

# TYPES OF FAMILIES OF JOINT FORCES OPERATION PARTICIPANTS IN THE EAST OF UKRAINE AND PECULIARITIES OF SOCIAL WORK WITH THEM

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**Abstract.** Carrying out military actions in the East of Ukraine, Joint Forces Operations, lead to physical and psychological traumatization of military personnel, complications in their socialization into a peaceful society, deterioration of interaction between family members of participants of the Joint Forces Operation and family dysfunction. The purpose of this article is to classify types of families involved in the Joint Forces Operation and determine their specific problems and needs. Based on the survey of families and specialists of state and private organizations, providing social support for this category of recipients of services, classification of types of families participating the Joint Forces Operation (family members, where one of its members is now in a combat zone; families, where one of its members returned from the combat zone; families, who are divorced: before departure to the combat zone, during a stay in a combat zone, after returning from the combat zone; families where one member is war-disabled; the families of the deceased ones) was made. The characteristic of each of the certain types of families allowed choosing the most effective forms of work with the families of the Joint Forces Operation participants.

**Keywords:** Joint Forces Operation participants, members of families of the Joint Forces Operation, types of families of the Joint Forces Operation participants, problems and needs, forms of work with families of the Joint Forces Operation participants.

## Introduction

One of the most urgent problems arising due to the military actions in the East of Ukraine are not only related to physical and psychological trauma of those, involved in the Joint Forces Operation (JFO from now on), but also the secondary traumatization of family members of JFO participants and an increase in the number of families who find themselves in difficult circumstances. Thus, families of the JFO participants are also considered as subjects of social work. In Ukraine,

there is a lack of information about the specifics of such families, which, in turn, affects the low efficiency of social work with them. This prompted us to conduct a study to determine types of families, characteristics of their life, as well as providing recommendations on the choice of forms and methods of social work with them.

### **Literature review**

Many foreign scholars have studied the physical and mental health problems of combatants and their families (Hoge et al., 2015), noting that the impact of military actions on the servicemen, spouses and their children is negative. Moreover, all family members are in a traumatic situation. Foreign scholars studied the consequences of the participation of one of the family members in military actions on children and spouses (Lester et al., 2010). Scholars agree that the participation of one parent in armed conflict has a cumulative effect on children, which remains even after a parent returns home. Croatian scientists (Zdjelarevic et al., 2011) conducted a study on the quality of life of the population most affected by the war - the families of war participants. Scientists have determined the impact of military trauma with its consequences (e.g. post-traumatic stress disorder and disability due to combat injuries) on servicemen. The study of symptoms of post-traumatic stress disorder in combatants and its traumatic impact on family members was carried out (Walser, Oser, Tran, & Cook, 2015). In the scientific paper “The Practice of Social Work With Children and Families Affected by War: the Importance of Family, Culture, Arts and Participation Approaches”, foreign scientists (Denov & Shevell, 2018) conclude that children and families affected by war have a higher risk than the general population for various specific psychological disorders and social problems.

### **Methodology**

The study was conducted in Vinnytsia, Zhytomyr, Kyiv, Cherkasy and Chernihiv regions of Ukraine and aimed at defining:

- 1) the type families of the JFO participants and their specific problems and needs (through in-depth interviews with members of JFO participants' families);
- 2) forms and methods of social work with JFO participants and members of their families (through semi-structured interviews with experts of state and public organizations).

At the *first stage* of the study, we conducted a series of interviews in Vinnytsia, Zhytomyr, Kyiv, Cherkasy and Chernihiv regions of Ukraine with 141 family members of the JFO participants. This made it possible to classify the

families of the JFO participants and identify their needs and problems that arose because of the participation of one of the family members in the military actions.

Respondents participated in in-depth interviews through phone, oral invitations and personal emails. The interview was based on open questions, the topics of which were related to psychological, material, legal, medical and social problems of each type of families of the JFO participants. All questions were split into two parts: psychological and social.

*The psychological part* comprised questions to identify: psychological and emotional state of family members of JFO participants (during the stay of one of the family members in a combat zone, when returned home, if being divorced, when wounded or if the death of the JFO participant occurred); relationships of members of families of JFO participants; the level of psychological injury to members of JFO participants' families; typical reactions and ways of thinking of the JFO participants after returning from the combat zone; reactions of children of JFO participants for a stay of one parent in a combat zone, after returning home, when divorced and when losing one of the parents; the causes and consequences of conflict, abuse, and divorce.

