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Deployed military mothers

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Abstract- Women's roles, rights and responsibilities within the United Kingdom (UK) Armed Forces have changed substantially since the First World War. The unique challenges faced by female personnel have previously been an understudied topic. As the number of female personnel in the military increases, the concept of motherhood in the military has acquired a higher profile. This chapter outlines the experiences of being a deployed mother. It begins with a brief review of the pressures faced by Servicewomen and a short historical account of the evolution of women's participation in the UK Armed Forces. This is followed by description of the main military demands (readiness, retention, relocation and deployment), and their interaction with the demands of motherhood (regaining postpartum fitness, coping with dual-identities, maternal separation anxiety and childcare concerns). Findings from the United States (US) Armed Forces and UK civilian studies are used for comparison.

Introduction

Challenges faced by women in the UK Armed Forces

Compared to women in the civilian work force, women in the Armed Forces face different challenges, including the strict structure (in terms of time management, commitment, and hierarchy of ranks) and male-dominated camaraderie of the military, which contrasts the more flexible and independent atmosphere of many civilian jobs (McLeod, 2013). Servicewomen are also faced with interpersonal dynamics (the nature in which they communicate with others) which may be different from their civilian experiences (Marston, 2014). Family relationships may be affected by frequent separations and professional relationships may be affected by gender stereotypes and unequal role opportunities for female personnel (Ministry of Defence, MoD, 2010). The increase in UK Servicewomen has led to a growing interest, by Ministry of Defence (MoD) policy and academics, into the stressors they face,

including the effects of combat exposure, deployment and family separation. One key aspect of the female experience within the military is how they manage their obligations of being a mother. How do Servicewomen deal with the physical and psychological pressures of motherhood? In particular, how do they retain their biological predisposition as a primary caregiver whilst balancing and coping with the expectations of a deployed Servicewoman in uniform and of military life in general?

Much of the literature on family life within the military has developed in the US. This chapter will describe what mothers in the UK Armed Forces experience and how they balance the requirements of military life with their expectations as mothers. The chapter will focus on the UK Armed Forces, making comparisons with UK civilian and US literature where appropriate.

5.1 Women in the UK Armed Forces

The following section provides a brief overview of women's roles in the UK Armed Forces and how they have evolved since the First World War. It outlines the challenges faced by mothers serving in the UK Armed Forces in relation to discharge policies, military and motherhood demands.

Women's role in the UK Armed Forces since the First World War

Though women have contributed to war efforts in the UK for centuries, it was not until the early 20th Century that women began to participate within organised groups in response to wartime needs of the two World Wars. Changes to the role of women in war (*Figure 1*) began at the outbreak of the First World War (1914) where increasing numbers of male casualties increased job opportunities for females (DeGroot, 1996). By the end of the First World War, over 10,000 female nurses had been part of the British military (Storey & Housego, 2010). In addition to nursing, women played vital roles in keeping soldiers equipped with ammunition whilst preserving previously male-dominated civilian industries, including factory, agricultural, transport and clerical work. By mid-1915, women were permitted to formally register for war service, increasing the diversity of industries by which they could be employed. The uprising of uniformed services for women reinforced this culture shift as it

First World War (1914-1918)	1917-1918	Uniformed services for women in the UK Armed Forces to temporarily substitute women for men in non-combatant roles. Included Women's Royal Naval Service (WRNS), Women's Army Auxiliary Corps (WAAC) and Women's Royal Air Force (WRAF). Services disbanded in 1919, 1921 and 1920, respectively. ¹
Second World War (1939-1945)	1939-1945	WRNS reforms (1939). Women's Auxiliary Air Force (WAAF) and Auxiliary Territorial Service (ATS) formed for war (1938-1939). Conscriptio applies to unmarried women aged 20-30 years, later married women and those up to 43 years (1941). ²
	1949	WRAF reforms (remainders of demobilised WAAF join) and becomes a permanent female peacetime force, alongside the WRNS. Women's Royal Army Corps (WRAC) formed. ³
	1950	WRAC ranks normalised to those of men in the British Army. ⁴
	1968	WRAF ranks normalised to those of men in the Royal Air Force (RAF). ⁵
Northern Ireland (1969-1998)	1977-1980	WRNS more in line with the Royal Navy; more posts open to Servicewomen. ⁶ Servicewomen represent 2.5% of the WRAC (1979). ⁷
Falklands War (1982)	1982	Women become an integral part of the UK Armed Forces; Women in the WRAC receive their first firearms weaponry training for defensive purposes and are armed the same as their male counterparts. ⁸
	1989	Women first authorised to pilot RAF combat aircraft. ⁹
First Gulf War (1990-1991)	1990-1991	Disbandment of automatic discharge policy for pregnant UK Armed Forces personnel (1991). ¹⁰ Introduction of field training for women in the WRAC (1991). ¹¹ First woman serves on board a Navy warship; 75% of Army trades open to women; Women comprise 2.8% of the UK Armed Forces fighting in the First Gulf War. ¹² Field training open to Servicewomen in the WRAC. ¹³
Bosnian War (1992-1995)	1992-1995	Disbandment of WAAC, WRNS and WRAC. Women formally integrated into all three services of the UK Armed Forces (Navy, Army and RAF). ¹⁴ Women represent 12.8%, 3.5% and 8.7% of the Royal Navy, British Army and RAF, respectively (1995). ¹⁵
	2002	Ban on UK servicewomen in combat roles upheld. ¹⁶ Women represent 8.3% of the UK Armed Forces. ¹⁷
Conflicts in Iraq (2003-2011); and Afghanistan (2001-2014)	2003-2014	Women comprise 6.1% and 7.5% of the UK Armed Forces deployed to Iraq and Afghanistan (respectively). ¹⁸ Captain Charlotte Madison becomes the first female apache pilot (2006) ¹⁹ ; Sergeant Chantelle Taylor becomes the first female soldier known to have killed an enemy insurgent in combat (2008) ²⁰ ; Barbara Cooper is promoted to Air Commodore, the highest serving rank for a UK Armed Forces Servicewoman at the time (2008) ²¹ ; Lieutenant Catherine Ker becomes the first Servicewoman to graduate as a Royal Mine warfare and Clearance Diving Officer (2010) ²² ; Elaine West is promoted to Air-Vice Marshal, the highest ever rank assigned to a UK Armed Forces Servicewoman (2013). ²³
	2010	Ban on UK servicewomen in combat roles upheld. ²⁴
	2014	The number of active Servicewomen in the UK Regular Armed Forces is 9.9% (April 2014). 79%, 70% and 94% of Navy, Army and RAF (respectively) posts open to Servicewomen, with female personnel occupying 9%, 11% and 15% of UK Officer posts in the Navy, Army and RAF (respectively). ²⁵
	2015	Wing Commander Nikki Thomas becomes the first UK Servicewoman to command an RAF fast jet squadron. ²⁶ Brigadier Susan Ridge is due to be promoted to Major General in September 2015 (she will be the highest-ever ranking UK Servicewoman in the British Army). ²⁷

Figure 1: Evolution of women's integration into the UK Armed Forces.

