



Research Report

Vietnam Veterans' Family Study

Re-Analysis of the Vietnam Veterans' Sons and Daughters

Project FSP02/09 – Tier 1 (c)

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Dated: 6 November 2009

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Executive Summary

This report presents the outcomes of a re-analysis of data and associated information relating to the mental and physical health of **sons and daughters** of Vietnam veterans. The data re-analysed was collected and/or published in the early 2000s by the Vietnam Veterans Counselling Service.

Enhance Management was commissioned in mid 2009 by the Department of Veterans' Affairs to examine and report on information previously collected, analysed and reported in four activities:

- A **clinical audit**
- A series of **focus groups**
- A **survey** undertaken with the focus group participants
- A **national publication** of writings and drawings

This re-analysis project is an early tier of the Vietnam Veterans Family Study. Later tiers being commissioned include comparisons of Vietnam veterans and their families with control groups. Specific **objectives** of the re-analysis were to:

- Report on the outcomes and main themes from the existing data and information
- Inform the research methodology for later tiers of the Study

The focus of the re-analysis is on the **wellbeing** of the sons and daughters of Vietnam veterans and best practice for investigating their issues and resilience. Input to the completion of this report has been provided by the Scientific Advisory Committee for the Family Study Program.

Key findings

The **clinical audit** reporting provided data on demographics and problems/issues presented by over 600 sons and daughters. The most frequent problems they presented were relationship issues, depression, low self-esteem, family conflict and stress management issues.

Over 30% of the group were unemployed. **Unemployment** was 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 issues.

Major themes arising from the **65 focus groups** conducted around Australia were:

- Adverse physical and mental health issues and dysfunctional behaviours among Vietnam veteran fathers attributed to their service in Vietnam
- Impact of their fathers' behaviours on the mothers and the children while growing up
- Issues with drugs and alcohol misuse, anxiety, depression and anger management

Notwithstanding the many adverse wellbeing indicators raised in the groups, sons and daughters also identified **positive outcomes** from their fathers' influence, including:

- Personal strengths, such as self-discipline and high achievement
- Resilience demonstrated through emotional strength and skills and strategies for coping with adversity and conflict



Participants in the focus groups (except in Victoria) completed a **short survey** of 21 questions immediately following the group discussions. A total of **313 survey questionnaires** were completed. Key results of the survey were high levels of agreement that:

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

Also, a majority of participants agreed with questions relating to **personal strengths** and **resilience**. The majority agreed that their father had taught them to have discipline in their life and that their parent's war experience had helped them "learn to cope in the world".

The **national publication** was designed to present stories and images submitted by sons and daughters about "hope". In line with this objective, 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 among the contributions, as did being thankful for support from family and counselling.

Conclusions

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.

Recommendations

In the context of informing the next tiers of the Study, Enhance Management recommends that consideration be given in survey development to inclusion of measures for:

- **Positive characteristics** such as self-discipline, high achievement, leadership, strength of character and good social skills
- **Resilience** characteristics such as positive attitudes, emotional strength, orientation to "move 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 and issues** including PTSD, self-harm, depression, drug/alcohol abuse, physical and verbal violence and abuse, irrational behaviours and relationship difficulties
- Individual "**concerns**" or worries about health impacts of exposure to chemicals including *Agent Orange* during the Vietnam War – directly or through genetic inheritance

Enhance Management also recommends attention be given in future elements of the Study to avoiding some **methodological issues** identified with the activities that were re-analysed in this project. Survey response options should include sufficient scale positions to provide good discrimination of ratings and provide options for where respondents cannot give a scale rating. Further qualitative research should be considered where the surveys find results that need better understanding, and should continue until the research activity has ceased to yield new insights.



1 Methodology

The Department of Veterans' Affairs (DVA) supplied reports and data relating to four activities undertaken by or on behalf of the Vietnam Veterans Counselling Service (VVCS) and involving sons and daughters of Australian veterans of the Vietnam War. The **four activities** were:

- A **clinical audit** of a sample of sons and daughters registered by VVCS
- A series of **focus groups** conducted around Australia with sons and daughters of Vietnam veterans
- A short **survey** completed by many of the participants in the focus groups – referred to as the “focus group survey”
- A **publication** by VVCS that presents writings and drawings submitted by sons and daughters of Vietnam veterans nationally – referred to as the “National Publication”

In overview, the **objectives for this project** as set by DVA across the four activities were to:

- Identify the issues affecting sons and daughters
- Identify the issues they perceive as related to their fathers' service
- Identify coping strategies and resilience factors among sons and daughters
- Assess the effectiveness of the data collection methods

Background details and information on the approach Enhance Management adopted are presented below separately for each of the four activities re-analysed.

