active service, that’s when he started talking about it a bit more’.

Harry can see how serving in the Army, including in Vietnam, affected his father. He recalled his father often snapping at him and his siblings when they were growing up—something Harry can understand because he sees himself doing it to his own children:

He’s quick to snap, he’s very quick to snap at people, especially if you don’t do as he asks straight away. I reckon that comes from the Army. Like when my

kids don't do things when I ask them straight away, I get cranky just like that, so I snap too. I think it's just the way the Army has taught us: that you do what I tell you, when I tell you, how I tell you.

Harry's father also found it difficult to cope with community attitudes when he returned from Vietnam, and Harry feels this has had a lasting effect on his father:

He wasn't happy at all, when he came home, with the way people were talking to him and spitting at them and all that type of stuff, calling them 'baby killers' ... I'm pretty sure that affected him a lot because he only went over there to do his job and then to come back and have people say this to him was very hard for him. Definitely that did affect him ... I'm pretty sure he still gets upset, you know, when you bring it up ... how they were treated.

Harry's father is still in regular contact with the Army community, being involved with the RSL, attending reunions and 'catching up with all his old mates'.

15.1.5 'Jake'

Jake, in his 30s, lives in the outer suburbs of a capital city, in the home he and his wife of three years bought. A part-time student, he is working towards a role in the aircraft industry. His wife works full time in business consulting. Both of them are career-minded. They envisage that they will not stay in Australia permanently and would like to move overseas to be closer to Jake's wife's family.

Jake's three siblings are unmarried. His parents, who are separated, live in the same state as Jake. His father has retired from the Army after reaching high-ranking status, and his mother is pursuing an interest in the arts.

Early family situation and adolescence

Jake was born after his father's return from Vietnam, and the family relocated often as a result of his father's Army career. Most of the moving occurred before Jake had completed primary school. All four children were born in Australia, and when Jake was a few years old the family spent some years overseas, where his father was posted: 'The longest I've ever stayed in one residence is five years'. After their time overseas the family returned to Australia, being based in Melbourne. Jake's father remained with the Army and the family lived in an Army house.

Jake recalled that moving around was ‘fun’. Although he does not remember a great deal about this period in his life, he did recall enjoying living in new places and meeting new people. There were always new things to explore.

It was when he was in his teens that Jake’s parents divorced. Jake and his siblings moved with their mother to an outer suburb, and his father continued to move around Australia with his Army postings.

Jake described his parents’ divorce as a ‘terrible time’—one of the hardest things he has had to go through. One of his brothers did not cope well and responded by ‘acting out’; in Jake’s recollection the brother was constantly in trouble as a teenager and as a consequence their mother’s focus was always on the brother, although Jake said he did not resent this.

Jake remembers being frightened about moving into a much smaller home and what that meant for the family: ‘I thought it was for poor people so I was terrified. [The divorce] was pretty scary but that was OK. [My sister] was a mess because of it. And [my brother] didn’t care’.

Becoming an adult

After completing Year 12 Jake started full-time work. His parents had encouraged him to go to university, but he was not interested. He moved interstate for two years at this time, then returned home. He had various jobs involving manual labour and felt he had no career direction until he decided to study for his degree. Now, he enjoys having something to focus on and work hard for—something he is enthusiastic about:

I just wasn’t happy with work, and work was really difficult and stressful, and I knew that was the source of being stressed and upset and not happy, so I thought I have to change it, whatever it takes. I jumped [into engineering] head first and that’s it.

During his 20s Jake lived in share houses in rental accommodation. He met his wife at this time, and they lived together before marrying and buying their home.

For a period Jake shared accommodation with his brother, but he found this difficult. They were living and working together and, as Jake said, putting up with

a 'dump of a house'. His brother was always bigger and stronger, always getting his way:

He got me so angry and so upset. I used to live with him, work with him, and he's ... stubborn, he's a bull, he's angry. You'd even call him a bit dangerous. He used to drink a lot; he'd completely lose control when he got drunk. So it was scary living with him and some of the people he brought around to the house were just the worst of the worst. So that was scary, it was uncomfortable. I got depressed and angry, and I don't know if I wanted to kill him or run away ... I was very, very stressed. So I got out of there.

Family relationships

Jake said he gets along well with both of his parents today, as he did when a child. He feels he can talk with them both, but particularly with his father, about concerns in his life. There were, however, times when he did not get along well with his mother. These days his mother is very interested in the arts and likes to talk about this frequently; Jake is just not interested:

She'll talk your ear off about it and it's not my interest at all. So I think spending time with Mum always leads to topics and discussion which I'm not that interested [in] but, you know, as much as I love her ...

Father's military involvement

Jake's father's Army career took him to both Korea and Vietnam and, although this was not something he spoke openly about with his family (apart from showing some photos), he has begun to talk more about his experiences since beginning counselling in recent years. Jake observed that this counselling has encouraged his father to open up much more and jokingly described his father constantly talking about his feelings, to the point that it is *too* much.

Jake remembers that when he was a child he was immensely proud of his father. He also enjoyed the access to Army facilities and having people salute him when he visited his father at the barracks: 'I'm pretty proud of him. I'm proud that he's achieved that ranking. It's huge'.

Although Jake finds it difficult to point to particular aspects of his life resulting from his father's experiences, he does see the Army values his father brought to the household—for example, strictness and punctuality—as positive influences.

15.1.6 'Simon'

Simon is in his 30s and lives with his wife of five years in their flat in the inner suburbs. He works full time in surveying.

Simon grew up in small regional town in a different state. His parents, who are retired, still live there. He has two sisters, one older than him and one younger. The younger sister lives near their parents and has two children; her partner of 10 years recently left her, which has placed considerable strain on the entire family. Simon's elder sister lives interstate with her partner and their children.

Early family situation and adolescence

Before Simon was born his parents travelled often for his father's work with the Australian Defence Force. They spent some time overseas, where Simon's elder sister was born, then returned to Australia, where the younger sister was born. (Simon was born after his father returned from Vietnam.) His parents settled in the regional town they still live in. On leaving the Army, Simon's father had jobs in a range of industries, mainly involving manual labour.

Simon described his childhood as 'fairly ordinary'. He was educated at a small primary school in his home town, then attended two secondary schools. He did not enjoy his time in secondary school: it was a 'low point' in his life, he said. He enjoyed the study, but he found the social side of things difficult, and it was hard to make friends. He said he felt bitter about this at the time, but on reflection he feels he did not have anything in common with the other students:

I didn't like it. I enjoyed the study but I didn't enjoy the social aspect of being with a group of people that I didn't have much in common with and didn't really have much to do with. I didn't spend a lot of time with a lot of people, particularly through Years 9, 10, 11, 12, just a small group of friends.

He found that his interests were quite different from those of his country schoolmates and that he did not quite 'fit in'.

As he was growing up Simon was always aware that he would eventually move away from his home town: the town, which he described as industrial, did not offer the sort of career opportunities that interested him. People generally 'worked in the mines' or in manufacturing: 'Dad had me down in the mines and that sort of thing, and I knew that wasn't what I wanted to do'.

Thinking about the greatest challenges in childhood, Simon referred to his grandparents' death and adjusting to high school:

Going to high school—that was a big change, going from a small school of 70 odd kids to a few hundred, and then from there to Year 11 and 12 to a school of a few hundred kids; that was just a big change and I suppose a real novelty for a while.

Family relationships

Simon has a positive relationship with both his parents; this has been so since childhood. He recalled that as a teenager he got on better with his mother than with his father, saying he and his father were like the 'old bull and the young bull butting heads'. They were different people with different interests:

Yeah, Dad and I were very different people. He's very much interested in mechanical applications and he's skilled with his hands—construction, welding, you name it, he can do it ... Whereas my talents have tended to lie in other areas.

These days, Simon visits his parents a few times a year. He still feels he does not have much in common with his father, but he enjoys helping him with tasks around the home and the property. He described his current relationship with his mother as a 'fairly standard sort of relationship'.

Simon spoke of 'good' relationships with his sisters, especially the younger one. He remains in regular telephone contact with her, particularly since her partner left her.

I think my parents produced a fairly able and balanced group of kids who had a family life that gave them the security and stability that made them fairly self-sufficient.

Becoming an adult

At the age of 18 Simon left home to study interstate, his parents supporting him financially during this time. Moving out and going to university was 'the best thing I did'. He loved the study, the freedom, living on campus, and being able to develop friendships with people with whom he had something in common—in contrast with his experience at secondary school. He came into his own during his university years.

Simon also feels that the best thing that happened to his relationship with his parents was moving out of home. Although, as noted, his relationships with his parents had been for the most part positive, he knew he just had to leave his home town and 'find himself'. His parents were supportive of this decision: 'I just needed to get out and they knew it as well, so they helped me do that'.

He met the person who is now his wife in the city where they were both studying. They moved to another state together after graduation and spent four years there. Simon began work as a surveyor; he enjoys the outdoor nature of his work, being out on the road. After four years, the couple made another substantial move and have been living in this location for about six years. Simon continued his work in surveying and his partner began her postgraduate research degree (the main reason for the move). Not long after the move, the couple married.

My family's obviously used to not having me poking around all the time. We're still in regular contact over the phone, two or three times a week, but there's obviously not the close contact you'd normally have living in the same town.

Health

Simon said his health is 'good'. As a child he experienced 'the normal colds and sniffles and tummy bugs', and his most serious health concerns were a bout of appendicitis as a child and being hit in the face while playing sport in his teens. He has never smoked, although he drinks alcohol regularly (three or four drinks a day, three or four days a week).

Simon's family has a history of heart disease, so he has a blood test every few years to ensure that things are fine in that regard. He recently experienced an iron deficiency, but this was resolved by a change of diet. He said he sleeps and eats well.

Psychologically, Simon reported no concerns apart from his high school years being a 'low point' in his life.

Father's military involvement

Simon's father joined the Army a few years before Australia became involved in the Vietnam War. Simon understands that his father did not join up specifically to go to Vietnam, but he suspects his father might have known this was likely:

‘... Given the time that he joined, I guess it would have been pretty obvious that was where the wind was blowing’. Simon understands that his father went to Vietnam twice and was involved with logistics.

One thing Simon does know is that his father feels his Army service offered him some good opportunities and taught him valuable skills. Later in life, however, his father is feeling the effects of a life of hard labour, including his Army experience. He has some hearing loss, chronic back problems (which have become worse because of the stress of Simon’s sister’s relationship break-up) and difficulty sleeping. Compared with other Vietnam veterans the family knows, though, Simon sees that his father is in a much stronger position. His uncle by marriage ‘served out in the jungles’ and ‘lives a medicated existence these days’. Another family friend who served in Vietnam had a son with cerebral palsy born about the same time as Simon and suspects this could be connected with his (the father’s) time at war.

Simon is unable to identify any impact on his life or his sisters’ lives resulting from having a father who served in Vietnam. The only thing he noted was a strong culture of Army-like rigidity and punctuality in the daily life of his own family, something he feels he has inherited from his father.

His father marches on Anzac Day each year.

Department of Veterans’ Affairs services

Simon knows his father recently made use of some DVA services, although he is not sure of the nature of these. He understands his father has been living on a military pension since his back condition prevented him from continuing to work. As for himself, Simon has never felt he needed any DVA assistance and was not aware of any services available for families of Vietnam veterans.

Life today

Simon’s wife has almost completed her studies. Her scholarship expired a few months ago, so the couple is now making do on Simon’s wage. Simon said they have adjusted well to having only one income. They can meet their mortgage repayments and have saved for an overseas holiday. In Simon’s view, material

things are not important: he and his wife enjoy a simple life. This, he said, is an attitude he feels he has inherited from his parents:

We live a fairly simple ... not a tight, obsessive sort of lifestyle but just don't go in for wasting money on things that we don't feel we need ... I'm happy to lead a relatively simple life. I don't need an iPhone. I don't need the latest computer. I don't need a widescreen television. I just don't value material things as much as some ... people do.

15.1.7 'Leigh'

Leigh, in his 40s, lives with his wife and children in rural Victoria; he also has an adult child from a previous relationship. The family love holidays and have been on several overseas trips in the last few years; they also involve themselves in a range of sports and outdoor activities. Leigh is health and fitness conscious, does not smoke, and drinks on rare occasions only. He works in a managerial position.

Leigh comes from a multi-generation Army family. His grandfather served in the Second World War; his father joined the Army in his teens and saw active duty in Vietnam. His father now lives some distance away, but the family maintains contact.

Leigh also has brothers and sisters living interstate. He has a close relationship with one sibling but not with the others.

Early family situation and adolescence

Leigh spent his childhood moving from place to place and was a small child when his father left for Vietnam. He felt isolated from his siblings and especially his parents. In many respects, he saw his grandparents as his parents and missed them terribly when the family moved away from their home town:

My mother was only a teenager when I was born ... I always saw my parents as being like my siblings because while my Dad was in Vietnam I was living with my grandparents. So, in fact, my grandmother looked after me while my Mum was working ... then, all of a sudden, my Dad came back and we ... moved interstate. I had a very strong attachment especially to my grandmother and I was inconsolable when we first moved. So from a young age, I became a bit introverted and would stay in my own world. To me, I was always marking time until when I saw my grandmother and the next time and the next time ...

The family moved around Australia almost continuously, causing Leigh to attend more than 10 different schools. He found it necessary, he said, to develop his own sense of independence and resilience to cope with all this upheaval:

I think I developed this thing as a child where I was very independent and introverted at the same time. I would build my own reality. Moving from one place to the next was the norm. I knew I could build these friendships and these attachments but that it would finish. After two years, I would never see these people again, so I built strategies around that so I could deal with it, and that was the way it was.

In addition, Leigh reported that his father was a very heavy drinker and often violent—not to his own family but towards other people. He had an extremely short ‘fuse’ and was often in trouble for fighting. Not surprisingly, Leigh’s closest relationship as a child was not with his mother or his father but with his grandmother: ‘Even now, when my parents tell me they love me, I can’t respect that. It feels very strange and strained to me, and I guess it has all my life’.

Although Leigh was described as intelligent by his school teachers, he reported that they would also say he did not apply himself, appearing not to care about schoolwork. He struggled constantly at school, but he did complete Year 12. Throughout this time Leigh’s grandparents were the constant for him. He and his siblings spent every school holidays with them. This was their one point of security—especially so for Leigh because he had also spent his very early years with them.

When reflecting on his adolescence, Leigh said his father had continued to drink heavily during this time. He noted that one of his siblings is also a heavy drinker. Although, as noted, Leigh feels his father did not direct his violence at the family, there were undoubtedly repercussions for the children as they grew up:

He still drinks but Dad was never violent towards the family; however, he could be extremely violent towards other people ... he would always get himself into some situation where someone had said the wrong thing and he would go and do something about it. It rarely ended with him being hurt but with them being badly hurt.

Adolescence was very, very difficult for Leigh. Early in his teens he started having episodes of extreme anger and outbursts of violence. He described himself as having been ‘out of control’:

I started having what would have probably been psychotic episodes where I was so angry. I would break things, fight. I would be absolutely out of control. I would be inconsolable and if anybody tried to stop me it would snowball.

He said his parents could not understand where his behaviour was coming from, and that they assumed no personal responsibility for the state he was in. Ultimately, he received psychiatric treatment and was on medication for a time:

My relationship with my parents became really strained because they just couldn't understand why I was so angry. They took me to a psychiatrist and I was medicated for a couple of years in my teens. It would just be pure rage and it would always upset me afterwards because I didn't understand why I got to that point—but I never thought of running away or of suicide.

Leigh believes the stresses he experienced, as well as the influence of his grandparents, taught him to build up his own inner strength. He said he is capable of 'extraordinary things' and has exceptional endurance, as expressed in his sporting pursuits:

I have this strong mental resilience. If I am determined to do something, I seem to be able to drive myself. I think it probably comes from my grandfather. He was very much about keeping your mouth shut and getting on with the job. My Dad was like that to a degree, but I also saw him have epileptic fits because he had a heap of shrapnel in his head from a wounding in Vietnam. And he's an alcoholic and, even as a child, I saw that as a weakness.

Becoming an adult

After finishing Year 12 Leigh travelled overseas. He enjoyed living independently and stayed away for about two years, working in various jobs. When he returned to his parents' home he realised he did not want to give up his independence, so, in the absence of apparent strong family ties, he decided to move away from home permanently:

When I was away, I just found living independently was so much easier than I had ever thought. I had all these tools in my head to work round situations ... I came back from overseas and went back to my parents' house for about four hours and said 'I just can't stay here' and moved out.

Not long after, Leigh formed a relationship with a young woman. She soon became pregnant, but Leigh was still very young when the child was born and the couple split up shortly afterwards. Leigh could not bear to be parted from his

child, though, and by mutual agreement he raised the child alone for some years before the child finally returned to live with the mother.

Leigh reported that it was difficult being a single father and that there was much to learn, but he was helped by another woman who came into his life. The couple married within a few years and had two children of their own.

In the early years of his marriage Leigh had problems coming to terms with some aspects of his childhood and adolescence and, although his relationship with his wife was never strained, she found it difficult to understand the anger inside him and the frustration he felt about his parents. She, as well as some of his work colleagues, urged him to seek counselling. He obtained the counselling and funding for it through the Department of Veterans' Affairs:

Someone at work told me you can access these services through Veterans' Affairs and that's what I did ... it was probably the Veterans and Veterans Families Counselling Service. You applied and got approved and they organised a DVA-approved counsellor in your area. That was really good because I had a good relationship with the guy who was doing the counselling ... it worked for me because it felt like I was talking to a peer. I had maybe a dozen sessions and worked through a lot of that anger and pain and angst that I had developed.

Leigh said he feels he gained a great deal from this intensive counselling.

Father's military involvement

Leigh's father served in Vietnam when Leigh was a young child. During this time he lived with his grandparents and in many ways felt much more part of that family compared with his 'real' family.

Leigh's immediate family moved around Australia a great deal as a result of postings, and there was a kind of 'unwritten rule' that what his father did was never discussed in the house. Leigh understands that his father was working with 'different' sections of the Army. More information about his father's experiences was disclosed to Leigh as he grew older. Exposure to this information was a trigger for Leigh to seek out psychological counselling.

Life today

Today Leigh recognises some of the factors that might have contributed to his father's problems. He understands that his father's own parents had been heavy drinkers when he (his father) was growing up. After a series of psychotic episodes and hallucinations, Leigh's father has been diagnosed with a psychiatric condition and remains under treatment.

Leigh said his mother has always been stoic and able to cope with things, although in more recent times she had expressed concern about how to manage the situation with Leigh's father.

It is Leigh's view that his father's drinking has caused one of his (Leigh's) siblings to become an alcoholic. Another sibling is very concerned about this and has often asked Leigh to help do something about it, but Leigh cannot see a solution.

As far as Leigh's own children are concerned, Leigh considers he has managed to develop a 'normal' father-child relationship with them:

With the way that I interact with my children, I realise it was never like that for me because of all the violence around me ... I would say I have a normal relationship with my children. I see this as the first time I have had this relationship or maybe it's the relationship I had with my grandfather, but it wasn't with my Dad.

Leigh's younger children see their grandparents from time to time, notwithstanding the past breakdown in communication. Leigh's adult child also sees the grandparents occasionally but less often now that they live interstate. Leigh has to some extent become reconciled with his parents:

The final step in the counselling for me was to reconcile with my parents—but I would never get my parents to babysit my younger children although they still have a relationship with my older child.

And as for Leigh's children:

I just hope they will be able to live their dreams, whatever their dreams are. I am more than happy to support them ... I just can't imagine what they might want to be. One was writing songs last night on the computer and the other is convinced he's going to be an AFL footballer.

15.1.8 'Sarah'

Sarah lives in a regional city. She grew up in a small country town with her parents and sibling but moved to the regional city to complete her university studies. She is currently completing a postgraduate course.

At university Sarah met her partner, and they have been living together for a few months. Although the living together started out as a 'convenience thing', she said the relationship is going well. Sarah enjoys a broad range of outdoor activities and sees fitness, sport and socialising as her main non-academic pursuits. She said she has many friends in town.

Although Sarah seems to be very healthy, she is suffering from both a chronic and an acute medical condition and is receiving treatment.

Early family situation and adolescence

Sarah was born some time after her father had returned from Vietnam and grew up enjoying the benefits of a rural lifestyle. Both her parents worked in white-collar occupations. Her memories of childhood are good:

It was good times, really. I had a great childhood. I don't remember a lot from when I was really young. My memories start around the age of 8, when I started riding ponies, and Mum and Dad were always really supportive and took us everywhere with the horses. They always encouraged it. Dad was always there for us.

There were many family activities, trips away, camping holidays and sporting activities: 'I did pony club from about the age of 9 to when I moved to town to go to university'. Sarah attended a tiny primary school in her town, which she feels was an advantage:

I was often the only one in my year level and it could be quite an advantage ... There was never a lot of us and they had time for everyone. I have done extremely well all through my academic life, and my sister was the same.

She added that both her mother and her father were intelligent and willing to share their knowledge. They also instilled in her a sense of discipline and persistence and encouraged her to aim high: 'I don't remember there being a lot of pressure on us. We always did our homework but they were never that strict on us. We just wanted to do it'.

Sarah said her relationship with her mother was closer than that with her father when she was growing up:

Not that I was distant from Dad, but going through my early teens I used to feel frustrated, but I think that was my own personal thing rather than anything of his doing. You know when you're a teenager and you're quite emotional and angry and take it out on someone and it happened to be Dad. He was never harsh with us, but if you really upset him he would get this look in his eyes and it really frightened me.

When the time for secondary school arrived Sarah went to a private college in a nearby town, travelling there every day on the bus. She enjoyed this part of her education just as much as she had primary school, even though it was very different: 'I really enjoyed it. It was a great time of life and I had great friends who I am still close to'.

Overall, there were no major traumas or hardships in Sarah's childhood or adolescence: she described her life as 'a pretty smooth ride'. There were no serious accidents apart from some falls from horses, when her father would take her to the hospital.

After secondary school Sarah moved away from home to go to university. None of her close friends did this. Nevertheless, she said she was not homesick and has enjoyed her time at university. Until recently she lived with various friends in share accommodation.

Becoming an adult

Still a young adult, Sarah keeps in contact with her family as much as possible, seeing them every couple of months or so. She feels that her relationship with her father has improved greatly:

The only pressure was because I was a moody teenager. Now, living under my own roof and having my freedom ... I love to have that and once you have it it's hard to go back under the same roof with your parents.

Sarah's father has never spoken openly to her about his Army experience; in fact, he chats more to her boyfriend about those times. To be fair, though, she said, she does not ask too many questions about that part of his life. She understands that he is proud to have served in the Army, but she finds it difficult to know whether his experiences have affected him in later life:

It's hard to say. I think he's a very rational person. He's probably had to grow up quickly because of it ... He hasn't sought any treatment as far as I know. He doesn't like that kind of thing.

Although she is aware of the negativity that often surrounded the Vietnam War and the veterans at the time, Sarah has not heard her father speak of this: 'I am aware of that situation. My point of view is that if you were in the Army at that time, you were asked to go and it wasn't really the soldier's decision ...'

Father's military involvement

Like many others who participated in this project, Sarah said her father is guarded when it comes to his military career. He was a regular in the Army, rather than a conscript, and, as noted, served in Vietnam. Sarah's grandfather had been in the Army, and her father was motivated to enlist at a young age. He encouraged her to participate in this project.

He has shown me a lot of photos and things and they are quite confronting. He was just a kid when he went over [to Vietnam]. I know he hates helicopters. On the farm, if you hear a helicopter come over, he always gets a bit anxious because it brings back memories. Mum took him to see *Miss Saigon*, which was really graphic with the sound and lights, and he got quite upset in that situation.

Sarah's father is, she said, quite proud of the various roles he played during his time in the Army: 'He was just a general soldier ... He definitely saw action'. He served for a number of years, but when he met her mother he left the Army; they married and bought a small farm.

Sarah reported that her father has encouraged her to join the Army Reserve. Although she is quite positive in this regard, she finds that the time commitment for her studies precludes such activities or time away: 'I have been to the first interview and sat the aptitude test and did really well but then I decided it was a bit too hard to juggle uni, so it didn't end up happening'.

Life today

Today Sarah remains focused on her deepening relationship with her boyfriend as well as her studies. She is very happy in her life, although she has had a scare with her health. Her father has been helpful in this respect, taking her for treatments when required.

Sarah and her father are closer than ever before and she ‘can tell him anything’ now that she is older, she said. Her parents’ relationship remains close, apart from the usual arguments married couples can have about things such as doing household chores.

Sarah believes she gets her resilience from both parents. She does not think her father’s Army service has affected her in any detrimental way, and nor does she feel his service has had an impact on her health.

Department of Veterans’ Affairs services

When asked about the various DVA services offered to the children of veterans, Sarah said she was not directly aware of the particular services but had known that services were generally available:

Dad gets a magazine from Veterans’ Affairs and I think he would have read about the study through that. I suppose he thought it would be a good idea for me to do the interview because it’s something that hasn’t been done before and it is always good to contribute to those kind of things ...

Now retired, her father has back problems, stemming primarily from his time in the Army. This limits him as far as jobs on the farm are concerned, although he does persist with these, Sarah said.

15.2 Vietnam veteran fathers who were National Servicemen

15.2.1 ‘Jason’

Jason is in his mid-30s and runs his own small business in a service industry. He has been married for almost 10 years and has been with his partner since secondary school. They have two sons and one daughter, all below the age of 10.

Jason and his wife own their own home in the suburbs of a capital city as well as a ‘little shack’ at the coast. They bought their current home following the sale of Jason’s first property, an apartment in the inner suburbs that he bought when he was quite young. Buying a home at a young age is something Jason is particularly proud of, and he sees it as one of the more significant events in his life.

Jason enjoys his work—‘It’s almost like a hobby’—and works long hours. Most of his spare time is devoted to his children and family:

We've spent a lot of time [at the beach house] in the last few months, renovating and doing child-related activities. Apart from that, my interests typically are work. If you've got young children, you do what they do ... ride bikes and swim and build sand castles ... that's where we've been the last few years, with the kids.

Early family situation and adolescence

Jason grew up in the outer suburbs of a large Australian city. He was born after his father returned from Vietnam, and he has a sister who is a few years younger than he is. His parents are still together and continue to live in the family home. Jason's father had a variety of jobs when Jason was growing up, most of them being sales related. Jason described his father as a 'big, confident man with a very strong social network'. Jason's mother worked intermittently while he was growing up, doing all sorts of things, mainly on short-term contracts—whatever work was available at the time.

He described having an 'active family life' as a child, and his parents constantly encouraged him and his sister to try new things:

I felt my parents wanted us to experience everything—whether it was roller-skating, horse riding, motorbikes, building something, camping, travelling. We had our finger in everything.

The two children also spent quite a bit of time on their aunt and uncle's farm, helping and just 'doing kid stuff':

They had a farm in the country and we would regularly get dumped up there for the weekend and do whatever you do on a farm—burn things, swim in dams, chase cows, and all that associated stuff.

He and his sister attended private schools at both primary and secondary levels, which Jason described as a 'good' experience.

During his adolescence Jason's parents continued to encourage him to try new things. He said his childhood was 'normal', although he did comment that his parents' desire to expose him and his sister to new experiences gave him an 'enhanced' upbringing. His parents offered their children every opportunity they could. Jason gave the example of a secondary school trip overseas for a few weeks: it was all about him learning about a different culture. This urge to experience life

took priority over material possessions, a philosophy Jason has brought with him into adulthood:

We have never been, I think, in summary of our family, we've never had a problem with having money available but we've never, ever had a big house. We drive exceptionally bad vehicles. We always put lifestyle in front of showboating, you know. To this day, my parents still live in a very small house but it's got a very big pool, you know, which we swam in a lot and everyone loves ... They'd rather go to a restaurant than drive a nice vehicle. And that's been passed on to us. We see value in ... not value in artificial items, I guess, [we see] value in people and value in lifestyle.

In keeping with their love of new and different experiences, Jason and his family travelled a great deal during his childhood and adolescence, making a special point of doing so: '... When I say we travelled, my father makes a point, always makes a point, even if we haven't got dough, we might travel interstate. So we're not, like, world explorers, but we do things'.

As a teenager, Jason liked sport but 'I never dedicated myself to footy or anything like that, because I was skinny and small'. He did play a lot of tennis, though: 'I spent a lot of my teenage years as a member of [a tennis club] ... there were always a lot of kids around the place, hitting tennis balls'.

Jason described a strong extended family, on both sides of the family, who met regularly for family functions throughout his childhood and continue to do so:

... And my grandparents are still alive so we have regular family get-togethers and birthdays and Christmases and any other associated event. Have done so my entire life and at this stage will continue to do so. So it's a pretty strong unit, which is good. So I was kind of brought up with that.

Family relationships

Jason described his relationship with his parents and sister as good and strong and said they communicate regularly. He feels he has always had great respect for his parents and would like his children to grow up with the same regard for him. In his view, this was a result of his upbringing, knowing 'what was fair and reasonable' behaviour expected of him. If he pushed the boundaries his parents' disappointment was punishment enough. Jason feels that one of the main strengths of his family relationships—both now and while growing up—is that each person has a genuine interest in the other, in what they are doing and in

what they are interested in, even if that differs from their own interests. It was to do with truly caring about what the other was doing:

[My parents] are actively involved with our kids, and interested, and our interests have changed but their interests have changed with it. So if we're interested in renovating, so are they. If we're interested in internet sites, so are they. They at least try ... and I guess, in reference to all that, we're interested in what they do, too. So I suppose that makes for a pretty easy way to retain a good relationship with people, if you show an interest in what they do.

Although Jason's relationship with each of his parents is good, he noted the different dynamics, reflective of each parent's personality:

My father's fairly black and white, and that's the kind of conversations that we have, and we do things which are practical and sensible and well thought out. And Mum's more of a ... has more of an emotional need, so you sit down and discuss things thoroughly and deeply with her.

Becoming an adult

After completing school Jason studied for a business degree at a city university. He noted that his father was very involved in helping him choose his course—'went to uni on open days and stuff'—as he concentrated on his Year 12 studies. His father's support also extended to searching for a job once Jason had obtained his degree. As a graduate, Jason followed his father's footsteps into sales: '... Then I thought, What do I do? And the old man again said, "I guess if you want to get a job perhaps sales is not a bad starting point" ... it was a proper corporate job ...'

Jason married his long-term partner nearly 10 years ago. He reflected on his wedding day as an important event in his life, but it was not the 'day to end all days'. Rather, it was part of the natural process of his relationship with his partner—an opportunity to express their commitment to each other. Other important events in his life are having children, going to university, working, and deaths: 'Nothing apart from that, that I can see, would stick out as left of square'.

His approach to dealing with challenges in life is to just 'get on with the job':

My policy on all these things is no different to when you were at school ... I was at school. If you've got homework to do and you don't do it, it gets worse, and that's what I've always found ... the only way to make things better is by doing, and when you've done them you think, 'Oh s--t, why did I put that off for so long?' And I think you can apply that to anything.

Confronting the issue, be it whatever, is better than prolonging and putting it off.

Father's military involvement

Jason knows little about his father's military involvement. He reported that his father was conscripted to serve in Vietnam, as were a few of his father's friends from secondary school. He is aware his father might have driven a personnel vehicle. His father occasionally told funny stories or made 'off-the-cuff' remarks about skills he learnt in the Army:

I can say I don't know too much because it kind of wasn't a ... it wasn't really a dinner table topic. So you get snippets of it but I never really pursued it with him and he never really raised it with us.

His father's time in Vietnam is not something Jason has ever felt a need to ask more about:

I can't even think of why you would, unless you were searching for something, unless you were thinking, 'Gee, I've got a sore hip, what happened to you over there, is it related to that?' We don't kind of dig, we just plod, enjoy.

He does know, however, that his father still sees some people he went to Vietnam with at functions held at the local RSL and at Anzac Day dawn services.

In the case of possible impacts of Army service on his father's life, Jason understands that his father felt he learnt a great deal during his time in the Army and it expanded his social networks. Jason was unable to enlarge on this and spent some time during the interview debating the question of whether any child could really divine how their father's service in the Defence Force before they were born would affect their father's or their own life. He hypothesised that an event such as going to war as a teenager in a foreign country would greatly shape who a person is:

I think the biggest impact, in my mind, for him was the fact that they plonked him out of [—], wherever they were brought up in, and put him in a different country at the age of, however old they were ... That's a big deal for anyone, especially in that era where, you know, travel's not ... The old man was an accountant and you had your steak and three veg and suddenly he's in Vietnam. So again, I can't put my finger on anything, other than saying holistically you've taken a young person and plonked him in a foreign

country, and I would have thought that would've made you grow up pretty quickly.

Jason noted that his father 'feels strongly' about Agent Orange. He was particularly worried about this when Jason and his sister were having children:

He's always very paranoid about us having children, and my sister, or anyone else who he's served with who's had kids, and there have been incidents with my sister and the two mates that he travelled over with ... have all had first births with defects. So he certainly has got a bee in his bonnet about that.

Jason also noted that his sister was born with a congenital abnormality.

Department of Veterans' Affairs services

Jason is not aware of his father or any other family members having ever needed to use DVA services for Vietnam veterans or their families. He mentioned his father's visits to the RSL and said his father has some form of soldier's card 'that helps him get discounts at the movies'. Jason was not aware of any services available for the families of Vietnam veterans.

15.2.2 'Martin'

Aged in his 30s, Martin is an engineer and lives in the suburbs of a large city with his girlfriend. He has an older sister, who is married with a new baby and toddler and lives in a different state. His parents are both retired and living near his sister's home.

Early family situation and adolescence

Martin was born in the country after his father returned from Vietnam. His family moved interstate when he was a toddler, for his father's work in farming. After a few years the family again moved interstate to another regional area, and by the time Martin started school the family had settled in yet another state but this time in a metropolitan rather than a regional area. Martin understands that his parents wanted to settle somewhere permanently while the children were at school. His father gave up farming for an office job.

Martin described his childhood as 'fun', saying he was surrounded by many friends, a few of whom he is still in contact with. Thinking about his childhood overall, he noted, 'I wouldn't have changed anything'. (The only thing he regrets is

that his family did not live closer to the beach.) Nothing really stands out for him as being a significant event. He did 'OK' at school and enjoyed playing sports: 'I had a good group of friends. I was very active with sport through school. I was always sort of playing sports with social teams and school teams, so that was good'.

Family relationships

Martin recalls that when he was a child his parents were supportive, helpful and encouraging of both sporting and academic pursuits. He has particularly fond memories of his parents driving him 'around the countryside' taking him to his sporting fixtures:

I remember that my Dad always came to my soccer matches and stuff. It'd be freezing cold on Sunday mornings in [—], and he always seemed to have a bit of fun with it and I did too, so that's something that definitely sticks out in my memory.

He described his parents as strict but not 'anything silly': 'It wasn't overly strict, it was just sort of ... the way I see it now ... just general parent strictness ...'

Growing up, Martin felt closer to his mother; his sister was closer to his father. This, he feels, was the result of a similarity in interests. For example, Martin and his mother were strong at maths and analytical tasks, whereas his father and his sister enjoyed outdoor activities. Martin's good relationship with both his parents has been maintained into adulthood. He values the fact that his parents have always had his and his sister's best interests at heart. They want to help whenever they can, despite the geographic distance between them.

Martin also described a good relationship with his sister; now that he is an uncle, though, he feels it would be nice to be living closer to the rest of his family:

It's good. I wish I was a bit closer, especially with a baby now, but she comes down to [—] a few times a year to work and so she'll stay at our house, and I go back home sort of three or four times a year, probably, to see them ... I never mind catching up with my sister, it's fun, so that's good.