¹ Storey & Housego (2010)

² Storey & Housego (2011)

³ Storey & Housego (2011)

⁴ Storey & Housego (2011)

⁵ Storey & Housego (2011)

⁶ www.wrens.org.uk/history

⁷ Dandeker & Segal (1996)

⁸ www.forces80.com/women.htm

⁹ www.raf.mod.uk/history/rafhistorytimeline199099.cfm

¹⁰ Murdoch et al (2006)

¹¹ Dandeker & Segal (1996)

¹² Woodhead (2012)

¹³ Dandeker & Segal (1996)

¹⁴ Woodhead (2012)

¹⁵ Dodd (1995)

¹⁶ Cawkill et al (2009)

¹⁷ UK Defence Statistics (2002)

¹⁸ Woodhead (2012)

¹⁹ Madison (2010)

²⁰ Taylor (2011)

²¹ www.raf.mod.uk/aircadets/newsandevents

²² MoD (2010) www.gov.uk

²³ www.dailymail.co.uk

²⁴ MoD (2010)

²⁵ MoD (2014a)

²⁶ www.telegraph.co.uk

²⁷ Farmer (2015)

preceded the entitlement of Servicewomen, within the Auxiliary Territorial Service (ATS) for example, to equal military status followed by the same protection and treatment under Prisoner of War (POW) status and enemy capture as their male counterparts (Storey & Housego, 2011). This highlighted the small but significant deterioration of the gender gap, in addition to the appreciation of war efforts from both sexes. In 1917, both the Women's Royal Navy Service (WRNS) and Women's Army Auxiliary Corps (WAAC) were inaugurated, followed by the Women's Royal Air Force (WRAF) in 1918. The uniformed services for female personnel were disbanded in 1919 (WRNS), 1920 (WRAF) and 1921 (WAAC), as they were originally created to temporarily substitute women for men in non-combatant roles only (Storey & Housego, 2010).

In 1939, the War Office (WO) sanctioned the reformation of uniformed units for UK Servicewomen in response to the threat of the Second World War (Storey & Housego, 2011). By the end of the Second World War (1945), 460,000 women had been part of the UK military, adopting positions in ammunition manufacturing, signal work, intelligence operations, anti-enemy aircraft control, and frontline and air ambulance nursing (Storey & Housego, 2011). Without women's contribution, Britain's war efforts would have been severely weakened (Gooding, 1996). In contrast to the aftermath of the First World War, a majority of women's military services continued post-1945. In 1949, the Women's Royal Army Corps (WRAC) was formed. This included remaining members of the former WAAC, primarily permitting women to administrative duties and excluding them from combat roles, weaponry and field training (Dandeker & Segal, 1996). By 1980, WRNS, WRAC and WRAF ranks had been normalised to those of Servicemen in the Royal Navy, British Army and Royal Air Force (RAF) (Storey & Housego, 2011) and women started to receive firearms training for defensive purposes in the WRAC (www.forces80.com/women.htm). This prepared Servicewomen for the First Gulf War (1990-1991), marking Britain's first deployment of women in frontline logistics roles, as ammunition technicians and truck drivers (Dandeker & Segal, 1996).

By 1994, female personnel had formally integrated into all three services of the UK Armed Forces: in 1992, the WRAC was disbanded and members were permitted to transfer to appropriate corps of the Regular Army; the WRNS integrated into the Royal Navy in 1993; and the WRAF merged with

the RAF in 1994 (Gooding, 1996; Woodhead, 2012). By 1995, women represented 12.8%, 3.5% and 8.7% of the Royal Navy, British Army and RAF, respectively, adopting roles as Navy warship officers, navigators and fast jet pilots (Dodd, 1995). Women were employed across all corps of the tri-services with the exemption of the Royal Armoured Corps, Royal Marines General Service and the Infantry (Dandeker & Segal, 1996).

Current status of women in the UK Armed Forces

Military opportunities have continued to increase for Servicewomen, particularly since 2000, when the North Atlantic Treaty Organisation (NATO) and the United Nations Department of Peacekeeping Operations implemented fuller female integration into military assignments. This included the opening of combat positions (involving crew-served or individual engagement with enemy fire) such as fighter or apache pilots (MacAskill, 2014). As of 1st July 2014, 15,780 Servicewomen occupied positions in the UK Armed Forces (MoD, 2014c). The proportion of females serving in the UK Armed Forces is steadily but slowly growing, expanding from 8% in 2000 to 9.9% in 2014 (UK Defence Statistics Compendium, 2000-2014). In comparison, the percentage of females occupying positions in the US Armed Forces since 2000 has remained relatively stable at 14.6%, dropping by no less than 0.5% within this period (U.S. Census Bureau 2013; Department of Defense, 2012).

Regardless of these figures, women serving in the UK Armed Forces are prohibited from joining any ground close-combat units where the primary duty is to be at close range with and kill the enemy face-to-face. This includes exclusion from the Royal Marines General Service, Infantry, Royal Armoured Corps, and various artillery and engineer positions (MoD, 2014a). This ban was upheld throughout the Iraq and Afghanistan Wars, despite women comprising approximately 6.1% and 7.5% of the UK Armed Forces deployed (Defence Analytical Service Agency, DASA, 2008), reflecting the current restrictions to posts open to UK Servicewomen (MoD, 2014a) (*See Figure 1*). These may change if plans to lift the ban for UK Servicewomen serving in frontline ground close-combat roles go ahead. This notion was recently reinforced by the UK Defence Secretary who stated that, subject to practical policy issues and research into the long-term impact on women of infantry training, the

movement may be ready to take place in 2016 (Cawkill et al, 2009; MoD, 2010; MoD, 2014a). This has been an ongoing debate across the tri-services since the late 1990's; the European Court of Justice (ECJ), for example, supported the exclusion of Servicewomen from joining the Royal Marines General Service in 1999. This case was brought about by Angela Sirdar after her transferral as a cook from the British Army to the Royal Marines was refused on the grounds of the unknown impact of female participation on 'combat effectiveness' and the Marines 'interoperability' principle (where each individual must be able to perform tasks and fight as part of an infantry unit, independent of their specialisation) (European Court of Justice, 1999). In 2000, the Equal Opportunities Commission (EOC) stated that the 'combat effectiveness' exclusion was too broad and that Servicewomen should have access to all jobs in the Armed Services on the basis of their ability in terms of fitness and role performance. This is, however, what forms the basis for female exclusion of many ground close-combat positions today (MoD, 2014a).