The work reported has been carried out in consultation with and direction from members of the Research, Development and Support Group of DVA responsible for the Family Study Program. Feedback comments on earlier section drafts and a draft of the full report have been provided by the Scientific Advisory Committee for the Family Study Program. Enhance Management is appreciative of the constructive feedback received.

1.1 Clinical Audit

The information supplied for re-analysis relates to a clinical audit checklist process undertaken in 2001 for **600-700 registrations** for counselling, this being approximately **half of the sons and daughters** registered by VVCS in the previous 12 to 18 months.

Specific **objectives** for the re-analysis of the clinical audit data and reports supplied are to:

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



The **clinical audit checklist** provided for recording of demographic information, including gender, age, relationship status, number of children and whether either parent was a client of VVCS.

Further, the checklist allowed for recording of whether or not the following **problems/issues** were presented and whether or not they were addressed in counselling:

- Parenting difficulties
- Relationship problems
- Drug and alcohol problems
- Current/recent incidences of violence
- Past incidences of violence/child abuse
- Current suicidal ideation
- Recent suicidal 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 concerning violence it was to be noted whether the son or daughter client was the **victim or perpetrator** of the violence. However, even with the clarification of whether the son or daughter themselves perpetrated the violence or was the victim, there is **ambiguity** in these checklist items on violence. For example, being the perpetrator of “past incidences of violence/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 incidences of violence/child abuse”, there may be an implication intended that the violence or child abuse was perpetrated by their father, but violence by others, including a current/recent partner, would also be relevant.

Counsellors completing this audit were also requested to **rate the estimated level** of:

- Complexity of the case
- Suicide risk

The scale provided for these two estimates was: 1= none, 2= low, 3 = medium, 4 = high, 5 = very high. No information has been provided on how counsellors were to assess these levels; presumably their ratings relied on subjective professional judgement.

The clinical audit data was compiled by **location** – variously identified as state, territory, city, suburb or regional town around Australia.

For some locations – but not all – further data has been provided on the presentation of **more particular issues**, specifically:

- Anger management
- Family conflict
- Stress management
- Depression



- Employment issues
- Anxiety issues
- Panic attacks
- Low self esteem
- Sexual orientation
- Relationship breakup

Some conjecture appears necessary as to exactly what some of these terms mean; we have assumed, for example, that “anger management” refers to clients who identified that they had a problem with managing their anger, and “sexual orientation” means they presented issues 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.

These 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’s inspection of the data by location indicates large variations in the recorded frequency of occurrence of specific issues; for example, current suicidal ideation ranges from 4% in Darwin to 33% in Newcastle. Also, as already noted, for some locations the frequency of occurrence for various issues was not recorded. Given these variations, an **average across the locations** reporting data for specific issues has been 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 as different locations were included in the two reports).

Inspection of the frequencies provided in the two reports and Enhance Management’s calculated averages shows no major or material differences between the figures. In any case, it needs to 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 issues or 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 the findings section of this report. The **tabulation by location** and the averages are provided in the Appendix.

1.2 Focus Groups

During 2001 VVCS conducted focus groups with children of Vietnam veterans in cities and regional centres around Australia. A total of **65 groups** took place in which **426 people participated**.

Information about the groups provided to Enhance Management for re-analysis included:

- 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 issues and behaviours raised and/or interpretive reporting of the outcomes
- The "facilitator's kit" for conducting the groups and the list of "questions" to be asked

The **objectives** for the re-analysis of this material are to:

- Identify what issues affect sons and daughters and what issues they perceive as related to their father's service
- 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 effect of their parent's experience of the military and the Vietnam War
- Major issues for children of Vietnam veterans
- Skills and strategies they have used and would like to use in managing their daily lives
- Services and programs to best support sons and daughters of veterans

Facilitators were provided with a list of **12 questions** to ask the groups as the basis for the discussions. The questions were:

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 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 scope of the objectives for the present project. The aspects of the discussions (questions 8-12) focused on services and programs for sons and daughters are not only out of scope for the re-analysis, but are more subject to change over time;



services and programs available in 2001 could now in 2009 be different. Questions 5 and 6 – to the extent that they are reported at all in the supplied material – are related to the discussion of services and programs. The first question is a traditional type of “warm up” exercise in focus groups, and as such is understandably not included in the focus group reporting provided.