Becoming an adult

Martin completed his engineering degree at a regional university. After graduating he worked as an engineer in Australia for a few years, then for the

next few years travelled and worked overseas. He worked in engineering for most of this time but every now and then took time off to travel. The portability of his profession is one of the things he values most about his work.

Having been with his girlfriend for almost a year, Martin feels their relationship is progressing well. They started living together not long after they began dating, and so far Martin is enjoying the experience: 'It ended up that we were sort of homeless at the same time so moved in together because it was going ... well. It's great'.

Health

Martin said his health has been 'pretty good' to date. Apart from 'banging my nose playing sport', there is only one time he can remember being worryingly sick—about the end of primary school or in early high school. He experienced severe stomach cramps that led to his being taken to hospital, although nothing was diagnosed and the cramps passed. He recalled his parents being worried about him.

He also described his psychological wellbeing as good. He feels relaxed and believes others would describe him as a friendly, happy sort of person.

Father's military involvement

Martin's father was conscripted into Army service and served in the Vietnam War. Apart from knowing that one of his father's roles was as a 'foot soldier beside the tanks', Martin has a very limited understanding of his father's military involvement. His father's time in the Army is not something the family ever discussed. Martin recalled that as a young child he asked his father whether he had killed anyone in Vietnam. His father responded with silence, and Martin has never again asked the question. He suspects he would receive the same response.

Martin observed that his father has a keen interest in war history and keeps many books dealing with various wars. His father has marched in a few Anzac Day parades with Martin's grandfather, who fought in earlier wars. His father also attended a reunion recently—for the first time, Martin believes: 'I think he sort of separated himself from that but he went to one of the reunions and actually enjoyed it, catching up with some of the people'.

Martin considers that his father adjusted well to civilian life after returning from the Vietnam War. This is because he saw no ill-effects of the war on his father, apart from observing him go about day-to-day tasks in a rigid, structured, 'military-style' way—a positive in Martin's view. Martin is not aware that his father has experienced any emotional problems and cannot see any effects of his father's military service on his own life, although he admitted this was something he had not really thought about before.

15.2.3 'Jennifer'

Jennifer is in her 30s and lives in the suburbs of a large Australian city with her long-term partner. They have lived together for most of the time they have been in the relationship. Although they met through work, they do not currently work together.

Jennifer has spent much of her career in marketing. Her first job was as an office junior, straight out of secondary school:

I started off as the office junior and then I worked my way up through there, and then after years of doing that, of different facets of learning on the job and moving up ... I went and studied and did a course at TAFE and then moved over into the agency side, and I've just been bouncing around doing the same thing ever since.

Jennifer's family is large. Her parents divorced when she was a toddler, and her father remarried and had more children. She described the grouping as 'one big family'. Most of them spend Christmas together, and Jennifer regularly spends time with her younger step-siblings.

Early family situation and adolescence

Jennifer was born after her father returned from Vietnam. As a child she lived with her mother and brother during the week and spent Sundays and took holidays with her father. Overall, she described her childhood as 'happy, great, fine', although she does recall times when she wanted to see more of her father. She saw this, however, as 'normal' for a child of divorced parents:

We'd see Dad on weekends and we'd go out ... we'd go on trips on school holidays ... There were trials and tribulations of any sort [for] divorced kids, of wanting to see more of your Dad, but looking back it was all completely normal.

Growing up, Jennifer had ‘normal’ relationships with her brother and step-siblings, with ‘fights and things’. She sees these as good relationships that have remained strong into adulthood: ‘... always getting along and being very protective of them all, and we’re all extremely close’.

While Jennifer was growing up her mother was mostly self-employed. Her father worked in business after he returned from Vietnam.

Becoming an adult

As noted, Jennifer entered the workforce straight after secondary school; the office junior position was with a modelling agency. She moved out of home in her early 20s and spent some time living with her brother, with whom she still has a close relationship:

[My brother], we get on fantastically. We spend heaps of time together ... [As for] the younger ones ... we go out and have drinks or go for dinners or hang out in the afternoons at the family house, things like that.

Jennifer has a broad social network and enjoys dinners, parties and other similar events.

Family relationships

Jennifer described her relationship with each of her parents when she was growing up as ‘healthy as can be’. She said they had their trials, but she maintains ‘fairly good’ relationships with each of her parents today. ‘Dad’s just Dad, you know, funny old fuddy duddy. He’s not a fuddy duddy but, yeah, he kind of is, you know, Dad jokes kind of thing and is set in his ways.’ She also sees her relationship with her mother as a positive one, although it has at times been rocky.

Health

Jennifer developed the serious skin condition psoriasis, which was first diagnosed when she was in her 20s. She noted that her condition has ‘gone from varying degrees of coverage’ but feels it is generally at a relatively good stage, as at the time of interview: ‘I’ve got massive panels down my side, my arms are covered, it’s on the back of my legs, my scalp is completely covered, my ears, my nails, my toes’.

The condition is painful, both mentally and physically:

‘Movement is really difficult ... So I’m falling [asleep], for example, last night, I ripped one because I was sleeping on my side and I went to turn over, and even going like that, lifting my arm, it pulls the skin ... You should see how much moisturiser I go through! Walking can sometimes be hard.

Jennifer said she was embarrassed by her condition to start with. She used to see people (mostly children) pointing and staring at her and found it hard to develop romantic relationships. This hurt her, and the comments continue, although she noted she has become more open about her situation now and finds that people often say they know someone else with psoriasis.

Jennifer’s father contacted the Department of Veterans’ Affairs about her condition and a medical research program a few years ago, this being possibly the first time he had contacted the department since his return from Vietnam. Since then, both Jennifer and her father have been in regular contact with the department (the nature of the contact was not discussed).

Jennifer has also suffered from a variety of allergies throughout her life. Her brother has some health problems too.

Father’s military involvement

Jennifer noted that her father, a conscript, had never really talked about his experiences with the Army and in Vietnam. Occasionally when she and her siblings were children they would find medals ‘lying around’ and ‘Dad would just sort of go, “Oh yeah, that was just something that happened or something I did”’. She understands that he served for about a year or a bit more, had spent some time on the front line and had some experience with interrogation.

Jennifer’s mother told her that in the first year after her father returned from Vietnam she (her mother) would wake in the night to find her father with his hands around her neck, trying to choke her, while he was asleep. Her mother would have to wake him by putting a pillow over his face.

Jennifer does not see any long-term impacts on her father’s life as a result of his service in Vietnam. She does, however, feel that her father’s contact with the Department of Veterans’ Affairs in relation to her psoriasis has helped him to open up a little:

... I think that could be one of the main reasons that he's sort of talking up about it now and maybe for his health as well. Maybe it's time and distance can take you away from something so horrifying that will make you able to talk about it a bit better.

Department of Veterans' Affairs services

Jennifer is not aware of her father having made use of any DVA services. Her understanding is that her father had contact with DVA about replacing some of his lost Vietnam medals at about the time he first spoke to them about her skin condition. Since then his contact has been regular.

15.2.4 'Jill'

In her late 30s, Jill lives in a regional city with her husband and three children. She is a stay-at-home mother and her husband has two jobs—full time in a white-collar position and part time in a blue-collar one. The two oldest children attend the local primary school, where, Jill noted, they were 'doing well'.

Jill and her husband have been married for more than 10 years, and she described the marriage as a happy one. The couple are very family oriented, and their social life revolves around family and children. They love camping and take the children on a camping trip each year. The family also enjoys a variety of sports. Jill and her husband socialise with other parents, particularly in connection with their children's sporting clubs and other interests.

Jill has one sibling, who is older than she is. Her parents live in the country, a few hours' drive from Jill and her family. Despite the distance, the extended family manages to get together regularly.

Early family situation and adolescence

Jill was born after her father returned from Vietnam. Her parents never moved away from their small home, and life centred on school and socialising within a close-knit community. Jill's father worked on farms in the area, and her mother did casual work to help make ends meet. 'Everyone knew everyone; it was a great little town. We did all the sports. It was a good country life.'

The family home was a focal point for socialising. Sleepovers were always at Jill's house. Her father was 'a bit of a larrikin', well known in the district, and her

parents enjoyed having parties and other social gatherings at their home. Jill and her sibling attended school locally.

In many respects Jill's lifestyle and activities today mirror those she enjoyed when she was growing up—family camping trips, playing sport, being involved with local clubs. Jill's mother kept a spotless house; she greeted the children after school with home-baked treats, and life was 'generally good':

I remember being a kid and Mum always being at home, having the house all organised, and you would get home from school and she would have things cooked—biscuits, cakes, apple slices. We were like a typical household, I suppose. There were tough times, but I don't really remember going through [them]. I don't remember missing out on things when I was a kid. I always got my own way. I was Dad's little girl. I always felt loved, cared for and well provided for.

There was, however, a so-called elephant in the room. Jill's father never spoke of his experiences in Vietnam, but every Friday night he went to the local pub to spend some time with his mates. He would often come home drunk, argumentative and bad-tempered. Jill recalls her mother enduring most of this ill-temper, often hiding a black eye or some other bruise:

I remember Dad coming home from work and having a shower and then going off to the pub and then coming home grumpy, in a foul mood, and you'd be trying to make him happy and then he would go off to bed. It was Friday nights. He drank a lot and still does ... He was abusive to Mum, he hit her but he never touched us.

The family never spoke of this. Country town life just went on, and Jill's mother appeared to work hard at hiding her troubles.

My mother could have left but she never did, she stuck with him because of us kids. Now she says it's too hard to leave ... He still has his ups and downs. I don't feel like I'm as close to Dad now as I was when I was younger.

Jill is concerned about the distance that has developed in her relationship with her father. When she was younger he would involve himself in her sporting activities, but these days when she visits she is conscious of a gulf between them. Although she expressed a sense that everything was 'normal', at the same time she recognises that what was happening was not at all normal:

I thought it was normal. Not watching my mother being abused, I knew that wasn't normal. Mum just didn't get help. I don't remember the police being

called, never saw a policeman once. People knew, family knew what was going on because she would go somewhere and she would have a black eye. People would go, 'He's had a hard time, he's been to Vietnam'. It was like it's OK because he's been to Vietnam, but it isn't really. But how would you know whether it's got anything to do with his personality? He's like his father at the minute: Pa was grumpy and so is Dad.

Jill's sibling began to clash with their father later on: 'I don't know whether it was because of being that bit older that [—] stood up to Dad. But now they are fine, they get along really well'.

As adults the siblings made it their business to find out all they could about the Vietnam War so as to gain an understanding of their father's experience. They are now able to discuss things a little more openly and have even made a family visit to Canberra to see the Vietnam Memorial. Jill sees this as an important event in her family's life.

Becoming an adult

At school Jill was more interested in sport than in academic pursuits. Although the usual socialising opportunities presented themselves, the small town could offer little to a teenager other than going to the shops and perhaps playing the pinball machines. Jill finished school early, found a job in a town a few hours' drive away and left home.

Her first full-time job involved working with children. She enjoyed living with friends in shared accommodation, but it was not long before she moved back home and obtained a local job.

During the next few years Jill alternated between living at home with her parents and living with friends in the vicinity. She said she wishes she had had the confidence to do something more—perhaps go overseas. Living in a small country town, she feels, did not offer a great deal:

In [—] you didn't have much opportunity. You had to move away to do anything or go anywhere but I didn't want to go too far away because I would miss Mum and Dad. I was a 'home body'; I used to always get homesick.

There is a sense of something lacking—that Jill could have achieved more:

... But I didn't really like school. I always wanted to go overseas and do nannying but I was too scared to leave [—], too scared to conquer that all on my own ... but you can't turn back time.

Jill had a number of romantic relationships and then, when she was in her mid-20s, a 'handsome stranger' came to town. They hit it off immediately, and Jill said jokingly that the man who is now her husband was her 'way out'. The couple moved to a larger regional centre and lived together there for a time. Jill's partner was then transferred to another country town as part of his job, and soon after this they were married and bought their current home.

Father's military involvement

Jill feels she knows little about her father's career in the Defence Force, mainly because he never spoke about it when she was growing up. She knows he joined the Army 'when his birth date came up' but appears to have little sense of the story behind conscription. Before being sent to Vietnam her father underwent training for a few years, working in the transport division. Jill's mother was pregnant when he left for Vietnam. It is Jill's understanding that this was a difficult time for her mother:

The baby was born when my Dad was in Vietnam. Mum said it was a hard experience, hard to raise a child knowing that your husband was over there. She lived with my Nanna and Pop while Dad was away.

Life today

Jill and her husband now have three children, and Jill is pleased with her children's progress so far. Both she and her husband are family oriented and eager to see their children do well: 'Our oldest is good at school and the second one loves school for the socialisation and the play. My kids are very sociable kids and they do a lot of sport'.

Jill believes that living in a large regional town gives her children much more opportunity compared with what was available to her in the small town she grew up in. She and her husband are prepared to support their children in whatever they choose to do in the future.

Jill's parents' influence on the children is to an extent limited by distance. Her father now has another job and her oldest child wants to be 'just like Pop'. The children know something of their grandfather's war service and are keen to celebrate Anzac Day. These days her father does talk to his grandchildren about his time in the Army, although Jill noted that he gives them only as much information as he feels is necessary:

When it's Anzac Day, they will say, 'Poppy went to war. Did Poppy kill people?' My eldest son said to Dad not long ago, 'When you went to war, did you kill anyone?' He didn't say yes or no, he just went round it. He said, 'I went off to war' but didn't say yes or no ...

After having read a great deal about that period, family members now speak more openly to their father about his time in Vietnam. Jill reiterated that as children they never felt able to raise the subject with their father: it was definitely taboo in their household. To an extent, in her mind, this is associated with the negatives of drinking and family violence:

When I was a kid, I would never have said, 'When you were in Vietnam ...' I would never have asked questions because he never talked about it. It was never spoken of. It was something that was never brought up in our house so I just thought you never talked about it.

Jill feels that her father's experiences in the Vietnam War have no doubt had some impact on her life and that of her family. She does not, however, feel there is a direct link between that and what has happened throughout her life.

When asked about her health, Jill said that she is generally in good health but has had a few health mishaps lately. She has an underlying concern about a possible link between these problems and her father's Army service.

In relation to Australians' attitudes towards Vietnam veterans, Jill said it was only when she grew older that she became aware of the way the community treated the veterans on their return to Australia. She found this puzzling and could not understand what was behind these attitudes:

When they came home they had things thrown at them, and I remember thinking [when I found out], 'Why? Why would they be treated any different to any other soldiers?' It may have affected Dad, the way he was treated. He thought he gave up a lot to go and fight for his country ... I still don't really know a lot about it, I've never really been told anything, I don't know why. Maybe it's more a boy thing.

Jill's family has never sought to make use of either Department of Veterans' Affairs services or other professional services in relation to these experiences:

We were just a country family living in a country town. I don't know if I was brought up any different to my friends. Our family life was a bit different to how my friends lived. We always socialised and went to activities. We always had parties at home and had friends over. I didn't cut off my social circle. I was never embarrassed by my parents ... you might think I would be wanting to go to my friends' places to get away from it. They used to fight, even when people were there they would argue but he wouldn't be abusive when people were there ... just sometimes it would go that little bit too far.

She concluded by saying that her father was always well liked in the town and remains so. She referred again to the healing effect of their trip to Canberra to visit the Vietnam Memorial:

... went to Canberra with Dad for him to march when they had the big Vietnam Canberra Memorial, the wall. That was a very special time and at those times, I feel really close to Dad. And now he has started to march in the Anzac Day parade in recent years; before, he wouldn't even think about going to march. We take the kids to see him march on Anzac Day and try to make it a special day.

15.2.5 'Simone'

Simone has had a troubled life. She has several children, ranging from toddlers through to adults, from two marriages. The older children live with their father. She suffered from serious spousal abuse during her first marriage but is now in a settled relationship with her second husband and younger children.

Throughout the interview Simone was visibly upset. She said she had suffered from depression in the past (and probably still does), and there are some major factors to explain this. Simone's mother died early but her father is still alive. She said there has been considerable depression as well as drug use among family members.

Simone has her own home and is professionally employed. Having had a rocky start educationally, she now holds professional qualifications.

Early family situation

Simone's parents married after her father returned from Vietnam. They had been dating before her father was conscripted. The young family moved into their new

home in the suburbs of a large city that remained the backdrop for the children's incident-ridden upbringing during the next 10 or more years:

Mum stayed at home, caring for my sister. Not long after I was born, we went to live with my grandparents for a short time while our house was being built. Then we moved into our new house, my twin brothers were born, and we stayed there for the rest of our childhood. My father was self-employed, working long hours to support a large family.

Her father was always drinking alcohol, and there were constant arguments, although no violence—at least until the end:

I remember not long before they split, it was argument after argument. He doesn't like confrontation so he would go out to the local club and have a few drinks and come home and the arguments would get worse ... Once, my brother was in hospital and Dad had taken the rest of us to watch my other brother play football and he had been drinking and Mum had expected him to take us into the hospital and he didn't, so there was a big argument and he slapped her and that was it.

After this, Simone's mother made her father leave the family home.

Simone was apparently more sympathetic towards the father than were the rest of the family. She believes he loved her mother dearly but that the drinking just got the better of him.

Adolescence

Simone was still a young child when her parents divorced. The children stayed with their mother but had regular contact with their father, who continued to drink heavily. Her parents remained on good terms despite this, and her father cared for the children while their mother was away.

When she was growing up, Simone was always closer to her father. She said she was 'Daddy's girl' and that they had a close bond. The closeness she shared, and still shares, with her father causes considerable jealousy on the part of her siblings:

Growing up, especially after my parents divorced, I would remind him of everybody's birthday and I would go out and buy the gifts for him and they never ever did that for me but somehow it ended up that they thought I was the favoured one. I never even got a gift for my 21st. I got nothing because nobody reminded Dad or offered to take him shopping.

Simone was always an excellent student, but she did stray somewhat in her mid-teens. This was when she suffered from depression and tried to commit suicide as a consequence, she said, of her first sexual encounter: 'My first [suicide] attempt was to do with boys and surrounding my first sexual experience. As a mother, I tried to prepare my daughter for that as best I could'. She said both her mother and her father ensured that she received help at the time. She herself has virtually blocked out that part of her life.

I did really well at school and then I just strayed a bit. I didn't enjoy school as much ... I left school before doing Year 12. My Mum was very proud of me and my school achievements and she wanted me to be the first girl in the family to do the HSC and go to university. I felt there was a lot of pressure. I got a job working for [—] and I got a traineeship and then went to another company ... Later, when I left my husband, I went to TAFE and did a diploma.

On the surface at least, Simone felt she had good encouragement as a teenager but that the opportunities were simply not there. Her then-single mother was living on a tight budget, and she felt that if she left school and went to work it would ease some of the pressure on the family and make things easier for her younger siblings.

Becoming an adult

As she became older Simone formed a relationship with the man who was to become her first husband. This boyfriend, Simone and her father were all living together in a small flat when her first child was born. She had several children with her partner over a number of years but experienced prolonged violence and abuse. She tried hard to hold her marriage together, but eventually she left. It was then that she tried for the second time to commit suicide. Simone says she received good support from her father when she needed it and their relationship became closer, causing a rift with the other siblings.

When Simone was a young adult her mother committed suicide. Simone attributes this more to her mother's own early childhood experiences than to anything else. Further, Simone's siblings have suffered depression and engaged in suicidal behaviour—often, Simone said, because of relationship breakdowns. As the self-proclaimed 'responsible' one, Simone feels she has had to shoulder the burden of these psychiatric problems among her siblings.

Simone's younger siblings have at times been involved with drugs. They have also had financial problems and have always come to Simone for help. Effectively, Simone has been forced into the role of family matriarch, and this has caused her much angst as she tries to make the right decisions for the rest of the family. At the time of the interview she was grieving acutely because her older children were living with their father rather than with her. Her two brothers are not speaking to her because of jealousy about her relationship with her father and other real or imagined slights, and this too causes her distress. Added to that, her father still drinks very heavily and will not come near her when he is drinking. When he is not drinking he visits and dotes on the younger children, but Simone is very concerned about his wellbeing:

We've noticed in recent weeks that his drinking has been getting worse and last Saturday he didn't come over for breakfast like he usually does. I heard yesterday he was back on antidepressants and his doctor was a bit worried about him. He says he doesn't want to talk about it.

Simone and her father have sought counselling and other psychological help through Department of Veterans' Affairs referral and funding. Simone doubts that her siblings would even be aware of the services the department provides; she feels that, while they should have access to this information, it is doubtful that they would make use of it.

Simone feels that the effect of her father's Vietnam and Army service, in terms of what has happened to his family, is impossible to unravel: 'Whether or not it has affected us nobody could ever say, but the effect of his drinking has impacted big time on the whole family'.

Father's military involvement

Simone's father was conscripted into the Army and served briefly in Vietnam. Apparently, Simone's mother had observed many times that 'he wasn't the same when he came back'. He returned a very heavy drinker and quite unsettled; in his first 12 months out of the Army he had many different jobs. Eventually, though, he settled into a routine job that he kept for many years.

Simone knows little about her father's military experience. She said that, like others, he tended not to talk about it much: 'His friend used to stir him up and say

stupid things like “We know what you did over there” and he would get really worked up over it sometimes’.

Only in recent years, when her father became involved with the RSL, would he talk about it more freely:

A couple of years ago he retired and he ... got into the RSL. They helped him. They sent him to different groups and counselling and did different things for him, and now he is a bit more open about it. I think they applied for Veterans’ Affairs services. Since he has been involved with the veterans, he has been so much better. One night he broke down and was crying and said, ‘I have no right to be like this’ ... he was a cook in Vietnam, he didn’t fight or kill anyone. And I said, ‘Dad, you were young and someone put a gun in your hand and it didn’t matter that you didn’t use it, you were still in that situation’.

One of the things he has spoken about, however, is the way the Vietnam veterans were treated by Australians, particularly in comparison with the veterans of other conflicts:

He talked about that more than he talked about anything else. He said it was very disappointing seeing that they never wanted to go. He was never given a choice, and to come back and be treated like that. The people he was there with just couldn’t understand. It would have had to have an impact on him.

Simone’s father has received counselling provided through the Department of Veterans’ Affairs and now marches in the Anzac Day parades:

He asked me to go along to the Shrine with him in the morning and we took my little fellow along and it was quite touching. He was holding our hands and he was a bit teary. We were all crying. It was really nice that finally he wanted to share that.

Life today

Simone has tried very hard to include her father in her own family, so long as he is not drinking when he is with the children: ‘We don’t let him around the kids when he’s drinking. He just loves the kids and will babysit any time. He will come over earlier so he doesn’t go to the club and get drunk’.

But, for her, life remains stressful and difficult as a result of the competing demands of her older children, her relationship with her ex-husband and his

partner, continuing worries about her father's deteriorating situation, and concerns for and feelings of being 'frozen out' by her younger siblings.

15.2.6 'David'

Having overcome a turbulent childhood, David now works as a firefighter in a small country town and lives with his partner of one year. His father was conscripted to serve in Vietnam.

Early family situation and adolescence

David's childhood was one of instability and trauma. He and his siblings grew up in a suburb of a large city until he started primary school. The family then moved interstate on the promise of work, but the job did not eventuate. After a short time the family returned to the city. In late primary school, back in the city, David travelled every day from his home to a boys school several suburbs away. The relocation experience was not, however, the most destabilising facet of David's childhood. That role belonged to his father: 'I don't remember a lot of my younger years but I do remember that Dad was an alcoholic ... intimidating and sort of got violent towards my middle teens'.

David described how his father suffered from nightmares and insomnia, and he attributes his father's bad moods and drinking to his lack of sleep. David described the episodes of violence in a matter-of-fact way:

He never used to get any sleep with the nightmares ... so he'd wake up quite grumpy and carried that all the way through the day until he picked me up from school in the evening, and then we'd go home and the slightest little thing would set him off so you were walking on eggshells the whole time.

...

The thing with him, he went off a couple of times and you could see, like through his eyes, he'd just snap. Yeah, there was no talking to him. Like, he was frightening. I know that now, being in the job I'm in, that's the stare of a crazy man.

While he was growing up David's mother worked full time; she has since retired. He remembers his mother as a stabilising element in the family—something he has since discussed with her. She also suffered several miscarriages.

I do recall her saying that if she'd had the means she would've left Dad many a time; you know, from his drinking and his temper and all that sort of thing, but she had a few young kids and didn't have the money to.

After David finished secondary school he completed a business course at TAFE and moved out of home. It was at about this time that his father retired, having been diagnosed with posttraumatic stress disorder and depression. This was quite an important time since his father's personality changed dramatically for the better: 'I think he had some help through Veterans' Affairs and getting TPI-ed or pensioned out, and they told him that he could quit work and since then he's been a different person'.

Having completed his TAFE course, David found a job interstate and he lived there for almost a year, after which he moved to another city, where he remained for another year or so with no permanent work. He then found work with a logistics company, and this took him to various locations in various states.

Once he was working back in his home town, David decided 'it was time to settle down a bit' and went back to school to do a trade course. On graduating he started his own business. Although the business was successful, David had aspirations of working as a 'firie' and so applied to join the fire brigade. It took two-and-a-half years for the fire brigade to accept his application because he has an ongoing medical condition and he had to persuade his superiors that it was under control with medication and would not affect his ability to respond in emergencies or under pressure.

David's life, with its current stability, is in stark contrast to that of his older sibling, 'Ty', who was unemployed for a long time, had a series of unsatisfactory relationships (including a divorce) and 'has made a lot of stupid decisions'. David described Ty as lacking ambition and harbouring resentment towards their parents. He believes Ty has deliberately created a distance from the family, both physically and emotionally. Ty is taking antidepressants, and David remembers him 'always being angry when we were growing up'. David's father has offered to take Ty 'to a psych through Veterans' Affairs' but Ty has declined.

The story of David's younger sibling is quite different, and the two enjoy a close relationship.

Family relationships

David depicts his relationship today with his father as warm and closely bonded, even though he said he was quite angry towards his father when growing up. 'We're best mates now', he said. David attributes part of this to the fact that his father has tried to make amends since receiving counselling. He also pointed out that, despite the fighting and violence, he and his father actually had many good times together when he was growing up:

Even though Dad couldn't or didn't express feelings, he could always go, 'Come on, I'll take you out shooting', 'I'll take you out fishing' or 'We're going yabbying for the weekend'. I suppose he was more actively involved in doing things with me, which was sort of his way of making up for his wrongdoing.

David also remembers both of his parents being supportive in their own way. He noted that he was 'Mum's boy, loved cuddles' but that, while his father 'doesn't know how to show emotion', he takes pride in memories of his father sticking up for him when he was bullied at school:

If I got beaten up at school, he'd always be the first person to back me ... He waited for the bus one day and told them off, you know, said, 'You touch him again, you'll have me to deal with'. He was always there to protect me or do what he could to protect me.

Despite his father's temper, in some respects family life was much like that of any Australian family at the time. The family ate dinner together every night. And every few years they would go away on holiday together, something David recalls with fondness and gratitude:

They didn't earn big money but they'd make sure we went on a decent holiday, I think, every two years. It wasn't much but it was all they could give us. I suppose they made sure we always went away and did things.

Father's military involvement

David was also matter-of-fact when describing his father's conscription into and service in the infantry in Vietnam. He knows quite a bit about it, including his father's battalion and where he served, and he said his father 'talked a lot about it': 'He said they didn't know much about the war and didn't have many objections to going—they didn't know what they were getting themselves into so there [weren't] any dramas'.

David's father has always spoken quite freely about his time in the Defence Force, although the stories did take on a more serious tenor as David matured. When David was younger his father's accounts of Vietnam mainly consisted of sanitised anecdotes and tales of bonding and mateship in ludicrous situations, the majority of which seemed to involve near misses with snakes: 'Not so much about the war, just what happened when they were over there, him and his ratbag mates. It was good'. More recently, though, David has been brave enough to ask for some of the more 'gory' details and has heard harrowing stories, including one about how his father's mate died in his arms.

David also spoke of how his family has been involved in Anzac Day marches and has participated in get-togethers with the families of other veterans with whom his father served: 'I'd always go to Anzac Day with him ... I'd go into the RSL with them or go into town to different Vietnam vet days ... they'd get together and have different family days'. This kind of pride is in contrast to the reception David's father and his mates received when they returned from Vietnam, judging from the accounts of David's father:

They said they flew him in at midnight [on purpose]. Even when he was over there ... the uni students raised money for the Viet Cong for the people they were fighting ... they stopped the Aussie troops getting their mail ... That angers me too.

David commented that the impact of the Vietnam experience on his father is 'irreversible', although he believes his father 'handled it well' compared with other veterans, who even now are committing suicide. He is not sure whether to attribute his father's irrational temper and alcoholism to his service in Vietnam. He noted philosophically:

Working in the job I'm in, you know, there's people who haven't been anywhere, haven't been a stone's throw from their home town and they treat their kids like that. Overall, I suppose him and Mum were both good parents, compared to what [you] see every day.

Department of Veterans' Affairs services

As noted, David mentioned that his father received counselling and a pension from DVA. Apart from this, David was not aware of any other services available.

Life today

Now leading a fairly settled life, David sees his next challenge as gaining a commercial dive certificate in order to move up to the next level in his career.

He and his partner recently bought a block of land and plan to build a house there. Although he went through a self-described ‘rough patch’ in his early 20s, he is now goal oriented and looking towards a positive future.

15.2.7 ‘John’

John is in his 30s and lives in a beachside suburb of a major Australian city with his wife and recently arrived baby. He enjoys a busy life as a writer. He described his childhood as ‘idyllic’ and his current life as sleepless and hectic but contented, and he looks to the future optimistically.

Early family situation and adolescence

John was born after his father returned from Vietnam. Originally from an outer suburb of the city he lives in, he moved to his current location about 10 years ago. While growing up he lived in a modest house with his parents, brothers and sisters, staying there until he moved out of home after finishing university. He attended the local primary school and participated in local sports teams, and he has fond memories of his friends from that time: ‘I had a pretty lovely upbringing ... We’d have big games of cricket until dark then all walk home together ... We were all very active and all played sport together on Saturdays’.

He and his siblings attended a secondary school a few suburbs away, primarily because his parents felt there were more educational opportunities there. John noted that attending a school different from that of his friends was the first real emotional challenge he faced. He adjusted quickly, though, again mainly because of his involvement in a variety of extracurricular activities. Although he said he initially resented his parents for sending him to another suburb for high school, in hindsight he appreciates the wisdom of their decision. In addition to gaining a better education, he made friends with whom he is still in touch.

Family relationships

Describing himself as a sensitive, emotional child, John said he was closer to his mother in his younger years—‘probably a bit of a Mummy’s boy’. Nevertheless, he

and his three siblings enjoyed a warm relationship with both parents and each other, and they still do: 'We're a very, very close family, we kind of do everything together ... All four of us [siblings] are very close'.

Other than the normal sibling rivalry, John commented that there were never any big family dramas—in fact, very little upheaval or conflict of any kind. Apart from switching schools, the only other notable milestone of his childhood was when his paternal grandfather died, when John was in primary school: 'That was the kind of big first death kind of thing ... but I wasn't particularly close to him. He was quite a strong, old-school kind of character, quite scary'.

From his own description, John's self-awareness and his ability to openly discuss his emotions appear to have emerged at an early age. He noted that at times his emotions overwhelm him and that he feels he takes after his mother in this regard: 'She wears everything on her sleeve ... probably at her own expense ... Probably I could've had it even happier, if I didn't sweat the small stuff'.

John noted that another important part of his happy childhood memories was regular family holidays—long car journeys to visit relatives interstate, road trips with the local sporting club to intrastate competitions, and several overseas holidays with the family: 'We did lots of trips, actually ... We always did stuff for most holidays. We didn't stay at home that much. We always kind of went away'.

John described his parents in glowing terms and noted that they have always been quite supportive of his decisions, particularly encouraging him to talk through any problems that arise. His only, and very slight, misgiving about his upbringing seems to be his parents' insistence, against his instincts, that he study law at university, although he does not resent them for this. In general, John's parents encouraged him to discuss weighty decisions, desires or doubts:

Like, there were certain times at high school when I went 'I can't go to this private school anymore, I want to go back to [my old] high school' and Dad would take me out for dinner and go 'Let's talk it through—pros and cons'. It's like a sitcom-family Dad.

When asked his opinion about how they came to be such good parents, John noted that his mother seemed to be modelling her parenting on her own positive upbringing and his father seemed to deliberately try to avoid repeating the

negativity of his own childhood growing up with a violent, alcoholic father: 'Dad, I think, had quite a difficult upbringing, in the sense that I think his Dad was quite harsh and I think he probably wanted to be the opposite of that'.

John said his health has been relatively good throughout his life, apart from a brief period when he experienced depression, as well as some 'persistent gut issues' he has experienced in the past six years, for which he is seeing a specialist.

Father's military involvement

John's parents met when they were in their late teens and dated for a while before John's father was conscripted into the Army. By his father's account, while he was in training he volunteered to go to Vietnam.

While John's father was away he regularly wrote love letters to John's mother, cementing their affection for each other. Unfortunately, though, things were not as rosy when his father came home. John feels that his father's service in Vietnam constitutes another potentially damaging chapter in his father's life, one that his father resolved to overcome. According to John's mother:

When he came back, he was quite a changed person. Yeah, he was drinking a lot, getting in fights a lot, the stereotypical Vietnam vet coming back.

...

He was just ... damaged, I suppose, just shorter, you know, like, 'Pass me the f---ing salt' rather than 'Pass me the salt' ... that sort of stuff.

John noted that his father faced a fairly polarised reception on his return home, which seemed to exacerbate the difficulty he initially encountered in re-establishing relationships in the community:

He said that when he went out to pubs and stuff, everyone had an opinion of him immediately, like, because he'd served, and so he was either a hero and girls were being quite flirtatious with him because they thought that was a noble thing or a villain and people would be quite aggressive towards him. So either way it was sort of ending in a fight of some sort.

I think he was a bit p---ed off at the way that people were turning on the soldiers ... I think his main thing would be defensiveness. I guess that manifested in drinking and brawling and all those sort of dodgy things.

John's mother broke off the relationship, although they were reunited before the year was out. John's father became 'more integrated into society, got another job' and, as a result of his mother's faithfulness and continued efforts at communication, they married soon after and started a family.

John feels that his father's Vietnam-related aggression did not manifest itself in his parenting, that he managed to 'recover'. John attributes this to several factors—his maternal grandmother's influence, his mother's steadying presence, and his father's own sense of 'self-belief':

He's a very strong man, he was school captain, he was football captain, he's a leader. I think he doesn't really rely on other people to pull him out of situations.

...

All of these stories that I've heard about him afterwards, none of that came across in his parenting, you know, there was never any aggression, never any shortness or anything like that.

When John described his father's involvement in the Army he spoke with restrained pride, acknowledging that it took him a long time to come to terms with his father's involvement and that even now he is 'still conflicted'. He realises there are many reasons why people might have fought in Vietnam, perhaps through no choice of their own or even for humanitarian reasons, 'because they wanted to do good':

This probably would have been quite hurtful for Dad ... because I'm quite a leftie; when I was going through school and stuff, I was quite ashamed that Dad went to Vietnam. I always left out that he volunteered to go, I always made it clear that he was conscripted. I was embarrassed that someone I was so close to was involved in a war.

...

It just wasn't our war to fight ... There was a lot of collateral damage so to speak. It's very hard for me to accept that we went over there at all, let alone that my Dad had to go over there.