*The social part* contained questions to identify the financial situation of the family, living conditions; a level of support from relatives; educational potential of the family; problems of raising children; health problems, both for the JFO participants and their family members. These questions also concerned the needs for treatment, rehabilitation and recovery; problems with the registration of the status of “combatant”, “war-disabled”, “family member of the deceased” and receiving social benefits and guarantees to which they are entitled.

According to the methodology of grounded theory, encoding occurred simultaneously with data collection. Initial encoding was open and close to the text, this means that the codes were designed to reflect the actions, intentions and meanings of the respondents, often using their own words. Further interview encoding was the current use of comparative analysis, which made it possible to identify such codes into categories. The answers were carefully analyzed and some minor changes were made. After the initial isolation of the categories, it modified the process of attracting participants. To provide the most diverse selection, participants were selected according to their ability to explain the specific issues, which had been identified in the previous study. This approach is called “theoretical sampling” (Glaser & Strauss, 2012) and it allows formulating specific questions for interviews.

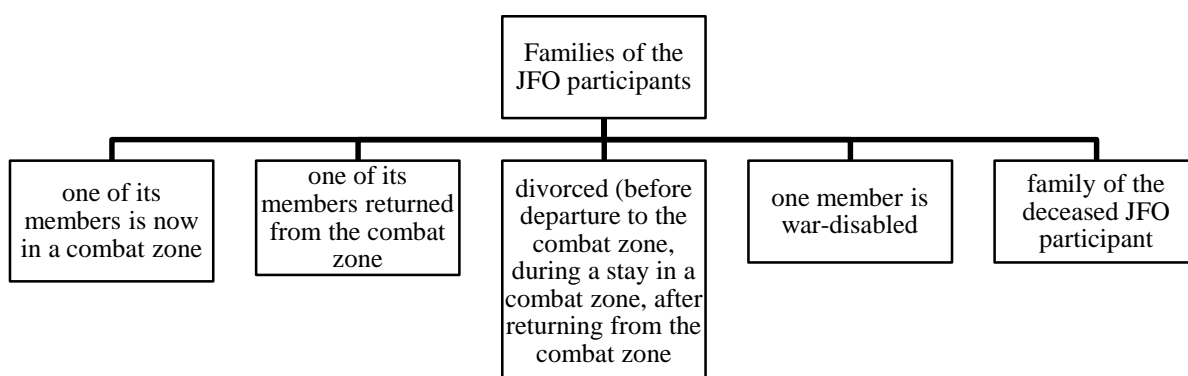
*At the second stage* of the study, we conducted a semi-structured interview with 52 specialists of state and private organizations.

Respondents were invited through official letters addressed to directors of state and public organizations. The semi-structured interview consisted of a list of mandatory questions for all respondents; the remaining questions are relevant to

each respondent depending on the situation. The questions of the semi-structured interview can be divided into four blocks: information about the respondents and the organization in which they work; characteristics of the problems and needs of the families of the JFO participants; characteristics of the types of social services that are provided to such families; characteristics of forms and methods of social work with the families of JFO participants.

## Research results

After conducting the first stage of the study, we identified the main types of families of JFO participants (*Fig. 1*).



*Figure 1 Types of families of JFO participants*

*Families of the JFO participants, where one of its members is now in the combat zone (44,68%)* belongs to distant families, which is due to the frequent absence of a family member who is in the combat zone. Such families are characterized by communication at a distance, and frequent disputes between spouses. In such a family, the following problems can be identified: increased nervous and psychological tension, stress, anxiety, fear, worry; psychological unpreparedness for independent problem solving; self-doubt and a sense of hopelessness; loneliness; psychological exhaustion and nervousness; anger, fury, resentment because they were left alone; lack of male influence in family life and parenting; health problems of family members.

The results of the interview showed that the families of the JFO participants have insufficient educational potential (32%). The majority of respondents (72,3%) mention that due to the absence of one family member who is in the JFO zone, the communicative and emotional function is significantly impaired. The

presence of the father in the family is episodic. This hinders the dynamic socialization of children. This is especially true for teenage children, who feel betrayed, angry and detached from their parents who have been in a combat zone for a long time (23%).