A **reporting structure** was provided to the facilitators for reporting of the sessions. At the top-level the reporting was suggested to be split between **two major themes**, with four sub-headings for the second theme:

- Identified issues
- Possible solutions
 - Resilience
 - Agencies and support
 - Future directions
 - Other

In line with our objectives, Enhance Management has restricted the re-analysis to the **identified issues** and the points made under “**resilience**”, as the latter relate to skills developed as result of growing up in a veteran family.

Sub-themes suggested for the reporting of the sessions 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 has generally, but not always nor consistently, followed these guidelines for the themes and sub-themes. The nature of the reporting within the themes also varies markedly, ranging from lists of single words and short phrases, to paragraph-long apparently verbatim quotes from participants (with these often repeated several times under different heading themes).

In **re-analysing** the focus group data Enhance Management developed a similar categorisation approach using themes and sub-themes, but using a different typology, one that encompasses all the original themes and sub-themes while providing different perspectives and insight. It is important to recognise, however, that because the material has already been classified into themes, any discussion/observation from the groups outside these themes will have been lost in the original analysis.



Our approach to re-analysing the data has been to identify and **tabulate by location** themes arising in the written materials. This tabulation approach allows judgements to be made as to whether particular themes appear to be widespread issues raised in all or most locations, or whether they were only mentioned in one or a few locations.

As there a very large number of themes/issues raised across the groups an **overlying structure of the “focus” of the themes** has been used. Some themes, for example, focus on the participant’s father, while others focus on the mother, on siblings and on the participant themselves. A stream of hierarchical logic has been used beginning with the son or daughter’s father (the Vietnam veteran), moving on to **the impact** of the father’s issues and behaviour on, in turn:

- their mother
- themselves (ie the participant in the focus group)
- their siblings
- their own families

The categories used to classify the themes are not clear-cut with many themes overlapping and potentially fitting into several categories. However, they have been allocated to one category or sub-category in each case.

The main themes identified have been **cross-tabulated by report** provided: eight reports for individual states or cities (“location”) and an overall national summary report.

A major difficulty encountered with this analysis is 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; specifically Sydney (6 groups), Newcastle (6 groups) and Darwin (2 groups).

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

1.3 Focus Group Survey

In conjunction with the national focus group consultation undertaken by VVCS with sons and daughters of Vietnam veterans in 2001, a **survey** (questionnaire) was completed by a sample of the focus group participants.

Victorian focus group participants were not asked to complete the survey, while in the other states **313 survey questionnaires** were completed, representing a 91% response rate.

In slightly edited form, the **objectives** of the re-analysis of the focus group survey are to:

- Analyse the quantitative data from the questionnaire
- Analyse the effectiveness of the questionnaire format, including prevalence of ‘no answer given’



- Compare the qualitative and quantitative data provided for this participant group

The **survey questionnaire** 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: “strongly disagree” (1); “disagree” (2); “agree” (3); “strongly agree” (4).

The survey comprised **21 questions**, as follows:

1. The Vietnam War is responsible for my parents behaviour today
2. I feel comfortable to express how I feel in my family
3. My fathers physical health has suffered because of the Vietnam War
4. There are lots of bad feelings in the family
5. My parents 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

As the data analysis of the survey in the provided reporting for the focus group consultation is slightly inaccurate due to the erroneous treatment of non-responses (“missing values”), Enhance Management has **recalculated the statistics** for each statement for this re-analysis.

In addition, Enhance Management has presented the outcomes of the survey a little differently for enhanced understanding. When comparing statements with **high and low levels of agreement**, it may not immediately be obvious to the reader that the results are actually similar, as 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.

1.4 National Publication

The “National Publication” is a publication by VVCS for the Australian Government, published in 2004 and titled “**...and the pine trees seemed greener after that**”. It is sub-titled “**Reflections by sons and daughters of Vietnam veterans**”.