John also said it was not until he was an adult and his relationship with his father had matured that he felt comfortable speaking with him about his war experiences. Until recently his father had never gone into any detail about his

time in the Army, and his only regular contact with other veterans was each Anzac Day, when he would disappear with his mates:

When I was younger, I kind of felt like it was a bit of a taboo topic, like I sort of went there a few times and he closed it down. In more recent times, as I've been a bit older, he's been much more open ... about it.

Department of Veterans' Affairs services

Apart from his father holding a DVA Gold Card, none of the family has made use of any DVA-specific services, and John is unaware of other services that might be available.

Life today

The most recent year in John's life has been rather tumultuous, challenging his own internal strength, although things have now started to settle down. His father was diagnosed with cancer, a relative died, and he and his partner had several failed attempts at IVF: 'It was kind of like every time the phone rang I was kind of waiting for something s--t to happen. I was in a real rut, a massive rut'.

John and his mother and some siblings received counselling in order to help them cope with the difficulties they have recently encountered. This was such a positive experience for John that he now volunteers for a telephone counselling service.

Settled and with a promising career and young family, John is positive about the future and looking forward to the challenges and joys he feels life will bring.

15.3 Vietnam-era fathers who served in the Army but did not serve in Vietnam

15.3.1 'Mark'

Mark is in his late 20s and lives in the suburbs with his wife of four years and their newborn baby. He has worked in a medium-sized consulting firm for the past few years, having joined the company following completion of his undergraduate studies—his first 'proper job'. He completed an Arts degree then did postgraduate study in business.

Mark grew up on the rural fringe of a major city; his parents still live in the home he grew up in. The eldest of three children, he has a brother and a sister, both of whom are in long-term relationships and live not far from Mark.

Early family situation and adolescence

When Mark was growing up his father worked in the trades and his mother was a nurse. His parents' house was not far from his grandparents' house, so Mark felt surrounded by 'strong family links'.

Overall, Mark's childhood was positive. He attended a public primary school and a private secondary college close to home. He enjoyed school and still maintains friendships with people who went to his primary and secondary schools. Many of them now have children, and they have regular 'get-togethers':

I've got a group of friends, I don't know, five or six, where we went through from kinder to Year 12 together, so pretty lucky in that regard in that I didn't have to move to a different area to go to high school or travel too far or that sort of thing.

High school was a good experience for Mark. He described a love of learning and enjoyed being active in sport and other extracurricular activities. He felt encouraged and supported by both his parents and his teachers to try new things and pursue what he enjoyed.

The most difficult events for Mark during childhood were the deaths of his grandparents. Beyond that, he was unable to nominate any other particular hardships. He feels fortunate to have had a happy childhood with parents who were able to provide everything he and his siblings needed, both financially and emotionally. He said his parents gave their children the opportunity to do whatever they wanted to do:

They, both my Mum and Dad, are intelligent and socially aware and provided us with the opportunity to do different things, family holidays or go to a good secondary school, help us buy our first houses and all that sort of thing, provided us with opportunities to make our way into adulthood.

Mark values the opportunity he had as a child to go on family holidays and outings. He described going on holidays 'a few times a year', and the family regularly visited a family holiday house. He described being part of a social family who had strong relationships with other families in the area and shared outings

as a large group. He sees this as something that was beneficial to him as a child and would like to do the same for his own children:

Yeah, I think it was something that I've carried on. My family ... and I are very sort of social people as well, so we probably spend as much time amongst other people as we do by ourselves, which is something that I enjoy.

Family relationships

Mark had good relationships with his parents when he was growing up and remains close to both of them. He feels he has had a stronger relationship with his father because their personalities are similar:

I was lucky that I have very similar traits to my Dad so we get along pretty well in terms of liking, having the same interests in both work and sport and socially, I guess. It enabled us to have a pretty good relationship, albeit that I suppose probably like most ... a lot of father-son relationships ... we don't have many meaningful, in-depth conversations but have plenty of conversations about different things, which is good.

Occasionally as a teenager he would 'clash' with his mother; he feels this was because he was a 'fairly dominant character'.

Mark described his relationships with his brother and sister as 'very good':

I'm close with both of them, particularly close with the younger one, purely from the point of view that we're quite similar and we have a lot of mutual friends although he's quite a bit younger than me. But certainly with both of them, we get along really well, probably closer than most.

Mark also has a close-knit extended family; they all meet regularly for birthdays and other celebrations.

Becoming an adult

After completing university Mark spent a gap year travelling overseas before starting full-time work back in Australia: '... Something that young Australians like to do when they finish school, or whatever. Yeah, so it was good fun'.

Mark met his wife when he returned to Australia. The couple were together for a few years before getting married, and now they are enjoying the experience of parenthood. It's 'all good', Mark said, and they would like to have more children in the future: 'We haven't had too many troubles. The baby's a good sleeper and all

that sort of thing, and [my wife] is at home with the baby so ... I enjoy what time I get with them’.

As with his childhood, Mark has not experienced what he sees as particular challenges during his adult life:

I’m going to sound like a bit of a ... quite arrogant ... but I haven’t really found a lot [of hardships], I don’t think. I’ve always managed to find suitable employment ... when I was at university and whatever. I never sort of struggled socially or with friends or girlfriends or anything else [and] I’ve always managed to financially support myself and have fun, I guess.

Life has been kind to him and he enjoys it.

Health

Mark described his health as ‘generally pretty good’. He has mild asthma and ‘inherited some allergies from [his] parents’. He also mentioned having eczema and suffering from hay fever. Additionally, he has a ‘manageable stomach condition, basically an acid imbalance’ for which he takes medication.

Mark admitted to drinking ‘more than average but not excessively’—three or four drinks at a time, five or six days a week—and he smokes occasionally.

Father’s military involvement

Mark and his father have discussed his father’s time in the military to some degree but not to a great extent. It is not something Mark particularly wants to know about—it is not something he sees as relevant to his life today—but if his father wanted to talk about it he would be willing to listen. Mark understands that his father was conscripted into National Service in his early 20s, completing his training in New South Wales in the Survey Division.

When his father does volunteer information about his Defence Force experiences, he tends to do it comically and ‘joke[s] with some of his older mates’ about the time they spent together. Mark believes his father was successful in the training he did, which was professionally based. His father did not want to go to Vietnam, though, and when the time came he left the Army:

I think he had a fairly strong belief that he didn’t agree with the war and didn’t agree with having to go and fight somebody else’s battle or a battle that he didn’t really believe in ... he probably felt like he was putting himself

in a dangerous position that wasn't really achieving anything for himself or his family.

Overall, Mark does not think his father's military experience was a negative one; it is something his father has benefited from in terms of having received training and experience that has been valuable throughout his working career and thus, indirectly, it is something Mark sees as having benefited the whole family:

I'd say the effect of his time there was more positive than negative, so I imagine he would've been fairly stressed out about the decisions that he had to make about going or not going, leaving and being in trouble ... I think that the general experience would have been a positive one for him and therefore us ... It probably provided him with some direction in a profession and what he wanted to do with the rest of his life.

Mark's father stays in touch with some mates who were conscripted to serve in Vietnam, mainly those with whom he went to secondary school. He has also travelled to Vietnam with friends who served there. Mark noted that his father is not a member of the RSL and does not 'really participate in anything like that'.

15.3.2 'Scott'

Aged about 30 years, Scott is married with a young family. They live in the suburbs of a large regional city and are buying their own home.

Scott works in management, having been 'poached' from a large retail chain, and is studying for an additional qualification:

Since I left high school, I have worked in retail; that is my career. I do have a trade background. I did a four-year apprenticeship and then went onto a training program with a large retail chain and went into management with them. Recently, I was asked to join another large corporate. It's been a good move, both from a career point of view and also as far as family commitments are concerned.

His wife works in a white-collar occupation.

Scott feels that a child must fit into the family's lifestyle rather than the other way around. He spoke more about personal pursuits than about family activities; he loves outdoor activities and sports.

Scott has two siblings and is particularly close to one of them, although this sibling recently moved away from the area. Both the siblings are married and have children.

Early family situation

After his discharge from the Army Scott's father met Scott's mother and they married. Scott's father ran a large trade business in a country town and worked long hours: 'He used to work 70 to 80 hours a week and we only saw him late at night or at breakfast time and on Sundays. He always worked Saturdays'.

Scott described a 'fifty-fifty' relationship with his parents when he was growing up, not favouring one over the other. Although his father seems to have worked much of the time, he did take his sons to the country for rural-type pursuits, and when Scott talked about his childhood this was what he spoke of most:

Still to this day, I never favour Mum or Dad. They were our parents and we knew where we stood within the family. Dad did work a hell of a lot and he was always exhausted, but we had our hobbies. What I remember and I still enjoy is rabbiting, shooting, fishing, yabbing ... I think they are the things the kids of today miss out on.

This aspect of his childhood is treasured, and it is something Scott wants to share with his own children when the time comes. He and his wife love the rural lifestyle and claim they would never move away:

My childhood was fantastic. I still brag about it to all my colleagues and friends. We still sit there remembering what we did as kids, how many cuts and bruises we got falling off the billycart, tripping over mullock heaps. I think the country is fantastic. You have such a different lifestyle there compared to down here—instead of a bl--dy skate park and walking the streets, being out with your old man and your old man's best mate going shooting and having a good time.

Scott attended the local primary and secondary schools but said he was not academic at all. In some ways he expressed a wistfulness about not having achieved academically. It would seem that perhaps more time was spent 'out bush' or helping Dad with his business than doing homework:

My schooling probably could have been a bit better. [My wife and I] talk about it today. A lot of teachers missed out on teaching me. Even my grammar and spelling are limited, and that probably comes back to my Dad

working long hours. Lots of times after school we'd go out into the factory and work for hours to help him.

Nevertheless, Scott did take on a leadership role at secondary school. He left school to take up an apprenticeship.

Adolescence

Probably the main factor affecting Scott's adolescence was the time and effort involved in running the family business. Certainly, Scott's father's health deteriorated during that time. Scott would not say they lacked opportunity, though; it was more a case of necessity that motivated the family:

We never missed out; we didn't go hungry or unclothed. I spent a lot of evenings after school in the shed helping Dad set up for the next day ... That's probably where I developed as a person. We learnt respect and manners and how to operate machinery. How to communicate with peers.

It is these lessons, he said, that have helped him in his leadership role today.

Scott does not see any adverse impacts on the family as a result of his father's military service. He said his father had a regimented, almost military approach to many things, and he believes some of this would have 'rubbed off' on him.

Becoming an adult

Scott's father's influence remained strong in connection with the career paths Scott and his siblings chose. Because of his deteriorating health, however, Scott's father was forced to liquidate the family business, and this experience led him to believe that it was too risky for his offspring to go into business and they should join large corporations for the security that can offer. As a result, both siblings became apprenticed in the corporate sector:

He wanted us to go into a corporate environment because as a business going through the recession, he had to ride the waves. He is financially savvy and his belief was to seek out the bigger, blue-chip companies. To be honest, I don't think I really wanted to do the apprenticeship but I gave it a go and was very successful and won a couple of awards. But, really, my heart was more in something else.

In his late teens Scott had a couple of relationships with females from secondary school and work. Then he began a relationship with someone special. When she moved away to study, Scott decided he would go along as well, although they did

not live together. Scott shared a house with friends. He and his girlfriend dated for two years before moving in together. Eventually they married and bought a house; there are plans to expand the family in the future.

Family relationships

Scott believes he continues to have a good relationship with both his mother and his father; in fact, he said it could be even stronger now than it was in the past:

My relationship hasn't changed from the emotional side from when I was going through my teens and 20s. It's probably become stronger through Dad's illness and through having my child. I think it's a strong bond because they have got grandchildren.

But his parents still live a few hours' drive away, so direct contact occurs only every three months or so. Otherwise they make do with internet technology to keep in touch.

Health

Scott described himself as healthy. His child, however, has a mild congenital abnormality. One of Scott's siblings suffered from a congenital defect at birth, and both siblings currently have some medical problems.

Scott's mother is in good health, but his father has been suffering from chronic back pain and now has cancer. His mother cares for his father full time.

Father's military involvement

Scott is aware that his father was conscripted through the birth-date ballot and went in for training and then to a different Army base. A tradesman, his father joined a suitable division in the Army. He was a corporal and was in the Army for a few years before he received a medical discharge. Scott presumes it was his father's health problems that prevented him from serving in Vietnam. His father is reluctant to speak to his family about his time in the Army:

I have only limited experience of him talking about his time in the Army. As I get to know him more now I'm older, you get a bit out of him but throughout our younger growing-up years it was limited. He probably didn't want to burden us or expose us to it.

Scott does not feel he has any reason to resent his father's military service: it was his own choice, he said, not to take much interest in schooling. Nevertheless, he does think his father's hard-working attitude is probably 'in my genes', with both parents coming from large families and being accustomed to the tougher rural lifestyle. Scott does believe, though, that his father's Army service could have contributed to his current state of ill-health, and he is resentful that his father has not received any compensation or assistance in this regard. He thinks his father would be aware of the various Department of Veterans' Affairs channels for applying for assistance: 'I think he investigated some stuff, like entitlements and different things. He got some medals, which Mum had framed for him'.

Scott's comments reveal his lack of awareness of what his father might be entitled to or what avenues he could pursue. He believes his father has asked questions, looked into things, but he is not sure about this:

He might have rung them up or perhaps looked something up on the net. He has probably talked more in the last couple of years about the training they had to go through, like having to go through gas chambers. Now he's got cancer. His neck and shoulder problems are probably through the family business, but his body has been under a lot of pressure and now he has multiple myeloma.

Life today

Apart from these deep concerns about his father, life today for Scott is good. He and his wife are happy with their home, their careers and their family. Both come from large country families and appear to have had a similar upbringing. Scott sees the goals his father set for him as being relevant to his future:

My goals as a husband, for my family and for the future ... are what Dad set out, the things I believe in like hard work, having a good life balance and bringing your children up to the standard you are at or even better. I definitely want my children to have a better ... not social interaction ... but better schooling than what I had. The goal is private school for secondary. It just comes down more to awareness about education nowadays.

The impact of Scott's father's service on their family life today is perhaps best seen in a change in leadership styles. Many things today are very different from the way they were when his father was in the Army, but the things that were important remain important:

I think you have qualities through how you grew up. Dad taught us to be honest and have respect and work with the community and stuff. You have to have general respect for people, no matter who they are, and not discriminate because of race, and I suppose that is what makes you a good leader.

15.3.3 'Ryan'

Ryan is a white-collar professional in his 30s; he recently married and lives in an outer suburb of an Australian city. He sees himself as entering the 'settled' phase of his life—looking for an investment property, thinking about when he and his wife might have children, planning the next move in his career.

Ryan's father was conscripted into the Army during the early 1970s but did not see active service in Vietnam.

Early family situation and adolescence

Ryan's early life was stable and pleasant. He lived with his parents and older brother in a small country town until he was about 10 years old, when his family moved closer to the city because of his father's work. There, they lived in an outer suburb, where Ryan and his brother finished primary and secondary school. Ryan then went to university in the city and moved out of home shortly after finishing his degree. He met his then girlfriend at university: they were both doing degrees in the same field.

Ryan described his childhood and teenage years as fairly uneventful and very happy.

Relationship with parents

Ryan and his brother had a harmonious family life, warm and affectionate. Their mother has always worked full time. Ryan noted that as he was growing up he was closer to his mother than to his father because his father was often away with his work for long periods. Despite this, they all got along well, and Ryan commented: 'Generally it's pretty good. I think that both my brother and I are a lot closer to our parents than a lot of people our ages'.

Ryan described his current relationship with his parents as mutually respectful, primarily because of the closeness he experienced with them as a child and the combination of boundaries and freedom with which they raised him during his

teens. He said his parents afforded him a measure of trust and independence, which in turn built his self-reliance and self-esteem:

Like when you're going out and getting drunk with your friends and stuff like that. They knew that it was happening, they didn't put a block on it straight away but they let you get just enough so that you realised what the problem was and then said, 'Okay, now here's the boundary, we're going to stop it there' and explained where things were wrong, where things needed to be fixed.

The relationship between Ryan and his brother is still so close that both of them work in the same organisation. Ryan attributes the closeness of his relationship with his parents and his brother to his father's attitude to parenting. Ryan noted that when his father was a child his own father had left the family, leaving him without a paternal role model: 'To a certain extent, he had nothing to gauge what he's doing on so, instead, he just said, "I'm going to do what I think should have happened"'.

Ryan's father was very involved in his sons' lives, taking an active interest in what they did. They still see each other regularly and talk on the phone every few days. Ryan said, 'We're so close ... If I need anything, they're there'. He sees this as being in contrast to other friends of his age:

I've got a lot of friends whose fathers were ... get up in the morning, go to work, come home and go to bed, and have little, nothing, to do with them except on the weekends. My Dad was never like that. He was always 'Come and sit, we'll talk, we'll go through things, we'll help you with your homework—blah, blah, blah ...

Father's military involvement

Ryan's father has been quite open about his military service; he was continuing a tradition begun by his great-grandfather, who served in the First World War, and his grandfather, who served in the Second World War. Ryan's father was conscripted in the early 1970s and worked in the trade he had begun learning before entering the Army. He talks about this period in his life as a coming of age. He completed his training as a mechanical engineer and married during this time. As Ryan said:

He sees it as a big stepping stone because while he was in the Army he got a chance to have a lot more training, finish his high school, really develop and to work out where he wanted to be.

Ryan said his father views his conscription and service quite matter-of-factly: '... Everyone was drafted, I was drafted, no biggie'.

Although his father was recently awarded a medal for completing National Service, he was not particularly fussed about receiving it, feeling that 'there was not anything huge' about being a tradesman in the Army. Ryan appears to see his father's military service in the same way: 'I always saw my Dad as someone who was in the Army, not as a Vietnam vet'.

Ryan noted that his mother was more politically minded than his father, even to the extent that she protested against the Vietnam War 'because she didn't want her husband to go overseas'. He commented that he is aware, through stories his father tells, that some of his father's friends who went to Vietnam received quite a negative reception on their return. He sees this as extremely unfair, as do his parents, since the soldiers 'had no say about it—they did their job, they came back':

I know that some of his friends—not friends in the Army but friends since then—did experience that and both him and my Mum see that as horrible, very horrible, and they've made that very clear ... Calling them 'baby killers' and that kind of stuff is not acceptable.

Ryan's father himself used to experience some rather pointed questioning when he visited his (Ryan's) mother on leave at weekends: 'How could you do this? Are you going to war?'

Ryan sees the overall impact of Army service on his father's life as twofold, allowing his father to have a successful career and filtering down to Ryan and his brother having an interest in joining the Air Force. This was reinforced by positive stories from Ryan's maternal grandfather, about being in the Medical Corps in the Second World War when he served in Asia:

The stories we have got from when my Dad was in the Army were all more positive than negative ... light-hearted ones. So we've seen that as somewhere ... where my Dad really came to who he is, so it'd be a good place to go.

Department of Veterans' Affairs services

Ryan is not specifically aware of any DVA services available for Vietnam veterans, although he assumes there would be some since veterans services were offered to his grandfather but he is not sure exactly what.

Life today

Ryan and all members of his immediate family have experienced genetically related obesity. Apart from this, Ryan has no health problems. Overall, he is a well-adjusted, hard-working, enthusiastic 30-something who is embarking on the next stage of a fulfilling life. He looks forward to one day raising a family with his wife and being the kind of parent his parents were.

15.3.4 'Jane'

Jane is in her late 30s and enjoys life with her husband of nearly 10 years and her young children. Although she trained as a finance professional, she began working as a police officer some years ago; it is a job that gives her enormous satisfaction. Her father was conscripted into the Army but did not serve in Vietnam.

Early family situation and adolescence

Jane grew up in the suburbs of an Australian city with her parents and brother. She described her childhood as idyllic. She and her brother walked to the local primary school and then the local high school. Later on in high school they transferred to a private school a short drive from home since it presented 'better opportunities'.

Both of Jane's parents played sport in the local community, and this paved the way for the involvement of the whole family.

Jane was close to her brother when she was growing up and, with only 18 months between them, they shared the same circle of friends and similar interests: 'Eighteen months is only 12 months at school, so [we're] pretty close, especially as we've got older ... There was a fair bit of squabbling but just good-natured stuff'.

Jane's father has been a central influence in her life. She recounted that her family life was quite happy, the family spending much leisure time together and eating

dinner together every night at the dinner table. She remembers her parents' relationship as being harmonious and affectionate—'holding hands a lot, with lots of kisses and cuddles'. She also said that her family went on many holidays together. An airline was one of her father's clients, so the family was fortunate to travel overseas several times. They also went on a number of driving holidays, visiting relatives:

We pretty much had the run of the place, it was fantastic. We had some pretty good holidays ... but I guess it was also the time when travel wasn't as cheap, so we had a lot of holidays that involved getting in the car and just driving.

Although Jane appreciated the variety of the family holidays, her accounts of the summer road trips were a little less glowing compared with those of the overseas trips:

[That] wasn't nearly as much fun because my Dad was the kind of dad that would be, 'Alright, we're getting in the car and we're just going to drive ...' He would do all the driving, wouldn't share it with Mum, you weren't allowed to stop—you know, if you needed the toilet you had to wait for the next petrol stop. It was really regimented.

Family relationships

Jane noted that she inherited her father's personality and has always felt closer to him, while her brother has a greater affinity with their mother: 'My personality is more like my Dad than my Mum ... We're both probably ... maybe guilty of being quick to judge people, we don't suffer fools easily'.

The family as a whole is tightly knit.

After finishing high school Jane completed a business degree and worked to save money for 12 months overseas. On returning from her travels she went back to her work in financial services with her father's blessing: 'I definitely had my Dad's support in terms of pursuing that career, which is important to me because my Dad's opinion has always been quite important to me'.

After working for several small businesses Jane secured a job with a major transport company; it was here that she met her husband, who also worked with the company. After a few years Jane was offered a voluntary redundancy because the company was scaling down. The timing was particularly fortuitous since Jane

had already begun to explore an extreme change of direction—as a police officer. Her strong will and boldness served her well as she applied and re-applied several times, overcoming a few barriers before being accepted into the police force about seven years ago.

Jane feels her interest in this line of work developed from two directions: her sister had also had a dramatic career change, and a close friend was a police officer who spoke enthusiastically of his work: ‘I had certain criteria I was looking for in a job, and [my roommate’s] boyfriend was a police officer ... One day, I just went, “Hang on a minute, all those things I’m looking for ...”’ Jane had been nervous about telling her parents of her decision, but they were supportive. Again, she referred to her father when speaking of her parents’ encouragement: ‘Not once has he ever said to me, “Why are you doing that?”’

Despite the potential risks, the long hours and the shift work, Jane is committed to protecting the community and displayed this dedication during a recent natural disaster, which was prominent in her mind at the time of the interview:

The team that I was on, we were involved sort of from early afternoon until ... I think we got released at about 11 o’clock that night. But because we were there with a role to play, we weren’t necessarily aware of what was unfolding. It wasn’t until the days afterwards that you ... had enough perspective and distance from it to go ‘Oh, my god, that’s just insane’. So while we were there I was never aware of the scale and the magnitude of it.

Father’s military involvement

Jane is aware that in the early 1970s her father was conscripted to do two years’ National Service and spent some time in Australia and some in Asia. She views this time in her father’s life fairly neutrally, although before participating in this study she had never really discussed it in any detail; nor had she ever discussed with her father Australia’s reaction to veterans on their homecoming.

... It was just, as far as I know, something that he went and did. I don’t think it was an option not to do it and maybe, I don’t know, [he] got an opportunity to do some things that he wouldn’t have otherwise done.

Department of Veterans’ Affairs services

Jane noted that she was not aware of any veterans services that might be available. This might partly be a result of the fact that she does not actually see

her father as a 'veteran'. She views his time in the Army like any other job and so sees no reason for him to be entitled to special services or benefits from the government:

To me, a 'veteran' is someone who's perhaps had some active years of service. Yeah, because he was never engaged in any combat or anything, I guess that's why I don't think of him as a veteran.

...

He doesn't participate in any marches or ceremonies or anything. So maybe that's why, because I guess I don't see it ... I don't think he thinks of himself as [a veteran], so I guess that's why I don't think of him as one.

Life today

Jane's mother was recently diagnosed with the early stages of dementia. This has been stressful for the entire family and seems to have put a strain on her parents' relationship:

I can only assume that that's had some influence on her relationship with Dad. For example, I said that Dad and I were maybe a bit quick to judge people; you know, sometimes my brother and I listen to the way Dad talks to Mum and we just think, 'Oh, you know, he can be a bit quick and a bit brash and a bit short with her'. And I wonder how much of that has always been there but I just didn't have the maturity or wasn't around to notice it, or is that maybe influenced by the fact that she is incredibly frustrating to be around at times?

Apart from the unconventional change in career direction several years ago and her mother's illness, Jane's life to date has been stable and solid. She has been with her partner for 15 years and, as noted, married for almost 10. Her husband has had two jobs in that time, the first at the company where they met and the second at a medium-sized firm. They see Jane's family regularly and have a circle of close friends they have known since secondary school.

Overall, Jane has quite a positive outlook, although she worries about how her parents are coping with her mother's illness. At the moment her house is undergoing renovations, which she hopes will finish soon. She is generally contented in this stage of her life and with the direction it is taking, and she is looking forward to the challenges and opportunities that might come her way.

15.3.5 'Anne'

Aged in her 20s, Anne is a bright, forthright young woman who lives and works in an inner suburb of a capital city. She has just returned from a stint working overseas, where she met her boyfriend, with whom she is renting a house. Anne's father was conscripted into the Army in the early 1970s and served on a Pacific island for two years.

Early family situation and adolescence

Anne is the second of three children. She grew up in two places—a very small country town and then later a large city. She believes that growing up in the small town shaped her in many ways, most notably in appreciating a life with neither the amenities nor the dangers of the big city:

... So many experiences that city folk, so to speak, just don't really have a clue about and it makes you a lot more compassionate to people's different situations. Like, you see on the news all these droughts ...

...

I rode my bike all around town, no helmet, like, absolutely nothing, no restrictions. Complete freedom and, like, you would never be worried about anything. I once got attacked by a magpie and this guy up the road put me in his truck and drove me home ... because they knew where I lived; they knew everyone.

Anne did not describe her family as particularly close—just as 'getting along'. This could to some extent be a result of the dramas caused by her sister developing, in her mid-teens, a mental illness that required continuing hospitalisation. This diverted her parents' attention from the two younger children and was a destabilising factor for Anne. 'My parents were just stressed. Stressed, stressed, stressed', said Anne. Resentment towards her sister lingers, yet Anne acknowledged that her intolerance stems from a lack of understanding and immaturity when she was younger:

I was about 15 but I was very young minded, I couldn't understand that it's an illness, so you just think 'Grow up, grow out of it' ... You know, 'Get over it' ... But you didn't have much compassion because you didn't understand it.

Anne also noted that having to 'fend for herself' because her parents were preoccupied by her sister's illness helped her develop a sense of self-reliance and

independence. The most recent evidence of this was her trip overseas, where she spent several years working:

I definitely learned to look after myself, basically. It makes me a bit more independent, I would say. Like, I picked myself up and moved my stuff overseas on my own, didn't know anyone over there, that kind of thing. Just went travelling, threw myself into it.

Her parents' parenting style reinforced her belief in herself. Her father could be a bit 'pedantic' in making and enforcing rules, but both parents encouraged their children to forge their own paths and make their own mistakes, always offering help and support to fall back on: 'They sort of give you free reign as well, like, when I said I was moving overseas, "Oh, cool" ... not "My God, my baby's leaving" or anything like that. It was "Alright, cool, good for you"'.

Family relationships

Both of Anne's parents worked as public servants. Her mother has retired and her father will retire shortly. Growing up, Anne felt closer to her mother, although she revealed that she is now closer to her father than to her mother, something she attributes to the similarities between her father's personality and her own. She admitted that both she and her father are quite strong-willed and obstinate, holding fast to their own opinions:

... now that I'm older I realise that I'm so much like him. But I think when I was growing up, me and him used to butt heads a bit, lock horns ... now I can realise it's because we were so similar. But now that I'm not a bratty teenager, I reckon I get along with my Dad more because I'm just so much like him.

Health

Anne has been relatively healthy all her life, apart from a few bouts of tonsillitis and some non-concerning weight gain on her recent overseas trip.

In addition to suffering from a mental illness, her sister lives with chronic asthma. Her brother was recently diagnosed with a congenital heart defect that had been undetected since birth; he underwent successful surgery. Her parents have always been in good health and remain reasonably active, going for daily walks.

Father's military involvement

Anne sees her father's experience in the Army as overwhelmingly positive, a view shaped by the way both her parents speak about it. According to Anne, they laugh, joke and fondly recount stories of their time in the Pacific and the lifelong friendships forged there. Anne suspects that some of these stories are either exaggerated or sanitised to make them more palatable for a 'family audience':

My Dad likes to embellish, so you never know what's necessarily true. Sometimes you hear him telling stories of him just running amok, but I think he was discrete enough to never give us the nitty-gritty ... like, if any rough stuff happened.

Her parents still get together with the families they met while overseas, and Anne spoke of the children of these families as almost akin to cousins. In addition to regular reunions while growing up, she is now Facebook friends with many of them:

[Mum] became friends with all the wives because all the men would be sent out training. There's about five families that they were really good friends with ... And growing up as a kid, every two years during the school holidays at some point we'd meet up with the Army families. There was probably about 20 of us kids altogether. And that would be one massive family, all of us, every two years. Really fun.

Anne's father likes to sprinkle his conversation with expressions he picked up in the Army or to relate analogous experiences as a talking point to demonstrate the differences between civilian life and Army life. He tells these anecdotes in jest and the family seems to take them with good humour: 'My Dad has mentioned to me when I'm being lazy, "You wouldn't last a minute in the Army" and I'm like, "I know!"'.

Anne's father accepted his conscription without complaint; when Anne was growing up he used to joke that he had joined 'because he liked the uniform'. After serving his first stint he almost volunteered to serve another two years and perhaps be stationed in Vietnam, but Anne's mother put a stop to that idea, saying he had done his fair share and it was time to go home. His willingness stemmed from the notion that the war was encroaching on Australia's nearest neighbours and so was 'close enough'.

Department of Veterans' Affairs services

Neither Anne nor her family has sought out any services for families of veterans; nor is Anne aware of any that might be available. She was also not aware of any negative attitudes some Australians might have held towards returning veterans, perhaps in part because she grew up in such a close-knit community and was insulated from mainstream attitudes:

I've never heard anything negative or horrible about it. I've just got these lovely childhood memories of growing up with all these fantastic people and [hearing] these cheeky stories of what Dad and the guys used to do, playing tricks on people and all that kind of stuff. I've never heard of the reality, pretty much, I guess.

Life today

Anne went overseas shortly after finishing school and moving out of home. On returning to Australia she found a job in the travel industry; she enjoys this work. Overall, she is 'in a good place' in life and is looking forward to new adventures as she heads towards her 30th birthday.

15.3.6 'Robert'

Robert is in his mid-30s and has lived in a major Australian city all his life. He grew up in the suburbs but currently lives in the inner city with his wife of several years.

Robert and his wife married after being together since university; they have no children. He has an older brother who recently completed a medical degree and lives in the same general area. They see each other often.

Robert's parents are still alive and living in the family home. Both of them are recently retired. His mother had been a nurse, although she was a stay-at-home mum for a time, and his father is a chemical engineer who continues to consult part-time: 'So they've both just retired and are now enjoying doing nothing apart from what they want to do when they want to do it'.

Robert studied science at university and since graduation has held positions in supply chain management, which he described as 'a good challenge'.

Childhood and adolescence

Robert completed his schooling locally; school was always 10 to 15 minutes' walk away. Overall, school was a mixed experience: Robert enjoyed the study but said he 'was well and truly the fat kid at school and copped virtually everything associated with that'. He was bored during the latter years of primary school, and this caused him to be disruptive in class: 'I probably spent more time getting kicked out of class and fronting the principal in Year 6 than I actually did in class. I think that was more out of boredom than anything else'. Despite this, he proudly recalled finishing near the top of the class.

Robert described being supported by a strong community network while he was growing up. He still keeps in touch with some of the friends he made as a child:

A lot of the stuff that was done around the time, Scouts and those kinds of ... Cubs, kinds of things ... [was with] a lot with people ... who were at the school and with the local area, so there was a very big network around the area, of people, a large number of [whom] I still keep in contact with today.

He reminisced about the freedom of being a child in his generation compared with these days. Children could roam the streets without parents worrying where they were and what they were doing:

You could just disappear and go and kick a football for two hours and play in the drains and whatever, and no one would care as long as you came home for dinner. Now you can't be out of sight for more than 10 minutes before someone starts panicking.

Overall, Robert described his childhood as 'very good'. He feels that neither he nor his brother ever lacked anything in terms of support from parents and material possessions. When asked what helped to make his childhood so good, Robert reflected that he and his brother essentially 'got to do a lot of what we wanted to do'. There were, however, still boundaries. Robert also fondly recalls regular family holidays. At some stage during his childhood the family bought a 'sort of holiday house' that they regularly visited.

As for his relationship with his brother, Robert said it involved a lot of fighting as children but this diminished as they became older:

We've had a relationship that's definitely improved as we got older. My brother ... from time to time, served as a punching bag and those sorts of

things growing up. Very different, very different people. He's much more of a thinking type, not sporty, very, very intelligent ... I guess as we get older, [we] are starting to come closer together.

Family relationships

When Robert was growing up his relationship with his parents was 'good, very good'. He is grateful for their support and the sacrifices they made for their children over the years, including giving up their weekends to 'ferry [him] around' for sport. He also appreciates how welcoming his parents were to his friends:

They've always been very welcoming, when we were growing up, to all of our friends. They've got about three, half a dozen of my mates spent a lot of time, you know, there, so it feels like [Mum] has several surrogate sons wandering around. So, very welcoming, very warm.

Robert's relationship with his father was characterised by open communication, but there were also 'clashes' between the two of them. Robert feels this was because he and his father have similar temperaments, including short tempers: 'It doesn't help that both of us from time to time had a temper fuse that was probably about, you know, that big and over stupid things'. Robert said his mother was 'not as hot tempered' as his father, and his relationship with her was softer and more steady.

To this day Robert's relationship with his parents is good. He feels they are always there if he needs them for support and advice, and he periodically calls on them for this. He also noted that his parents still have a positive relationship with each other, and he sees their relationship as a model for his own relationship with his wife: 'I hope I have the same kind of understanding and commitment to each other in 30 years with my wife'.

Becoming an adult

Robert spoke of 'loving' his university days. He found the academic side of things enjoyable yet 'hard work' but said it was something he would go back to in a second if he had the chance. He enjoyed the social aspects of university, too, and was active in a university sports club.

Health

Robert described his health as ‘pretty good’:

I’m fairly fit and fairly active. I guess, probably like several people, [I] could probably afford to carry a little bit less than what I do ... I don’t smoke, I don’t drink any more or any less than a normal person, so I’d say my general health and wellbeing is very good. There was no way I could do what I’ve done, from a sporting perspective, for as long as I have done unless [my health] was good and my body was capable of doing it.

In his early teens he had to have a hip operation as a result of a fall. He described this as a particularly tough experience, especially for a boy with a strong interest in sport. He found it difficult to adjust to his limitations on the sporting field. But he was fully supported by his parents and recognises the stresses the operation and his recovery placed on the whole family. Hip problems still affect him from time to time, and further operations are likely in future.