Motherhood in the UK Armed Forces

MoD reports (2014b; 2015) indicate that in 2014, 31.3% of UK regular personnel had children, an increase of 5.7% since 2009; of this, 22.5% were UK Servicewomen (a 7% rise since 2009) and 32.3% were UK Servicemen (a 5.6% rise since 2009). In 2014, 57% of UK regular personnel with children were married or in a civil partnership, with 11.5% of those with children neither married nor in a civil partnership. The reports indicate an average of 6.2% of UK Servicewomen across the tri-services taking maternity leave, compared to 1.6% of UK Servicemen taking paternity leave, between 2008 and 2012. During this time, the average percentage of female UK regular personnel by Service (including officers and other ranks) taking maternity leave was 6%, 6.2% and 6.5% within the Royal Navy, Army and RAF (respectively). Despite the lower number of Servicewomen in the UK Armed Forces, these figures exceeded statistics for their male counterparts. The average percentage of UK Servicemen taking paternity leave was 0.9%, 1.4% and 2.8% within the Royal Navy, Army and RAF (respectively) during the same period (MoD, 2015).

Up until 1991, in accordance with the UK Armed Forces' exemption from the Sex Discrimination Act (1975), women faced automatic discharge if they became pregnant whilst serving in the UK Armed Forces. Now, since the exclusion of pregnant women from employment can only be justified on the grounds of operational effectiveness (European Communities Council Directive, 1976), if women discover they are pregnant whilst deployed, a clinical risk assessment is completed and they are returned home at the first convenient opportunity. Here, they can be reassigned to administrative and clerical duties until their maternity leave of up to 52 weeks begins (MoD, 2008). One hundred and two Servicewomen were sent home from Iraq upon discovering their pregnancy before British Forces withdrew in 2009. Similarly, between January 2010 and December 2013, 120 UK Servicewomen were evacuated from operations due to pregnancy, a majority of whom were serving in Afghanistan at the time (MoD, 2014c; Crossley, 2014). Equal Opportunities Commission (2000, 2007) debates regarding compensation for UK Servicewomen dismissed from Service due to pregnancy, brought the issue of motherhood and combat into light.

Military vs. Motherhood demands

To understand how Servicewomen may cope with perceived conflicts between military and family pressures, the main demands of the military environment have been selected through an overview of military studies (Segal & Harris, 1993; Drummet, Coleman & Cable, 2003; Burrell et al, 2006; Bowen, 1989). These include mission readiness and retention, both identified as “pillars” of military performance (Moore et al, 1991); in addition to relocation and deployment. To show how these demands interact with the mothering role, the primary pressures of motherhood have been chosen via parenting studies (Ben-Galim & Thompson, 2013; Astbury, 1994). These include regaining postpartum physical fitness, coping with dual-identities, maternal separation anxiety, and childcare concerns both during and post-deployment.

5.2 Military demand: Mission Readiness

The following section will define what is meant by ‘mission readiness’, describing how it may be impacted by the physical and emotional demands faced by serving mothers when managing postpartum fitness and dual-identities.

Mission readiness concerns an Armed Force’s ability to carry out its missions, determined by preparedness and responsiveness both on an individual (each personnel is ready to perform their job) and unit level (operations teams are able to effectively perform their tasks for which they are organised) (Buick & Pickering, 2013). The unpredictability of today’s security, warzones and operation tempos makes enhancing readiness vital for operational success (MoD, 2005). Within a military career where physical fitness is an important measure of readiness, new mothers are required to cope with the additional strains of regaining postpartum fitness to military standards.

Physical demands for new mothers

Physical exercise for new mothers is often constrained by a combination of structural (time, energy and money restrictions) and ideological (expectations of a ‘good mother’) dilemmas, in addition to potential postpartum health complications such as genital prolapse and pelvic stress injuries (PSI) (Lewis and Ridge, 2005; Fonti et al, 2009). Despite anatomy-based differentiations between male and female UK Armed Forces recruitment standards, fitness requirements are as intense for Servicewomen as they are for Servicemen. Although postpartum complications can endure for up to 6 months, genital prolapse cases often remaining dormant for years, UK Servicewomen are expected to meet their standard entry requirements on return from maternity leave (MoD, 2009). This potentially increases the chances of high-impact and premature physical activity, provoking back injury, impaired ligaments and loss of perineal muscle strength (Clapp, 1988). A particular challenge for military mothers in the UK Armed Forces may be the pressures they put upon themselves to achieve pre-pregnancy fitness 6 months post-childbirth, as this marks the end of their deferment period from active duty (MoD, 2005), and a fear of job loss if they do not meet these standards.

According to research within the civilian sector, fear of job loss is one of the main factors influencing women to return to work prematurely. In recent studies, 50% of new mothers in the UK cut their maternity leave short due to this concern, with 13% worrying motherhood would affect their future promotion prospects (Spillett, 2014; Southam, 2014). This is predominantly the case when women work within male-dominated organisations; such gender imbalance may encourage common female internalised beliefs that, by virtue of their gender they do not possess the qualities that they associate with highly paid and prestigious occupations, compared to their male counterparts (Charles & Grusky, 2007). This is typically based on societal assumptions and gender stereotypes (Evans, 2013; Inzlicht, & Ben-Zeev, 2000; Gupta & Bhawe, 2007). This makes many women feel as though they must perform better than men through stereotype threat (fear of confirming negative stereotypes about their gender) (Inzlicht, 2011) and the fear of losing their desired jobs to men, particularly if they are new mothers or of childrearing age and may be avoided by employers due to this factor (Press Association, 2014; Silvera, 2014). This idea partly explains why more women (42%) in the UK civilian sector report greater levels of work-life stress and feelings of unhappiness than civilian men (29%) (www.mentalhealth.org.uk). As the military represents a highly-gendered male-dominated culture, it can be assumed that fear of job loss is a primary concern for new mothers wishing to resume and verify their military role. Health detriments resulting from premature return can hinder both individual and unit readiness. Research conducted in the UK suggested that there was a correlation between mixed-sex training and over-use stress fractures in UK Servicewomen who were 3-4 times more likely to be injured and medically discharged during training, reflecting potential desire to compete with male comrades to prove their capability of matching their fitness and pace (Bilzon et al, 2006). In response to this, the British Army successfully introduced single-sex platoon training regimes in 2006; although training requirements remain the same across male and female platoons, training is conducted at a pace commensurate with their physical profile (Wilks, 2005). Due to this, single-sex platoon training has reduced medical discharges and PSI amongst UK Servicewomen, enhancing physical and operational fitness amongst female personnel (Adult Learning Inspectorate, 2007; Committee for Women in NATO, 2009; Richmond et al, 2012).