The publication comprises personal stories, poems and illustrations contributed by sons and daughters, interspersed with articles by health professionals offering facts and advice about health problems typically experienced by the sons and daughters of Vietnam veterans.

The **objectives** for the analysis of the National Publication – as re-stated by Enhance Management – are to:

- Analyse the data from the publication for coping strategies and resilience behaviours of sons and daughters
- Identify what issues sons and daughters perceive as related to their fathers’ service
- Apply thematic analysis methods to the written and illustrative material in the publication

Enhance Management has carefully read all the **contributions by sons and daughters** published in the National Publication and attempted to identify the key themes and physical and mental health issues referred to. The professional contributions in the publication were not examined or analysed, these being of the nature of general advice and support to the target audience: sons and daughters of Vietnam veterans, and as such outside the scope of the objectives.

It should be noted that as the published 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 is 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*” (p138 of the National Publication).

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, while some stories are told in an obscure manner. However, all contributions are variously poignant, heartfelt, very personal and very “real” or “raw”.

Enhance Management’s approach to the analysis of the material was to categorise the **key themes** relative to the apparent mental disposition of the writer, even though this was often unstated. For example, many pieces are focused on 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 that way. Those contributions about the son or daughter’s own health or experiences were generally easier to classify.

It is also important to appreciate that the **published contributions are of a different nature** to the other three sets of data examined for this project. While the other data was concerned with overall assessments of the war and its effects, the published material needs to 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.” (p138)

2 Key Findings

This section of the report presents the key outcomes and insights arising from the re-analysis of the data from the four activities relevant to this project.

For ease of presentation and understanding each activity is presented as a separate sub-section.

2.1 Clinical Audit

Given that the Vietnam veterans' sons and daughters presenting for counselling do so because they have one or more problems in their lives, they are not necessarily typical of the sons and daughters cohort. Nevertheless, of interest for this study is the type of **health issues** presented, the **history** of violence, substance abuse, and mental health and relationship issues recorded, and the **demographic profile** of this group of sons and daughters.

As there is no data available for a suitable comparison group for this collection of people presenting for counselling, it is not possible or valid to determine "risk factors" for sons and daughters from this data. It is plausible, for example, that the identified health issues are no different among sons and daughters of Vietnam veterans who did not present for counselling, or among a similar demographic group from the general community who do undertake counselling, or indeed among people of the same demographics in the overall general community. A valid comparison group is needed to determine risk factors.

The tabulation provided in the Appendix presents frequency data for each location and the average frequencies. Those averages are used in the following sections.

2.1.1 Demographic profile

Almost three-quarters (73%) of the sons and daughters presenting had **parents who were clients** of VVCS.

Demographically, the sons and daughters audited were split almost **equally by gender**: 49% male and 51% female.

By **age grouping**, the distribution was:

- 6% aged under 15 years
- 13% aged 15 to 19 years
- 19% aged 20 to 24 years
- 37% aged 25 to 29 years
- 18% aged 30 to 34 years
- 8% aged 35 years and over

The youngest clients were 8 years old, while the oldest were 47 years. The average age was **26 years**.

Together with this group being relatively young, half were single. However, one in ten were separated or divorced. By **relationship status**, the average profile was:

- 50% single



- 24% de facto relationship
- 16% married
- 10% separated/divorced

Around a third (34%) had **children**.

In terms of their employment status, less than half were employed, but close to a third were classified as “unemployed”. The employment status of the group was:

- 45% employed
- 31% unemployed
- 20% undertaking training/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 appears high, but as 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 presenting for counselling.

2.1.2 Problems and issues presented

Based on averages across the locations, the **major problems and issues** presented by sons and daughters to VVCS counsellors were:

- Relationship issues (81%)
- Depression (65%)
- Low self-esteem (64%)
- Family conflict (61%)
- Stress management issues (60%)

Complexity of problems presented was assessed as **medium to very high** for **82%** of the clients.

While of lower frequency, of particular concern in regard to the physical and mental health of the audited clients are the levels of violence and actual or potential self-harm reported:

- Violence incidents as victim (49% in past, 17% current)
- Violence incidents as perpetrator (4% in past, 14% current)
- Drug and alcohol issues (36%)
- Suicide ideation (34% in past, 23% current)
- Suicide attempts (15% in past, 8% recent)

Also, on average, **30%** were assessed by the counsellors as being **medium to very high suicide risk**.