Father’s military involvement

Robert’s father was conscripted to serve in Vietnam. As Robert understands it, his father completed the required training but was discharged because of a physical injury sustained outside the Army. His father did, however, remain with the Defence Force in a work-related role for some time. Robert said his father was always glad he did not have to serve in war:

I know he wasn’t happy to do it ... it was literally just the luck of the draw ... or the bad luck of the draw. But, by the same token, the idea of being a conscientious objector didn’t have any appeal and, for the time, probably had a greater stigma attached to it.

He and his father have not really spoken about his father’s experience with the Army. Robert understands, though, that his father does not feel any resentment towards the armed forces and does not keep in contact with anyone with whom he trained.

15.3.7 ‘Steve’

Steve is in his 30s and lives with his girlfriend in his own flat in the outer suburbs of an Australian capital city. He works full time as a television producer, a career he has been pursuing for 12 years.

Steve's father was conscripted into the Army during the Vietnam War but did not see active service.

Early family situation and adolescence

Steve recounted that he had 'a pretty normal childhood' growing up in an outer suburb. He and his sister went to the local primary and secondary schools, and he remembers having numerous friends in the neighbourhood, many of whom he still sees. He and his sister were close when growing up and continue to be so.

Steve's family moved to another outer suburb during his primary school years. After feeling slightly out of place at first, he was able to make friends in his new school. He was aware that the family was financially stressed in his early primary years but as his father's career progressed this changed:

After a few years we moved to a much nicer area. Some parts of [our suburb] were getting a bit too weird. My mother told me stories about stuff that happened in the neighbourhood ... a paedophile ... weird things.

After an initial brief period of adjustment to his new neighbourhood, Steve settled in well. He was a member of a local sports team and made friends quickly: '[We] lived in a street with a lot of guys my age, so that was good. There was probably about eight of us, so we were quite a gang ...'

Steve noted that his family spent a good amount of leisure time together at weekends and during the holidays. Although in the early days the family did not have money for extravagant trips, they made do with simpler excursions:

Normally, when we were younger—this is before high school—they would take us on holidays, camping, because again I don't think money was that free at the time. In Year 12 they took us for a trip over to Hong Kong, so that was a big trip.

Steve's sister developed depression rather suddenly as she entered her teenage years. This disturbed the family dynamics somewhat, but it seems that Steve and his parents tried their best to understand her and help her get better:

I first noticed she used to spend a lot of sunny Sundays sitting in her room in the dark. And that went on for a little while, a couple of years, my mother thought, you know, 'It's not normal, it's not normal'. My mother decided to go to the doctor to see what they [thought].

Steve's father has mentioned that depression tends to occur on his side of the family, several members of the extended family having being diagnosed:

My father said occasionally he gets a bit depressed but doesn't do anything, doesn't take anything for it, just keeps going. My sister told me that he said that to her—he's never said that to me but. And apparently, it's in that side of the family.

Although his sister's illness has posed challenges, Steve has done his best to be supportive:

My sister's ... she's got depression, which is one thing I don't understand, I don't know much about that. [It was] probably the mid-90s when the doctor diagnosed that. Yeah, she's been getting by with it but she's quite well now, she's quite happy but a few times she goes down. I don't know, always trying to cheer her up, sort of thing.

Steve recounted that his performance at school was mixed as a result of a lack of concentration on his studies. This certainly has not hindered him in later life or in establishing his career:

Every report card said, 'He's good if he puts his mind to it'. And I really think they were right. Sometimes I'd really concentrate and I'd do really good but I just got bored at school, not because it was too easy, I just didn't care.

...

Years 11 and 12 were pretty bad for socialising and drinking and stuff like that with friends. But I probably thought at the time socialising was more important ...

After school, Steve went to university for four years and then moved into full-time employment. At this stage he was still living with his parents. After another few years, though, he moved out with his girlfriend of the time and then went overseas. He met his current partner at work and is taking things one step at a time.

Family relationships

Steve's father is also a television producer, and his mother is a dental nurse. He and his parents are in good health, physically and emotionally. Steve said he is closer to his mother and has a personality quite similar to hers: 'I'm probably a bit more like my mother, very easygoing, don't want to upset anything, just go with

the flow'. His sister is more like their father—not as easygoing, more opinionated and bullish.

When speaking about his relationship with his parents and how he was brought up, Steve gave a glowing account:

We always, I guess, looked out for each other but my mother's never told us what to do, always let us make our own mistakes. When she wants, she'll give us advice and we definitely follow. We'll do what she says, it's my mother so you have to do what your mother says!

...

We've been a close family since then. We always are very close.

Steve attributes this mainly to the strength of his parents' relationship. He remembers very few arguments between them, certainly nothing serious. He recalls them as affectionate and supportive of each other and the children: 'I've spoken to extended family, cousins and that—my parents sort of set the bar for everyone. That's how relationships should be. Very good. Very close, you can see they're very close'.

Steve's father has been a major beneficial influence on him. His admiration is palpable, testament to his father's warm character:

He's, I guess, a role model for me. He's well respected at work, which is something—that's because he's a nice guy, that's what everyone loves, so everyone respects him for that. A good sense of humour.

Father's military involvement

Steve is not fully aware of the details of his father's military service. Although his father was not sent overseas, apparently he was in training for overseas service near the end of the Vietnam War. Steve said his father did not seem to perceive his Army experience as positive—an impression Steve has formed through stories his mother has recounted:

I've only really got bits over the years. I don't know, it's like he doesn't want to talk about it, I don't really ask. I know he was conscripted and he's always said he was preparing for the clean-up of Saigon, the evacuation. And I think, for whatever reason, that got abandoned and he wasn't sent over which is good for him, it would be horrible.

I know he didn't enjoy the Army. My mother's told me the sergeant or whoever was in charge of him in the Army was a bit of an a--hole to him so he didn't like him for whatever reason and just gave him hell.

Steve's family has a long and proud history of involvement in the military, something that engendered in Steve an expectation that he too would join the Defence Force:

I'm kind of proud he was in the Army, maybe not the way he was conscripted, but yeah, kind of proud ... It may sound a bit cheesy but I guess serving the country, doing your bit.

...

My great grandparents served in the First World War. My grandparents served in the Second World War and then my Dad's era in Vietnam. I don't know, I guess, to me, at one point I thought I'd have to go in the Army. That's the way the family's always, if you look at that, growing up, it's always been like that.

I looked at joining the Air Force at one stage. I wanted to be a pilot. At 12 years old I was too tall so I gave up on that. And my grandfather sort of encouraged me not to. He was in the Air Force. He must've had a bad time.

In the context of the family's continuing service in the Defence Force and his own interest in joining, Steve has thought about the effect of serving during wartime. Because his father did not leave Australia, he believes his father was unaffected, but the same cannot be said for his grandfathers. Steve thinks his paternal grandfather might have been affected by his war service and said his father had told him several stories of heavy drinking episodes and erratic behaviour:

From what I've heard, he suffered a bit through the war, after the war. If there was any mental impact from the war, he definitely had it, my Dad's dad. A quiet man, I don't think I ever spoke to him [about it].

His maternal grandfather also served in the Second World War. Steve is aware of some of the details but does not probe:

More where he served and the names they had for the Germans and the Italians and all that stuff, but yeah, that sort of stuff ... I kind of respected that he probably doesn't want to talk about it. I don't think anyone wants to talk about wartime.

Steve has no awareness of how Australia received the veterans returning from Vietnam. He is unaware of any negatives—or positives, for that matter.

Department of Veterans' Affairs services

Apart from DVA paying for his grandfathers' funerals, Steve is unaware of any services available to veterans or their families. He noted that he does not actually view his father as a veteran, and nor does his father himself. The Army was the first step in his father's career essentially—a stepping stone to employment—and, because his father did not actually participate in the conflict overseas, they do not consider him a 'veteran': 'I don't know, I think, I guess it's my own view, if you're in the Army and you're not at war, I don't think there's much you can claim'.

Life today

Steve is extremely busy with work and most of his free time is spent with his girlfriend or his parents. He explained that he has only one real 'hobby'—travel, something he has done a great deal of, and he intends to do much more:

Travel's a big one for me. I've travelled all over the world so I've seen a lot of places, so I guess I'm always saving to travel. I lived overseas for six months and while I was there I travelled around through a few different countries.

Although never really interested in sport, he does enjoy tennis.

When commenting on the aspects of his life that have made him who he is today, Steve again referred to the steadying influence of his father.

As to the future, Steve is contemplating a change of jobs to something more challenging and with more possibility of promotion. He is uncertain, however, if he wants the stress of moving higher in the production hierarchy:

I definitely need to move out of where I work, I can't keep working there, I've been there too long. No, the next step up is the head of production job, which is what my father does. But the stress of that, I don't want that type of job. I'm already getting phone calls all through the night. I'll go with the flow for now, I guess.

Reflecting on his upbringing and life so far, Steve is philosophical and content: 'I kind of like the way they did it, yeah. And I think I've turned out all right'.

15.3.8 'Elena'

In her late 20s, Elena works in the finance industry. She is energetic and cheerful despite having grown up in less than ideal circumstances. She recently married and bought a house, and she is looking forward to moving ahead in her career.

Elena's father was conscripted during the Vietnam War but did not serve overseas.

Early family situation and adolescence

Elena was born in the 1980s in a suburb of a major Australian city. Within a year of her birth, her parents divorced and her father moved to a nearby suburb. Elena is philosophical about this and said she adapted to the situation, not knowing anything different. Her parents seemed to remain friends despite having separated: 'It was never a big deal, I guess, because they were very civil with each other, there was never any fighting or no one spoke badly of each other'.

Elena described her childhood as 'a fairly normal, happy existence'. She has good memories of primary school, which was just around the corner from home. Her mother worked as a teacher and was usually home reasonably early each night. Elena also spent quite a bit of time with a neighbour's children, forming a close bond with that family. In a sense, their house became her second home:

I spent a lot of time with the neighbours down the road because there [were] four of those kids, I think. Three of them went to primary school and I was very good friends with the two girls who were about my age. And their Mum didn't work, so I'd go back to their house pretty much every night, I think, and we'd have food, hang around, and then my Mum would come home and I'd go home. So that worked out quite well.

She was also close to her half-siblings—her father's children from another marriage—and has a very healthy relationship with them:

It was quite good, actually, because in the early days, my two sisters and younger brothers would be there as well, from his first marriage. My step-sisters are a fair few years older than me. So they would be there and they loved to look after me. And often my step-mum's two sons would be there—they're not my Dad's children, they're her children from her first marriage. So that was fun. There was always lots of people there, lots of kids there, and we got along well.

After primary school Elena attended a public secondary school in a neighbouring suburb. She switched schools in Year 9, however, because she and her mother were unhappy with the educational opportunities presented by her old school. Elena noted that the transition was difficult at first, but she quickly made friends and immersed herself in life at her new school. She was surprised at how well she did in high school, having earned a very high score in Year 12. This has challenged her self-perception:

That was unexpected, so that's kind of been a big influence too because, you know, am I smart? Am I 'very smart'? It's an interesting thing to carry on your back in the 10 years after I left school, wondering if you measure up, how you measure up, if the choices you make need to be as good as that mark as your life goes on.

After high school Elena worked and travelled overseas during a gap year, teaching outdoor activities among other things. On her return she studied for a double degree at university. During her time at university she and her then boyfriend also took a semester off to travel overseas; this travelling included both work and sightseeing.

Elena moved out of home during her university years, sharing a flat with her then boyfriend and another friend.

Family relationships

Elena feels her parents took great care to ensure that their failed marriage did not affect her emotional wellbeing. She described her relationship with both parents as 'very good'. She has always been closer to her mother, having lived with her until adulthood and not having spent a great deal of time with her father:

Very good with my mother. Very good with my father but not intimate, not intimate in the sense that we don't see each other frequently. I still adore him and he adores me but there's no dependence. I have a dependence on my mother for certain things and I just talk and run things by [her] but there's no dependence on my father. It's more of a sort of friendship relationship really.

'Tolerance' and 'kindness' are two words Elena used to describe her mother's nature. These two qualities are evident in the way her mother shielded her in some respects from the truth about why her parents divorced:

And I think I used to ask Mum why they divorced and she used to say, 'Because we fell out of love'. And then, I think, maybe when I was in my late teens, she told me what had actually happened. By that stage, it didn't do any damage.

Elena considers both her mother and grandmother to be positive role models in many respects:

... [My mother's] attitude to education, I guess, and her nature—she's a very kind person ... but it's something to aspire to. And she's very good, she's a very good person. She has a good heart and [is] a decent human being. So she's been a very good role model, as was my grandmother. She was a very significant influence in my life [and] a very significant influence on my Mum for all the same reasons, I think—goodness and kindness and tolerance and having a focus on education and being your best and doing your best work. I had a very good relationship with her, I spent a lot of time with her [when I was] growing up.

Since Elena was a teenager her mother has suffered from depression. Although this affected their life together, Elena does not seem to openly resent her mother's illness or the resulting difficulties, although she acknowledged that it has put a strain on their relationship.

Elena also has a niggling fear that she herself might develop depression because she understands that the disorder can have some hereditary basis:

I'm quite wary of the way I feel about things because Mum's illness is hereditary and I think her father was the same, triggered by an event, so, sort of, in the back of my mind I think, 'Gosh, I wouldn't want something terribly s--t to happen to me because it might trigger this thing'.

Thankfully, Elena has so far detected no sign of depression in herself.

Elena's more distant relationship with her father has resulted in a degree of self-blame. She wonders if she could do more to strengthen their relationship and sees this as one of the few outright negatives of her parents' separation:

... Negative ... probably my lack of intimate relationship with my father. I guess that does worry me, I wish it was closer but I sort of carry around all this guilt all the time, you know, not sort of contacting him enough and not setting up enough dinners or lunches or meetings, which is ridiculous because he doesn't contact me either. But it's just a thing I can't shake, a guilt I can't shake.

Father's military involvement

Elena has 'scant knowledge' about her father's time in the military: he rarely, if ever, spoke about it. She knows he was 'called up' and was in the Army for a couple of years but did not go to Vietnam. Because he did not see any fighting, she believes he was not overly affected one way or the other by his service:

[He] ended up working in radio engineering or something, which apparently decreased his chances of having to go on active duty. So he didn't actually go to perform active duty. That's all.

Elena reported that her father retains an interest in soldiers' war experiences. She described him as preferring books over physical activity, and she does not think of him as a soldier, much less a veteran:

I cannot imagine him in the Army at all. At all. Not in the slightest. I've just never seen him be active, for one. He's a very tall, thin man. He's not lethargic or slow or anything or overweight. I've just never seen him be active. I've never seen him play sport. He's more of a literary figure than an 'Army man' in my life.

Elena is aware of Australia's (and the world's) reaction to the return of Vietnam veterans after the war but only through movies and other media, not from any comments by her father.

Department of Veterans' Affairs services

Elena is not aware of any DVA services available to veterans or their families: 'The only thing I've heard about is Legacy. Is that a charity or a foundation? I don't know. Otherwise, services, no. Government services, no'.

Life today


Elena is currently working long hours and studying and considering her career options. As noted, she married recently, and she is enjoying the 'honeymoon period' with her husband. Children are not yet on the horizon, but she imagines that one day she will start a family. Her attitude to life is optimistic:

I think I've had a very good life. I think the things that have happened to me are pretty low on the scale of s--t things that can happen to a person and I've had every opportunity, and I've had a loving family despite the separations and the illnesses. I've always had wonderful friends and wonderful extended family and opportunities to succeed in every way. But I'm a pretty happy and positive person. I don't feel negative or ... apathetic about life. And looking

back on all those significant things that have happened, they've just been part of my life. I don't feel like they've damaged me in any way. It's just life.

Appendix I Invitation and consent form

The following letter of invitation and consent form were sent to potential participants in the 'lived experiences' study.

 **VIETNAM VETERANS' FAMILY STUDY** THE LIVED EXPERIENCE OF THE SONS AND DAUGHTERS OF VIETNAM VETERANS PAGE: 1

Date _____
Name _____
Address _____

Dear Title Surname,

Thank you for agreeing to participate in the study 'The Vietnam Veterans' Family Study: The Lived Experience of the Sons and Daughters of Vietnam Veterans'. As was explained to you on the telephone, this project is being conducted by the Department of Veterans' Affairs (DVA) who are working with The Open Mind Research Group, an independent research company.

About This Study


The research involves talking to the sons and daughters of men who served in the Australian Defence Forces during the period when Australia was involved in the Vietnam War; their father's involvement could have been in Vietnam or elsewhere. We wish to talk to people about their life experiences including their experience of family life, their relationships with their parents, and their health and well-being. We will be conducting 30 interviews with sons and daughters of Vietnam Veterans and children of other (non-Vietnam) Veterans. This research topic has been identified by DVA as an area where more information is needed.

About Your Participation

As you have been advised, participation in this research involves a one off face-to-face interview with a researcher from the Open Mind Research Group which will take approximately one hour. Following the interview you will be invited to complete a short written health related questionnaire which will take approximately ten minutes.

During the interview the researchers will take notes. However, if you agree to it, we would like to audio tape the interview which allows the researchers at The Open Mind Research Group to go back over the comments you make; the tapes will not be used for any other purposes, or listened to by anyone else.

It is important that you understand that your comments and answers will be completely confidential and any personal details, which may identify you in any way, will not be passed to DVA. Your answers will not in any way affect any pensions, benefits or health services which you are entitled to from DVA, or to which you may become entitled in the future. The final results of the study will be information we have



TIER 10 LETTER OF FIRST CONTACT

gathered from all participants and no individuals will be identified. You will be able to access the results of the study report on the Vietnam Veterans' Family Study website.

The results of this study have the potential to benefit you personally and/or the wider Veteran community in two ways. Firstly it will give you the opportunity to express your views and describe your experiences. Secondly, by contributing to our understanding of what it is like to be a part of the Veteran community, you help in developing services that are appropriate and beneficial to that community.

Attached is a Consent Form which we require you to read and sign before you can participate in the study; consent to the taping of interviews is included at the end of this form. If you would like to participate in this study, could you please sign it and return the form to the researcher when you meet for your interview.

We do not think that you will find participation in this project upsetting, however, in case you do find yourself distressed by any of the issues raised and would like some help to deal with this please consider contacting one of the following:

- Your general practitioner for advice about who would be the best person for you to talk to;
- Lifeline on 13 11 14, where counsellors are available 24 hours a day; and
- Veterans and Veterans' Families Counselling Service on 1800 011 046 available 24 hours.

If you have any concerns or questions regarding the study or your participation in it, please contact Elishia Harding at The Open Mind Research Group on 03 9622 9200 or email: elishia@openmind.com.au.

Assistance from the Department of Veterans' Affairs

This project has the approval of DVA Human Research Ethics Committee (DVA HREC E007/025). In the event that you have any complaints about the way you have been treated during the project, or a query that the researchers have been unable to resolve to your satisfaction, please contact:



DVA HREC Coordinator
Department of Veterans' Affairs
PO Box 21
WODEN ACT 2606
Ethics.committee@dva.gov.au

Yours Sincerely



Vicki Arbes
Principal Researcher

TIER 10 LETTER OF FIRST CONTACT



PARTICIPANT CONSENT FORM

RESEARCHER'S COPY

'THE VIETNAM VETERANS' FAMILY STUDY: THE LIVED EXPERIENCE OF THE SONS AND DAUGHTERS OF VIETNAM VETERANS'

Participant's Name: _____ Participant ID _____

Participant's Address: _____

Investigators:

Dr Vicki Arbes, Elishia Harding, Heather McKay, Jeannette Johnson, from The Open Mind Research Group, 68 Drummond Street, Carlton Victoria 3053.

I understand that this project is being conducted by the Department of Veterans Affairs who are combining with the above named researchers from The Open Mind Research Group to carry out this research.

Participation in this project has been explained to me; in addition I have read and understood the participant information letter provided to me concerning this project.

I understand that taking part in this named project involves a one-off interview with one of the above named researchers from The Open Mind Research Group and filling in a short written questionnaire.

I understand that my participation in this project is voluntary and I can withdraw at any time.

I understand that all information will be confidential and only anonymous data will be reported.

I agree that the data collected may be published or provided to other researchers on the condition that my name is not used, and that I can not be identified in any other way.

I agree to take part in this project. Specifically:

I agree to take part in an interview with one of the above-named researchers: ☐

I agree to complete the short written questionnaire: ☐

Signed _____ Date: _____



Consent for the audio taping of interviews.

I understand that the researchers at The Open Mind Research Group would like to be able to audio tape the one off face-to-face interview, and that this recording will only be used by the above named researchers for the purposes of this reviewing information for this study.

☐ I agree to have the face-to-face interview being audio taped

☐ I do not agree to have the face-to-face interview audio taped

Signed _____ Date: _____

PARTICIPANT CONSENT FORM

PARTICIPANT'S COPY

'THE VIETNAM VETERANS' FAMILY STUDY: THE LIVED EXPERIENCE OF THE SONS AND DAUGHTERS OF VIETNAM VETERANS'

Participant's Name: _____ Participant ID _____

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☐ I agree to have the face-to-face interview being audio taped

☐ I do not agree to have the face-to-face interview audio taped

Signed _____ Date: _____

PART FOUR

INTERGENERATIONAL EFFECTS OF SERVICE IN THE VIETNAM WAR: THE STORIES OF SIX FAMILIES



Summary

The ethnographic work reported on in this part of Volume 4 is a component of the qualitative research carried out as a part of the Vietnam Veterans Family Study. The project focused on male Army veterans since they form the largest participant cohort. In order to provide insights into the experiences of sons and daughters of Vietnam veterans, the study takes a personalised approach, with a particular focus on risk and protective factors affecting health outcomes. The results were to be used in developing the Main Survey for the Vietnam Veterans Family Study.

Research objectives

In keeping with the Research Protocol for the Vietnam Veterans Family Study, the aims of the ethnographic work were twofold:

- to obtain thematic data indicative of health status risk factors
- to obtain thematic data indicative of health status protective factors.

Among the themes pursued are those related to resilience and protective factors, family dynamics, family use of health services, the post-Vietnam experiences of families and individuals, their understanding of their place in the world, important life experiences and aspirations for the future.

Research method

Data collection and analysis for the project are based on the grounded theory approach originally developed by Glaser and Strauss in the 1960s (Glaser & Strauss 1967). The methodology involved several important stages:

- a project inception meeting to review the proposed methodology and discuss implementation of the project
- submission of an ethics application to the Department of Veterans' Affairs Human Research Ethics Committee for approval to conduct the research

- a recruitment stage that involved the establishment of selection criteria and recruitment of candidates from a database provided by the department. This entailed:
 - identification of eligible participants according to the criteria discussed shortly
 - sending letters of introduction to 22 selected candidates—including the veterans and their sons and daughters—to inform them of the pending research
 - telephone recruitment—first with the veterans, then, if the veterans agreed, with their sons and daughters
 - scheduling of locations and times for initial appointments with participants
- interviewing and observing participants—usually in person at the participant’s home or office—and telephone follow-up
- analysis of data, exploring emergent themes relevant to understanding risk and protective health behaviours within the social and cultural context.

TNS Social Research chose six veterans from a database of over 100 provided by the Department of Veterans’ Affairs. The department drew this database from the much larger database of veterans who had registered with the Vietnam Veterans Family Study. The database provided to TNS contained a randomly selected sample of Vietnam veterans from a metropolitan area in a specific state. In order to choose the six veterans from this database, four criteria were applied:

- Each family contained a living father and at least one child (up to four children per family).
- Each family had to have included in the study at least one son or daughter who was alive at the end of the Vietnam War.
- There had to be a balance of genders, at least three families having a son and at least three families having a daughter.
- All interviews were to be conducted in the metropolitan area in question.

Once six families satisfying the criteria had been identified and had agreed to participate, the recruitment was concluded. The mothers and stepmothers who were involved were usually identified by the veteran at the time of recruitment. All the interviews took place in March and April 2010 and were generally conducted face to face in the home of the participant.

Because this ethnographic work used a grounded theory approach, the findings were not analysed in relation to academic or other literature: this might have influenced the emergent themes. (Reviews of the relevant literature were conducted for a number of other projects that formed part of the Vietnam Veterans Family Study.)

Findings

Being in the Army

Veterans who enlisted voluntarily before the Vietnam War tended to perceive the experience of war more positively than did the men who joined during the war and the conscripted serviceman. Those who enlisted in the regular Army tended to join up in order to escape family problems and were seeking structure and a career path; those who enlisted during the war reported wanting adventure and to serve their country; the conscripted serviceman felt negative about the entire experience of being sent to serve in the war.

Being deployed

Regular Army veterans enlisting pre-war tended to see deployment as part of the path they had chosen and were loath to complain. They were concerned about the conscripted servicemen and the impact a lack of choice and poor preparation for war had on them. The conscripted person and those who joined up during the war years tended to see the experience of deployment as a negative one for which they were ill-prepared.

Views on conscription

Although conscription was viewed in various ways, conscientious objection was not seen as an option. The method of conscription was regarded as flawed and unfair, and it generated a mistrust of authority among some conscripted and

enlisted regular Army veterans. This appears to have contributed to their mistrust of government and suspicion about government-provided services.

Leaving the Army

Men who left the Army after a long period of service needed to adjust to a more independent lifestyle. They generally reported strong support from Army colleagues in their post-war Army service. Some maintained contact with peers after being discharged, but the crucial period in which support was of greatest benefit was when the veterans had returned to Australia and were still in Army service.

In the case of veterans who left the Army after a brief period of service, however, the primary challenges related to returning to civilian life without support or understanding of the nature of war service.

In both cases veterans struggled most acutely to fit into family life when they returned from Vietnam. Some regular Army veterans also had difficulty finding a place in their families in the post-war period, when a number moved away from their family home to an interstate post. This was generally once the family had made the decision to stay in one place while the children completed their schooling.

Mistrust of government

For a number of Vietnam veterans, mistrust of government and other institutions, stemming from the veteran's involvement in the Vietnam War, had developed into a barrier that prevented them from seeking out information, services and entitlements.

Community reaction to the war

A number of veterans and their families reported an initial reluctance to mention the person's involvement in the Vietnam War because of concern about community reactions. In some cases veterans had been assaulted by community members and were still experiencing stress associated with this, as were their wives. This appears to have been worse for veterans living in major capital cities such as Melbourne and Sydney. Children born later in the family were less aware of this situation and were more comfortable discussing their father's war service.

Impacts on family life

Participation in the Vietnam War had a big impact on family members left behind. In one case a veteran felt that being called up prompted him to marry sooner than he had intended. Many of the veterans' wives were young, and some of them had never previously lived independently and were left to raise young children in the absence of adequate family support. Added to this was the stress caused by uncertainty about their husband's welfare. Children were often cared for by a mother who was stressed and depressed, and in some cases they were cared for by relatives outside the family home. Women were reluctant to reach out for support because they feared reprisals and judgment. The fathers returned to a changed family dynamic, and many struggled to find their place in the family, often either adopting a military-style approach to parenting or withdrawing from the family.

Relationships with sons and daughters

Generally, the sons and daughters involved in this project regarded their current relationship with their veteran father as positive and stable. Growing up with the veteran was, however, characterised by difficulty with communication, difficulty living up to the veteran's expectations (particularly in the case of sons), developing roles as carers and peace makers (for daughters), and shaping family interaction to guard against the veteran's outbursts. Although some veterans were 'laid back' or 'overly permissive' in their parenting style, others developed a parenting style based on their experience in the military. In situations where the father assumed a strong disciplinarian role, the mother tended to over-compensate and children were thus exposed to inconsistent styles of parenting in the home.

Daughters were supportive of their father and have often assumed roles as carers or peace makers in the family. Sons appeared to have had the most difficult relationship with their father, many of them struggling to meet his expectations and to develop their own identity. Sons reported feeling the absence of their father most acutely when they were teenagers. This was often attributed to the father moving into civilian work and less family friendly work hours than had been provided in the immediate post-war period, when a number of the fathers had remained in the Army. It could, however, also reflect the sons' need to have

more time with their father during their teenage years. Adolescence was also a time when some sons and daughters reported experimenting with behaviours that could adversely affect their health—for example, smoking, drinking alcohol and using illicit drugs.

Both the sons and the daughters feel that their mental health has been adversely affected by the nature of their relationship with their father. They ascribe much of this to the father's involvement in the Vietnam War.

For many families, seeing their father interacting positively with grandchildren has had a healing effect and brought closeness to the family.

The mental health of veterans

Participants generally linked veterans' mental health with participation in the Vietnam War. Mental health problems were seen as having had a major impact on family members in the past and remained a concern to varying degrees. Generally, the families felt that problems were less apparent now that the veterans were in middle age because the veterans tended to be less stressed than when they were younger. Anxieties associated with careers, finances, raising children and marriage had dissipated. Some families expressed concern about the impact of current or pending retirement on the psychological wellbeing of the veteran and consequently their family; this concern related to the possible effect of the veteran losing the structure and satisfaction deriving from work.

Substance abuse

For many veterans and their families substance abuse was a problem that emerged at various stages. In the case of veterans who did mention an addiction, it generally related to alcohol abuse beginning when they were deployed. This tended to be reported more often by enlisted veterans, who saw alcohol as a part of bonding with their peers. While they were deployed alcohol was used as a form of entertainment and relaxation. After deployment, veterans who consumed alcohol excessively tended to do so to deal with stress and to help them sleep, particularly when they had young families. Some reported that they really only became aware of the impact of their drinking in mid-life when they received support from mental health practitioners who helped them deal with stress and often prescribed medication. Several reported concern about a subsequent

dependence on tranquilisers and sleeping pills, which they saw as a substitute for alcohol. Sons of veterans who had problems with alcohol during the sons' adolescence were particularly sensitive to their father's drinking and saw it as part of his withdrawal from the family. Several sons also expressed anger that their father had given up alcohol later in life when it was found to be affecting their own health but had not given up drinking when they had young families. Several families reported concern that the mother had had problems with alcohol in the past; for one family this was still the case.

The physical health of sons and daughters

The sons and daughters of Vietnam veterans were generally physically healthy when growing up and had stayed well. Sport was seen as an important part of maintaining physical health.

All felt that they had adequate access to health services. Three daughters had experienced chronic health conditions they thought might be a consequence of suppressed immune systems. The conditions, which had been diagnosed when the daughters were in their early teens, were lupus (and type 1 diabetes with associated renal failure), severe asthma and associated allergies, and Addison's disease.

Impacts on the mental health of family members

According to family members, the veteran's mental health had a strong link to the mental health of other family members. Although home environments and relationships varied between the families, sons and daughters reporting mental health concerns often had fathers who also had mental health problems. Such environments might have been characterised by the following:

- high levels of volatility and outbursts of temper
- the father's emotional withdrawal—lack of displaying affection and low levels of engagement and communication
- physical withdrawal—usually as a result of working hours or work location
- fathers being overly disciplinarian or overly permissive.

The characteristics of the home environment were often seen as a function of the father's mental wellbeing, and in some cases home life was highly structured so as to accommodate the father's need to avoid stresses and tension that could lead to conflict in the family. Sons appeared to be the most vulnerable to poor mental health associated with their father, although daughters and spouses were also greatly affected. Several sons and daughters felt that supporting roles had been imposed on them while they were quite young in order to compensate for deficits in their parents' mental health.

The mental wellbeing of sons and daughters might also be affected vicariously through their mother. It appears that a number of mothers experienced periods of depression and stress as a result of their veteran husband's poor mental health. In some cases this took a toll on the mother and on the parental relationship, including the ability to parent consistently and effectively.

Risk factors for health

Most of the sons' and daughters' behaviours that were likely to adversely affect their health and wellbeing—for example, smoking, drinking alcohol and using illicit drugs—occurred in their youth and proved transient. Several daughters continued to smoke. The most potent risk factors for the sons and daughters appear to relate to mental health and wellbeing, and this seems to be closely linked to the mental health of their parents.

Protective factors for health

Many of the behaviours family members identified as being protective in the lives of sons and daughters are associated with the development of positive social relationships and networks of support, developing opportunities for positive interactions, and promoting stability. The following are examples of the behaviours reported:

- involvement in sport and links to sporting clubs
- strong relationships with their mother and father
- use of mental health services
- sons and daughters living in one community, generally for schooling

- seeing the father do well psychologically—for example, through participation in programs and counselling and having healthy relationships with his grandchildren.

Use of services

Generally, the veterans and their families felt their physical health needs were well catered for under the present arrangements for using mainstream civilian services. Veterans often considered these mainstream services to be of higher quality than Army health services. This comparison was usually based on the services they had used when in the Australian Defence Force.

It is worth noting that veterans and their families had only limited awareness of service providers and tended to refer to services as ‘Army’ services when they might have more accurately meant Department of Veterans’ Affairs services.

Use of mental health services—such as those provided by counsellors, psychologists and psychiatrists—was common among all family members. Families usually sought mainstream services through their family doctor, who referred them to a local private practitioner. No one reported using public services or veteran-specific services. Levels of awareness of the Veterans and Veterans Families Counselling Service were low. Sons and daughters often reported seeking mental health services to deal with problems they associated with their father’s war service. All the sons and daughters expressed a willingness to use mental health services in the future if they felt they needed help. Veterans were reluctant to acknowledge using services continually and referred to their use as episodic—‘I just went to fix this sleeping problem’—even though many were receiving continuing treatment. Wives appeared reluctant to use mental health services, focusing more on the wellbeing of family members than themselves.

Conclusions

Lack of proper engagement with their father seemed to be a risk factor for many sons and daughters. Rebellious behaviour—usually in the form of smoking and substance abuse—occurred in adolescence and was often associated with efforts to gain peer acceptance, particularly in the case of sons. This was most noticeable when Army service had resulted in the family moving during the sons’ or

daughters' early life and where there was a lack of connection with the community or extended family. In some cases fathers were absent for long periods in their child's early life for work reasons. In these instances the father was seen as a 'part-time' parent and not actively involved with the child's upbringing.

Among the protective behaviours adopted were close bonds with the mother and social engagement, which often came through residing in a community for a time or engaging in sporting activities. Structured sports frequently provided a way for fathers to engage positively with their children. For some sons, however, this resulted in feelings of inadequacy because they felt unable to meet their father's expectations.

In later life healing behaviours for sons and daughters included watching their father interact with his grandchildren, seeing their father participate in family activities, and having access to psychological support services for family members. Veterans also reported feeling less stress in their lives as they moved out of the workforce and their children reached adulthood and left home.

16 Introduction

The qualitative research components of the Vietnam Veterans Family Study explore the self-reported experiences of daily life of Vietnam veterans' sons and daughters in order to describe the relationships between their experiences and their health status relative to their families and communities and their use of health services. The ethnographic study reported on in this part of Volume 4 is a component of the qualitative research. It offers a more personalised approach so as to provide insights into the experiences of sons and daughters of Vietnam veterans, with a particular focus on risk and protective factors impinging on health outcomes. The results were also used in the development of the quantitative surveys that are part of the overall Vietnam Veterans Family Study.

In keeping with the Research Protocol (Centre for Military and Veterans' Health 2007), the aims of this project are twofold:

- to obtain thematic data indicative of health status risk factors
- to obtain thematic data indicative of health status protective factors.

The themes include those related to risk and protective factors, family dynamics, use of family health services, the post-Vietnam experiences of families and individuals, their understanding of their place in the world, and important life experiences and aspirations for the future.

Although the primary focus of the project is sons and daughters, the approach taken reflects the dynamic nature of families and provides an opportunity for insights to be gained from a number of perspectives. Understanding the impact on the family unit adds an additional level of analysis to the study.