The RAF has made further refinements to lower the chances and extremities of PSI in Servicewomen, particularly new mothers, by introducing grace periods, pre-conditioning courses preceding training programmes, and single-sex flights which were introduced in 2009 (Committee for Women in NATO, 2009).

Emotional demands for new mothers: Adopting dual-identities

The relationship between emotional wellbeing and role performance is governed by an interaction of identities primarily linked to employment, socialisation, family relations and parenthood (Haslam et al, 2009). Women generally bear a disproportionately greater responsibility for childcare compared to men (O’Laighlin & Bischoff, 2005). Despite this, an increase in return rates between 2002 and 2012 following maternity leave (by 0.5%, 29% and 7.6% in the Royal Navy, Army and RAF, respectively) indicates a rise in the number of military mothers within the UK Armed Forces (MoD, 2014b). This suggests that the adoption of dual-identities, as a mother and Servicewoman, is attainable. Many women in the Armed Forces achieve this by downplaying their femininity and adopting male traits that are perceived as more suitable for success in the military environment (Winter, 2014).

Additionally, Israeli Servicewomen occupying traditionally-male roles within the Israeli Defence Force reportedly felt under constant pressure to adopt male behaviours to prove their fitness for soldier criteria (Nevo & Shur-Shmueli, 2003). Though this has proven beneficial for women in various working environments (Koenig et al, 2011) and may in fact enhance military readiness, it can lead to ‘role strain’ in military mothers who have multiple and conflicting roles and responsibilities.

Analysing mother’s psychological distress associated with multiple roles, Barnett, Baruch and Grace (1985) described role strain as having two components: *role overload* (pressure to perform all roles successfully) and *role conflict* (demands from one role prohibiting performance of another). In their study, Rupkalvis (1987) discovered that US military mothers find it difficult to simultaneously fulfil multiple obligations, balancing the inherent commitment and fitness requirements of the military against the comparably demanding socially-derived expectations of a ‘good mother’. Compared to civilian-employed mothers, Servicewomen have been reported to experience greater parental role

conflict, mainly facilitated by long-term separations, childcare concerns, the military's traditional compatibility with the husband/father role, in addition to gender stereotypes (Taber, 2005; Kelty & Segal, 2013, cited in Wilmoth & Andrew). For example, US Navy female personnel have described feeling stigmatised based on their parental status more so than their gender due to the assumed consequences this could have on their fitness and military duty (Tucker & Kelley, 2009). Other studies conducted within the US Armed Forces have highlighted work-life balance to be one of the biggest issues impacting the readiness and deployability of US female personnel (Lovell et al, 2005). Parental role strain has also shown to increase mental health service utilisation patterns of offspring within civilian populations (Brannan, Heflinger & Foster, 2003), further demonstrating the potential effects these pressures can have on UK Servicewomen and their families.

The research outlined suggests that, although current gender-fair and single-sex policies in the UK Armed Forces may heighten female personnel's sense of equality, belonging and identity as a Servicewoman *and* mother, the impact of postpartum fitness demands and the accompanying role strain could impede military readiness. This may reinforce the pressures Servicewomen face when returning from maternity leave and throughout future military duties, including deployment (Thompson & McCreary, 2006).

5.3 Military demand: Relocation and deployment

The following section will address the impact of relocation and deployment, describing how this may evoke maternal separation anxiety, and deployment-related and post-deployment re-adjustment stress amongst serving mothers.

Relocation

Geographical relocations are an integral part of military life (Cavanaugh & Crook, 2009; Strachan et al, 2010). Although relocation may be one of the attractions for joining the military for young or single personnel, for those with dependents this can be stressful. Studies within the US Armed Forces highlight correlations between relocation stress and family adaptation, with 26% reporting severe adjustment issues (Croan, LeVine & Blankinship, 1992) and 10% claiming relocation to be their most

prominent reason to leave the Forces, especially if it procures work-family conflicts, this is exacerbated by unanticipated deployment, unpreparedness and extra childcare costs (Bell & Schumm, 1999). Recognition of relocation stress amongst UK Service personnel and their families is reflected in the MoD's decision to review the New Employment Model (NEM) which aims to reduce the frequency of moves, enhancing stability and support for Service families (MoD, 2014d; Strachan et al, 2010). Military mothers, in particular, may benefit from this as they are susceptible to experiencing a sense of maternal anxiety and guilt (Figueora et al, 2012) during relocation when their children are forced to leave their schools and friends. Studies have demonstrated that this can remain throughout the deployment period (relocation that seldom includes the family unit) and may be related to concerns surrounding their attachment with, and separation from, their child (Drummet, Coleman & Cable, 2003; Kelley et al, 2002). Limited research has been done investigating the same effect in Servicemen. However, it is known that separation anxiety can occur in all adults and no specific gender effects in mean levels of separation anxiety have been found, particularly throughout the first two years of parenthood (Hock & Lutz, 1998). This suggests that Servicemen may experience similar levels of guilt and anxiety when separated from their child during deployment.

Deployment-related stress

Maternal separation anxiety

Documentation of attachment and the emotional impact of war on young UK mothers first transpired during the Second World War, based on the trauma effects of separation from children during evacuation (Storey & Housego, 2011). During the First Gulf War (1990-1991), up to 17,500 families were separated, with many Servicemen and Servicewomen leaving their children; others resisting deployment due to family responsibilities (Burelli, 1996). This raised questions regarding realistic family care plans, in addition, to the potential effects of an incompatibility between military and family life, and parental concerns associated with separation from their child (Segal & Harris, 1993).