Other mental health and wellbeing issues that were presented by around a third or more of clients are anxiety issues (53%), anger management (46%), employment issues (37%), parenting difficulties (33%) and relationship breakup (30%).

Of lesser presentation occurrence were panic attacks (17%) and sexual orientation (4%).

2.1.3 Demographic correlates of problems and issues

Enhance Management has not been provided with the original data sets from the clinical audit and is therefore unable to undertake correlation analysis between demographics and the presented issues. (Correlation is the degree of relationship between two measures, especially relevant where one may imply or predict the other.)

We therefore rely on the reporting from the previous analysts of the data for the following summary of how demographic factors relate to the occurrence levels of presented problems and issues.

Age and sex are correlates for a number of the issues 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 higher frequency of occurrence of:

- Parenting difficulties
- Relationship difficulties
- Drug and alcohol issues
- Experiencing past violence
- Current suicidal ideation

By gender, **males** were more likely than females to present to VVCS with:

- Drug or alcohol issues
- Current suicidal ideation
- Anger management issues
- Employment issues

Males were also more likely to be unemployed and the perpetrator in current violence incidents.

Females were more likely than males to present with:

- Stress management, depression and anxiety issues
- Relationship difficulties and relationship break-up issues
- Parenting difficulties

Females were also more likely to be the victim in current violence incidents.

Noteworthy is that the sons and daughters registering with VVCS were almost equally split between male and female. As pointed out in the original report, this balanced gender breakdown goes against help-seeking behaviour in Australia in general which is much lower for males than females, particularly from formal counselling services.



Having children (as about a third of these clients do) was associated with higher frequency of occurrence of problems including:

- Relationship issues
- Violence – both current and past
- Past suicide attempt

Having children was also correlated with higher frequency of occurrence of the most common problem presented – **relationship issues** – in comparison with those without children.

Those with children were almost twice as likely to present a **past suicide attempt** than those without children. Interestingly, however, having children did not affect past suicide ideation rates, which were the same for those with and without children.

While only 10% of the clinical audit group were **separated or divorced**, those who were divorced or separated exhibited:

- Drug and alcohol problems at twice the frequency of those married (yet equal to that for those in de facto relationships)
- Suicidal behaviour twice as likely as for those married or in de facto relationships
- Past involvement in violence around 50% greater than for single people (and slighter greater than for married or de facto relationships)

Unemployment is the most consequential demographic factor for these sons and daughters. As documented in the reporting from the previous analyses, unemployment among this group is the most significant predictor for many of the issues, particularly:

- Complexity of problems presented to VVCS
- Drug and alcohol issues
- Suicidal behaviour
- Current violence
- Anger management issues

Almost three-quarters of the unemployed had some level of suicide risk assessed. Six in ten of the unemployed presented with drug and alcohol problems, compared with one-third of those employed.

2.1.4 Concurrent problems and issues

The problems and issues presented by the sons and daughters are not necessarily independent, and the presentation of any specific problem or issue was often accompanied by presentation of one of more other problems or issues.

Specifically, based on the previous correlation analyses and reports:

- Two thirds of those presenting with a **drug and alcohol** problem also presented **depression**
- **Suicide risk levels** (as assessed by VVCS) were higher for those who presented **drug and alcohol** problems
- Nine in ten reporting **past violence** also presented **relationship issues**



- Over three-quarters of those presenting **past violence** also presented issues of **current violence**
- Two-thirds reporting **past violence** had **drug and alcohol** issues

As original data files are not available for further analysis, Enhance Management has been unable to investigate or determine any other correlations between problems/issues presented.

2.1.5 Effectiveness of the data captured by the audit checklist

The audit checklist has effectively captured data on the relevant and key demographics of the clients presenting for counselling, together with the problems and issues they presented.

The issues and problems **covered by 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 key indicators of wellbeing and mental health.