The Research Protocol proposed a participant cohort for the entire Vietnam Veterans Family Study, as shown in Box 16.1. In order to ensure that the study maximised the opportunity to understand the sons and daughters of Vietnam veterans, this project included only participants from the first two cohorts listed. This modification to the protocol was approved by the Department of Veterans' Affairs in consultation with the study's Scientific Advisory Committee.

Because of the selection process used for this project and the ethnographic, qualitative nature of the project, it was neither possible nor desirable to use a control group. To draw maximum attention to the potential effects of military service, the families chosen to participate had had one child or more by the end of the war. This approach was proposed in order to ensure that the child or children were aware of their father's participation in the war and aware of the impacts (if any) on the family or individual family members after the war.

Box 16.1 Study cohort groups

As specified in the Research Protocol, the participant cohort for this study component was to consist of one participant from each of the following six cohorts identified in the Department of Veterans' Affairs request for proposal:

- adult sons of randomly selected Vietnam veteran fathers
- adult daughters of randomly selected Vietnam veteran fathers
- adult sons of randomly selected Vietnam-era fathers
- adult daughters of randomly selected Vietnam-era fathers
- adult sons of siblings of Vietnam veterans with no service history
- adult daughters of siblings of Vietnam veterans with no service history.

17 Methodology

TNS Social Research's approach to this project was based on a qualitative method for data collection and analysis originally developed by Glaser and Strauss in the 1960s (Glaser & Strauss 1967).^{*} The methodology for the project involved several stages:

- a project inception meeting to review TNS's methodology and discuss implementation of the project
- submission of an ethics application to the Department of Veterans' Affairs Human Research Ethics Committee for approval to conduct the research
- a recruitment stage that involved the establishment of selection criteria and recruitment of candidates from a database provided by the department. This entailed:
 - identification of eligible participants according to the criteria described in Section 17.2
 - sending letters of introduction to 22 selected candidates—including the veterans and their sons and daughters—to inform them of the pending research
 - telephone recruitment—first with the veterans, then, if the veterans agreed, with their sons and daughters
 - scheduling of locations and times for initial appointments with participants
- interviewing and observing participants—usually in person at the participant's home or office—and telephone follow-up
- analysis of the data, exploring emergent themes relevant to understanding risk and protective health behaviours within the social and cultural context.

^{*} Grounded theory is developed through a systematic methodology aimed at discovering a theory through the analysis of data. That is, rather than starting with a hypothesis, the researcher gathers qualitative information with a view to generating a theory or hypothesis.

17.1 The interviews

To reduce interviewer bias, all interviews were conducted by the same interviewer. A discussion guide approved by the Department of Veterans' Affairs and its Human Research Ethics Committee was used in each interview (see Appendix J). Each participant received \$100 to cover any incidental costs associated with participation, having been told before they agreed to participate that they would receive this reimbursement. They were also told they could withdraw from the study at any time without penalty and keep the full reimbursement. Interviews took about 90 minutes, and follow-up calls—generally no longer than 10 minutes—were made to all participants.

17.2 Sample frame and eligibility

TNS Social Research chose six Vietnam veterans from a database of over 100 provided by the Department of Veterans' Affairs. The department had drawn this database from the much larger database of veterans who had registered with the Vietnam Veterans Family Study. The database provided to TNS consisted of a randomly selected sample of Vietnam veterans from a particular metropolitan area. In order to choose the six veterans from this database, four criteria were applied:

- Each family contained a living father and at least one child (up to four children per family).
- Each family had to have included in the study at least one son or daughter who was alive at the end of the Vietnam War.
- There had to be a balance of genders, at least three families having a son and at least three families having a daughter.
- All interviews were conducted in the metropolitan area in question.

Once six families that met the criteria had been identified and had agreed to participate, the recruitment was concluded. The mothers and stepmothers who were involved were usually identified by the veteran and usually at the time of recruitment.

All interviews were conducted in March and April 2010.

Because this exploratory ethnographic study used a grounded theory approach, the findings were not analysed in relation to academic or other literature: this might have influenced the identification of emergent themes. (Reviews of the relevant literature were conducted for a number of other projects that formed part of the Vietnam Veterans Family Study.)

After they had been selected by TNS the potential candidates were advised by letter that they might be contacted about participating in the project. The primary approach letter contained the following information:

- a brief overview of the project
- a description of the nature of participation—including time requirements for participants
- a statement about protection of participants' and families' privacy and confidentiality and their informed consent
- details of how to withdraw consent to participate
- contact details in case the candidate wanted to ask questions related to the research process (TNS), the research program (the Department of Veterans' Affairs) and the conduct of the research (a TNS researcher not involved in the project)
- information about how to contact the Veterans and Veterans Families Counselling Service either for themselves or for a family member and how to contact the out-of-hours CRISIS assistance line.

Once the eligible families had been identified from the database, TNS's associates from Read Recruitment called potential participants to ask their permission to administer a pre-selection recruitment questionnaire. The questionnaire was used to ensure the family's eligibility and its willingness to participate in the project. This process continued until three families from each of the eligible cohorts (the first two cohorts listed in Box 16.1) had been recruited.

17.2.1 Characteristics of the family

Most of the six veterans who participated in the project had enlisted in the Army either before the Vietnam War (three veterans) or during the war (two veterans); only one had been conscripted (see Table 17.1).

In all, 25 participants, from six Vietnam veteran families, were interviewed. All the veterans who were invited to participate at the initial stage of recruitment agreed to participate and formed the sample. Two sons from different families were invited to participate but declined. Interviews were conducted with six veterans, four sons, 11 daughters, three mothers and one stepmother (see Table 17.2). The initial recruitment involved the issuing of invitations to 22 eligible veterans and their family members (identified from the database provided to TNS by the Department of Veterans’ Affairs), but the number eventually grew to 25 after veterans, sons and daughters said several other family members wanted to participate and would be useful informants. The additional family members were asked (by the family members already recruited) to contact the researcher directly if they were interested in participating. This ‘opt-in’ approach was used to ensure that contact details were not provided without the person’s consent. Once these people had contacted the researcher and expressed interest in participating, the process for securing their involvement was the same as that for the other participants. The new participants were one stepmother, one son and one daughter, taking the total number of participants to 25.

Table 17.1 The nature of Army recruitment: project participants

Family no.	Vietnam veteran	Recruitment		
		Conscripted	Enlisted in regular Army before the war	Enlisted during the war years
1	Fred	–	–	✓
2	Tom	✓	–	–
3	Steve	–	✓	–
4	Alan	–	✓	–
5	James	–	✓	–
6	Dennis	–	–	✓

Table 17.2 Sample composition: project participants

Family no.	Vietnam veteran	Sons		Daughters		Mothers or stepmothers		
		Declined	Interviewed	Declined	Interviewed	Declined	Deceased	Interviewed
1	Fred	0	0	0	2	0	0	2
2	Tom	0	1	0	2	0	0	1
3	Steve	0	2	0	1	0	0	1
4	Alan	1	1	0	0	1	0	0
5	James	0	0	0	3	0	1	0
6	Dennis	1	0	0	3	0	1	0
Total	6		4		11			4

17.3 Analysis of the data

The research analysed the qualitative interview data using thematic analysis. In some studies it is possible to analyse data using computer programs such as NVivo or Ascribe, but for this project an iterative thematic analysis was performed using the traditional approach to holistic thematic analysis associated with grounded theory or phenomenology. The data were analysed thematically against the project objectives and deductively for any emergent themes.

In order to understand the parameters of the research, a number of factors must be borne in mind. This exploratory research was qualitative in nature and designed to identify and explore themes. It was subjective and involved a small sample size. Participants were chosen on the basis of specific characteristics, so the sample is not necessarily representative of the population from which it was drawn. The aim was to identify themes relevant to the experiences of individual Vietnam veterans and their families. The applicability of these themes to the entire Vietnam Veterans Family Study population can then be explored separately through the quantitative study that forms part of the Family Study. The results of the quantitative research are greatly enriched by the exploration of themes carried out for this and other qualitative research done through the Family Study.

In view of the small scale of the project, the research was limited to one capital city, which is not identified in this report because this was one of the measures taken to protect the identity of the families who participated. Such an approach also reduced travel costs and provided some degree of control for geographic

effects. Although recruitment for the project was based on the present location of the veterans and their families, it is interesting to note that all were initially living in the same state before being deployed to Vietnam. On repatriation they went to various other jurisdictions, but all returned to their home state within a few years. Several settled their families in one state then worked interstate, visiting the family every few months.

In the reporting, details that might lead to identification of the family or any family member—name, date of birth, and so on—are either not included or are modified. The changes made were designed to protect the privacy of the participants and have no impact on the overall findings.

It is also important to note that the families were recounting events that occurred over many years. The accuracy of events and time lines is therefore subject to human error in recall. Recall of time lines and events can also differ between individual family members.

The use of taping devices was not always appropriate because of the sensitive nature of a number of the discussions, so the quotations provided are based on the researcher's notes. All possible efforts have been made to ensure the accuracy of the comments attributed to participants.

The methodology for this project was developed with Department of Veterans' Affairs approval to explore specific research questions. The intention was not to achieve 'saturation' of all themes, as can be the case with some types of qualitative research; rather, it was to examine all relevant themes in order to respond to the research questions within an agreed time frame and without imposing a burden on participants. Since this report was to assist with the quantitative research, comparisons between groups are included to provide additional insights.

18 About the veterans

This chapter offers a brief description of each of the male Army Vietnam veterans participating in the project and some of the crucial events and experiences in their lives. There is a particular focus on the veteran's background so as to provide context for understanding his life, his motivation to enlist or his reaction to conscription, and his aspirations at the time of the war. The important role of the mother in relation to the health of the children is also acknowledged throughout.

The sample consists of five volunteers; three of them had joined the regular Army before Australia deployed soldiers to Vietnam and one had volunteered under the National Service Scheme with the intention of serving in Vietnam. The sixth veteran had been conscripted under the National Service scheme. Several of the veterans who joined the regular Army did so to gain a career path and to find support and structure that had been lacking in their family life. All were married before deployment and had had at least one son or daughter before the end of the war. In a number of cases the war had prompted the soldiers to marry.

Many of the veterans started their own business after leaving the Army and participated in further education or training on their return from service. Those who stayed in the Army beyond Australia's involvement in the Vietnam War tended to view the experience of participating in the war more positively than those who left shortly after their return to Australia. This could reflect the fact that these veterans tended to be regular Army servicemen and so remained longer in the Army. They reported feeling that they had higher levels of support than those who left immediately on returning, something they felt helped them cope better with their involvement in the war.

18.1 Fred

18.1.1 Background

Fred was adopted and raised as an only child by a single mother. He said he decided very early in his life he would see to it that his children knew the financial and emotional security he never knew. His adoptive father was an alcoholic who left the family home for weeks at a time. Fred sees himself as a goal-directed

person, a high achiever who enjoys new challenges. It was not until he was an adult that he learnt he had been adopted as an infant. He had a strained relationship with his adoptive mother and grew up very much alone. Fred embarked on an apprenticeship after returning from Vietnam and eventually established a very successful business employing a number of workers.

At the time of the war Fred was eager to marry his girlfriend because he wanted to have someone special to await his return. While he was overseas his then wife gave birth to the first of two daughters. The second daughter was born several years after Fred was discharged from the Army. The marriage broke down about 10 years after his discharge, and he remarried seven years later. At the time of the divorce his daughters were both teenagers.

Fred currently lives with his second wife. They describe themselves as active people engaged in a wide variety of professional, social and charitable activities. Fred maintains positive relationships with his daughters, grandchildren and ex-wife. He continues to manage his business and enjoys the challenge it presents. In recent years, as the demands of raising a family have declined, Fred has found satisfaction in pursuing a number of artistic and musical endeavours.

18.1.2 Army service

Fred volunteered to serve in the Army in 1967 and served in the infantry when aged 20. He was sent overseas as reinforcement. He came home before completing his full tour of duty—disappointed because he had wanted to finish 12 months overseas. He was heavily involved in combat, and eight of his close friends were killed. Fred is still in touch with several ‘Army mates’ and feels he has done better, financially and emotionally, than most of those he served with. He said he knew what to expect when going to Vietnam and generally looks back on his Army experience positively.

18.2 Tom

18.2.1 Background

A secondary school teacher in a small rural town before the Vietnam War, Tom was married with a young son and a daughter at the time he was conscripted. Another daughter was born several years after he returned from Vietnam. Tom

had spent his youth in small towns and enjoyed close relationships with his parents and brothers. He was also active in sporting groups and community life. His ambition was a career in education. In his early 40s, however, Tom retired because of mental health problems. His marriage had broken down about 10 years after his return from Vietnam.

Tom subsequently remarried a younger woman from overseas and, along with his family of adult children, has embraced her culture and the opportunity to travel overseas to meet her family. Tom's son met the woman who is now his wife through his stepmother on one of the family's overseas trips; he now has a baby son. Although all the children in this family felt they were close to their father, they credit their stepmother with revitalising their relationship with their father and helping him overcome his problems with depression and anxiety.

Both Tom and his children have a strained relationship with his first wife. The children feel their mother has an alcohol problem and find it difficult to deal with the animosity she showed towards their father and his new wife. She recently moved in with her son and met with Tom for the first time in more than 10 years.

18.2.2 Army service

Tom was conscripted in 1968 and served in the infantry for eight months in Vietnam. Working as a medic, he was at the Battle of Coral–Balmoral and saw 19 men from his battalion killed. He felt unprepared for the war and did not support Australia's involvement. He looks back on the experience negatively but prefers to keep it in the past and not dwell on it.

18.3 Steve

18.3.1 Background

Steve described himself as a strong-willed, headstrong young man who had a difficult relationship with his mother. Following a troubled early childhood, he left home in his early teens after a dispute with his mother that culminated in her telling him he was not welcome in the home. He was homeless for several months and then enlisted in the Army in 1955, aged 17. He explained that he was seeking stability and a career path and saw the Army as a good opportunity to achieve both.

Steve's Army career has involved multiple postings overseas. As a result, his family—his wife and their three young children—were obliged to move 10 times in 10 years. Two children were born while Steve was away from home, one son being 10 months old before Steve saw him for the first time.

Returning from the Vietnam War, Steve accepted an administrative posting. This proved to be unstimulating, though, so, seeking a more challenging career and more time with his children, he left the Army a few years after his repatriation. Within a few years he had established his own company, which he built into a successful enterprise. Now in his mid-70s, Steve continues to work long hours in his business and has a large number of charitable roles. His marriage remains a happy one, and he is actively involved in the lives of a number of his children and grandchildren. He has particularly close relationships with one son and his daughter.

18.3.2 Army service

Steve rose to senior officer rank while in his early 30s and had an Army career of 14 years before his deployment to Vietnam. As noted, he returned home to an administrative role with the Army; shortly after, he resigned. He continues to hold a wide range of positions with veterans groups and associations. He is positive about the contribution he made during the Vietnam War and feels he was well prepared for it, but he expressed concern that National Servicemen were not equally well prepared. He looks favourably on his experience in the Army, viewing it as a career that spanned a number of years rather than just focusing on the war service component.

18.4 Alan

18.4.1 Background

When he was in his late teens Alan inherited a small family business from his father. In 1960, both his parents having died, he decided to sell the business and enlist in the Army: he thought this would give him the career path and structure he needed. He said he was attracted to the Army lifestyle and saw it as exciting. At this stage Australia was not yet involved in the Vietnam War.

Alan married after joining the Army and had two sons. He served in the Army for 20 years, during which time his family moved five times in 10 years. After the war he became an officer, but he rejected opportunities to become a senior officer because it would mean moving his family again. He eventually left the Army and took a public service position in order to provide more stability for his family because his sons were beginning secondary school.

He is now retired and lives with his wife, who works as a health care professional. They are both involved in providing day-to-day care for their grandchildren and enjoy regular contact with their two sons and their families.

18.4.2 Army service

Alan was deployed to Vietnam as a medic in 1966. He enjoyed his career in the Army but not the 13 months he spent in Vietnam. Within a week of arriving he was sent to Nui Dat, which he said was the most difficult period of his service.

18.5 James

18.5.1 Background

James served as an officer in the regular Army at the time of the Vietnam War. He was married to an ex-Army officer, and they had three daughters under school age at the time of the war. The family moved three times, meaning the daughters had to change schools three times in their early years, and then settled in one location when the children reached secondary school age. Once settled, James travelled interstate to work, seeing the family every few months. After leaving the Army when his children were in primary school, James took a number of night-school courses and these enabled him to work in a public service role. He continues to attach high value to education and is proud of his daughters' academic and professional achievements.

James's wife died about eight years ago and for the past five years he has lived close to one of his daughters. All the children were adults at the time of their mother's death and had moved away from home. James has not remarried. He has a number of volunteer roles.

Since their mother's death the daughters have taken up more family activities that involve their father—bike riding, camping trips, meetings at cafés, family dinners, and so on. Both James and his daughters attribute their closeness to their mother's positive influence, which has inspired them to maintain strong family ties.

18.5.2 Army service

James joined the Army in 1950, at the age of 17, in order to learn a trade. He had lived in a small country town and felt the Army offered an opportunity to travel and gain a career. He served in the Army for 25 years, leaving in 1975 to take up a public service position. He sees his experience in the Army positively and explained that he was in Vietnam for 13 months in a support service role, not an infantry one, so felt relatively safe. He noted that, while most of the men were aged between 20 and 22 years, he was in his late 30s and had been in the Army for a long time. After Vietnam he served overseas again twice; he also applied for a number of overseas postings but was unsuccessful. As noted, after his return to Australia he worked interstate for three years while the family lived elsewhere in order to provide a consistent home environment for their children.

18.6 Dennis

18.6.1 Background

Dennis was employed as a clerk and was already married when he enlisted. He was keen to go overseas and happy to serve his country. He saw the war as a way out of his clerical job and described himself as patriotic and eager to emulate his father, who had served in New Guinea in the Second World War. By the end of the Vietnam War Dennis had two children, a son and a daughter. He later had two more daughters. His wife died unexpectedly, leaving him with four children. He married again 10 years later and has two stepchildren.

On his return from Vietnam Dennis went back to his clerical occupation and after several years bought a business from relatives. He had intended to run this business with family members, but his stress and anger management problems made this unworkable. Relations with these family members are strained.

Because of continuing difficulties with stress, as well as treatment for prostate cancer, he retired in his early 50s.

Dennis currently enjoys a close relationship with his daughters and grandchildren and continues to work on building a closer bond with his son.

18.6.2 Army service

Dennis enlisted in 1967 and served in the infantry and in logistics. He was at the Battle of Coral–Balmoral in 1968 and a number of his mates were killed. He was also found to have the universal blood group, O negative: this meant he was often used as a blood donor, giving body-to-body transfusions to wounded soldiers. Although this helped to save many lives, Dennis also recalls seeing many wounded men die during the transfusion process.

In Vietnam for 13 months, Dennis reached the rank of corporal. He returned to Australia in 1969 and left the Army in 1970. He feels the war was misrepresented to the servicemen who enlisted and he views his involvement negatively.

19 Thematic analysis

19.1 Being in the Army

The Vietnam veterans who participated in this project had varying reasons for being in the Army. Of the six, five were enlisted in the regular Army and one was conscripted. Three of those in the regular Army had enlisted before the start of the Vietnam War and two enlisted while Australia was involved in the war.

19.1.1 Reasons for serving

The pre-war servicemen

The three servicemen who had enlisted in the Army before the start of the war joined because they were seeking a career and stability. They did not necessarily expect to be deployed for war service but recognised that in a military career deployment at some stage is a possibility. They were inclined to be more positive about their experience in the Vietnam War compared with the conscripted man and those who joined during the war. They tended to see their deployment in Vietnam as a part of a career path that began before the war and continued for some years afterwards. All three became officers, one becoming a senior officer. He commented, 'I know people say a lot of bad stuff about the Army and Vietnam with good reason, but for me it was positive. It gave me what I needed at the time'.

The servicemen who enlisted before the war joined in their late teens. In each case the men described poor relationships with their parents: two were estranged from their families at the time they joined and one had been orphaned shortly before joining. They all described their early Army experience before going to Vietnam as offering a future, giving them direction and structure, providing training and giving them a sense of family. One commented, 'The Army was everything to me back then. It was family, my home and my career ...' Another said, 'It's where I learned to be a man and a father'.

They all reflected that, compared with people who were conscripted or who joined during the war years, they felt prepared to serve in the war because they were older and more mature, mentally prepared and better trained: 'I was concerned

about the young guys. It was a young war and most of them were not well prepared’.

The conscripted serviceman

The conscripted serviceman who participated in the project explained that being called up for National Service was expected by men of his age in the late 1960s: ‘It was horrible. Just hanging over your head ... The lack of control over your own destiny was hard to handle’.

He said that from a contemporary perspective the idea of being a conscientious objector seems like a reasonable option, but back in the 1960s and 1970s this was not something conscripted men would consider:

If you refused to go you would feel like a coward ... My parents were dead set against me going, but I felt like I had to or I would not have been able to live with myself as that would mean some other poor bloke would have to go in my place.

The servicemen who volunteered during the war period

The two servicemen who enlisted in the Army during Australia’s involvement in the Vietnam War tended to look on their action as offering adventure and opportunity. They typically described themselves as patriotic and keen to serve Australia in a time of threat, and they believed they would be helping the Vietnamese people. Both had been in their early 20s at the time and identified strongly with people involved in the Second World War. Although their views tended to change on arrival in Vietnam, they were initially positive. As one explained, ‘I wanted an adventure and to do something for my country’.

Summary

Veterans who enlisted voluntarily before the Vietnam War tended to perceive their war experience more positively than the other project participants, of whom one was conscripted and two joined up at the time of the war. Those who had enlisted in the regular Army tended to have done so to escape family problems and to find structure and a career path. Those who enlisted at the time of the war were seeking adventure and to serve their country. The conscripted serviceman felt negative about the entire experience of being sent to war. The three who had been in the regular Army tended to be older than the other veterans and generally had spent a number of years in the Army before the war.

19.1.2 Being deployed

The experience of being deployed to fight in the Vietnam War appears to have differed for the servicemen, depending on how they had joined the Army.

The pre-war servicemen

The three veterans who were already enlisted before the war described the experience of going to Vietnam fairly unemotionally, seeing it as a part of their job. They all felt they had been trained and prepared for the situation and knew it was a possibility that they would be deployed at some point when they enlisted, even though that occurred before Australia's involvement in the war:

This was before Vietnam, but of course I knew it would be on the cards some time down the track. I knew Dad went, and of course I knew about Korea, so it was a real possibility.

My wife was not happy about it, but she had been in the Army so she knew it was part of the deal.

For these men the decision to enlist was seen as theirs alone and as a result they were reluctant to complain about the war's impact on their lives. They often expressed sympathy, however, for the conscripted servicemen, whom they saw as young, unprepared, lacking in appropriate training and coerced into the Army:

I made the decision to join up, so it's not like the conscripted guys, who had no say in it. I was trained and knew what to expect ... Well, I thought I did!

The National Service guys were great. I can't speak highly enough of them. They were ill-prepared and compelled to be there, but you would never know it. So I don't have much to whinge about.

Some people exaggerate the impact. We chose to go so I don't want to complain as that takes away from those who really suffered. I had training and years of experience they never had.

The conscripted serviceman

The serviceman who had been conscripted knew he would be deployed to Vietnam. He looked on this with dread and longed to return to the life he had left. He commented, 'I figured I would just go and get through it'.

The servicemen who volunteered during the war period

The two men who volunteered for service during Australia's involvement in the war were inclined to say that if they had their time over they would not have gone. They thought they had been heavily influenced by Australia's involvement in the Second World War. Generally, they felt that they were naïve and that the Vietnam War had been misrepresented to them. One said the experience had some positive outcomes for him, but in the main it was seen as more negative than they had expected:

If I knew what I had in store for me, I would not go ...

Looking back, I would not go again, but in those days you grew up hearing about [the Second World War] and you don't want to be the bloke who was too scared to go.

Summary

Regular Army veterans tended to see deployment to Vietnam as a choice they had made and were reluctant to complain or express concern. They were, however, concerned about the conscripted servicemen and the impact a lack of choice and preparation had on them. Servicemen who were conscripted or joined up during the war years tended to see deployment to the war as a negative experience for which they were not well prepared.

19.1.3 Views about conscription

Most of the veterans, including those who voluntarily enlisted, viewed the policy of conscription negatively. They all tended to describe the process of being selected as a lottery or a matter of chance. The veteran who was conscripted said, 'You live or die depending on if your birth date comes up basically ... it seems so arbitrary, like you can't control anything in life'. This process was generally seen as unfair because many of the veterans felt it was not applied equally to all who were eligible to serve. There was a sense that the system could be manipulated and that people with connections or celebrity status could avoid serving. The veteran who was conscripted said:

I share a birthday with [a famous football identity], who was a mate of mine from school. When I got called up I was talking to him and he said he was declared medically unfit. He played in the grand final that following season and never missed a game, so I knew that was bullshit.

Even some of the regular Army servicemen commented that the system was seen as open to manipulation. They said the regular Army wanted men to serve without a sense of coercion and felt that the conscripted men in Australia, while treated poorly by the policy and process at the time, rose to the occasion. A veteran who had enlisted before Australia's involvement in the war remarked:

We did not like it and everyone heard of cases where the system was fixed to suit someone who knew someone. But even though the guys did not want to be there, once they are there you are all Aussies ... We sort of felt that we were in the same boat, you know, because they [the authorities] lied to us too about why we were there.

Summary

Although conscription was viewed in various ways, conscientious objection was not thought to have been an option. The process of conscription was seen as flawed and unfair and generated a mistrust of authority among some conscripted and regular Army veterans. This has remained a barrier for some veterans in seeking information and support services provided by government.

19.1.4 Leaving the Army

Leaving the Army was often seen as a difficult adjustment for men who had been involved from a young age and did not have a solid foundation in their early family life. One veteran who had enlisted before Australia's involvement in the Vietnam War said, 'Being in the Army is a lot like having a mother. It does everything for you. When it is gone you have to learn to be independent ... It is hard'. Another said, 'It was the first time I had to make decisions about my own life'.

For the conscripted veteran and those who joined at the time of the war, leaving the Army was a relief, and they tended to seek to return to their old life as soon as possible. These men felt that Australia should not have been involved in the war. Those who went to the war seeking adventure said they had been naïve and misguided. The two veterans who had enlisted during the war said, 'I just wanted to forget the whole thing' and 'I wanted to pretend it never happened but I was so angry and kind of numb'.

The conscripted veteran and the servicemen who joined during the war tended to leave and return to civilian life without a transition period. A number of the older

regular Army officers commented on this, reflecting that it might have had an adverse impact on the men because they did not have access to a support structure and the same opportunities to debrief, as had others who remained in the Army following their return from the war. They explained that, although the Army had few support programs, by staying in the Army men received support through informal means, from their mates and more senior officers who had been through other wars. One veteran who had enlisted before the Vietnam War and remained in the Army after Vietnam stated, 'At least if you stayed in you had your mates to unload to and they kept an eye on how you were going'.

Summary

Men who left the Army after a long period of service needed to adjust to a more independent lifestyle. For those who left after a brief period of service, the main challenges related to returning to civilian life without support and understanding about the nature of war service.

19.1.5 Mistrust of authority

The veterans frequently expressed the view that the 'system' was not fair and that the government could not be trusted. This was a problem for almost all the veterans, a number of whom expressed a manifest distrust of government and other institutions. This affected their perceptions of service quality and support, among other things: 'Some of the guys won't go to Centrelink to find out what they are entitled to ... We have begged them to just go and talk to them'.

Several veterans who had enlisted before the war started commented in relation to the government, 'They never do what they say they will do' and 'It is easy for people in authority to make promises, but they often do not follow through'.

This loss of trust appeared to be exacerbated by perceptions of post-war treatment by the Australian government, the military hierarchy, other government authorities, the general public and the RSL. Several described how on serving in Vietnam they came to feel they had been lied to by the government:

As soon as we arrived we realised that what they told us about the war was wrong. No one wanted us there. We were seen as invaders not liberators.

It was the same thing when we were over there, the Army told us that people at home supported us, and that proved to be off base.

This was seen as having some effect on their parenting and the messages they gave their children about government. One veteran said:

You just lose trust and become suspicious, so you pass that on to your kids, I guess ... I hate politicians and government and I have not hidden my contempt from my children.

This attitude became important when exploring service use because it was related to a view that the Army ‘did not look after its own’ and that civilian services were of better quality:

The quality of the hospitals after the war was very poor. I had one mate I fought to have moved to a civilian hospital because I knew he would die if he stayed in [the Army hospital].

They said they will look after us and our families, but of course you get a change of government and they change their minds.

I don’t trust Army [facilities] because they generally suffer from a lack of services and are set up to shut us up.

A number of the veterans also spoke of a loss of trust in the RSL as a result of its treatment of Vietnam veterans after the war. They said this had improved with time, but many mentioned friends who had limited awareness of support services and financial entitlements because they refused to deal with the RSL: ‘I get a lot of information from the RSL about entitlements but a lot of the blokes won’t go near them so I pass stuff on to them’.

Summary

For a number of Vietnam veterans, mistrust of government and other institutions, dating back to their involvement in the war and the policy of conscription, has developed into a barrier, preventing some from obtaining information about services and entitlements.

19.2 Sons’ and daughters’ recall of the war

Few of the sons and daughters of the six servicemen had direct recall of the Vietnam War because many of them were infants at the time or were born in the years following the war. Most grew up aware that their father had been involved in the war and had tried to find out about his experience from him—usually with little success. All reported being interested in the war and following media reports

as they grew up in an attempt to understand what their father had been through. One son said, 'I don't remember it. I think I do sometimes but I suspect it's more stories I have heard'.

19.3 Community reactions to the war

The Australian community's reaction to the Vietnam War has had a major impact on the veterans and their families. The veterans who participated in this project explained that while in Vietnam they were sheltered from the community's reactions and were often shocked to learn of the negativity of the community on their return. One veteran said, 'They told us we were serving our country and had the support of the country, so it was a shock to realise that was not so'.

Families recalled that the reactions of the community varied according to the state and location to which they were repatriated. All had originated from the same state, but they returned to differing locations, depending on where they were posted. The most negative reactions were reported for Sydney and Melbourne; veterans returning to Brisbane reported less aggressive behaviour.

Some veterans described coming home at night in buses in order to avoid community attention and feeling anxious about what might happen. One veteran described being in a welcome-home march and having red paint thrown at him. The trauma associated with the incident and the realisation that he had risked his life in an unpopular war exacerbated his negativity about having been involved in the war. Box 19.1 describes a similar incident.

Wives, sons and daughters often reported that they did not talk to civilians about their husband's or father's involvement in the war for fear of negative reactions. This appears to have changed with time, though: families reported that in recent years the community has responded with understanding and support for the veterans and their families. One younger daughter born after the war said, 'I used to tell my friends with pride that Dad was in the war. Most found it interesting I guess'.

Box 19.1 Community reaction to involvement in the Vietnam War

One veteran and his wife recalled an incident that occurred in their home.

Veteran: I had only been home on R&R for about a week and my wife had a group of the kindergarten mums and kids coming over for a morning tea. We lived in civilian accommodation and mixed with civilians because we felt that would be the best way to raise our kids. I don't actually recall this incident but my wife does. Apparently, one of the women in the group asked where I had been after my wife mentioned that I had just returned home. When I told her Vietnam she stood up and called me a baby killer and a few equally vile names and attempted to slap me.

Wife: I was shocked at the vehemence of her reaction, especially as this was someone I had known through the kids for a while. She knew my husband was in the Army but apparently had not put it together that he was in Vietnam. She was actually quite violent to him and tried to slap him across the table. He does not remember it. He was quite upset at the time, so I think he has blocked it out.

After that I realised that you don't need to give people more information than they ask for. I stopped telling civilians what he did and why he was away ... If they asked I would tell them he was away for work or if I was pressed I'd say he was in the military but I never volunteered any detail.

19.4 The impact of war service on family life

For all servicemen involved in the Vietnam War, overseas war service had a big impact on the life of their families in Australia.

19.4.1 Prompting marriage

In some cases the Vietnam War led to the decision to marry in the first place: one of the six veterans said that knowing he would be deployed overseas had prompted him to marry. In several cases veterans commented that they saw many of their friends marry prematurely because they wanted someone to come home to and to write to them. One veteran wondered whether this might have inflated the divorce statistics for Vietnam veterans:

I think a lot of us rushed into getting married because we all heard stories about the guys in [the Second World War] who had a girl waiting for them.

Not all of the divorces are because of the war but because of hasty marriages.

19.4.2 Mothers coping alone

The wives of the servicemen found their husband's deployment particularly tough: some described it as the most difficult time in their lives. The situation was frequently exacerbated by the need to relocate the family, which often resulted in a lack of access to family support. In several cases additional stress was incurred when mothers had to deal with childhood illnesses and accidents on their own. For most of the participating wives this was their first experience of living independently, without a spouse or parents close by to offer support.

One mother described feeling she was the single parent of three children at the same time as being terribly worried about her husband never coming home or coming home injured. Another woman, the wife of a senior officer, commented:

I was used to [my husband] being overseas and in the Army because that was his life when I married him. We even met overseas. But when he was deployed to Vietnam, to a war, it was very different. I was in shock. I was terrified he would not come back and I would be left with [the] children.

The mothers described how difficult it was to cope with young children while their husband was away. The fact that they were anxious about their husband's welfare just added to their distress. They described being constantly scared and worried, one recalling this time in her life as 'horrible'. Although they felt that in the long term the experience had made them stronger and more independent, several sought help to deal with their children. One daughter said:

Mum sent me to live with her sister because it was too much for her to deal with ... as a mum now myself looking back, she must have been pretty desperate to do that when I was so young.

In one case a young mother of three who was living in a different state from her family was concerned at the lack of support for the families left at home. Box 19.2 presents her account. This case was by no means isolated: several mothers gave examples of the Army 'chastising' them, as one mother put it, for not coping while their husband was away.

Box 19.2 Reaching out for support for families

My husband had gone to Vietnam, which was very scary. Even though he had been in the Army for years he was now in a war, so it felt completely different. I was terrified he was going to die ... I had no money because the Army messed up [my husband's salary] and I could not get any money out of the account. My sister came up to help me, but she had to get back to her own family ... Two of the kids were sick all the time. Anyway, I ended up ringing the Army to see if they could get me some help. They gave me the number of an orphanage to send my kids to if I could not cope. I was devastated and felt like a bad mother. I never asked for help from them again because I thought they might take my kids. In the end, neighbours came to my aid and helped me get the bank accounts settled and gave me support with the kids. I called Blue Care the next time I was having trouble, and they helped me out ... I'd never call the Army again.

The mothers were often identified, by both themselves and their children, as suffering from depression as a result of their husband's deployment. The veterans were less likely to mention this. Several children reflected that it is only now, with hindsight, that their mother's depression became apparent. As one daughter remarked:

My sister was sent to live with my grandmother during her first year of school for quite a few months, as Mum said she could not cope with all of us ... That is a pretty major thing when you think about it. Looking back on things it was obvious she was depressed ... In those days who knew anything about depression? We are much more aware now.

In several cases the families of regular Army officers described how the early difficulties the mother experienced resulted in the family's decision to settle in one location, so that the mother could have access to family support and not disrupt the children's schooling. This resulted in the father working away from home and travelling back to see the family from time to time:

We only saw Dad a few weekends a month for several years.

We just did not know him because he was not a regular part of our lives.