Maternal separation anxiety is defined as a mother's unpleasant emotional state expressed through helplessness, worry, sadness and guilt in response to leaving her offspring (Huerta, 2014). As the

strain of deployment has risen due to recent conflicts, the Iraq and Afghanistan Wars, it is important to understand the impact this may have on serving mothers and their relationship with their child both during and after deployment. The intensity of anxiety can be mediated by the child's reaction to the separation (Kelly, Berkel & Nilsson, 2014). Reviews of wartime separations (Morse, 2006; Riggs & Riggs, 2011) have highlighted common offspring reactions to parental deployment, correlating with the three phases of separation anxiety outlined by Robertson and Bowlby (1952). Children are likely to display anxiety prior to their parent's deployment (phase one), followed by extreme sadness, depression and withdrawal whilst their parent is deployed (phase two). During the post-deployment re-adjustment period, children may experience mixed reactions such as denial, excitement and anger in response to separations and abrupt reintegration to pre-deployment life (phase three) (Robertson and Bowlby, 1952). Behavioural changes in children due to separation can translate into anxiety and depressive symptomatology in mothers via concerns for their child's wellbeing (Mofrad et al, 2009; Kaitz et al, 2010). This may explain the elevated levels of parenting stress and sensitivity to offspring observed amongst US deployed mothers (Kelly Herzog-Simmer & Harris, 1994), in addition to greater distress, PTSD and depression, compared to those who were not deployed to Iraq or Afghanistan (Gewirtz et al, 2014).

Much of the research analysing the impact of military deployment focuses on the children of parents deployed, rather than what effects separation may directly have on the parents themselves (Gorman, Eide & Hisle-Gorman, 2010; Chandra et al, 2010; Chartrand et al, 2008; Huebner et al, 2007). The latter may, however, constitute the primary concerns for UK military mothers deployed on overseas operations for up to six months at a time.

Deployment length

Studies have indicated that separation length enhances distress, detachment and damage to family relationships, and that this may be intensified when Service and family members suppress their emotional responses, potentially impeding long-distance relationships when deployed (Vormbrock, 1993; Bowling & Sherman, 2008). Unforeseen cancellations of rest and recuperation periods, repeated

deployments, and tours being unexpectedly extended have also been associated with poorer mental health and higher levels of guilt in both UK and US Service personnel (Rona et al, 2007; Fear et al, 2010). The UK Ministry of Defence Harmony Guidelines (2001) state that deployment should last no longer than six months, followed by a period of 24 months without deployment; these guidelines were, however, breached in 2009 by almost 50% of UK military units, suggesting an enhanced probability of extended tours and distress associated with child separation for mothers in the UK Armed Forces (www.publications.parliament.uk). As parenting distress can affect role and emotional functioning such as handling responsibilities, daily demands and decision-making (Vinokur, Pierce & Buck, 1999), this could impact unit readiness and cohesion, and may add to the existing pressures experienced by military mothers. Single mothers serving in the US Armed Forces have expressed higher levels of separation anxiety during deployment, compared to those who are married with wider support networks (Kelly, Herzog-Simmer & Harris, 1994). This may be a result of the heightened physical and emotional challenges associated with being the child's primary source of support, which could interact with the intensive demands of combat exposure throughout deployment.

The potential impact of combat exposure on mothers deployed in the UK Armed Forces

Compared to previous eras, Servicewomen are being exposed to more and more combat stressors. As many as 74% of US Servicewomen deployed to Iraq had one or more combat experiences, such as firing a weapon at the enemy or receiving incoming fire (Dutra et al, 2010). The wars in Iraq and Afghanistan in particular show how asymmetric warfare and the use of Improvised Explosive Devices (IEDs) and drone attacks have altered conceptions of the modern battlefield by blurring the definitions of 'the frontline'. Although UK Servicewomen are officially not allowed to serve in combat, they are placed in positions of equal risk to their male comrades, indicating that all Service personnel are exposed to danger regardless of their gender or role, therefore women may already be serving on the frontline (MoD 2014a; Kline, 2013). During the First Gulf War (1990-1991), it was reported that 2% of US female personnel had suffered a combat-related injury, 1% reporting to have been involved in a killing, contrasting reports of 7% and 4% (respectively), during the Iraq and Afghanistan Wars (HealthDay News, 2012). As ground close-combat bans against Servicewomen have been lifted in

countries including New Zealand, Canada, the US, Australia and Nepal (Mulrine, 2013), it may be necessary to consider the impact this could have on deployed female personnel, and how opening all frontline positions to Servicewomen in the UK Armed Forces could affect post-deployment welfare of Servicewomen, including serving mothers.

From an evolutionary perspective, males' primary concerns are extended to anybody weaker or dependent upon them; whereas females' maternal instincts make them primarily responsive to infantile helplessness (Shields, 1975). According to Thorndike (1914), even when an environment is kept homogeneous for men and women, these instincts can produce significant differences in mental and moral activities between the two sexes. This view may seem old-fashioned as women have proven they are more than capable of fulfilling 'male roles' in both civilian and military sectors (*see Figure 1*). Nevertheless, in an environment that involves high-risk combat including the killing or capturing of the enemy, can women reject their innate maternal instincts? Polusny et al (2014) demonstrated that combat stressors, prior interpersonal victimisation and pre-deployment concerns regarding family disruptions during deployment were associated with higher post-deployment post-traumatic stress disorder (PTSD) symptoms amongst Servicewomen only, compared to their male counterparts. Familial concerns and multiple role obligations throughout combat exposure may therefore heighten anxiety in serving mothers, particularly when there are conflicts between military and motherhood demands.

Combat exposure in Iraq and Afghanistan increased the risk of PTSD in both Servicemen and women (Seal et al, 2009). Suicide risk for both genders was 66% higher than that of the general US population, with males suffering depression at a higher rate than the non-military male community (McCarthy et al, 2009; Wells et al 2010). Although these findings suggest that Servicemen and women may be equally exposed to the mental health effects of combat, MoD statistics (2012-2013) demonstrate that women deployed in the UK Armed Forces are more than twice as likely to report psychological concerns as their male counterparts. Female personnel exposed to combat have higher rates of mental health hospitalisations and acute illnesses including sleeping disorders; panic and anxiety; attempted suicide and self-inflicted injuries (Britt, Castro & Adler, 2006; Wojcik, Akhtar &

Hassell, 2009; Zouris, Wade & Magno, 2008; Seelig et al, 2012). Seal et al (2009) investigated the prevalence of mental health diagnoses amongst Iraq and Afghanistan US veterans between 2002-2008. They discovered that women on active duty had a higher risk of developing depression compared to male comrades, supporting evidence that depression and suicide amongst women deployed and exposed to combat is considerably higher than in those deployed without combat exposure (Wells et al, 2006). Although Servicewomen currently represent the minority for all combat exposures (such as receiving small-arms fire and seeing and handling bodies), all US veterans sampled who experienced combat during the conflicts in Iraq and Afghanistan had a higher prevalence of mental health problems (compared to those not exposed to combat), irrespective of gender (Afari et al, 2015). These findings demonstrate that when men and women are exposed to the same environment, women may be more likely to suffer (or at least report) the psychological sequelae of combat. What about the physical consequences of combat exposure?