Also, 14,9% of respondents mention that in addition to raising children, they should take care of parents of the JFO participant, who have health problems.

So, the life of the spouse who stayed at home completely changes. In addition to the fact that this person is in a traumatic state and constant psychological stress, they are forced to adapt to the changes that have occurred in their lives and independently take care of the material and living conditions of the family, raise minor children and care for sick parents.

According to a survey of professionals who work with the JFO participants and their family members, we assume this type of JFO participants' families most of all requires the provision of such social services as social prevention (90,3%), which is aimed at preventing the emergence of complex life circumstances in such families and social support (55,7%) if this type of families have found themselves in difficult life circumstances. For the normal functioning of this type of family, they need to provide information and advisory services.

Families of the JFO participants, where one of its members is now in a combat zone, need information services regarding their rights and the activities of organizations that provide social support (information consultations, lectures, seminars, information through the website, social networks and mailing lists, etc.). They also need psychological counseling in order to reduce the level of anxiety, commotion, and emotional stress. It is recommended to conduct training and art therapy sessions for the children of the JFO participants to develop emotional intelligence, reduce the level of aggression and prevent risky behavior. And for effective social work with the wives of JFO participants, it is important to create self-help groups.

*Families of JFO participants, where one of its members returned from the combat zone (29,07%)* are a group of families that learn to live together again after returning home of one of its members from the combat zone. The JFO participants during the armed conflict could experience not only a lot of positive things but also get combat psychological trauma. They may experience anxiety, irritation, and anger when faced with previously familiar family difficulties or disputes. Family members who stayed at home may also be angry with the JFO participants because they had to solve family problems on their own. The above-mentioned leads to misunderstandings between family members and can cause frequent conflicts.

So, while conducting interviews with the JFO participants and their families, we identified that the JFO participants return home “different” as a result of the

emotional, psychological and spiritual trauma caused by the war. They show changes in typical reactions and thinking patterns after returning home (Tab. 1).

*Table 1 Typical reactions of JFO participants after returning from the combat zone*

<b>Reactions</b>	<b>Respondents' responses</b>	<b>%</b>
Behavioral response (68,0%)	outbursts of anger and uncontrolled aggression	21,3%
	isolation and detachment	19,1%
	excessive alcohol consumption	12,8%
	impatience	6,4%
	negativism	4,3%
Emotional reaction (44,7%)	irritability and nervousness	29,8%
	emotional instability	10,6%
	increased anxiety when explosions of fireworks, the sudden sound of a siren	4,3%
Physical reaction (21,3% )	insomnia	8,5%
	headache	6,4%
Features of thinking (36,2%)	a heightened sense of justice	12,8%
	constant thoughts of war and of comrades	10,6%
	bad dreams	8,5%
	a feeling of sadness	4,3%

According to the above-mentioned typical reactions of the JFO participants, who returned home, it is emotionally difficult for them and their family members to establish interpersonal and internal family interaction. Around 53,2% of respondents agree that the JFO participants and their family members have lost the habit of living together, they have new life experience and new life values. Almost 21,3% of the respondents mention that the JFO participants consider that none of their family members understands them. They try to hide and withdraw from the family, looking for support from comrades. Adult family members also have the feeling that the JFO participant does not hear or understands them.

Children also need time to feel close again to their parents who have been in a combat zone for a long time, especially if they were young at the time of their departure. Children react to their father's return according to their age. Young children may be offended, cry, sleep badly, try to be constantly near their mother; school-age children may be nervous, aggressive or capricious, and worry about the safety of the house or even fear the father who returned from the JFO zone; teenagers may be angry, nervous and protest because they do not like the new distribution of family roles and family responsibilities after the return of the father.

The results show that when each member of the JFO returns home, it takes some time to adapt to a peaceful life. A combatant may have altered physical, emotional, and behavioral responses that are a normal part of the adaptation

process. There are JFO participants who return home and painlessly adapt to a peaceful life in a few months. According to the interviewees: *“If a JFO participant has not been able to adapt to a peaceful life for 3-6 months, he needs professional help in social adaptation, integration and reintegration. He has a changing demeanor, often gets angry, and has no desire to do things that once brought pleasure.”*

Almost all of the surveyed specialists (92,3%) agree that the JFO participants require such types of social services as social adaptation, social integration and reintegration in order to return servicemen to a full civil life in their families, as well as physiological and psychological rehabilitation.