19.4.3 Absent fathers

Some of the mothers, sons and daughters spoke of the impact of the veteran's absence. A number of the veterans were away for varying periods while their children were in their infancy and early childhood. Mothers reported that this generally had a deleterious effect on the family unit and on individual children. In several families stories are told of how children reacted to seeing their father for the first time after his return from Vietnam. One daughter described meeting her father after he arrived home at night without warning: 'I went into Mum's bedroom and saw this bloke in the bed and I started screaming. I had no idea who it was'.

In another family the youngest child was born while the father was away and did not meet him until he was 9 months old. The son's mother said:

He would not let his Dad pick him up or even look at him for a long time ... for months and months. Then of course he was off again overseas ... That took a toll on the relationship and [my son] still says that he always felt abandoned by his father.

A number of the veterans said they now realise they missed much of the formative years with their family because they were away at the war. For example: 'I was away while they were between 1 and 3 and now we know, if you read the books, that's when a lot of the bonding takes place'.

Many sons and daughters felt that the loss of time with their father continued long after his return from the war because he withdrew from the family. This affected children who were born during the war and those who were born afterwards. Sons reported feeling this most acutely and commented on fathers being home physically but being withdrawn, non-communicative and, in a few cases, workaholics. Several sons commented that the Army work-life balance following the war was quite good. But once their father left the Army and pursued business interests a number of sons and daughters felt they had even less contact with their father. This appears to have been most acute during their teenage years and was often seen as intentional:

Dad came back physically but it was like he wasn't here emotionally.

I remember when we were kids he would lock himself in his room with videos for days. It was like he wasn't here.

I think he worked so much to avoid being a father and a husband.

In several cases immediately following their return from the war, while the children were generally of primary school age, fathers worked interstate in military roles. This was usually done for career advancement and to provide security for their family. When reflecting on this, daughters seemed to be more accepting of the reasons for the father's absence, seeing it as a sacrifice the father made for the family. Sons were less accepting and resented the prolonged absence of their father: 'Work was more important than we were. At least that's what we thought'.

19.4.4 The role of the fathers

The veterans frequently spoke of the difficulty of returning to their home and finding their individual niche. Often the wife had overcome her initial problems in coping with an absent partner, and the family had evolved into an effective unit without the father. The veterans often felt as though they did not belong and struggled to find a way to fit into the family unit. In some cases their children did not immediately accept them as a parental figure and, for those who had themselves come from unhappy family backgrounds, this made their attempts at parenting more problematic. As one mother put it, 'Having him home was a big change for everyone. I think he felt like an outsider with his own family, so he went overboard trying to assert himself'.

A veteran said:

I thought my wife would be so thrilled to hand back the reins and let me take things over, but of course she was different now and learned to cope without me. She was independent now and not keen to relinquish her place.

Another said, 'I just came home and withdrew for a long time. I did not know how to fit back in with the family so different now'.

Summary

Participation in the Vietnam War had major effects on the families left behind. Many newly married young women—some of whom had never previously lived independently—were left to raise a young family with limited access to family support. This situation was exacerbated by the stress resulting from uncertainty about the welfare of their husband. Children were often cared for by a mother who was stressed and depressed; in some cases they were cared for by relatives outside the family home. Women were reluctant to reach out for support because they feared reprisals and judgment. Fathers returned to a changed family dynamic and struggled to find their place in the family unit, often withdrawing or adopting a military-style approach to parenting.

19.5 Veterans' relationships with their children

The relationships between veterans and their children were explored with all participants and were found to be very complex and dynamic, changing with time. They appeared to have been most challenging while the children were young and then in their teens. In most cases the relationships stabilised as the children reached adulthood, found a partner and started their own family.

19.5.1 Discussing the war

In most families the father's Vietnam War service was not often discussed with the children as they grew up. A number of sons and daughters commented that their father never wanted to talk about it, so they felt reluctant to discuss it. One daughter said, 'It was a "no go" zone ... Even now I would not feel comfortable asking him about it'.

Many of the sons and daughters who had children of their own said they had learnt about the war through their children, who had asked their grandfather about his experiences when they were doing school assignments. One son explained:

It's like when we were growing up, he would tell our friends more than he would tell us ... Now he is happy to tell [the grandchildren] things he would never tell us ... or maybe they are just not afraid to ask.

A daughter commented that she was able to discuss the war with her father when doing a school assignment:

It was never discussed until I was doing Year 12 and had to do an assignment on the impact of war and I decided to do it on Dad. I figured if he was ever going to discuss it it would be then. Because it was for my education I think he had a reason to open up and talk about it.

Veterans, however, tended to have a different perspective, most of them saying they did not discuss the war because they thought no one was interested: 'People say we won't talk about it, but it was a long time ago and most people are not interested'.

Several veterans commented that it was only in recent years, with more attention being given to Anzac Day and media interest in the conflict in Afghanistan, that their children had raised the subject of the war. Several daughters said their father had begun to share stories with his sons-in-law and grandchildren, who might be less reluctant to initiate conversations on the subject. One daughter remarked:

He opens up more these days. I am not sure if it is because we are adults, but it does seem to be around Anzac Day, when he and his mates are getting together ... maybe it feels safer as time has passed.

Generally, the sons and daughters felt that the stories shared with family tended to be about amusing experiences. Even so, a number of these anecdotes gave the sons and daughters insights into their father's proximity to the war. For example:

Dad told us about how his mate was asleep on a blow-up mattress and it popped in the middle of the night, waking everyone up when it was hit by bullets ... He found it funny but it was scary to us.

Veterans' wives confirmed this, saying they were often told stories about events that had occurred in the war but that were kept from the children, even when they had become adults.

In one case the veteran had not told his children he enlisted voluntarily during the war years, letting them believe for many years that he had been conscripted. This concerned his children because they thought he might have felt judged for wanting to serve his country.

19.5.2 Parenting styles

Fathers' parenting styles had a clear impact on relationships with their sons and daughters. At the extremes, veterans were described either as overly disciplinarian ('He treated us like we were in the Army') or as permissive and laid back ('He checked out on us'). The three fathers who had enlisted in the regular Army before Australia became involved in the war were more likely to be described as disciplinarian compared with the conscripted veteran and those who had enlisted during the war, who tended to be seen as more permissive:

He was just there in the background. He did not really get involved in anything ... even with discipline he was very laid back.

He wanted us to be free to do what we wanted ... within reason.

For all the veterans, the relationships with their daughters were generally seen as more positive than the relationships with their sons. One daughter said, 'We have a good relationship. I know when things are bothering him. We are closer since Mum died, but I was always a Daddy's girl'. And another: 'Girls have a special relationship with their dads, I guess; they are not as tough on us ...'

Among all the veterans there was also a tendency for sons to be more critical of their father and feel they were most adversely affected by his Army experience:

For years I tried to get his love and approval but he is so distant and emotionally cold that I gave up.

He only valued our achievements, not us. We never got unconditional love from him. He took pride in what we did, not in who we were.

Several of the sons spoke of how they had tried hard to develop their own path in life, separate from their father:

I can't stress enough the lengths I would go to to be different from him.

They say boys try to be like their fathers but I consciously tried to be different.

This was particularly interesting because some of the sons had followed a civilian career path very similar to that of their father and were very similar in terms of their attire, language and mannerisms.

Even sons who were critical of their father were, however, able to see strengths:

It was a good example to us that you should be passionate and strive to achieve and work hard.

He is a great leader and organised and committed.

Often these strengths were seen to be associated with the father's military background. Several sons and daughters described how they were parented by their father as though they were members of the military: 'He was [an officer] in the Army and at home'. Several mothers commented that their husband treated the children like soldiers and adopted a military-style approach to discipline:

He would line them up every morning before school and inspect their uniforms and shoes. He even had a little brush at the door to brush down their blazers before they left the house ... it eventually stopped when [the oldest son] told him where to stick his brush.

Among the sons who had been raised by a highly disciplinarian father there was a tendency to be permissive in their own parenting style. One daughter said of her brother's parenting style, 'I think because Dad was such a disciplinarian this is a type of rebellion and he has gone the other way with their kids'. A son commented:

I was overly permissive with my kids because I had no idea what to do. I just did not want to be like Dad. But I had no idea how to be a father, so I read books and did parenting classes ... I have figured it out.

A number of veterans and their wives or ex-wives made the point that some of the veterans had come from dysfunctional families and this had prompted them to join the Army. They wondered whether the lack of a strong family foundation and a lack of exposure to modelling of suitable parenting affected the veteran's relationship with his own sons and daughters:

I guess I had to make it up as I went along as I had no idea how to be a good parent. I only knew what I learnt in the Army, so that's what I did with my kids.

19.5.3 Living up to expectations

The veterans' sons often expressed a strong desire to overachieve academically, athletically and professionally in order to please their father. A number had become very successful professionally, but they still felt they did not have their

father's approval. In several cases sons remarked that they had achieved greater professional success than their father and felt their father resented this. (Despite this, the fathers in question had expressed great pride in the achievements of their son.) This had a number of consequences for the son's health, including stress and anxiety associated with school and university exams. For others, when the pressure was too great they simply stopped trying to please their father. Some also described engaging in potentially dangerous behaviours in order to gain parental approval:

I knew he valued physical prowess and achievement. So, even though I am not built for it, I kept going out onto the football field week after week getting smashed because I knew it was what he wanted.

19.5.4 Stepping on eggshells

Relationships within the family home appear to have also been affected by the way the mother dealt with the children. Mothers described keeping the children quiet for fear of triggering conflict between the veteran and the children. Several mothers commented on the veteran's need for order and predictability in the home and said that at times they had enforced this with their children purely to avoid conflict. Some sons and daughters described the environment they were raised in as repressive and blamed themselves for their father's moods:

Everything revolved around keeping Dad calm. We were blamed if we made him angry, even over a small thing ... so we grew up thinking his behaviour was our fault ... because we were bad kids.

A number also spoke of the need to maintain a quiet environment, avoiding loud and sudden noises:

We always had to keep the sound down 'cos Dad hated noises and would react to sudden noises like cars backfiring or garbage trucks ... he would just hit the deck.

19.5.5 Overcompensating

Mothers described trying to overcompensate for the lack of engagement between the veteran and the sons and daughters, something they felt in hindsight might have resulted in inconsistent parenting. Sons and daughters, on the other hand, generally felt that their mother was the one who compensated for the difficulties experienced with their father, whether they were the result of him being overly

disciplinarian or disengaged. One son said, 'She was the one that showed us affection and emotions ... and she would smooth the way for him if there had been a conflict'.

One of the mothers explained:

I tried to make sure that they had all the love and affection they needed from me as he was not really forthcoming emotionally ... if he was over the top they would come to me. Then he would have a go at me for taking their side.

19.5.6 Caring and peace-maker roles

A number of daughters had assumed roles as carers and peace makers within their family. The daughters described how they became the support person for their father. Sometimes this followed marriage breakdown or the death of their mother:

Mum was not on the scene as the marriage had broken down and Dad was not coping so I had to have him hospitalised for depression ... I was pretty busy with school and visiting Dad ... He always leans on me when he is not doing well.

Dad can be very emotionally demanding and would ring me a lot to discuss his issues. At times I felt like screaming for some attention from him.

Dad rang my place and asked me to bring him the paper. I was thinking that he could walk to the corner and get it himself, but it was easier if I just got it and took it to his place.

This was also recognised by ex-wives, who expressed some concern that daughters might be used as surrogate carers: 'After we broke up I think [my daughter] took on the role of caring for him. I think it was a lot for a teenage girl to deal with ... I found it hard'.

Some daughters also felt that they had been cast in the role of peace maker between the veteran and his sons. This took an emotional toll on the daughters and often left them feeling caught in the middle:

I feel like I have to hold it all together and when Dad blows up and says horrible things to [my brother] I am the one who comes in to pick up the pieces ... Dad won't even try ... so I have to mend things.

Both of them [father and brother] use me to vent and I know they need to let off steam and I want the family to be together, so I keep trying to make them

see the other's point of view. Neither can see how similar they are. It's an exhausting position to be in.

Related to this, some sons described assuming the role of support person or 'surrogate spouse' for their mothers. As one son put it, 'Because he was emotionally distant and withdrawn it fell to me to provide her with support ... even when I was a kid'.

19.5.7 Veterans behind closed doors

Some sons and daughters spoke of having difficulty coming to terms with the differences between the public persona displayed by their father and the persona revealed within the family. Generally, it was sons who had the greatest difficulty with this inconsistency, some commenting that their father seemed to be managing a stressful career and be highly regarded in the community on one hand but be uninterested in and abusive to his own family. Although most daughters tended to express pride in their father's achievements, one also described the pain of being verbally abused by her father:

It makes you feel worthless. Like he is this great guy who everyone admires, doing all this stuff and then he tears shreds off you ... When I was a teenager it used to destroy me.

The sons were more inclined to express anger and frustration, which were generally associated with their perception of their father's conduct during their adolescence. This could reflect the sons' vulnerability at this time and/or increased pressure on the veterans during this post-war period when they were raising teenagers. There was a strong sense that the 'real' personality of the father was the one seen at home and that this was somehow masked when he was in public situations. This led to the sons and daughters being concerned about a lack of consistency as well as resentment that the veteran could control his negative behaviour when he chose:

He was always so charismatic to my mates and so full of stories ... So how come he never bothered with us? It's all show with him.

I remember coming home from school and wishing he was like he was when we were out ... He was like a different person ...

19.5.8 Relationships with grandchildren

Many study participants described the relationships between the veterans and their grandchildren. For some, these close relationships were bittersweet because they showed the sons and daughters that the veteran was capable of displaying love and affection. One son said, 'I used to think he did not know how to show love, but he can show love to my kids'.

For most sons and daughters, however, to see their father being capable of expressing love and affection to their children was to see a different side of him and had an enormously healing effect on the entire family:

They are the most important thing in my life and to see him actively involved with them is wonderful. It makes me look differently at my relationship with him, like maybe this is how he shows he cares about me ... through my kids ... My kids are not scared of him or afraid to discuss topics that might trigger him off.

Many veterans described being actively involved in the daily lives of their grandchildren. Several provided day care while sons and daughters went to work, and even those veterans who were still working often baby-sat their grandchildren, even independently of their wife, the children's grandmother. Commenting on this, one veteran said, 'I never got to take my kids to kinder or see what they do at this age. It's wonderful'. And another: 'I feel like I get a second chance with them'.

Only two of the sons and daughters expressed concern that their father might have a negative impact on their grandchildren. The concern related to verbal outbursts, particularly if the grandchildren were misbehaving or challenging their grandfather:

If I see any signs that he looks like he can't cope with a visit I get out of there.

If Mum is there and he looks like he is about to go off she will snap him out of it.

Overall, though, the sons and daughters had a strong sense of trust in their father and wanted to encourage his relationships with their grandchildren:

They [father and grandchildren] go to the [Anzac Day] march together and have a real bond. It's been wonderful for the entire family to see Dad have

this sort of relationship. Even if I don't need him to baby-sit I would ask him to do it because of the importance of the relationship ...

19.5.9 Family trips to Vietnam

In four cases the families had raised the idea of travelling to Vietnam with the veteran. The families thought this might provide a degree of closure for the veteran and wanted to be part of that with him. They also felt it might help if they shared in an experience that had had such a big impact on their family for so long: 'We thought it might do him good ... to see things are okay over there now ... so he does not have to live with those images'.

Some veterans were completely opposed to going to Vietnam; as one said, 'I hated the entire experience. What makes them think I want to relive any of it?' In two cases the veterans and some family members did go back to Vietnam, with surprising results. One veteran remarked, 'I went for my family as it seemed to be important to them ... I just had to grit my teeth'. In contrast, a son explained, 'Dad seemed to soften. I felt close to him for the first time, seeing it with him. Me supporting him ... seeing him show some emotion for the first time'.

Summary

For most families, relationships have stabilised as the sons and daughters have reached adulthood, found partners and started their own families. Sons appear to have had the most difficult relationship with their father, struggling to meet his expectations and develop their own identity. Daughters, on the other hand, while generally supportive of their fathers, have often assumed roles as carers or peace makers in the family. Both sons and daughters feel their mental health has been adversely affected by the nature of the relationship with their father, and they attribute much of this to their father's involvement in the war. For many families, however, seeing their father interacting lovingly with his grandchildren has had a healing effect and brought closeness to the family.

19.6 The veterans' health

Most of the veterans described their general health as good. All reported being active in maintaining their physical health but said they continued to have difficulties with their mental wellbeing.

19.6.1 Physical health

Several of the six veterans had had skin cancers, and two were recovering from prostate cancer. Several had high blood pressure and one had heart failure that was being treated. Two had type 2 diabetes. Four had problems with lower back injuries sustained in Vietnam and two had problems with their knees. Five of the six had smoked heavily while in Vietnam and for a time afterwards; four had given up smoking in the past 20 years, while one continued to smoke heavily. All consumed alcohol to some degree, and two said they drank heavily every day. Three of the six regularly used sleeping pills to overcome insomnia; two felt they were dependent on this medication to sleep. Few of the veterans attributed their physical health problems to the Vietnam War. Generally, though, the veterans with skin cancers and bad backs felt this was a result of activities in Vietnam. Others attributed their health problems to genetics and the normal process of ageing.

19.6.2 Mental health

The veterans consistently said their mental health and overall emotional and psychological wellbeing was 'good' or 'fine'. Although some mentioned using mental health services, they generally put more effort into maintaining their physical wellbeing and rarely acknowledged that they had continuing mental health problems that were affecting both them and others.

Further discussion and interviews with family members revealed that for most veterans mental health had been a serious concern in the past and remained so for some to varying degrees. Most of the veterans were inclined to try to downplay this. They would discuss mental health services, but they tended to initially minimise the need for treatment: 'I see this guy when I need to. It is just for help with sleeping'.

Such a view was not shared by all family members, many of whom expressed concern about the psychological wellbeing of the veteran in relation to a number of areas:

- anger management
- sleeping disorders

- depression and mood disorders
- aggression and inability to deal with conflict
- substance abuse—prescription drugs and alcohol
- anxiety.

One veteran had TPI (Totally and Permanently Incapacitated) pension status as a result of his mental health problems and had retired early. Another had retired from his job in his 40s because he was unable to cope with stress, and another had done so in his early 50s for a similar reason. Interestingly, when asked about the impact of participation in the Vietnam War on their mental health and wellbeing, even these veterans said they did not feel they had been particularly adversely affected. This suggests a disinclination to accept that they had been affected psychologically or a disinclination to discuss this with the researcher, or both. Generally, the veterans seemed more comfortable talking about the adverse effects on the mental wellbeing of their mates. Some explained that they had sought assistance for mental health difficulties primarily in order to gain access to services and support. One veteran said, ‘Well I had to get that diagnosis so I would be entitled to support for treatment from Vets’ Affairs’ and another conceded, ‘I was after a Gold Card’.

Current and former wives thought that their veteran’s problems with mental wellbeing were linked to participation in the Vietnam War. For two of the ex-wives this was a major contributor to the eventual breakdown of their marriage:

Maybe my ex would have wound up lashing out and being verbally abusive anyway. It is hard to say. But all I know is he was not like that when we married and he was after Vietnam.

Although sons and daughters were generally not in a position to comment on any observed changes in their father’s temperament before or after the war (because of their age at the time of the war), a number mentioned relatives’ comments:

My uncle, Dad’s brother, reckons that Dad went off a happy-go-lucky, outgoing, loving young guy and came back dark and depressive ... He said he never struck out at people before Vietnam.

He just seems quiet and moody, that's all. I don't know if he was like that before, although Mum seemed to think he kept things bottled up more [after the war].

Some family members expressed concern about aggression, citing examples of physical abuse of family members, while some recounted stories of the father having been involved in fist fights with people he worked with and relatives. It is interesting to note that while current wives did not raise this subject children and ex-wives did. One daughter said aggression was 'why Dad had the falling out with his brother ... Dad [also] tried to choke his father ...' Another daughter said:

Sometimes Dad would just vanish and go off drinking for a few days ... We would track him down through friends and then go and bring him home ... One time my brother found him in a park ...

A son observed that his father 'would push Mum around and get very physical ... She would always protect him ... She said she saw another side of him we didn't'.

Of the six veterans, three were described as being extremely verbally abusive to their families. This was usually associated with stress, although families recounted many times when the veteran would 'fly off the handle' or become volatile with little or no apparent provocation. One wife commented, 'He would say such terrible things to the children and be unaware how hurtful it was'.

An ex-wife said, 'I left because of the verbal abuse. He was so vicious to his family and people he worked with ... It could be anyone really'. And a daughter described a particular incident:

One day Dad came to pick me up from Mum and my step-dad's house and we were driving home and I was just chattering like a regular teenager and he went from happy and friendly to crazy in an instant. He yelled at me to shut up and ranted about how I talk a lot ... I don't think he has any idea how hurtful that sort of thing is ... He would still do it today and not realise.

Several daughters and spouses commented that their veteran had 'mellowed' with age. This was attributed to a reduction in stress as children had grown up and moved out, providing a more stable, quieter home life. Several sons felt, however, that their father had become more difficult as he had aged:

Whatever his symptoms are they are worse now than before. It's like they are exaggerated. He gets so angry easily ... He can't handle any level of conflict.

He does not seem to realise the effect it has on us ... always trying to avoid setting him off, and if we do we feel like it was our fault.

They also thought, however, that as they matured they became better at dealing with their father.

A further suggestion from some of the wives and daughters was that things had reached a plateau because the main triggers associated with outbursts—such as raising teenagers, financial pressures and employment problems—had largely stabilised:

I think he is the same but there is not as much pressure there. However, whenever there is stress he reacts badly. It just does not happen as often now.

I think Dad is still the same but we are more in tune now and good at avoiding situations likely to stress him out.

A number of wives were particularly concerned about the effect of retirement: their husband had ‘deteriorated’ since retiring and seemed more stressed and anxious. This was attributed to losing the release provided by work, increased concern about finances, and a lack of structure and support in their daily lives:

A lot seems to get worse when they retire as they have more time to spend looking back to things that happened.

He is not keen to retire and I dread it because work is such a big part of his life and identity ... I am not looking forward to it.

Summary

Families tended to associate veterans’ mental health problems with participation in the Vietnam War. It was seen as having had a major impact on family members in the past and remained a concern to varying degrees. Generally, the families felt these problems were less apparent now because the veterans tended to be under less stress than when they were younger. Some families were concerned about the impact or potential impact of retirement on the veteran’s psychological wellbeing.

19.7 The sons’ and daughters’ physical health

The sons’ and daughters’ physical health was discussed with all participants. The most active informants tended to be mothers and the sons and daughters themselves. Fathers were more likely to say their children were all healthy.

Interestingly, even when several children had major health problems the fathers did not mention this. Two daughters had chronic health conditions that resulted in their being on the Disability Support Pension; the other sons and daughters considered themselves to be in good physical health.

Daughters from three families had conditions that are or could be related to auto-immune function—lupus, severe allergies and associated asthma, and Addison’s disease (a form of hypothyroidism). In one case a daughter had lupus, type 1 diabetes and related chronic renal failure. Of the four boys from three of the families who participated, all reported being physically healthy and did not have any developmental or physical health concerns when they were growing up.

In all the families the participants described being health conscious as the children were growing up. Several of the mothers were nurses, and all felt that the family had a focus on the physical development of the children, with attention being paid to medical check-ups, nutrition and exercise. Sport was an important component of the lives of each of the families and was strongly attributed to supporting healthy development:

The girls did callisthenics, tennis and netball ... We were both involved in their sports from an administration perspective.

In those days we lived in a small country town and sport was the lifeblood of the community, so we were all involved.

Most of the sons and daughters continued to have a regular sport or exercise commitment as a part of their daily routine.

The daughter with Addison’s disease queried the possibility of a link between her illness and her father’s Vietnam service. She was the only son or daughter to raise such a question.

Summary

The sons and daughters of Vietnam veterans were generally healthy when they were growing up and have maintained good health. Sport was seen as an important part of staying physically well. All felt that they had had adequate access to health services.

19.8 The impact of the father's mental health on family members

The mental health of the veterans' family members was raised more often as a concern than was their physical health. It is important to note that not all the sons and daughters reported feeling that they or their father had mental health problems. The majority who did report mental health problems, however, associated these with their relationship with their father and his war service. It is also important to note that (as mentioned in Chapter 17) in two cases sons declined to participate in the project. The reasons for this are not known, but siblings often commented that the brother who declined to participate had experienced the greatest mental distress and this was why he did not want to participate.

The sons and daughters in this study appear to have been affected by their father's mental state in differing ways. The sons appeared to be more inclined than the daughters to link their father's mental health with their own sense of identity and self-esteem. For example, boys often said their father made them feel as though they could not measure up or were not good enough, or he pressured them to perform. One son said, 'I was never good enough for him'. This was not the case generally with the daughters, however: they were more likely to report feeling affected by broader concerns such as being raised in a home in which there was conflict and verbal abuse.

It is also interesting that a number of sons said they had married women with emotional problems and consequently experienced difficulties in their marriage. They were inclined to attribute this to what they had experienced with their father's mental health. One son observed, 'I guess my emotional development was retarded because of him. He was emotionally unavailable and abusive ... I married into an abusive relationship'.

19.8.1 Sons' mental health

When asked to identify the main factors that affected their mental wellbeing, some of the sons who participated reported psychological distress, which they associated with their father's mental state and behaviours such as the following:

- unrealistic demands on sons to achieve in sport, academia and other areas of life
- the father's lack of presence in the son's early life because the father was away from home on Army service and later working long hours
- a disciplinarian approach to parenting and the issuing of corporal punishment
- depression and associated withdrawal from engagement with the family
- alcoholism and abuse of sleeping pills and tranquilisers
- anger management problems and aggression
- lack of communication skills
- marriage breakdown and unhealthy dynamics in the parents' relationship.

Nothing we did was good enough ... It was like we were in the Army and he expected complete obedience ... He would give us a hiding for the smallest thing ... We were terrified of him. It only stopped when I was old enough to stand up to him.

He was too consumed by his own issues to be a father.

In addition, some of the sons felt they had been affected by the absence of their father because they had been forced to become a 'surrogate husband' to their mother when their father was away or was emotionally absent: 'I never got to be a carefree kid, as I was a surrogate husband to my mother'.

Those sons who reported having mental health concerns said these had become manifest in a variety of ways, including the following:

- depression
- feelings of inadequacy
- feelings of abandonment
- substance abuse
- marriage breakdown
- fear of becoming a parent and anxiety about parenting.

Sons who had sought mental health support tended to express anger towards their father. (This was a noticeably stronger theme with sons compared with daughters.) Some of them described their father as egotistical, selfish and self-indulgent. Although some felt they had a better understanding of their father as a result of the mental health support they had received and having matured and had their own family, there was still a strong theme of anger and resentment:

It never goes away. It is still all about him. Even issues I have learning to be a good parent go back to him.

I can forgive how he treated me but not how he treated my Mum and [my siblings].

In addition, a number of sons described their struggles to gain their father's approval and, even though they were high achievers professionally and financially, they still felt this was not enough to please their father:

By normal standards I have achieved a lot but not by my father's standards.

The only thing he values is achievement. It does not matter if it is sporting or academic or professional, he always pushes.

19.8.2 Daughters' mental health

Although a number of daughters spoke of seeking help for mental health problems, they were less inclined to attribute their difficulty to their father's war service and tended to associate it with broader themes that affected the family. Most of the daughters had sought assistance from a mental health practitioner at some point in their lives. The factors they mentioned as influencing their mental health were most likely to relate to the following:

- parents divorcing
- seeing their mother depressed and anxious
- father's difficulty with anger management
- concerns about a brother's relationship with their father and the brother's mental health
- substance abuse by their mother
- caring for their father.

Unlike the sons, daughters generally did not express anger towards either parent and tended to be accepting and understanding of their father's behaviour and temperament. Most said that, although they had had difficulties with their father in the past, as adults they had found ways of dealing with these difficulties and had a positive relationship with their father:

Dad is hard work but that's how he is ... I see it as his issue, not my issue.

He used to really get to me when I was younger with the terrible things he would say. But I think he has mellowed and I am not afraid to call him on it any more so things do not escalate.

Many of the daughters reported experiencing post-natal depression and, although they did not associate this with their father's war service, a number felt it was linked to periods of depression their mother experienced:

Several of my sisters have had [post-natal depression], so I am conscious of it with each pregnancy ... Mum had trouble with depression and possibly PND, so we may be prone to it.

A number of daughters also commented that they were more vigilant in relation to mental health, having seen the effect of mental health problems on themselves and their siblings: 'I think I am much more in tune to knowing when to get help after growing up seeing this from a kid's perspective'.

19.8.3 Spouses' mental health

Sons and daughters often reported that their mother smoked while the children were young and a few had continued. They observed that the Vietnam War had an effect on both of their parents. The current health concerns they identified as affecting their mothers were related to mental health and included conditions such as depression and anxiety. Several mothers also experienced periods of alcohol abuse. One mother was reported by her children to be continuing to have problems with alcohol, but she was not prepared to discuss the matter.

Sons and daughters made remarks along the following lines:

Mum is very fragile. She cries all the time and so we avoid asking her why she puts up with him. After all this time nothing will change.

I think she has been depressed for years.

She is an alcoholic and she has been for years.

Generally, the mental health problems affecting the mothers appeared to be related to their spouse's war service:

He was a different man when he returned. He had been kind and loving and now in his place was this moody, angry man who was verbally abusive to me and the kids ... It has been hard to take.

As noted, the veterans who participated in this project often downplayed the impacts of their war service on their sons' and daughters' health. They were, however, more inclined to discuss the impact of their war service on their wife's health:

I think it was hardest on my wife because she had to deal with my issues and raise the kids while I was away working so much.

I guess if I was more tuned in I might have noticed the drinking.

Wives were unlikely to mention having sought support from a mental health practitioner for difficulties with their husband's behaviour or their relationship. They were inclined to seek support related to personal concerns and their children.

In two cases the mothers had died in the years preceding this project. Considerable grief and loss were felt by both families. There was no suggestion by any family member that the mother's condition had been related to the veteran's involvement in the Vietnam War.

In one of these cases the mother, James's wife, had died of heart failure about eight years previously, after the three daughters in the family had reached adulthood and were living away from the family home. Although this family was already tightly bonded—geographically as well as through a range of shared activities and social networks—they reflected that they united even more closely around their father after he was widowed. He now lives in the same street as one daughter and has weekly contact with the other daughters and his grandchildren.

In the other case the mother, Dennis's wife, had died of lung cancer about 15 years previously. At this time two teenagers were still in the family home and two daughters were in their 20s and had moved out of home. The prolonged illness and death of the mother placed great pressure on the older daughters to support

their father and their younger siblings. After his wife died the veteran had serious problems with alcohol, anger management and stress; this affected all the family but, according to the veteran and his daughters, most acutely his teenage son (who had declined to participate in the study). It was reported that he had a strained relationship with his father and had been close to his mother. During his mother's illness he had assumed responsibility for running the home and caring for his younger sister. The older daughters recalled a high degree of tension between the father and the son because of conflict over roles at the time of the mother's illness and death. The daughters are now close to their father and his new wife, but they feel the son has distanced himself from the family because of an inability to overcome the difficulties with his father that exacerbated his grief about the loss of his mother.

Summary

The mental wellbeing of veterans appeared to have a strong link to the mental wellbeing of other family members. Sons appeared to be most vulnerable, although daughters and spouses were also greatly affected. Sons and daughters can also be affected vicariously through their mother, who might have experienced depression.

19.9 Substance abuse

One thing that affected many of the family relationships was substance abuse, and alcohol was seen as having the most severe impact. For many of the veterans and their families substance abuse was a problem that emerged at various stages in their lives.

For those veterans who mentioned an addiction this generally related to alcohol abuse, which could be traced back to the period when they were deployed to Vietnam. It tended to be reported more often by enlisted veterans, who saw alcohol as part of the bonding experience with their peers. One officer observed that alcohol abuse became less common as the soldiers rose through the ranks. He reflected that this might be to do with age since officers tended to be older. He also expressed the view that alcohol abuse among enlisted men was a concern with military service generally and was not confined to the Vietnam War: 'I was glad that I did not have the same pressure on me to drink every night with the boys ... because I was rising through the ranks'.

The participating veterans reported that while they were deployed they used alcohol as a form of entertainment and relaxation. Post-deployment, those who consumed alcohol excessively tended to use it to deal with stress and to help them sleep. Most thought this was common among returned veterans, citing many cases of alcoholism more severe than they believed they themselves experienced. Many saw it as a coping mechanism—one that helped them deal with pressure from young families and other day-to-day stresses—and tended not to see the effect it had on their families: ‘It did not affect how I did my job or my kids’.

Some veterans reported that they really only became conscious of the impact of their drinking on their health in mid-life, when they received support from mental health practitioners who helped them deal with stress and often prescribed medication for them. Several reported subsequent difficulties with a resultant dependency on the tranquilisers and sleeping pills they substituted for alcohol. While several had continued to drink, they saw it as less excessive than when they had young families; one, however, reported binge drinking on stressful occasions. Most said they increased their alcohol consumption around Anzac Day: ‘Now I really only tie one on when the guys come down for the march’.

Wives and daughters tended to express concern about the impact of alcohol (and other substances where applicable) on the present health of the veterans, but sons tended to show anger about the impact on the family unit. The sons who appeared most angry were those whose fathers used alcohol excessively during the son’s adolescence. It could be that this was when these sons became aware of the problem, or perhaps they were more vulnerable to effects of the alcoholism as a result of other pressures associated with adolescence. One son reflected, ‘He would go off drinking... I know he had a problem, but at the time I felt abandoned again and like he was just being selfish’.

Several sons were also angry that their father had given up alcohol later in life, when it was found to affect his own health, but had not given up when he had a young family.

Several children from one family said their mother had problems with alcohol, but this did not emerge as a consistent theme among the mothers, sons or daughters. This is explored in more detail in the following section.

19.10 Risk-taking behaviours

Most of the sons and daughters participating in the study described themselves as fairly conservative in their behaviour and proactive in managing their health and wellbeing: 'We have kids, so our focus is on a healthy lifestyle for the whole family'. Almost all of them had careers, many in the health field, and most had settled home lives.

Although most sons and daughters drank alcohol, none felt they had a drinking problem. One said, 'I binge drank a bit at uni, but it was the same as the other guys my age'.

Several had experimented with drugs when they were young but had discontinued this as they matured. A couple had experimented with illegal drugs in the past and several with smoking cigarettes. Most had now given up smoking; just a few daughters reported that they still smoked. When asked why they had engaged in these behaviours the consistent response was a desire to be accepted by their peer group: 'I always felt like I was different because of my home life and Dad being in the Army, so I guess I tried to fit in'. One daughter commented, 'When I was young we moved around a lot and that affected me as a teenager I think. I wanted to just be part of the group'.

Several daughters had chronic health conditions that had been diagnosed when they were in their teens. This prompted some short-lived experimentation with smoking and alcohol in order to fit in with peers: 'I just wanted to fit in and feel like a normal teenager ... I missed a lot of school being sick, so I tried to fit back in'.

Most of the sons and daughters who reported behaviours associated with rebellion or a desire for peer acceptance saw this as a transient part of their youth.

Several daughters described having relationships with 'unsuitable' men when they were younger. They generally felt that these were part of a period of youthful rebellion that passed with maturity. Most of them eventually settled down to marriage and family life. Said one, 'I used to pick a lot of losers ... I'm not sure why ... I guess I wanted men I could "fix". I am so over that now'.

The daughters of the two veterans who volunteered to serve during the war years and the daughters of the conscripted man differed from the daughters of the

three regular Army servicemen in a number of ways. They tended to leave home at an earlier age, frequently relocated, had less-skilled employment and had children at an earlier age.