Advancements in body armour and medical care increased casualty survival rates to greater than 90% throughout the recent conflicts in Iraq and Afghanistan (Hylden, Johnson & Rivera, 2014). As US Servicewomen have not been assigned to frontline positions for a majority of the current conflicts, they account for a smaller percentage of combat-related casualties, nevertheless gender differences in the nature and consequences of injuries sustained have been observed. Although the prevalence of injury severity was similar between the two genders during the Iraq and Afghanistan wars, US Servicewomen were more likely to die of their wounds compared to Servicemen, contrasting sex differences in civilian-injured survival rates where females often fair better than males (Hylden, Johnson & Rivera, 2014). In a recent review of the Department of Defense Trauma Registry statistics, US Servicewomen casualties were younger (26.1 years of age, compared to 27.8 years of age for males); had more severely rated injuries and overall higher injury severity scores compared to their male counterparts, despite the most common mechanism of battle-injury being IEDs for both genders (Hylden, Johnson & Rivera, 2014). Further reviews have analysed US databases to assess whether there is a difference in long-term disability and subsequent return to duty rates between Servicemen and Servicewomen (Rivera, Hylden & Johnson, 2015). Though US Servicewomen

deployed between 2001 and 2011 had lower rates of pain disorders, they had a higher prevalence of arthritic conditions (58%) compared to their male counterparts (35%). Servicewomen also reported PTSD to be more severe (38%) than Servicemen (19%) and had lower return to duty rates due to their combat injuries (48% vs. 34% for Servicemen). The findings indicate a difference between male and female physical and psychological wellbeing, and that combat exposure may impact Servicewomen more than their male counterparts both throughout and following deployment. Kelley et al (2002) illustrated that US deployed single mothers in particular had the highest levels of post-deployment depression and anxiety, with deployment duration involving combat exposure representing the main predictor of dysfunctional psychological re-adjustment to family life. This mirrors further reports by US Servicewomen that family separation and reintegration patterns are also considered major stressors of the deployment cycle (Mattocks et al, 2012) and suggests that post-deployment reunions and re-adjustments can be just as challenging for military mothers as the deployment period of separation itself.

Post-deployment stress

Reintegration into family life

Service personnel face many challenges when returning home after a long period of time from deployment (Brown et al, 2012; Meredith et al, 2008; Pisano, 2010). Research investigating this amongst US Reserve and National Guards units has identified key categories of post-deployment stress for Servicemen and women, including a sense of loss of their military role and independence gained during deployment; reassuming and adjusting to family roles and relationship boundaries; concerns regarding their child's welfare; and the challenge of reintegrating into the family unit (Renshaw, 2010). There is limited research detailing a direct comparison of reintegration difficulties experienced by serving mothers and fathers. Some research may also contain a disproportionate number of Servicemen to women, as in Renshaw (2010) whose report is based on a sample that is 98% male. Separate studies on serving mothers and fathers do suggest that for Servicewomen, reintegration challenges predominantly revolve around re-establishing their primary duty and

‘mother’ role, partner connections and bonds with their children, whilst re-adjusting to potentially new or altered family routines (Drummet, Coleman & Cable, 2003). For Servicemen, a heightened sense of jealousy may be experienced on return if they believe their wives have less time for them due to the growing demands of their child (Wood, Scarville & Gravino, 1995). In addition to this, though both Servicemen and women are at risk of injury, the current ground close combat rules and restrictions in the UK Armed Forces may explain why Servicemen throughout the Iraq and Afghanistan wars experienced higher exposure to ‘risk to self events’ such as coming under mortar, artillery or rocket attack (78.8% males compared to 66.7% females sampled); encountering sniper fire (19.7% males compared to 4% females sampled); or a threatening situation where they were unable to respond due to the rules of engagement (21.6% males compared to 6% females sampled) (Iversen et al, 2008; Woodhead et al, 2012). Injuries that occur during combat can be life-altering for both personnel and their families as they may cause role changes that are also difficult to adjust to during the reintegration period, such as moving from ‘breadwinner’ to a secondary status (Drummet, Coleman & Cable, 2003). This may also explain any differences in reintegration challenges between mothers and fathers returning from deployment.

Re-adjustment to family life

In a study on post-deployment re-adjustment in US male and female First Gulf War veterans, Servicewomen were significantly more likely to report concerns regarding family relationship disruptions on return, which were strongly associated with post-deployment mental health (Vogt et al, 2005). This suggests that re-adjustment to family life may play an important role in post-deployment stress especially among military mothers, given the centrality of the ‘maternal role’ and increase in responsibilities associated with their obligations as mothers. This could be explained in several ways.

First, military mothers can find it stressful to leave their child with another carer, even if this is their own partner (Peth-Pierce, 1998), and many may return to discover their child exhibiting various behaviours in reaction to them leaving; this can include anger, fear or confusion as to who they are and why they ‘abandoned’ them (Wyden, 2014). Numerous studies, conducted primarily in the US

Armed Forces, have highlighted the aftereffects of separation on child behavioural and emotional functioning (Orthner & Rose, 2005a; Jensen, Martin & Watanabe 1996; Cozza, Chun & Polo, 2005). In their study, Rowe et al (2014) examined the perceptions of UK military personnel regarding the impact of their career on their child's wellbeing. They concluded that 51% of personnel felt that their military career has had a negative impact on their children, particularly if they themselves were single, deployed for 13+ months within a 3 year period, or reported probable PTSD (Rowe et al, 2014). As 47% of mothers (32% of fathers) in the UK civilian sector have reported their child's mental health to be their greatest concern (Burns, 2015), changes in their child's behaviour, in addition to coping with their own post-deployment mental health, may place a burden on serving mothers already enduring the stresses of transitions to civilian life.