In order to **avoid ambiguity** in the checklist items concerning violence, clarifying information would have been useful in addition to the perpetrator/victim distinction provided. A checklist of common perpetrators and victims would have given a better understanding of the issue. Such a list, which would allow multiple selections to be made for both victim and perpetrator, could comprise categories of father, mother, brother, sister, own child, other relative, friend, acquaintance, unknown person, etc. Such clarification would provide a clear distinction, for example, between being a victim of violence by an unknown assailant and being the victim of “domestic violence” in a relationship. This approach would also have made 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, self-esteem and 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 prioritise resources for clinical intervention and assistance.

The same approach could usefully have been applied to each of the problems and issues covered in the checklist. Instead of only recording whether or not a problem/issue was presented – 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 items of the checklist. So, for example, when asked about drug and alcohol problems, a rating of 2 might be selected for occasional issues, while 5 could indicate a serious addiction problem.

Finally, additional areas that could have been **considered for inclusion** in the checklist include:

- Concerns over actual or potential physical health issues from genetic factors (arising for example for the veteran father’s exposure to *Agent Orange* in Vietnam)
- Obsessive behaviours (such as excessive and unreasonable perfectionist behaviour)
- Positive mental factors, including personal strengths and resilience

Measurement of positive factors would allow a more comprehensive understanding of the state of an individual's wellbeing, given that a person presenting for counselling will have perceived negative factors impacting on their mental health.

The rated data would allow for **fuller and advanced statistical analyses**. Correlated problems and issues could be identified for greater understanding of interactive and concomitant conditions. Also, segmentation analysis could be undertaken to identify groups of clients with similar characteristics. Such groups could then be profiled in terms of their demographics and types of problems and issues, including the presence of multiple issues. This would represent an extension of analysis that would have been possible with the original audit checklist data, but was unable to be analysed any further for this project given the unavailability of the original raw data sets.

2.2 Focus Groups

Outcomes of the focus groups re-analysis are detailed in an extensive tabulation included in the Appendix. The table provides **indication by location** of common observations or themes about family, growing up, personal strengths, and problems and issues among participating sons and daughters.

With **65 focus groups** having been conducted, in theory this type of thematic analysis could have been presented in a table with 65 columns. The frequency of occurrence of a particular theme across groups would then be an indication of the consistency of themes arising across groups. However, not only would such a large table be unwieldy, but 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 of providing demonstration of consistency of issues across Australia. However, the absence of a theme for a location is not evidence for that theme not being relevant, but simply that it was not mentioned to any extent in the focus groups report for that location. No useful or valid conclusions are or can be drawn in relation to geographic location, as differences are likely to be a function of limited time available for discussion and the dynamics of individual group discussions.

2.2.1 Issues affecting sons and daughters perceived as relating to their father's service

The focus groups re-analysis has identified major themes from the discussions that relate to perceptions among participating sons and daughters about the **impact of their father's Vietnam service** to their lives, past and present.

A small set of themes describes what the participants themselves call **"normal"** in terms of behaviours and upbringing. Themes fitting this profile include:

- Father had positive characteristics, such as exhibiting leadership, strength of character, self-reliance and self-discipline
- Father was a positive influence on the family
- Son/daughter is proud of their father's achievements/service in Vietnam
- Son/daughter had a normal and happy childhood
- Son/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 also manifested as excessively authoritarian behaviour towards and regimentation of the family.

There is also 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 be of limited utility or meaning as the sample is self-selected, as indeed are the contributions to the discussions made by the participants.

However, vastly outweighing the “normal” sentiments in terms of number of issues raised in the groups are a large number of **negative impacts** that sons and daughters generally imply resulted from their father’s service in Vietnam. These include impacts on physical and mental health – the father’s as well as the family’s – and the consequences of the father’s experiences and behaviour on other family members and subsequent generations.

Themes that best illustrate the harmful impacts are summarised in the following in terms of the persons impacted.

Impacts on the father

- **Physical health**, with many ill health conditions mentioned, including early death
- **Mental health** – often cited as post-traumatic stress disorder (PTSD) and/or depression or anxiety disorders, as well as numerous references to alcoholism and/or drug abuse or addiction
- **Dysfunctional behaviour**, particularly physical or mental abuse of or aggression towards family members, short-temperedness, moodiness, unpredictability, inconsistency, and lack of affection or emotional detachment
- **Controlling behaviour**, such as regimentation of family life and setting unrealistic high or perfectionist standards for the family