19.11 Protective behaviours

The veterans, the mothers, and the sons and daughters were asked to nominate factors they felt were helpful to them in promoting their health and wellbeing and the wellbeing of the family as a unit.

A number of sons and daughters mentioned their close relationship with both their mother and their father. They saw this as important for them as individuals and for the family: 'We knew we could always count on Mum and Dad ... even when Mum died and [Dad] was grieving we could still rely on him'.

For sons and daughters whose father was having difficulty dealing with the consequences of their war service, a close and loving relationship with their mother was seen as vital:

She was the one who got us through. She gave us the love and affection he could not give ... Everyone thinks of him as being the strong leader, but it was her ...

Sporting and physical activities were seen as important in promoting good health, relieving stress and bringing families together in a structured way. These were generally more positive for daughters since sons often associated competitive sports with opportunities for their father to demand high achievement. One daughter said, 'It was important to us all as it is something we shared together, we would talk and laugh together ... We still go bike riding together'.

Mental health support provided by counsellors, psychiatrists and psychologists to individuals and families was viewed positively by all family members:

'We all went together to this counsellor, me, Mum and Dad ... I was very proud he came along ... It showed he really cared and wanted to work on things ... It was recognition we were important.

I have seen the same psychologist for years and now it's just every few months or when I need to. She is great ... It feels like a safety net.

Being settled in one location was also seen as important for ensuring that the sons and daughters had a consistent education, access to social networks such as youth groups and churches, and an opportunity to develop a peer group. Often this became particularly important as the children approached secondary school and families took steps to provide a more stable home. Although the sons and daughters saw this as a positive step, mitigating some of the problems they had experienced when moving from place to place, they still struggled to fit in with a peer group and deal with an often disturbed home environment. In several cases the fathers went to work interstate so that the children were able to stay in one location. This brought some benefits, but it also put pressure on mothers and children who missed their father:

Dad lived interstate for a few years so we could stay in the one school. It was good for schooling and social life but it was hard on the family ... We do now all live in the same area, so I guess it gave us a sense of community we would have missed out on.

Sons, daughters and mothers also benefited from seeing their veteran in positive situations and relationships, including participating in veterans' activities and interacting with grandchildren: 'Seeing Dad with the grandchildren has been wonderful in making him more approachable and human'.

Referring to a veterans' gym program sponsored by the Department of Veterans' Affairs, one son said:

This gym thing Dad is involved in has been good for all of us ... Seeing him be positive and proactive and feeling like he is involved in things ... and getting fit has given all of us a lift.

Summary

Many of the protective behaviours family members identified as being positive in the lives of sons and daughters relate to development of positive social relationships and networks of support, developing opportunities for interaction, and promoting stability.

19.12 Services

All project participants were asked about the health services they had used and which ones they thought would be of value to them. They consistently said the current generic community-based services available to them for dealing with

physical problems were adequate. The veterans often thought mainstream civilian services were of higher quality than Department of Veterans' Affairs health services. Generally, they referred to services that were provided post-discharge as 'Army' services, although they were in all likelihood referring to DVA services. Often they were also unfamiliar with the term 'DVA' and the nature of other services provided. This suggests a lack of awareness of the services provided and a lack of understanding of DVA's role in service provision.

As discussed, the primary health concerns associated with veterans' participation in the Vietnam War involved psychological wellbeing. These were topics the veterans were initially reluctant to discuss, and they tended to play down their importance. Their use of mental health services suggested, however, that mental health was a continuing concern. It was often through discussion of the use of services that this emerged. Even after revealing their ongoing mental health concerns, some veterans tried to deny that these constituted major difficulties in their life.

The veterans were not alone in their use of mental health services: some members of each of the families had sought support. Among the services used were counsellors, psychologists and psychiatrists. Generally, families gained access to mainstream health services through their family doctor, who referred them to a local private practitioner. No one reported using public health services or DVA services. The level of awareness of the Veterans and Veterans Families Counselling Service was low, most participants reporting that they heard about it only as a result of the information delivered to them as part of this study.

19.12.1 Veterans' use of services

In most cases veterans sought mental health support from psychiatrists and said they used a combination of therapy and medication. Many of them did not start to use such services until later in life. In a number of cases another family member had benefited from using a mental health service and this had prompted the veteran to seek help. This often coincided with a health crisis or efforts to reduce alcohol consumption. In many cases daughters prompted the veteran to seek mental health support and in some cases accompanied the veteran the first few times. Generally, veterans reported seeking help in order to deal with problems related to sleeping, depression and substance abuse:

I went because I could not sleep but I have other problems to do with booze
... The guy said I was self-medicating with the booze.

I went because my daughter insisted I should not keep taking pills and she
was right.

The veterans' use of mental health services had a beneficial effect on the rest of the family. Sons and daughters often reported that the most difficult times for them had been when they were young children and were incapable of dealing with their father's problems; they noted that this had consequences for the way the children in the house were treated:

As we grew up Dad improved ... I think it was around the time he started to
get some help ... and we grew big enough to challenge him.

When he started to see the psychiatrist it was good for the whole family
because things became more relaxed for Mum and us.

19.12.2 Sons' and daughters' use of services

Sons and daughters often reported using mental health services to help them cope with things they associated with their father's war service. The sons reported seeking support with problems such as feelings of abandonment, stress, depression, obsessive-compulsive disorder, anger management and feelings of inadequacy. Those who sought mental health support usually went to their family doctor first and were referred to a local psychologist. These sons felt they had continuing difficulties associated with their father and would probably continue to seek psychological help in the future from a private psychologist. One son said:

We grew up in such a dysfunctional family, and the only reason I know what
a father is supposed to be is because of seeing my friend's dads ... There are
still a lot of scars, so I am sure I will go back at some stage in the future for
counselling.

Some of the sons reported having marital problems, and several had married women with serious mental health problems. The sons (and their siblings) often associated this with their father's war service and remarked that these concerns were all interrelated and had also prompted them to occasionally seek mental health support.

The sons and daughters all said they were willing to use mental health services in the future if they felt they needed to.

19.12.3 Barriers to service use

Family members identified a number of barriers to service use. Again, all the comments related to mental health services since most families perceived no barriers to the use of services for physical ill-health. The nominated barriers to use of mental health services were as follows:

- for wives
 - denial of the problem's impact on their own life and concern about exacerbating their husband's feelings of guilt
 - money—most now being retired
 - lack of awareness of the support available
- for sons and daughters
 - lack of awareness of the support available and of their eligibility to use services as a veteran's child
 - the cost of private mental health practitioners
 - time constraints—most having jobs and family commitments
- for veterans
 - denial of the existence of ongoing problems and their effects on the veteran himself and his family
 - the cost of treatment
 - lack of awareness of and information about the support available
 - concerns about the quality of counselling provided through non-mainstream services—most not having heard of the Veterans and Veterans Families Counselling Service and not knowing how it operates using mainstream professionals.

Additionally, veterans' ex-wives often failed to seek access to mental health services because they believed the services were no longer relevant to them.

19.12.4 Service suggestions

Veterans and their family members suggested a number of services they thought would better support them. Sons and daughters generally felt they had access to suitable services and support through the mainstream system, but they were concerned that their parents did not have access to adequate support.

The following suggestions were put forward:

- improved support for families while the serviceman is away—seen as the most crucial type of support needed to help future families avoid having to deal with ongoing difficulties resulting from war service
- relationship support for veterans and their partners—with a focus on approaching retirement
- parenting classes for returning servicemen and their partners
- establishment of a mentoring system to enable younger returning servicemen with families to receive support from older returned servicemen. Selected older returned servicemen should be trained in this role, and support could be provided to make the mentoring relationships sustainable
- regular newsletters to veterans and their families, letting them know what is going on in their region and providing information and opportunities for networking. It was felt that this should be done externally from the RSL but with input from it and other relevant parties. Online dissemination was preferred
- continuation and expansion of the veterans personal training program, which was seen as benefiting the veteran mentally and physically and the rest of the family
- counselling for ex-wives, who often relinquish access to support because they are no longer married to a veteran but continue to deal with substance abuse and difficulties with their adult sons and daughters.

Summary

Generally, families felt that mainstream services designed to support the physical health of veterans and their family members were adequate. The veterans tended to view mainstream services more positively than they did Department of Veterans' Affairs services. Mental health services and supports were regarded as important, both for families of recently returned servicemen and in the longer term.

20 Analysis and conclusions

This chapter looks at the primary themes associated with the effects of deployment on the sons and daughters of Vietnam veterans. It reflects the two basic areas of focus for this research—health status risk factors and health status protective factors. The changes that occur across life stages are also discussed. The final section discusses themes that warrant further investigation and provides a tabulated comparison of themes by veterans’ mode of engagement with the Army—that is, joined the Army before the war or joined or was conscripted during the war.

20.1 The main effects of deployment

The detailed thematic analysis revealed that a number of complex and interrelated factors associated with the veterans’ deployment could have had both direct and indirect effects for their sons and daughters, among them the following:

- direct effects resulting from the father’s absence at crucial times in the son’s or daughter’s development
- direct effects resulting from the father’s posttraumatic stress disorder, substance abuse, physical ill-health or other consequences of his deployment
- direct effects resulting from the father’s behaviour after deployment—including adjustment to his role in the family, absences after deployment and after leaving the Army, and difficulty re-integrating into civilian life
- indirect effects caused by the mother’s stress during the deployment
- indirect effects caused by the mother’s stress after the deployment, dealing with the veteran’s return and integration into family life.

20.2 Risk factors for health

The most important risk factors for health identified through this research related to the mental health and social adjustment of the veterans’ sons and daughters.

Most of the sons and daughters tended to be conservative and proactive in managing their physical health and wellbeing.

Behaviours such as smoking, excessive alcohol consumption and use of illegal substances occurred in their youth, but they proved transient as the sons and daughters moved into adulthood. Generally, these behaviours were associated with a desire for peer acceptance.

20.2.1 Parenting style and family life

One of the main factors associated with the sons' and daughters' mental wellbeing appears to be the parenting style of the veteran and his engagement with his children. As noted, several of the veterans who had joined the regular Army had done so to gain a career path and to find support and structure that had been lacking in their family life. A number of these men reported having difficult relationships with their parents. This might have affected their own capacity as a parent when returning from the Vietnam War to a young family. Lacking the necessary parenting skills, some of these veterans fell back on the approach to life they had learnt in the Army.

This was compounded by the fact that many of the veterans returning after the war felt they had been displaced from their own families and had to re-adjust to civilian life or an Army life back in their own family environment.

Coupled with this was the inconsistent parenting style of mothers who tried to overcompensate for the father's behaviour—be that overly disciplinarian or tending to withdraw from family life.

20.2.2 Poor work–life balance

Many of the sons and daughters felt they had been neglected by their veteran father, who worked long hours even after retiring from the Army. Since many veterans had joined the Army in order to gain a career path and had started their own businesses after leaving the Army, this is suggestive of career and work being a high priority or a poor work–life balance. A number also embarked on further education and training on returning to civilian life in an effort to begin a new career and establish businesses, all of which might also have taken time away from their young families. Additionally, some worked interstate, which took them

away from their families. This had followed periods of absence as a result of involvement in the war and military service, which left some of the sons and daughters feeling abandoned and unimportant to their father. These situations appeared to have the most profound effect on the sons, who often struggled to bond with their father.

20.2.3 The parents' mental health

One of the most important factors that appeared to have affected the sons and daughters is their parents' mental health.

The veterans' participation in the Vietnam War meant that their wives were left behind to care for a young family with limited support. Added to this was the stress caused by uncertainty about the welfare of their husband. Children were often cared for by a mother who was stressed and depressed; in some cases they were cared for by relatives away from the family home. The mothers were reluctant to reach out for help because they feared reprisals and judgment. In hindsight, many acknowledge that depression was a problem and could have impinged on the mental wellbeing of their sons and daughters.

The mental health of the veterans was strongly associated with participation in the war. It was seen as having had a major impact on family members in the past and remained a concern to varying degrees. Both sons and daughters felt that their mental health had been adversely affected by the nature of their relationship with their father. The veterans themselves seemed reluctant to acknowledge the possible impact of such problems on their family.

The sons appeared to have had the most difficult relationship with their father as they struggled to meet his expectations and develop their own identity and self-esteem. Many of them expressed anger towards their father. The daughters, while generally supportive of their father, often assumed the role of carer or peace maker in the family, feeling responsible for the family's cohesion.

Generally, the families felt that these difficulties had abated to some extent. In most families relationships stabilised as the sons and daughters reached adulthood. Some families did, however, express concern about the impact of current or pending retirement on the veteran's psychological wellbeing.

20.3 Protective factors for health

The veterans' sons and daughters had generally been healthy when they were growing up and had maintained their good health. A number of factors were identified as protective of their health status.

20.3.1 Sport

Sport was seen as an important part of sustaining physical and mental health among the families, particularly when the children were younger. Sport gave the families a structure and a focus for their social interaction. For some sons, however, it was associated with anxiety because their father pressured them to perform. Most sons and daughters had continued with a regular sport or exercise commitment as a part of their daily routine and felt that this helped them mentally and physically.

20.3.2 Close relationships with parents

A number of sons and daughters mentioned having close relationships with both their mother and father and saw this as important to them as individuals and to the family. In the case of sons and daughters with a father trying to cope with problems associated with his war service, a close and loving relationship with their mother was seen as vital.

20.3.3 Mental health support

Individual and family support from mental health services was viewed positively by all family members. Many of the protective behaviours family members identified as being positive in the lives of sons and daughters were dependent on the support of mental health professionals at various times. The support provided to the veterans has also had an impact on other family members, promoting the cohesion of the family unit even as the sons and daughters raised their own children.

20.3.4 Being part of a community

Being settled in one location was also seen as important. It helped ensure that the sons and daughters had a consistent education and opportunities to develop a peer group and positive social interaction. Often this became increasingly

important as the sons and daughters approached secondary school age and particularly as they struggled to fit into peer groups.

20.4 Life stage

Stressors associated with various life stages affected the veterans' mental health and that of their family. A number of important stages that were likely to be stressful for the veteran became apparent from the research:

- *Returning to the family after leaving military service.* This was associated with the stress of finding a role in the family, coping with a change in the dynamics of the family and the spousal relationship, dealing with day-to-day family life, and lack of access to an informal support network.
- *Sons' and daughters' teenage years.* This was characterised by sons and daughters challenging accepted roles and greater emphasis on the need for a stable environment for the family. At this stage a number of fathers were working longer hours or interstate and away from the family home. Although this might have stabilised the home environment for some families, it was avoidance behaviour that might have simply postponed the resolution of difficulties and triggered new ones for the family. It was particularly tough for the wives and, in turn, the sons and daughters, who had an absent father and a mother who was under pressure.
- *Changing to civilian employment.* Veterans generally saw this as stressful, primarily because of the lack of military structure and order.
- *Retirement.* For those who were retired and those approaching retirement the idea of an unstructured lifestyle was viewed with some apprehension. Wives, sons and daughters were concerned about the potential impacts of the veteran's retirement on the family. While those who had retired found a range of activities to occupy them—such as the Department of Veterans' Affairs PT Program, providing childcare and gardening help for their children, volunteer work, IT courses, overseas holidays, and researching family history—the families of veterans approaching retirement were concerned about the veteran's mental wellbeing if he was not engaged in meaningful activity.

20.5 Themes to be explored

Three important themes emerged as being worthy of exploration in the quantitative research, when developing the Main Survey for the Vietnam Veterans Family Study.

20.5.1 The time of engagement

The current project found that there could be some differences in outcomes for sons and daughters when the timing of the veteran's engagement in the Army—that is, whether the veteran joined before the war or enlisted or was conscripted during the war—is taken into consideration.

A number of possible differences emerged when comparing the themes associated with regular Army veterans who enlisted before the war and the other veterans (one who was conscripted and two who enlisted during the war). These are presented in Table 20.1, but they should be viewed with caution because of the small scale of this study and its exploratory nature. The differences might simply be the result of chance or they could reflect an underlying state such as differences in Army training, motivations for enlistment, family background, personal characteristics, and age at the time of the war. On the basis of the results of this project, it is possible that these differences might produce different reactions to war service, parenting, relationships, the ability to manage stress, mental health, and so on. Future research should explore this, examining the different health and social outcomes for sons and daughters in the light of the nature of their father's engagement in the Army and the war.

20.5.2 Differential impacts on sons and daughters

Throughout this project the impacts for sons and daughters were noted, and there were recurrent indications that the impacts were more severe for sons. It was also notable that the sons reported feeling the absence of their fathers most acutely when they were teenagers. This was often attributed to the fathers moving into civilian work and less family friendly hours than had been provided in the immediate post-war period, when a number of the fathers remained in the Army. It might, however, also be that this reflects sons' need to have more time with their father during their teenage years. The varying impacts for sons and daughters could be more fully examined in future research.

20.5.3 The mental health of mothers

The current study found that the deployment of their husbands could have had a direct impact on the mental health of wives and consequently an indirect impact on the sons and daughters in their care. Future studies might cast light on this by exploring the impact of the husband's deployment on the wife's physical and mental health—both before and after deployment—and the help-seeking behaviour of wives, including barriers to and facilitators of support.

Table 20.1 Contrasting themes, by mode of enlistment: a summary

Theme	Conscripted or enlisted during Australian involvement in Vietnam War	Enlisted in regular Army before Vietnam War
Father's emotional response after war	Could be seen as depressive, withdrawn, prone to addiction or substance abuse (including sleeping pills). Could be seen as avoidant and introspective. Tends to take a more laid back approach to life. Prone to outbursts of anger.	Ambitious, aggressive, prone to working long hours, delayed retirement, seeks material security and demonstrates financial success (for example, cars, expensive furniture). Very generous financially with children and family. Tends to be conservative in approach to life. Prone to outbursts of anger.
Family background	Maintained positive relationships with own family.	Lack of engagement with own parents, poor-quality family relationships.
Army entry	Conscripted under the National Service scheme or enlisted during war to seek adventure or serve country.	Joined to seek career structure and order.
Approach to discipline	Tends to be disengaged and lean towards permissive with children. Encourages freedom of expression.	Tends towards authoritarian-style control of children with corporal punishment.
Sons' and daughters' risk and protective factors	More prone to rebellious behaviour (for example, drinking, smoking, leaving school) and seeking freedom earlier. Marry earlier.	More likely to be conservative, professional, postgraduate education. Marry later.
Sons' and daughters' educational outcomes	Some children did not complete high school. Tend to take up trades; highly mobile.	High academic achievement with the presence of a few extreme under-achievers.
Characteristics of relationships with daughters	Tends to depend on daughters for emotional support.	Overly protective of daughters. Daughters seek father's approval.
Characteristics of relationships with sons	Detached relationship with sons. Sons quiet and prone to introspection.	Alienation from son common. Son aims to be high achiever to gain father's approval.
Relationships with grandchildren	Positive relationships with grandchildren but contact occasional.	Actively engaged as grandfather with regular schedules of care and activities, even with veterans still working full time.

Appendix J The discussion guides

Three discussion guides—one for the veterans, one for the veterans’ sons and daughters, and one for the mothers—were developed for interviews associated with this study. The text of the guides is presented in this appendix.

Vietnam veterans discussion guide

Introduction (5 minutes)

- Thank participant/s.
- Introduce interviewer.
- Brief explanation of the project purpose, aims and method.
- Role of TNS as an independent social research team.
- Confirm interview length and explain any taping, note-taking and reporting.
- Reconfirm confidentiality, clarify that no information is passed between family members, voluntary participation and get restatement of consent.
- Check they have had an opportunity to consult with medical practitioners or counsellors etc.
- Remind them that the focus is on their children.
- Ask if there are any questions before starting.

Themes to be explored

The following document outlines key themes to be explored and some guiding questions. As this is ethnographic research, the questions are broad and used to guide the conversation. The guide is used flexibly so that participants are not asked to respond to questions they have already addressed.

Background

THESE QUESTIONS ARE DESIGNED TO BE BROAD ENOUGH TO ELICIT TOP OF MIND RESPONSES ABOUT THE PARTICIPANT’S WORLD VIEW AND GENERAL ATTITUDE TO LIFE.

- How would you describe your life now?
- Tell me about the important relationships in your life today. What about your relationships with your children and partner? PROBE TO SEE IF STILL SAME PARTNER AS WHEN DEPLOYED ETC. ADJUST LANGUAGE ACCORDINGLY.

Family background

- Tell me about your family when you were deployed to Vietnam. PROMPT FOR MARITAL STATUS, DESCRIPTION OF THE FAMILY STRUCTURE, NUMBER AND AGES OF CHILDREN, HOUSEHOLD ROLES AND PARENTING STYLE, PARENT–CHILD RELATIONSHIPS, STABILITY OF THE HOME, MOBILITY.
- What did it mean to you to be deployed?
- How do you think this experience may have impacted on your children’s relationships within the family and with others?

Views on health influences

- How would you describe the health and wellbeing of yourself and your children? PROMPT ASSESSMENT OF PHYSICAL, MENTAL AND SOCIAL HEALTH
- What major factors do you think impacted on their health, wellbeing and adjustment? How?
- Thinking of your children, how do you think their childhood experiences influenced their health and wellbeing as children? What about as adults?

Recall of Vietnam War

- Did you have children when you served in Vietnam? If yes, what age were your children at the time you went to war and when you returned home?
- Thinking back to the time you returned home, how do you think this absence affected your children?
- What about the way you saw yourself as a father?
- What do you remember about your reaction when you were leaving?
- Do you recall what things you told your children about having to leave?

- How did your children react? What about other people around you like your wife?

Reactions to the war

- Thinking back, what was happening with your family during this time and immediately after the war? PROMPT FOR INFORMATION ON LIFE STAGE OR OTHER SIGNIFICANT FACTORS IN THE FAMILY.
- What do you recall about the community reaction to the war at the time? What about later?
- How did this affect you and your family at the time? PROBE FOR IMPACT AND DETAILS OF LIFE STAGE, TRIGGERS, HOW RESOLVED.
- What about in the longer term?
- What about looking back now ... how do you think your war service impacted your children at the time and in the longer term?

Risk behaviours

- What things have your children done in the past that might put their health or wellbeing at risk?
- Why do you think they engaged in [those behaviours]? PROBE TO FIND PERCEPTIONS AND INTERPRETATIONS.
- What about now? IF CEASED PROBE TO FIND OUT WHY.
- How has that affected them and the others around them?

Protective behaviours

- What things have you and your children done to improve their health and wellbeing?
- What factors do you think have helped your children to seek help with their health?
- Are there any things that you think may have prevented them from seeking help?

Impact of the war on health

IF NOT ALREADY ADDRESSED

- Do you think that the Vietnam War had any impact on your children's health and wellbeing?
- What about on the family as a whole? PROBE FOR FULL DESCRIPTION OF IMPACT.

Services

- Do you think your children have any issues or health concerns that are not being addressed at the moment?
- What sort of services do you believe would be able to assist in these issues?
- Are these services available to your children?
- Are there any barriers that you feel prevented them from using these services?
- How could these be overcome?

Conclusion

- Make sure participant comfortable with responses, showing no signs of distress.
- Ensure participant has contact numbers for further support if required.
- Explain a follow-up phone interview to clarify any issues may be requested.
- Explain that [the researcher] will call tomorrow to see how they are following the interview.
- Remind about confidentiality.
- Thanks for participation.

Vietnam veterans' sons and daughters discussion guide

Introduction (5 minutes)

- Thank participant/s.

- Introduce interviewer.
- Brief explanation of the project purpose, aims and method.
- Role of TNS as an independent social research team.
- Confirm interview length and explain any taping, note-taking and reporting.
- Check they have had an opportunity to consult with medical practitioners or counsellors etc.
- Reconfirm confidentiality, clarify that no information is passed between family members, voluntary participation and get restatement of consent.
- Ask if there are any questions before starting.

Themes to be explored

The following document outlines key themes to be explored and some guiding questions. As this is ethnographic research, the questions are broad and used to guide the conversation. The guide is used flexibly so that participants are not asked to respond to questions they have already addressed.

Background

THESE QUESTIONS ARE DESIGNED TO BE BROAD ENOUGH TO ELICIT TOP OF MIND RESPONSES ABOUT THE PARTICIPANT'S WORLD VIEW AND GENERAL ATTITUDE TO LIFE.

- How would you describe where you are in your life now?
- Tell me about the important relationships in your life today.
- Are there any relationships in your family that are not as positive as you would like? What can you tell me about them?
- What are the big factors or events that have influenced who you are today?

Family background

- Tell me about your family when you were growing up. PROMPT FOR DESCRIPTION OF THE FAMILY STRUCTURE, HOUSEHOLD ROLES AND PARENTING STYLE, PARENT-CHILD RELATIONSHIPS, STABILITY OF THE HOME, MOBILITY.

- What did it mean to you to be a child of a veteran?
- How did this influence your siblings (brother/s and/or sister/s)?

Views on health influences

- How would you describe your own health and wellbeing? PROMPT ASSESSMENT OF PHYSICAL, MENTAL AND SOCIAL HEALTH.
- What major factors do you think impacted on your health, wellbeing and adjustment?
- What about your siblings?
- How did your upbringing influence your health and wellbeing as a child? What about as an adult?

Recall of Vietnam War

- What was your age at the time your father went to war and when he returned home?
- What do you remember about your father leaving? How did people around you react?
- Do you recall what people told you about this at the time?
- What do you recall about the war?

Reactions to the war

- If you were born at this time, what do you recall about the community reaction to the war at the time? What about later?
- How did this affect you and your family at the time?
- What about in the longer term?
- Were there any particular stages in your life when your father's war service had a particular impact on you? PROBE FOR IMPACT AND DETAILS OF LIFE STAGE, TRIGGERS, HOW RESOLVED.
- What about looking back now ... what does it mean to you to have had your father serve in the war?

Risk behaviours

- What things have you done in the past that might put your health or wellbeing at risk?
- Why did or do you engage in [those behaviours]? PROBE TO FIND PERCEPTIONS AND INTERPRETATIONS.
- What about now? IF CEASED PROBE TO FIND OUT WHY.
- How has that affected you and the others around you?
- What about your sibling's behaviours? PROBE TO FIND OUT IF SIBLINGS HAVE ENGAGED IN RISK BEHAVIOURS AND THE IMPACT ON FAMILY.

Protective behaviours

- What things have you tried to do to improve your health and wellbeing?
- Have you sought help with any issues related to your health or wellbeing? Who from and why?
- What factors have made you hesitate to seek help with your health and/or wellbeing?
- Were you able to seek help? PROBE FOR EXPLANATION.

Impact of the war on health

IF NOT ALREADY ADDRESSED

- Do you think that the Vietnam War had any impact on your health and wellbeing? What about on the family as a whole? PROBE FOR FULL DESCRIPTION OF IMPACT.

Services

- Do you have any issues or health concerns that you think are not being addressed at the moment?
- What sort of services do you think you would use to help you?
- Are these services available to you?
- Are there any barriers that prevent you using these services?

- How could these be overcome?
- What could be done to help people stay in touch with services that might improve their health?
- What about your family members? PROMPT FOR SERVICE NEEDS, USES, BARRIERS AND ENHANCERS.

Conclusion

- Make sure participant is comfortable with responses, showing no signs of distress.
- Ensure participant has contact numbers for further support if required.
- Explain a follow-up phone interview to clarify any issues may be requested.
- Explain that [the researcher] will call tomorrow to see how they are following the interview.
- Remind about confidentiality.
- Thanks for participation.

Mothers discussion guide

Introduction (5 minutes)

- Thank participant/s.
- Introduce interviewer.
- Brief explanation of the project purpose, aims and method.
- Role of TNS as an independent social research team.
- Check they have had an opportunity to consult with medical practitioners or counsellors etc.
- Confirm interview length and explain any taping, note-taking and reporting.
- Reconfirm confidentiality, clarify that no information is passed between family members, voluntary participation and get restatement of consent.
- Remind them that the focus is on their children.

- Ask if there are any questions before starting.

Themes to be explored

The following document outlines key themes to be explored and some guiding questions. As this is ethnographic research, the questions are broad and used to guide the conversation. The guide is used flexibly so that participants are not asked to respond to questions they have already addressed.

Background

THESE QUESTIONS ARE DESIGNED TO BE BROAD ENOUGH TO ELICIT TOP OF MIND RESPONSES ABOUT THE PARTICIPANT'S WORLD VIEW AND GENERAL ATTITUDE TO LIFE.

- How would you describe where you are in your life now?
- Tell me about the important relationships in your life today?

Family background

PROMPT TO DETERMINE WHEN MARRIED. IF MARRIED AT DEPLOYMENT

- Tell me about your family if your partner was deployed for service. PROMPT FOR DESCRIPTION OF THE FAMILY STRUCTURE, HOUSEHOLD ROLES AND PARENTING STYLE, PARENT–CHILD RELATIONSHIPS, STABILITY OF THE HOME, MOBILITY.
- What does it mean to you to be a partner of a Vietnam soldier?
- How has this influenced your relationship?
- How has this influenced your children?

Views on health influences

- How would you describe the health and wellbeing of yourself and your children? PROMPT ASSESSMENT OF PHYSICAL, MENTAL AND SOCIAL HEALTH.
- What major factors do you think impacted on their health, wellbeing and adjustment?
- Thinking of your children, how do you think their childhood experiences influenced their health and wellbeing as children? What about as adults?

Recall of Vietnam War

- Did you have children when their father served in Vietnam? If yes, what age were your children at the time their father went to war and when he returned home? What about you?
- What do you remember about your reaction when he was leaving? How did your children react? What about other people around you?
- How did you react to his absence and how did you handle this as a mum?

Reactions to the war

- Thinking back, what was happening with your family during this time and immediately after the war? PROMPT FOR INFORMATION ON LIFE STAGE OR OTHER SIGNIFICANT FACTORS IN THE FAMILY.
- What do you recall of the community reaction to the war at the time? What about later?
- How did this affect you and your family at the time?
- What about in the longer term?
- Were there any particular stages in your children's lives when you felt that their father's war service had a particular impact on them? PROBE FOR IMPACT AND DETAILS OF LIFE STAGE, TRIGGERS, HOW RESOLVED.

Risk behaviours

- What things have your children done in the past that might put their health or wellbeing at risk?
- Why do you think they engaged in [those behaviours]? PROBE TO FIND PERCEPTIONS AND INTERPRETATIONS.
- What about now? IF CEASED PROBE TO FIND OUT WHY.
- How has that affected them and the others around them?

Protective behaviours

- What factors do you think have helped your children with their health and wellbeing?

- Are there any things that you think may have prevented them from seeking help?

Impact of the war on health

IF NOT ALREADY ADDRESSED

- Do you think that the Vietnam War had any impact on your children's health and wellbeing? What about on the family as a whole? PROBE FOR FULL DESCRIPTION OF IMPACT.

Services

- Do you think your children have any issues or health concerns that are not being addressed at the moment?
- What sort of services do you believe would be able to assist in these matters?
- Are these services available to your children?
- Are there any barriers that you feel prevent your children from using these services?
- How could these be overcome?

Conclusion

- Make sure participant is comfortable with responses, showing no signs of distress.
- Ensure participant has contact numbers for further support if required.
- Explain a follow-up phone interview to clarify any issues may be requested.
- Explain that [the researcher] will call tomorrow to see how they are following the interview.
- Remind about confidentiality.
- Thanks for participation.

PART FIVE

QUALITATIVE STUDY SUMMARY



Summary

This part of Volume 4 summarises the qualitative components of the Vietnam Veterans Family Study, their methodologies and the main findings.

The qualitative studies

The four qualitative studies were designed to provide insights into the risk and protective factors, family dynamics, use of health services and life experiences of Vietnam veterans and their families. The studies used the following methodologies:

- telephone interviews
- a re-analysis of focus group data collected for the Vietnam Veterans Sons and Daughters Project (conducted in 2001)
- case histories
- an ethnographic study of six families.

The main findings

All four qualitative studies revealed similar themes related to the impact of military service on family dynamics. Two primary themes emerged:

- Family members of Vietnam veterans had problems associated with mental, physical and social health.
- The sons and daughters of Vietnam veterans perceived that, in the absence of effective family or other support networks, they were at risk of poor health and wellbeing.

Among other important themes affecting the veterans and their families were the following:

- veterans' adjustment to returning to work following their service
- families' frequent postings as a result of the father's military career

- veterans not wanting to talk about their Vietnam service.

Despite attributing these effects to military experiences in Vietnam, the qualitative studies found that veteran-specific services were not well known or used by Vietnam veterans and their families.

Although each of the studies functions as stand-alone research, the themes collectively identified in the four qualitative research reports were used in the development of the quantitative research—the Main Survey, which involved the administration of a self-report questionnaire—to ensure that the questionnaire canvassed the themes recognised as important to those veterans and their families who participated in the study.

It is, however, important to understand that, because of the nature of qualitative research, the findings of such research for the Vietnam Veterans Family Study are not intended to be representative of the Vietnam veteran group as a whole or the comparison group of Vietnam-era personnel. Instead, they are intended to highlight the themes that are relevant to Vietnam veterans and their families.

21 Introduction

This part of Volume 4 summarises the qualitative components of the Vietnam Veterans Family Study, their methodologies and the main findings.

The Vietnam Veterans Family Study used qualitative research ‘to gain insight into the physical, mental and social health of the sons and daughters of Vietnam veterans and comparable groups as it is understood, explained and “lived” by them’ (Centre for Military and Veterans’ Health 2007, p. 41). The four qualitative projects detailed in this volume investigated the risk and protective factors, family dynamics, use of health services and life experience of Vietnam veterans and their families. The following methodologies were used:

- telephone interviews
- a re-analysis of focus group data collected for the 2001 Vietnam Veterans Sons and Daughters Project
- case histories
- an ethnographic study of six families.

Project participants were randomly selected Army Vietnam veterans and their families—partners, ex-partners, children and stepchildren—and two comparison groups:

- Army personnel who served at some time between 1962 and 1975 but did not deploy to Vietnam and their partners, ex-partners, children and stepchildren
- siblings of Vietnam veterans and their families—including children and stepchildren.

Navy, Air Force and female Defence personnel were not included in the randomly selected group because of the differences in exposure between Services and the smaller number of personnel from these Services who were Vietnam veterans or who served during the Vietnam era. People from these groups were, however, eligible to register for and participate in the quantitative research for the Vietnam Veterans Family Study.

The findings of the research described in this volume highlight the themes that are relevant to Vietnam veterans and their families. These themes were then used in the development of the Main Survey, which involved the administration of a self-report questionnaire.

The language of qualitative research reflects this focus on identified themes, rather than quantifying how often particular themes were reported. For this reason terms such as 'some', 'many' and 'often' are used and should be not be interpreted as suggesting prevalence.

22 The qualitative studies: an overview

This chapter provides a brief overview of the four qualitative studies and their aims and methodologies. The projects were as follows:

- Social Factors that Impact on Sons and Daughters of Vietnam Veterans and Vietnam-era Servicemen
- Re-analysis of the Sons and Daughters Project
- The Lived Experiences of Sons and Daughters of Vietnam Veterans and Vietnam-era Servicemen
- Intergenerational Effects of Service in the Vietnam War: the stories of six families.

22.1 Social Factors that Impact on Sons and Daughters of Vietnam Veterans and Vietnam-era Servicemen

This project aimed to identify the social factors that affect the sons and daughters of Vietnam veterans. The sons and daughters of Vietnam-era personnel were involved as a military comparison group. Additionally, nieces and nephews of Vietnam veterans were included as a non-military comparison group. A total of 173 people participated in the project.