So, this leads us to the idea that the JFO participants need assistance to restore the personal and social status of combatants; improve communication skills, develop abilities to self-realization, resolve psychological and overcome social conflicts; remove internal tension and anxiety; increase stress resistance and resource capacity of the body; mobilization of internal reserves to overcome dependence on psychoactive substances.

Experts believe that these types of families need proper counseling. This can be legal advice (76,9%) on benefits and guarantees provided by the state to members of the families of JFO participants and obtaining certificates of “combatant”, as well as psychological counseling (67,3%). Psychological consultations can be carried out in the form of individual and family consultations, groups of mutual assistance.

The surveyed experts (9,6%) note that this type of family may need such services as representation of interests, which includes legal protection of the interests of the JFO participants and their family members in obtaining the status of “combatant”, or ensuring their rights for material assistance, housing, improvement of housing conditions, land, education, and so on.

If this type of families is in difficult life circumstances and cannot solve problems on their own, they require social support in order to overcome life difficulties and solve the problems of the families of the JFO participants by providing psychological, legal, informational, socio-pedagogical support, assistance in obtaining quality medical care, as well as help in solving socio-economic, material and household issues.

*Families of ATO participants, who divorced (5,67%).* Respondents noted that divorces most often occur after the return of a JFO participant home, but sometimes families can break up during the stay of one of the spouses in the combat zone, or even before his departure. The main cause of family breakdown before the departure of one of the spouses in a combat zone is women's sense of betrayal *“chosen war over a family”*. They consider that it is not necessary to wait for the person who runs away from family problems. In this type of family, there were usually misunderstandings, conflicts, and problems with the use of

psychoactive substances even before the departure of one of the family members in JFO zone. Also, one of the reasons for the divorce of the families of the JFO participants at this stage is domestic violence before the period when the person went to war.

One of the most common causes of divorce of the JFO participants' families, who are now in the combat zone are: lack of confidence that her husband will return alive; the adultery of a spouse, who was in a combat zone, as he did not know, when he would get home or he fell in love with another woman that was close by, understood and supported him; adultery of a spouse who stayed at home, because of loneliness and resentment, difficulties in solving problems, and someone was there supporting and helping.

The main causes of conflicts that lead to the divorce of the families of the JFO participants after their return home are a set of physical, emotional, behavioral reactions and thinking features typical for the JFO participant; loss of love, distrust, jealousy, infidelity; inability to adapt to a peaceful life and identify the desire to return to the combat zone; different views on life, as well as domestic violence.

All respondents noted: *“Everything was fine in the family until the husband participated in the JFO... then, when he came back, he started to threaten the family...”*; *“It was very hard. My husband became very aggressive, especially when he consumed alcohol, he could lift his hand against us. I thought that I could not stand it because everything was in front of the children...”*; *“The husband after returning home behaved differently. He became nervous, sometimes lost touch with reality, ceased to distinguish where he was, believed that he was in a combat zone, and not at home.”* The wives of the JFO participants find a way out in divorce because they were not able to endure it and they were worried about the life and health of their loved ones.

It should be mentioned that after the return of her husband home, the woman believes that this is the same person who he was before the war. However, he has other values. Therefore, another reason for conflicts in this family may be a mismatch of expectations of a woman and a JFO participant, who returned back home. The couple no longer understands each other. A woman, who stayed at home, believes that the JFO participant, who returned home, does not understand how difficult it was for her to solve all the issues and problems on her own. The JFO participant believes that his spouse cannot understand what he went through, so he begins to drink alcohol and react aggressively to accusations. Also, when JFO participant returns, the family member who stayed at home is already so emotionally exhausted that no longer wants to take over all the duties performed without a spouse. The JFO participant is not ready to restore everyday relationships yet. Such conflicts cause divorce.



Children react painfully to their parents' divorce. Young children often feel abandoned and have a reduced sense of security. They also have a sense of uncertainty and fear of the future. It is also possible to experience regression in development. School-age children experience pain, sadness, and even despair, experience loss, and helplessness, as well as a fear that one of the parents, who lives with them, may leave. They may show aggression towards someone who is considered guilty of breaking up the family, as well as to others. They may blame themselves, or their behavior for parents' divorce; teenagers support relatives with whom they live, they experience additional stress, which can lead to increased fatigue, problems with concentration, as well as deviant behavior (theft or use of psychoactive substances).