Impacts on the mother

- **Mental health**, with words such as “neurotic”, “unstable” and “mentally ill” being used and often attributed to the father’s aggression and violence, moodiness or continual criticism
- **Difficult life**, due to the father’s violence, aggression, drunkenness or criticisms
- Necessity to be **strong and independent**, holding the family together and doing “everything” due to the father’s behaviour or effective withdrawal from family life
- Necessity to be the “**peacemaker**” or **mediator** in the family to protect the children from the father’s aggression or violence

Impacts on the family unit

- **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 issues in an attempt to avoid conflict and aggression, with the phrase “like walking on egg shells” frequently used
- Feelings of being “**different**”, even while trying to appear “normal” to outsiders

Impacts on the son/daughter

- **Poor relationship** with the father, stemming from violence, abuse or criticism and possibly leading to feelings of no connection, 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 issues 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 to *Agent Orange*, as frequently mentioned)
- **Mental health** issues, including suicide attempts and ideation, depression, anxiety, uncontrollable anger, and issues with alcohol and drugs
- **Poor self-image**, manifested in terms of self-identified issues such as low self-esteem, lack of confidence, poor communication skills, poor relationship skills and unreasonable self-expectations
- **Dysfunctional behaviour**, including 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 resorting to violence

Impacts on siblings

- **Poor relationships** and **lack of connection** among the siblings – as well as, at the other extreme, siblings having bonded strongly from a need to “look after each other”
- Negative feelings arising by the **father having favoured** one sibling over others or one gender over the other
- Physical and mental health issues, covering a similar range of problems as for the participating sons and daughters

Impacts on own family

- Concern that upbringing has adversely affected their **own ability to parent effectively**, with some so concerned that they do not want to be parents
- Desire not to repeat the **negative parenting behaviours** of their parent(s), but some recognising they are inadvertently and unintentionally doing so
- Concern about the **health impacts** of the father’s exposure to chemicals in the war, especially *Agent Orange*

Notwithstanding the many adverse issues and impacts raised in connection with their father’s service, all the focus group reports revealed a selection of participants’ identification of positive outcomes in their lives from their upbringing as sons and daughters of Vietnam veterans.



Chief among the **positive outcomes** are:

- **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 diffusing conflict

There is no suggestion that such positive outcomes compensate for the negative family experiences and upbringing issues 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 much have preferred their upbringing to have been “normal” instead of “different”.

2.2.2 Effectiveness of the data collecting methods for this participant group

Data collection using **focus groups** is an effective research method for particular objectives and circumstances, but it is not straightforward or easy. In the following, several related issues impacting on the effectiveness of the groups conducted and reported are addressed.

Number and conduct of groups

In market and social research, focus groups represent a commonly used methodology for exploring a topic or subject matter in a qualitative manner. Yet, it is an exceedingly complex and intricate methodology. As in all qualitative research, the **researcher's role is fundamental** in effective application of a focus group 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 groups are conducted. The person moderating a group while asking questions of the group in effect **simultaneously undertakes analysis**, by choosing how to react and whether or not to probe further on particular responses. In other words the moderator shapes the information obtained from a group discussion and mentally undertakes 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 that a focus group is interactive and this interaction goes beyond what is said. Also involved are *how* things are said, facial expression and body language, as well as group dynamics. A transcript of the words spoken (even if completely accurate) does not capture all the information that the moderator does (or should) pick up on.

By personally moderating all focus groups involved in a research project, the researcher mentally **develops a theory** about the key issues and how these are the same or different in different segments of the target population. The moderator is then effectively **testing and modifying** this developing mental theory as the group discussions take place. After conducting several groups with the same segment (or groups representing the whole target population if this population is not believed beforehand to be segmented), the researcher can come to a judgement as to whether any significant new information is emerging or whether a stage of **low likelihood of additional insight** has been reached. The focus groups can be discontinued at that point and the researcher will then more fully expand on and report the theory that has been mentally developed while conducting the groups.

In practice, this ideal approach cannot always be followed. Often the number of focus groups to be conducted is decided at the outset based on budgetary or planning considerations. Also, when a large



number of groups are to be conducted, it can be impractical for timing and geographic reasons for the one moderator to conduct all the groups. This has been the case for this project, where **65 focus groups** were conducted across **20 centres** around Australia. The **rationale** for conducting this large number of groups has not been provided in the reporting provided for this re-analysis. The number of groups conducted appears to be excessive in terms of gaining an understanding of the issues.