The main themes explored related to health risk and protective factors and the support services available to and used by participants. Semi-structured telephone interviews were conducted, in which participants were asked to describe their experiences associated with their relative's service and whether they felt this had a physical or psychological impact on them or their family unit. They were also asked about their health and their use of health and support services such as counselling.

22.2 Re-analysis of the Sons and Daughters Project

The re-analysis project involved reviewing a group of studies completed by or on behalf of the then Vietnam Veterans Counselling Service between 2000 and 2005.

The original studies examined the physical and mental health of sons and daughters of Vietnam veterans using a clinical audit of over 600 de-identified VVCS treatment records, a review of health care delivery to ensure that best practice was being followed, 313 survey questionnaires, and 65 focus groups held throughout Australia and involving 426 participants. As a result of the group of studies, in 2004 the VVCS had published a book entitled '*... And the Pine Trees Seemed Greener after That': reflections by sons and daughters of Vietnam veterans*' (VVCS 2004).

The re-analysis project reported on the outcomes of the review and the main themes associated with the wellbeing of the sons and daughters. It also made recommendations on how best to investigate matters such as coping strategies and resilience. There were four specific objectives for the project:

- to identify the factors affecting sons and daughters of Vietnam veterans
- to identify the factors the sons and daughters perceived as being related to their father's Vietnam War service
- to identify coping strategies and resilience factors among the sons and daughters
- to assess the effectiveness of the data collection methods.

Significant limitations were identified in connection with this project. In relation to the group of studies conducted by the VVCS, two of them are as follows:

- The aims of and participants in the original VVCS studies were different from those for the Vietnam Veterans Family Study.
- There was an inherent bias in that the studies' participants had already acknowledged a personal problem and were seeking assistance from the VVCS. As a result, they might not have been representative of all sons and daughters of Vietnam veterans.

Despite these limitations, a number of consistent concerns about the mental and physical health of sons and daughters of Vietnam veterans and their resilience in view of their past experiences were identified through the re-analysis.

22.3 The Lived Experiences of Sons and Daughters of Vietnam Veterans and Vietnam-era Servicemen

This project involved a broad investigation of the following:

- the mental, physical and social health of the sons and daughters of Vietnam veterans and Vietnam-era personnel
- family and community dynamics—including experiences of community hostility to the Vietnam War
- information about attitudes to family support services and ideas for additional services.

Detailed case histories were gained through face-to-face interviews exploring the life experiences of 30 participants.* Each participant's case history was then linked to information gathered by means of a short, self-completed health questionnaire issued after their interview.

For analytical purposes, the participants were grouped into three categories:

- 10 participants whose father had been conscripted into the Australian Defence Force and deployed to Vietnam at some time between 1962 and 1975
- 10 participants whose father was an enlisted member of the Australian Defence Force and deployed to Vietnam at some time between 1962 and 1975
- 10 participants whose father was an enlisted member of the Australian Defence Force at some time between 1962 and 1975 but did not deploy to Vietnam.

The aims were to find out about the views and experiences of sons and daughters of veterans in relation to their physical, mental and social health, their family dynamics and their father's experience of military service.

* The case studies of seven participants are not included in the resultant report because the participants either did not consent to details of their case study being released or were unable to be contacted to obtain consent. The findings from their interviews were, however, taken into account in the 'Overview of findings' and 'Summary by Army service type' sections of the report.

22.4 Intergenerational Effects of Service in the Vietnam War: the stories of six families

This ethnographic project used face-to-face interviews with six families of Vietnam veterans and Vietnam-era personnel—involving 25 family members in total—to investigate what protective and risk factors existed for the physical and mental health of the sons and daughters. The interviews examined the following:

- resilience and protective factors
- family dynamics
- family use of health services
- the post-Vietnam experiences of families and individuals
- the participants' understanding of their place in the world, their interpretation of their life experiences and their aspirations for the future.

The project took a personalised approach to provide insights into the experiences of sons and daughters of Vietnam veterans.

23 Themes arising from the projects

This chapter presents the main themes study participants identified for the four qualitative research reports commissioned as part of the Vietnam Veterans Family Study. The participants involved represent the spectrum of family dynamics found in society. The themes that emerged from the research demonstrated, however, that military service in general—and Vietnam War service in particular—has effects on the families of the veterans.

All four qualitative projects identified similar themes related to the impact of military service on family life. The themes were largely interdependent while being equally compelling in their own right. Two main themes emerged:

- Family members of Vietnam veterans had problems associated with mental, physical and social health.
- The sons and daughters of Vietnam veterans perceived that, in the absence of effective family or other support networks, they were at risk of poor health and wellbeing.

These themes were consistent with the findings reported in the literature review conducted as part of the Research Protocol, which suggested that a potentially important mechanism for an association between military service and child ill-health is that family disruption and mental ill-health in the parent connected with military service give rise to family dysfunction, which in turn can have a negative impact on child health and wellbeing.

23.1 Mental health

Wives and partners and the sons and daughters of Vietnam veterans often said the veteran returned from his deployment to Vietnam a ‘different person’. Anger and violence on the part of the veteran were frequently reported, both by family members and by veterans themselves:

When he came back, he was quite a changed person. Yeah, he was drinking a lot, getting in fights a lot, the stereotypical Vietnam vet coming back.

Vietnam veterans were more likely to report having suffered from mental health problems—mainly posttraumatic stress disorder, depression and anxiety—when compared with their Vietnam-era counterparts. Some Vietnam veterans reported suicide or suicidal ideation among their peers who had served in Vietnam:

My father cannot hear in one ear, has caused fights because people thought he was not listening. Nightmares, Mum would make us play outside. She was the only one that could handle him. There have been quite a few of his Army mates that have taken their lives and that has had a big impact on him also.

Many sons and daughters said they were negatively affected by growing up with a Vietnam veteran father who experienced poor mental health. Often this was expressed as anger, regret, and a mix of conflicting emotions over what they feel happened to their father and, by extension, themselves and their family because of the war. These findings confirm those reported in the literature review, which stated:

Problems found in children of veterans with PTSD were more likely to be associated with disrupted family functioning rather than the intergenerational transmission of posttraumatic stress symptomatology.

Some sons and daughters reported still struggling as adults to come to terms with what they experienced as a child. These people were more likely to report having mental health problems themselves as adults: 'I suffer from depression ... I wanted to sleep and never wake up; life was too much damn effort'.

Among the mental health difficulties the sons and daughters of Vietnam veterans reported were the following:

- depression
- anxiety
- low self-esteem
- stress
- anger
- self-harm
- suicide ideation or attempts.

23.2 Physical health

The physical health problems reported for Vietnam veterans included cancer, drug and alcohol problems, and age-related complaints.

Many sons and daughters reported good physical health. Among the health problems some reported, however, were cancer, congenital disorders for either themselves or their siblings, and skin sensitivity. A number of them also reported patterns of alcohol use and drug-taking behaviour, both as teenagers and in their adult years. There were also some accounts of multiple miscarriages for both spouses and daughters of Vietnam veterans.

A common concern reported by Vietnam veterans and their family members was the veteran's possible exposure to Agent Orange and whether this could be related to the veteran's or his children's physical health:

... They found out that I'm thin skinned and that's one thing, where Dad was in Vietnam, it was near where Agent Orange was done, so that's one thing Mum's always said, that it could be an effect from that.

Several sons and daughters saw sporting activities as an important part of maintaining physical health and family closeness into adulthood. Sons and daughters who participated in sports with their father while growing up had a better chance of connecting with their father during these activities. Some sons, however, felt pressure from their father to excel while playing sport.

23.3 Social health

Sons and daughters of Vietnam veterans often reported feeling 'different' from their peers when they were growing up, even while trying to appear 'normal'. Some reported negative feelings about growing up in their family and missing a normal childhood, feeling isolated, and having few friends or their friends not understanding their experience:

Growing up as a child of a Vietnam veteran was hard ... I always felt so alone, I could never talk to my friends about what life was like living with my Dad.

Sons and daughters often noted difficulties with their relationships with others. Some reported having poor communication skills, avoiding intimacy, withdrawing

emotionally and avoiding contact with people, and not trusting people. Others reported remaining in a violent relationship. They tended to attribute these traits to their father's service if they thought their upbringing had been somewhat dysfunctional.

Other sons and daughters reported, however, that their experience of growing up with a Vietnam veteran father had given them good relationship skills. They said they had developed good communication, mediation and negotiation skills, and an adeptness at defusing conflict.

Many sons and daughters mentioned independence, self-discipline, high achievement and resilience as positive characteristics gained from growing up with a veteran father, regardless of whether their upbringing was positive or negative:

I think I developed this thing as a child where I was very independent and introverted at the same time. I would build my own reality. Moving from one place to the next was the norm. I knew I could build these friendships and these attachments but that it would finish. After two years, I would never see these people again so I built strategies around that so I could deal with it, and that was the way it was.

Some children with a less positive upbringing expressed feelings of forgiveness towards their father about the way they were brought up. They also noted they had developed an understanding of their father's experience that enabled them to move on with their lives and gave them a sense of hope for the future.

23.4 Family dynamics

A number of participants reported that the Vietnam veteran's war service tended to negatively affect family life. Some fathers were described as moody and unpredictable. Some sons and daughters reported that their father withdrew emotionally from family life and did not actively involve himself in his child's or children's development: 'Dad came back physically but it was like he wasn't here emotionally'.

It was often said that returning fathers were distressed by their service. Many who were unable to cope post-deployment reportedly turned to alcohol or drugs,

which often led to violent behaviour. Some children reported witnessing their mother being abused or themselves being physically abused:

I remember Dad coming home from work and having a shower and then going off to the pub and then coming home grumpy, in a foul mood, and you'd be trying to make him happy and then he would go off to bed. It was Friday nights. He drank a lot and still does ... He was abusive to Mum; he hit her but he never touched us.

Some family members reported trying to minimise their father's involvement in any family interaction in order to avert potential conflict and aggression:

Dad got PTSD. This has affected both him and Mum. Mum has to walk on eggshells at times. Family has always tried to please and not upset Dad ...

They said these factors contributed to dysfunctional family dynamics, and parental divorce often resulted.

Many sons and daughters reported that their father adopted an authoritarian style of parenting after returning from Vietnam and described him as strict and controlling—for example, through regimenting family life and setting unrealistically high or perfectionist standards for family members:

... Dad had very high expectations of the children, possibly related to his military service. Dad was very bossy, in terms of what subjects to do at school, etc. Very quick to anger (but hates confrontation), strict disciplinarian, adhered to routines ...

Strictness and discipline were, however, less often reported by the families of Vietnam veterans who coped well post-deployment. Some children actually looked on their father's strictness and regimentation as a positive thing and said they have carried traits such as punctuality on into their own lives.

Family members reported that Vietnam veterans who did not adjust well on returning were often harder on their sons than on their daughters. In families with multiple children, members reported that tensions were likely to arise when the father favoured one child or one gender over another. Many sons and daughters who experienced harsher treatment from their father described a continuing desire for their father's approval as an adult.

Concern about the intergenerational transfer of traits and behaviours from parents to their children was a recurring theme. For example, sons and daughters often reported concern about the adverse effect their father's parenting has had on their own ability as parents. Some said they have modelled their father's behaviour, such as 'snapping easily' at their own children. Others noted they did not want to repeat the negative parenting behaviours they experienced as a child, although some recognised that they were doing so unintentionally.

It was reported that wives and partners of Vietnam veterans sometimes tried hard to make up for, and often over-compensated for, the father's disciplinarian style and that this resulted in an inconsistent style of parenting. There were numerous reports of mothers having to 'hold the family together', both during and after the father's deployment, through having to meet most of their children's needs, providing emotional support to fathers and children, and providing extra love and affection to children to compensate for the father's behaviour: '[Mum] was the one that showed us affection and emotions ... And she would smooth the way for [Dad] if there had been a conflict'.

While fathers were away at war many mothers reportedly struggled to raise children on their own while also being anxious about the welfare of their husband. For many of them, it was also their first time living independently:

The baby was born when my Dad was in Vietnam. Mum said it was a hard experience, hard to raise a child knowing that your husband was over there. She lived with my Nanna and Pop while Dad was away.

Several mothers were stressed and depressed at the time: 'Mum has PTSD as a result of [her] husband's service in Vietnam'. There were also reports that some mothers turned to alcohol to help them cope.

Whether they had positive or difficult childhoods, sons and daughters reported benefiting as children from a deeper bond with particular family members. Many who experienced difficult childhoods reported being closer to their mother than to their father. For others, the bond might have been with a particular sibling or a member of their extended family:

My mother was only a teenager when I was born ... I always saw my parents as being like my siblings because while my Dad was in Vietnam I was living with my grandparents. So, in fact, my grandmother looked after me while my

Mum was working ... then all of a sudden, my Dad came back and we up and moved interstate. I had a very strong attachment, especially to my grandmother, and I was inconsolable when we first moved. So, from a young age I became a bit introverted and would stay in my own world. To me, I was always marking time until when I saw my grandmother ...

Sons and daughters with more positive childhoods reported having good relationships with a number of family members. Older siblings often took on the role of 'parent' for younger siblings and for some this had adverse effects on sibling relationships later in life.

Many sons and daughters reported that their father had mellowed with age and displayed less irritability or anger towards them and others over the years. Some thought this might be the result of reduced stress for the veterans as they grew older—for example, reduced work commitments and the children having moved out of home. As adults now, a number of the sons and daughters reported that their relationship with their father had improved and they were able to understand him better. Other sons and daughters reported trying to build a positive relationship with their father, but deep emotional scars often remained.

Fathers who, according to their children, appeared to adjust well after their return from Vietnam or who did not reveal their struggles were more likely to have a strong family unit. The families that appeared to be functioning best had parents who demonstrated love and support to their children throughout their childhood and beyond, provided a stable and safe family home, and encouraged their children to try new experiences and forge their own identity. Sons and daughters provided several examples of their parents' love, support and interaction:

- eating meals together at the table every night
- having family holidays and outings
- fathers driving their children to play sports or driving the family to the countryside for a holiday.

They also reported that their parents provided, and often were continuing to provide, a positive model of marriage for their children. Whether or not these well-functioning families can be described as 'resilient' is difficult to determine

since most children from these families did not report having experienced much hardship in life.

23.5 Other support networks

The Vietnam veterans and their children often reported seeking support from counsellors or psychiatrists. Their reported use of other health services was, however, mainly for the same common health complaints one would expect to find in the general community.

The sons and daughters of Vietnam veterans who sought professional medical help or other forms of help such as spiritual guidance appeared more likely to have ‘bounced back’ from the physical or emotional hardships they experienced when growing up.

A number of the Vietnam veterans revealed a distrust of authority and ‘the system’ as a result of their service in Vietnam and their treatment since then. In some cases this meant they were reluctant to seek out services.

Generally, the sons and daughters of veterans had little awareness of Department of Veterans’ Affairs services available to veterans and their families, including the Veterans and Veterans Families Counselling Service. Many sons and daughters whose fathers had limited Army service or did not serve in Vietnam did not regard their father as a veteran and were unaware that DVA services were available to them or their father. Many expressed an interest in learning more about the services that are available and thought such services could be of some use to them.

23.6 Other important themes

23.6.1 Returning to work

It was reported that some fathers who did not adjust well on their return from Vietnam had an unsettled work history in the succeeding years. This was particularly the case for those who left the Army immediately or soon after their return. These veterans reported that this unstable work history might have been

the result of lack of access to support structures and decreased opportunities for debriefing compared with servicemen who remained in the Army.

In comparison, some sons and daughters described their father as ‘competent’, a ‘good problem solver’, ‘honest’ and ‘hard working’. Some of them observed that their father’s Army experience had given him work skills or helped shape his career path or life interests, and many fathers volunteered for charity and community work, particularly in retirement.

23.6.2 Multiple postings

One recurring theme for study participants concerned the impact on family life of multiple postings as a result of the father’s military career. The qualitative studies found that sons and daughters had mixed views about the effect of moving around: some said it had given them beneficial opportunities such as chances to meet new people and explore new places; others found these experiences difficult.

Overall, however, the majority of the qualitative reports found that multiple postings constituted a risk factor for sons and daughters because they were less likely to have stability in their early years. Sons and daughters said moving around also made it difficult for them to connect with their communities:

... When we moved from one place where the soldiers’ kids were in the minority ... most of it was just civilian kids up there, so it was a bit hard. They didn’t know what we went through moving and everything like that, and when you go to a new school they’ve known each other since first grade ... I think that’s why most Army kids are joined to each other—because they know what’s going on.

23.6.3 Talking about service in Vietnam

For almost all the Vietnam veteran families studied there was an unspoken rule about avoiding mention of the veteran’s service in Vietnam within the family. Even for sons and daughters who reported more positive childhoods, fathers consistently became ‘distant’ when the Vietnam War was mentioned, and as children (and often as adults too) they felt it was better ‘not to go there’ in conversation. In families of veterans who did not cope well after their deployment to Vietnam, the war was not discussed in order to avoid angry outbursts from the

veteran. Many of these participants described families being vigilant in their interaction with the veteran so as not to trigger conflict or aggressive incidents:

[When asked about Vietnam], he sort of just closes off. He goes silent and you just don't know whether, you know, if you say one word, he'll yell at you or sort of be angry with you. Because he can be happy and talking and you just mention one thing like to do with the Army or Vietnam ... and he ... he doesn't shut off but he closes people out and the atmosphere just changes.

Some family members acknowledged the controversy about the war and the community hostility towards Vietnam veterans after their deployment:

He wasn't happy at all when he came home, with the way people were talking to him and spitting at them and all that type of stuff, calling them 'baby killers' ... I'm pretty sure that affected him a lot because he only went over there to do his job, and then to come back and have people say this to him was very hard for him. Definitely that did affect him. I'm pretty sure he still gets upset, you know, when you bring it up ... how they were treated.

Many family members spoke, however, about the need to respect the sacrifices the veterans made and, indeed, some sons and daughters expressed pride in their father's service. It was also reported that some fathers who had attended counselling had since opened up about their Army experience and discussed it with their adult sons and daughters. Further, there were reports that various 'validating' experiences—such as involvement in ex-service organisations or Anzac Day marches—had somewhat softened the emotional impact of the previous negative community response to those who served in Vietnam.

23.7 Comparisons by type of service

In all the qualitative projects Vietnam veterans (both volunteers and conscripts) and their families reported more implications of military service than did Vietnam-era personnel and their families. A particular concern for the Vietnam veterans and their family members was the veteran's possible exposure to Agent Orange and whether this had implications for the veteran's or their sons' and daughters' physical health.

As noted, however, participants in all groups generally reported having little knowledge of the Department of Veterans' Affairs services available to Vietnam

veterans and their families. Following is a brief comparison of the main themes and concerns raised by veterans' type of service.

23.7.1 Vietnam veteran volunteers and their families

Vietnam veteran volunteers and their families reported mostly positive family relationships. A few family members reported poor family relationships: this tended to be the case when the veteran did not adjust well after his return from Vietnam.

Vietnam volunteers did not generally speak with their children about their Army experience. Some had, however, done so more recently, as their sons and daughters moved into adulthood.

Among the health concerns Vietnam volunteers reported were posttraumatic stress disorder and other mental health problems and alcohol abuse. Among their sons' and daughters' health concerns were mental health problems, heavy drinking and skin cancer.

23.7.2 Vietnam veteran conscripts and their families

Vietnam veteran conscripts and their families were more likely to report having negative family relationships. Again, these veterans did not speak of their Army experience with their sons and daughters. Of particular concern to this group of veterans was the negative community reaction on their return from Vietnam.

Among the health concerns Vietnam veteran conscripts and their families reported were posttraumatic stress disorder, suicide, skin disorders, miscarriages and fertility problems, birth defects, heavy smoking and drinking, weight problems and cancer.

23.7.3 Vietnam-era personnel and their families

Vietnam-era personnel and their families generally reported having very positive family relationships. This group of veterans also tended not to discuss their Army experience with their families, but a number of the sons and daughters implied that they regarded their father's Army experience as a job like any other and that it had little impact on them.

Among the health concerns Vietnam-era personnel and their families reported were cancer, depression and drinking.

24 Contributing to the quantitative studies

The qualitative projects were carried out as part of the Vietnam Veterans Family Study in order to determine the views and experiences of sons and daughters of Vietnam veterans in relation to their mental, physical and social health, their family context, and their father's experience of military service. Each of the projects functions as stand-alone research as well as being part of the overall Vietnam Veterans Family Study. Both individually and together, the projects provide valuable insights into the common experiences of veteran fathers and their families—in particular, fathers who are Vietnam veterans and their families. These insights would assist in the development of the methodology for the Main Survey.

24.1 Developing the methodology

As noted, the qualitative project results were used to help develop the methodology used in the Main Survey. Recommendations arising from the qualitative research and subsequently considered in the development of the quantitative study methodology related to the following:

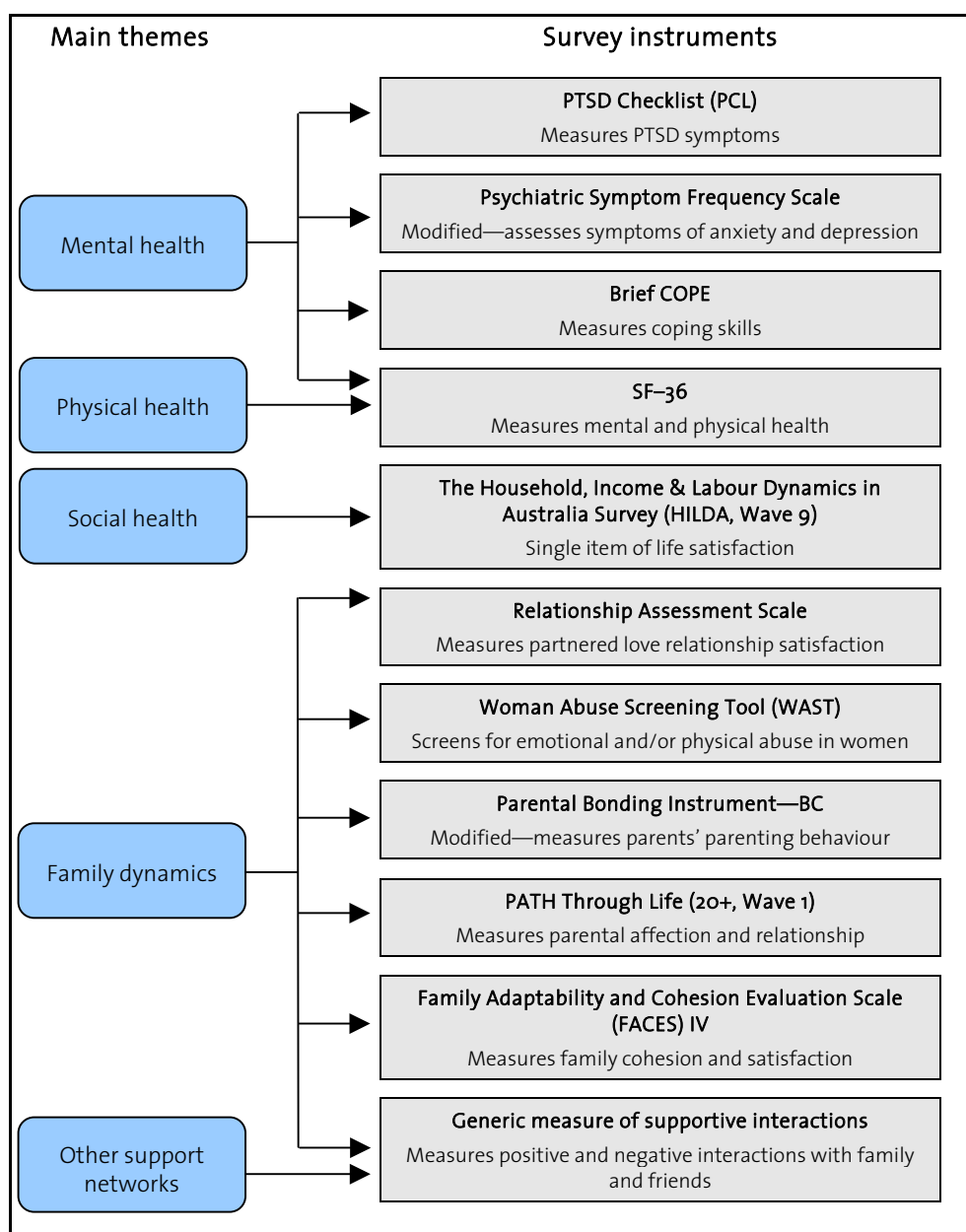
- ensuring that the scales used in the measures for the Main Survey allowed for good discrimination of ratings—for example, a rating of 1 to 7
- ensuring that the survey was fully and properly tested for validity and reliability
- conducting cognitive testing with pilot study participants
- conducting further qualitative research to gain additional insights into specific results from the Main Survey.

24.2 Incorporating the themes

As proposed in the Research Protocol, the themes identified in the four qualitative research reports were to be used in the development of the quantitative research—the Main Survey—to ensure that the questionnaire took adequate

account of the themes that were important to Vietnam veterans and their families (Centre for Military and Veterans' Health 2007, pp. 17–18).

Figure 24.1 shows how the main themes identified through the qualitative projects were dealt with in the Main Survey using published survey tools. Other items used in the Main Survey were non-standardised to accommodate particular matters identified through the qualitative studies as important to Vietnam veterans and their families.



Sources: Weathers et al. (1993); Lindelow et al. (1997); Carver (1997); Ware et al. (1994); Melbourne Institute of Applied Economic and Social Research (2009); Hendrick (1988); Brown et al. (2000); Klimidis et al. (1992); Centre for Mental Health Research (1999); Olson (2010); Schuster et al. (1990).

Figure 24.1 Main themes identified in the qualitative projects and their mode of inclusion in the Main Survey

25 Conclusion

The participants in the qualitative projects are representative of the spectrum of family functioning found in society. The themes that emerged from the research demonstrated, however, that military service in general—and Vietnam service in particular—has specific impacts for the families of veterans.

The primary themes that arose from the qualitative projects were that Vietnam veterans and their families experienced mental, physical and social health concerns. In particular, a recurring theme was concern about the intergenerational transfer of traits and behaviours from parents to their children.

Further, the sons and daughters of Vietnam veterans perceived that, in the absence of effective family or other support networks, they were at risk of poor health and wellbeing. They and the veterans were also inclined to attribute their ill-health to military experiences in Vietnam. Vietnam veterans and their families knew little about veteran-specific services, and their use of such services was limited.

Although each of the qualitative projects functions as stand-alone research, the themes collectively identified in the four resultant reports were used in the development of the quantitative research—that is, the Main Survey. This ensured that the survey embraced the themes identified as important to the Vietnam veterans and their families who participated in this research.

Shortened forms

ADF	Australian Defence Force
AIHW	Australian Institute of Health and Welfare
Anzac	Australian and New Zealand Army Corps
CATI	computer-assisted telephone interview
CMVH	Centre for Military and Veterans' Health (now the Centre for Australian Military and Veterans' Health)
COVVHS	Children of Vietnam Veterans Health Study Inc.
DVA	Department of Veterans' Affairs (Commonwealth)
ESO	ex-service organisation
FSP	Family Studies Program
ISA	Independent Scientific Adviser
NDI	National Death Index
NHMRC	National Health and Medical Research Council
PTSD	posttraumatic stress disorder
RAAF	Royal Australian Air Force
RAN	Royal Australian Navy
RSL	Returned and Services League of Australia
SD	standard deviation
SEM	standard error of the mean
TPI	Special (Totally and Permanently Incapacitated) Rate of disability pension
VVCS	Veterans and Veterans Families Counselling Service—previously known as the Vietnam Veterans Counselling Service
VVFS	Vietnam Veterans Family Study

Glossary

Age standardisation	A method of adjusting the crude mortality rate to eliminate the effect of differences in population age structures when comparing crude rates for different periods, different geographic areas and/or different population subgroups
Cohort	A group of subjects who have shared a particular event together at a particular time. Cohorts can be tracked over extended periods in a cohort study
Confounding	The distortion of the effect of an exposure on the risk of an outcome as a result of other factors influencing the outcome
Conscript	A 20-year-old male civilian registered with the Department of Labour and National Service whose birth date was drawn in a ballot. This made him liable for military service, including 'special overseas service', between November 1964 and December 1972. The period of service was two years of full-time military service (later 18 months) and three years on the active reserve list. Men compelled into service in this way were also referred to as National Servicemen
Control group	A group of subjects or conditions that is matched as closely as possible with an experimental group (in this instance, Vietnam veterans and their family) but is not exposed to any experimental event (in this instance, service in the Vietnam War). The results are compared in order to determine the changes that may occur as a result of the experimental event (in this instance, operational service in Vietnam)
Crude mortality rate	The number of deaths from all causes in an entire population in a given period. Usually expressed as a number per 1,000 or 100,000 population
Cumulative hazards	A measure of the risk of dying within a small interval of time, conditional on survival of the individual to the beginning of that period
Ethnographic study	The scientific study and description of a group of people and their culture

Evidence-based research	Application of the best available scientific research results (evidence) when making decisions about programs and services
Exposure	In this instance, a father who experienced operational service in Vietnam
Gold Card	Repatriation Health Card for All Conditions (Gold). Entitles the holder to the full range of approved health care services at the Department of Veterans' Affairs' expense. This includes medical and allied health care, assistance in the home and support services through arrangements with registered health care service providers and hospitals, both public and private
Key participant	Army Vietnam veteran or Army Vietnam-era person who did not deploy to Vietnam
Main Survey	In this instance, refers to the quantitative research method involving the administration of a self-report questionnaire
Morbidity	The incidence of ill-health in a population
Mortality	The incidence of death in a population
Mortality curve	A visual representation of data from life tables. Life tables describe the pattern of age-specific mortality and survival rates for a population over a lifetime or a period of study
National Death Index	Australian database, held at the Australian Institute of Health and Welfare, that contains records of all deaths occurring in Australia since 1980. The data are obtained from the registrars of births, deaths and marriages in each state and territory
National Serviceman	See <i>Conscript</i>
Nominal Roll of Vietnam Veterans	A database containing information about approximately 61,000 Australian service personnel who experienced operational service in Vietnam
Propensity score matching	A statistical matching technique that attempts to estimate the effect of a treatment, policy or other intervention by accounting for the covariates that predict receiving the treatment
Proportional mortality	The number of deaths for a given cause of death as a proportion of all deaths

Qualitative research	A research technique used to gain insight into the factors underlying a topic through the analysis of non-numerical data gathered through methods such as interviews and open-ended surveys. The aim is to gain an understanding of people's opinions, feelings, attitudes, motivations, values and perceptions
Quantitative research	A research technique in which numerical data are gathered and statistically analysed. The aim is to provide a connection between empirical observation and statistical relationships
Randomly selected	In this instance, refers to people who were randomly invited to participate in the Vietnam Veterans Family Study. This ensured that the study sample was representative of the population of Vietnam veterans and their families and minimised any potential bias in the research outcomes
Regulars	Men and women who volunteer to join the Australian Defence Force
Relative risk	The ratio of the probability of death among the study group (exposed) to the probability of death among a comparison group (non-exposed)
Research Protocol	The protocol developed by the Centre for Military and Veterans' Health to guide the development of research undertaken through the Family Studies Program and, in particular, the Vietnam Veterans Family Study
Sample	A set of people whose characteristics represent, as accurately as possible, a broader group of people in a larger population
Self-select	In this instance, refers to people who nominated themselves to take part in the Vietnam Veterans Family Study
Standardised mortality ratio	A comparison of the number of deaths in an observed population with number of deaths expected in a standard or common population
Statistically significant	A pivotal element of statistical hypothesis testing. Used to determine whether a null hypothesis (default position) should be rejected or retained
Survey	A research technique that involves asking questions of a sample of respondents using a questionnaire or an interview

Unconfirmed deaths	In this instance, reported deaths of children that could not be verified after investigation by the Australian Institute of Health and Welfare
Vietnam veteran	For the purposes of this study, a person who served in the Australian armed forces in Vietnam at any time between 1962 and 1975. In this instance, refers to Army personnel only
Vietnam War: years of Australian involvement	Australia's military involvement in Vietnam spanned the period 1962 to 1972, when the last Australian combat forces were withdrawn. Some Australian military personnel, the Embassy Guard, remained in South Vietnam after this but were not engaged in operations. The Vietnam War continued until April 1975, when South Vietnam surrendered to North Vietnam. During the final weeks of the war RAAF personnel were involved in relief operations and evacuations. The war's end date is therefore 1975, but Australia's combat involvement ended in 1972
Vietnam-era personnel	For the purposes of this study, people who served in the Australian Defence Force at any time between 1962 and 1975 but did not deploy to Vietnam
White Card	Repatriation Health Card for Specific Conditions (White). Entitles the holder to the full range of health care services at the Department of Veterans' Affairs' expense but generally only for those disabilities or illnesses accepted as service-related

References

- Brown JB, Lent B, Schmidt G & Sas G 2000, 'Application of the Woman Abuse Screening Tool (WAST) and WAST-Short in the family practice setting', *Journal of Family Practice*, vol. 49, no. 10, pp. 896–903.
- Carver CS 1997, 'You want to measure coping but your protocol's too long: consider the Brief COPE', *International Journal of Behavioral Medicine*, vol. 4, pp. 92–100.
- Centre for Mental Health Research 1999, *The PATH Through Life Questionnaire: 20+ Wave 1*, Australian National University, Canberra.
- Centre for Military and Veterans' Health 2007, 'The intergenerational health effects of service in the military: research protocol', CMVH, Herston, Queensland.
- DVA 2012, 'Re-analysis of Sons and Daughters Project—Vietnam Veterans Family Study', Department of Veterans' Affairs, Canberra.
- Glaser B & Strauss A 1967, *Discovery of Grounded Theory*, Aldine, Chicago.
- Hendrick S 1988, 'A generic measure of relationship satisfaction', *Journal of Marriage and Family*, vol. 50, pp. 93–8.
- Klimidis S, Minas IH & Ata AW 1992, 'The PBI-BC: a brief current form of the Parental Bonding Instrument for adolescent research', *Comprehensive Psychiatry*, vol. 33, no. 6, pp. 374–7.
- Lindelow M, Hardy R & Rodgers B 1997, 'Development of a scale to measure symptoms of anxiety and depression in the general UK population: the psychiatric symptom frequency scale', *Journal of Epidemiology and Community Health*, vol. 51, pp. 549–57.
- Melbourne Institute of Applied Economic and Social Research 2009, *Wave 9 New/Continuing Person Questionnaire: HILDA Survey*, University of Melbourne, Melbourne.
- Olson DH 2010, *FACES IV Manual*, Life Innovations, Minneapolis.
- Schuster TL, Kesler RC & Aseltine RH Jr 1990, 'Supportive interactions, negative interaction, and depressed mood', *American Journal of Community Psychology*, vol. 18, no. 3, pp. 423–38.
- Smith AE & Humphreys MS 2006, 'Evaluation of unsupervised semantic mapping of natural language with Leximancer mapping', *Behavior Research Methods*, vol. 38, no. 2, pp. 262–79.

- VVCS 2004, '... And the Pine Trees Seemed Greener after That': reflections by sons and daughters of Vietnam veterans, Vietnam Veterans Counselling Service, Canberra.
- Ware JE Jr, Kosinski M & Keller SD 1994, *SF-36 Physical and Mental Health Summary Scales: a user's manual*, The Health Institute, New England Medical Center, Boston MA.
- Weathers F, Litz B, Herman D, Huska J & Keane T 1993, 'The PTSD Checklist (PCL): reliability, validity, and diagnostic utility', Paper presented at the Annual Convention of the International Society for Traumatic Stress Studies, San Antonio TX.