Interviewed experts note that this type of family most often seeks advice from a lawyer on family matters in resolving family disputes: divorce, alimony, division of property, and representation in court in case of divorce.

In our opinion, this type of families should be provided with mediation services for the peaceful settlement of family conflicts and psychological support.

*Families where one of its members is war-disabled (12,77%).* It should be mentioned that when receiving disability, not only the JFO participant suffers but the whole family as well. Relations in such families are destabilized, the circle of communication is narrowed, interests of the family are reoriented towards helping the patient. As a result, the family may show constant, excessive care for a disabled family member, which may lead to a feeling of helplessness and irritation of the JFO participant. Among the consequences, there can be frequent and intense conflicts; shifting responsibility for conflicts and problems to others; drinking alcohol; aggression towards their loved ones. Disabled veterans may experience helplessness, pessimism, isolation, indifference, suspicion, uncertainty, anger at others, and emotional instability. Also, disabled veterans may lose the meaning of life, may not feel themselves needed. They may also show suicidal intentions. Usually, these families actively direct all their efforts to return one of the family members to normal life and search for opportunities to reduce social limitations (treatment, rehabilitation).

The interviewed experts mention that for effective socialization of a disabled person, it is necessary to implement rehabilitation procedures aimed at social integration, giving a feeling of confidence, optimism, life satisfaction, proper social status for these people as early as possible.

Such families should be provided with legal advice on registration of the status of "war-disabled", receiving material payments, benefits, free medical care, sanatorium treatment.

*Families of the deceased JFO participants (7,81%).* The loss of a family member is deeply painful. Women of deceased JFO participants, realizing that they were left alone and are responsible for the family, do not allow themselves

to suffer. They try not to show their pain and grief. They look the same as before, do the same things, but they feel a strong pain that destroys them morally.

For children, the loss of one of their parents is acute psychological trauma. At different ages, children react differently to the loss of their father. Even children of the same age can react to death differently. Small children may become irritable, they have frequent mood swings, there is a need for attention and love. Schoolchildren are still experiencing difficulty in understanding the reality of death; experience feelings of uncertainty and insecurity, need to stay near a close relative all the time; the sense of helplessness, concealed emotions that negatively affect their further development; aggression towards teachers, classmates. Adolescents, who experience the loss, often seek help outside the family; feel isolated, because they notice friends are avoiding them or are confused and don't know what to say. Adolescents can behave in inappropriate ways: run away from home, change friends, drink alcohol and take drugs, have suicidal manifestations.

In order to reduce the level of stress, sadness, pain, anger, helplessness, guilt and despair, to adapt to the reality of unhappiness of the family members of the deceased JFO participants, it is necessary to carry out psychological counseling and correction of the psycho-emotional state.

We found out that the families of deceased JFO participants are getting help from state and public organizations in obtaining assistance for the organization of funerals; obtaining the status of “member of the family of the deceased”; providing psychological rehabilitation to the widows and children of deceased JFO participants; organize workshops for the children of deceased JFO participants; organize activities in Ukraine and abroad for widows and children of deceased JFO participants; organize entertainment activities; assist in obtaining and registration of land and housing.

## **Conclusions**

The families of the JFO participants are characterized by instability, insufficient educational potential, lack of positive feelings, a sense of loneliness, anxiety, fear, restriction in interpersonal and internal interaction, the formation of a pattern of incomplete family, disharmony in the functioning and the danger of family collapse.

It is important to carry out social work with the families of the JFO participants, attracting the resources of the international and interagency teams, taking into account the type of each family, their problems and needs. Social work with this group of service recipients should include social adaptation; social integration and reintegration; supported living; information provision;

counseling; social support; representation of interests; mediation; social prevention; natural assistance, etc.

### Acknowledgements

The study is a part of the scientific research implemented by the Institute of Human Sciences of the Borys Grinchenko Kyiv University “Personality in Conditions of Social Transformations of Modern Ukraine”, registration number: 0116U002960, duration – 5.2016-5.2021.

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