Second, children develop rapidly, particularly within their infant years and this may be distressing for military mothers who have missed out on witnessing key milestones, such as their child's first words, crawls or steps (Gooden, 2014). Finally, the stress of re-adjustment may be greater for Servicewomen who, alongside re-adopting their role as primary caregiver, also endure the stigmatisation of the 'Veteran Woman' identity (Street, Vogt & Dutra, 2009; Demers, 2011). Similar to gender stereotypes within the military, this role is attached to societal beliefs that Servicewomen do not face the same dangers, and therefore should not suffer the same psychological sequelae as men in combat (Street, Vogt & Dutra, 2009). This ideology was reflected in reported unsupportive homecoming receptions for many women returning from the Vietnam War; such response mediated the relationship between their trauma exposure and PTSD (Fontana, Schwartz & Rosenheck, 1997). Although recent studies illustrate that the effects of family disruptions often dissipate over time (Faber et al, 2008), such research indicates that post-deployment re-adjustment may be more complex for military mothers than it is for returning fathers. This is not to suggest that military fathers do not experience any form of separation anxiety; attachment patterns between children and their fathers have been found to closely resemble those towards mothers (Main & Weston, 1981; Duchesne & Ratelle, 2013; Carter & Almarez, 2014). Nevertheless, attachment concerns and post-deployment stress appear to be higher amongst serving mothers (Rundell, 2006). This may explain why 51% of

US military mothers supported the idea of delaying deployment for one year following childbirth, to enable them to form a secure bond with their child (Else-Quest, Hyde & Clark, 2003; Goodman et al, 2013).

Similar to many UK civilian mothers wishing to return to work (Peltz, 2012), military mothers may wish to quickly resume their career. However, research suggests that unlike civilians, they are faced with the physical and emotional challenges unique to the motherhood role whilst balancing the demands of relocation, deployment and the post-deployment period. Maternal separation anxiety, deployment length, the exposure to combat during deployment and re-adjustment to family life may impact the performance and deployability status of female personnel.

5.4 Military demand: Retention

The following section defines what is meant by the term 'retention', describing how this may be affected for both single and married Servicewomen as a result of childcare concerns, perceived support and relationship status.

Retention refers to an individual's continuation of Service, including their intentions to re-enlist (Segal & Harris, 1993). Within the military, retention of all Servicemen and women is essential for preserving morale, readiness, cohesion and unit strength, in addition to avoiding costs associated with training replacement personnel (Antecol & Cobb-Clark, 2005). The main factors that influence retention behaviours in the military include unit support (Lancaster et al, 2013), pay (Simutis, 1994), mental health (Creamer et al, 2006), and satisfaction with the military way of life, including role equality (Sayle, 2015). Other factors include spousal support and supervisor allowance of time off for family matters (Rabkin, 2000; Albano, 2002). This is supported by observations of poor performance and career withdrawal in personnel who express family-related concerns (Schumm, Bell & Resnick, 2001), highlighting another predictor for retention: family wellbeing.

Research has demonstrated a relationship between family life and military retention (Zellman et al, 2009). Examining predictors of male and female personnel's likelihood of remaining in the National

Guard following deployment in Iraq, Lancaster et al (2013) observed gender differences in personnel intentions to re-enlist. For Servicemen, pre-deployment depression and perceived life threats during deployment were the main predictors of this. For Servicewomen, pre-deployment introversion and post-deployment life stressors, including re-establishing family bonds, were the main predictors (Lancaster et al 2013). As childcare concerns are one of the highest reported stressors in Servicewomen (Kelley et al, 2002), retention rates may become impaired if they are not addressed and support is not implemented. Working mothers of both civilian (Guralnick et al, 2008; Hill, 2005) and military sectors have stated how support, in the form of parent management training and family-based interventions for example (Gewirtz et al, 2011), is vital for reducing childcare-related stress which, in turn, optimises mothers' abilities to successfully balance multiple roles.

Childcare and perceived support

Research has highlighted that female employment is often disrupted by childcare concerns (Cassirer & Addati, 2007; Kimmel, 2006). These include *quality*, *cost* and *availability* (Duncan, Paull & Taylor, 2001; Pugh, 2005). Military mothers face these challenges in addition to the specific demands of their career, including relocations, deployment, and unpredictable working hours, all of which can make childcare arrangements difficult to secure. More than 50% of US military mothers reported being late to work at least once in the previous month because of childcare issues and 20% stated this would more than likely cause them to leave the Forces (Zellman et al, 2009). This was highlighted in Kelley et al's (2001b) study on US Navy mothers analysing their intentions to re-enlist pre- and post-deployment. After deployment, concerns regarding balancing a Navy life with family responsibilities and higher commitment to the motherhood role predicted intentions to leave the military, indicating serving mothers' realisations of heightened parental stress during deployment (Kelley et al, 2001b).

Seeking support: Servicewomen may generally find it more difficult than Servicemen to approach senior personnel in order to seek support; this stress is emphasised as most senior staff are male, whom many Servicewomen feel do not understand the pressures experienced by females regarding physical and mental health, and motherhood duties (Bouvard, 2012). This may subsequently impact

on retention. In their report on mother's perspectives on military support in the US Army, Goodman et al (2013) discovered one of the major issues for military mothers to be the lack of resources in place to aid with childcare when they are deployed. This included inadequate notifications from a caregiver who can no longer look after their child; the need for the mother herself to relocate and transport her child and their belongings to and from areas of residence often miles from her own base; and in particular, the leave and travel costs associated with these instances (Goodman et al, 2013).

For example, taking leave to meet childcare needs may impact personnel's ability to socialise with their comrades. This may have more of an effect on single mothers who do not have adequate external support (from a spouse for example), and can subsequently influence group cohesion, role performance, job satisfaction and retention (Oliver et al 1999). Additionally, many mothers in the US military are often not permitted requested departure from deployment in order to resolve or organise new childcare arrangements (Goodman et al, 2013). Though it is important to note that the military structure and deployment durations differ between the US and UK, similarities in regulations within the UK Armed Forces are apparent. In addition to Childcare Voucher Schemes (CVS) and Army Welfare Services (AWS) which run community centres, youth clubs, pre-school groups, nurseries and learning centres for children of deployed parents, the UK Armed Forces offers local and informal Flexible Working Arrangements (FWA's) (part-time, job-sharing or shift-working opportunities) (Equal Opportunities Commission, 2007). Although these policies can support both single and married mothers in coping with childcare concerns (Dietmann & Brown, 2008), one of the disadvantages is their impracticality when they are deployed.

Statistics indicate that 22% of UK personnel FWA requests are declined due to potential damage to operational retention and effectiveness, with 37% of those declined most likely to be working in single-service frontline units (Dietmann & Brown, 2008). Reports also suggest that 21% of UK Servicewomen only, claimed that their FWA request had a negative effect on their relationship with colleagues, potentially as a result of gender stereotypes and perceived incapability to juggle multiple roles (Dietmann & Brown, 2008). The impact of declined leave upon military mothers was highlighted in the case of single mother former UK Army Corporal, Tilern DeBique, who in 2007

received a disciplinary discharge following her absence on parade in order to care for her sick daughter. DeBique was told by a Senior Officer that the British Army was “unsuitable for a single mother who could not set up childcare arrangements”. Though she was offered a transfer to an alternative role, she left the Army shortly afterwards (Basham, 2013).

Relationship status

Concerns for single military mothers: According to MoD (2015) statistics, in 2014 12.6% of UK Servicewomen with children were neither married nor in a civil partnership (an increase of 4.8% since 2009), in comparison to 11.4% of single UK Servicemen with children (an increase of 3.7% since 2009). Between 2008 and 2012, an average of 3.2% of female UK regular personnel had taken maternity leave under single marital status (neither married nor in a civil partnership), compared to an average of 0.7% of UK Servicemen taking paternity leave who were neither married nor in a civil partnership (MoD, 2015). Surveys of UK single mothers show their increased vulnerability to loneliness, identity crises and mental health disorders including depression and anxiety, due to enhanced stress levels associated with lone responsibility of childcare and its conflicts with their career (Targosz et al, 2003; National Research Council and Institute of Medicine, 2009).

Research on US Servicewomen found that they were more likely to remain single compared to females in the general population, mainly due to reported difficulties in initiating and maintaining long-term relationships that are compatible with their military lifestyle. US research shows how single motherhood in the military can heighten physical and emotional challenges in comparison to the experiences of married couples and those in the civilian workforce. More disruption to family functioning and child separation concerns have been reported amongst US single military mothers, for example, single mothers felt that deployment imposed discontinuity in childcare which solely burdened themselves in the absence of a spouse (Kelley, 1994). Findings also demonstrate that serving mothers receiving partner support in the Australian Defence Force did not have a markedly higher risk of PTSD, alcohol misuse or psychological distress compared to Servicewomen with no

dependent children (Davy et al, 2015). This suggests that spousal support may be an important protective factor in serving mother's wellbeing and retention rates.

Concerns for married military mothers: MoD (2015) statistics indicate that between 2008 and 2012, an average of 13.7% of female UK regular personnel had taken maternity leave whilst in a relationship (either married or a civil partnership), compared to an average of 2.8% of UK Servicemen who took paternity leave whilst married or in a civil partnership. Being married in the military has an array of benefits including subsidised housing, childcare and boarding school places for Service families (Defence Infrastructure Organisation, DIO, 2014; Burland & Lundquist, 2012). Research has illustrated that married Servicemen and women report higher satisfaction with their career and lower levels of work-family conflicts (Wadsworth & Southwell, 2010). This reflects studies demonstrating the importance of spousal support in helping military mothers cope with childcare concerns. For example, married personnel with spousal support for their career and childcare needs have the highest retention behaviours compared to single parents and those with less support (Simutis, 1994).

Further studies have suggested spousal support to be one of the best predictors of retention and that a breakdown in support can provoke an increase in divorce rates and decisions to leave the military (Hosek, Kavanagh & Miller, 2006; Rosen & Durand, 1995). Research from the US Armed Forces indicates that divorce rates are higher amongst female personnel (7.2%) compared to their male comrades (2.9%) (Bushatz, 2013). For mothers within the US population working non-standard hours (such as fixed night shifts), divorce rates were three times higher than those working normal daily shift patterns (Presser, 2000). This effect recedes with spouse commitment to one another (Schoen et al, 2002), supporting findings within US combat units that indicate a correlation between negative spousal relationships and personnel mental health problems, inability to complete jobs and decreased probability of re-enlistment (Hoge, Castro & Eaton, 2006).

Serving mothers may be particularly vulnerable to reduced spousal support due to the dangers associated with their job and the impact their absence (as primary caregiver), injury or death could have on their child. This may even apply to women in dual-military marriages. Female personnel are

five times more likely to be in dual-military marriages, where both husband and wife are serving in the Forces (Joint Economic Committee, 2007). Although this may enhance spouse support and understanding, a primary concern regarding childcare for dual-military couples is the prospect of both being deployed simultaneously or on consecutive tours, lengthening the child separation period (Segal & Harris, 1993). This could reinforce concerns regarding carer availability, adequacy of medical leave and access to appropriate health services for their children, all of which are accentuated during deployment (Joint Economic Committee, 2011).

The research outlined suggests that serving mothers, single or married, may generally be more susceptible to low retention rates due to childcare concerns and the potential struggle to balance conflicting mother and Service personnel roles.

5.5 Chapter summary

This chapter outlines the main challenges for Servicewomen and how these may interact with the equally-demanding pressures of life as a mother. Although it presents the need for further research to be conducted within the UK Armed Forces, findings from the available UK and US research data demonstrate the demands present for deployed mothers. Physical demands are a prominent issue for Servicewomen who regress in military fitness standards during pregnancy and recovery from childbirth. Furthermore, military mothers face the incompatibility of ‘good soldier’ and ‘good mother’ identities based on societal and military cultural ideologies; the physical and psychological impact of combat exposure both during and after deployment; maternal anxiety when separated from their child throughout deployment, whilst maintaining high standard military duties; in addition to childcare cost, quality and availability concerns. Detailed understanding of motherhood demands for UK Servicewomen may aid the Armed Forces’ implementation of corresponding policies. In doing so, the Forces may enhance military mother’s satisfaction, coping mechanisms and ability to balance service and family life, ultimately strengthening readiness, retention and operational effectiveness during deployment.

Caution should be taken when comparing US and UK samples. Demographical, cultural and structural differences within the US Forces, including longer tour lengths, may impact the ability to directly and accurately apply motherhood experiences from one to the other. Recommendations for future research in this area therefore include the retrieval of qualitative data via interviews with UK female personnel to gain first-hand insight into their motherhood experience within the Armed Forces. It may be beneficial to directly compare the experiences of serving fathers and mothers in the UK Armed Forces in order to identify potential gender differences in parenting stressors; implications for family reintegration post-deployment for Servicemen and women; and how they could impact military performance. This area of research may prove to be of significance as the number of female personnel in the UK Armed Forces continues to increase, and in the anticipation of alterations to military structure. This includes the potential downsizing or the introduction of ground close-combat roles to UK servicewomen, both of which may increase pressures for mothers if the understanding of motherhood demands continue to be limited within military research and existing policies.

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