A possible explanation is that it was assumed *a priori* that each location would bring forward different issues. However, given the relatively uniform nature of Australia's metropolitan areas in terms of social issues and support services, it is difficult to imagine that major differences were expected between them. More likely is that differences exist between rural and regional areas compared to metropolitan, as the social milieus and support services are not uniform. But little is made of any differences between the locations in the reporting.

Purpose of the focus groups

Another possible reason for conducting the large number of groups for the project is that the decision was based not a research reason, but more for providing social benefit and opportunity across the country for sons and daughters of Vietnam veterans to get together, discuss and share issues about their upbringing, lives and relationships and thereby engender feelings of identity and belonging to a community of sons and daughters. The **therapeutic benefits** that may have been provided by the conduct of the focus groups to those attending would represent a valuable, but non-research, reason for the large number of groups.

It is important to recognise that the purpose of qualitative research is not to gain a *representative sample of the population* (which is 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 only needed when saturation of identified themes is not being achieved. In this project, the groups have also served the purpose of providing a **sample for a quantitative 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 by other segmentation criteria that may be relevant).

The large number of focus groups conducted necessarily meant that these groups were conducted by **different facilitators**. Notwithstanding that a *facilitator's kit* was provided to all moderators to ensure a consistent approach to all the groups conducted across Australia, having multiple facilitators represents a limitation of the data collection methodology, as already discussed. Moreover, much of the data "input" (the non-verbal) has been lost by an apparent focus only on the **spoken words** (as recorded by a "scribe" at each focus group) in the analysis undertaken. Some of the reporting may have also included **written responses** to the focus group "questions" as facilitators were given the *option* of providing participants with a copy of the questions on which they could write their responses and return the question sheet to the facilitator at end of the group session.

Focus group questions

The **focus group "questions"** as provided – usually referred to as a "discussion guide" – are quite reasonable from a research perspective 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 accordingly. It is assumed that the focus groups facilitators were experienced and capable in the art of leading discussion, and were not treating it 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 the present 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 note-taker in each group. Some note-takers may have been able to capture a majority of what was said, while others may have been highly selective in what they recorded in their notes. Again, this represents a potential limitation on the effectiveness of the data collection.

For the present re-analysis **ideal data** would have been video recording of each group, with the “next best” options being audio recordings and/or full transcripts. However, none of these exist as a deliberate decision was taken in the design of these focus groups that none of the groups would be recorded as recording could 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 included the facilitators’ analysis of the groups drawing on the verbal and non-verbal information available to them, together with information on the group dynamics that took place, a deeper level of analysis and development of theories about the experiences of sons and daughters may have been possible.

Evaluation

In summary, Enhance Management is unable to properly evaluate the effectiveness of the focus groups data collection as we are **do not have sufficient information to fully assess**:

- The professional competency of the facilitators
- The consistency of the facilitation across groups
- Non-verbal information that may have been apparent to facilitators
- The competency of the note-takers at the groups
- The completeness and consistency of the note-taking
- The completeness and competency of the reporting

The very varied nature of the reports for different locations would suggest that there are some questions about how well the outcomes of the groups were reported. Details on inconsistencies in the nature of the reporting are presented in section 3.1.2 of this report.

Overall, however, the focus groups have provided a **large amount of data relevant to the objectives** of this project: information on sons and daughters’ recollections of growing up and their perceptions of the effect of their father’s Vietnam experience on family members and on their own issues, as well as on their personal strengths and skills. The focus groups methodology therefore proved an effective data collection method for the intended purpose.

2.3 Focus Group Survey

The focus group survey comprised **21 statements** and requested focus group participants to indicate for each statement which number (1 to 4) best indicated how much they agreed or disagreed with the statement.

2.3.1 Survey results

The following results are based on analysis of responses from **313 participants who completed this survey**. The wording of the questions in the survey can be regarded as being “positive” or “negative” in terms of desirability for the individual or the community. The original reporting of the survey used this terminology and classification. Thus *“People in the community understand what it is like for the families of Vietnam veterans”* is a positive statement, as it would be “desirable” for this to be the case. However, it would be naïve to expect that the community as a whole understands the impact of war experience on health (nor many other health issues that impact on individuals and their families). It could therefore be anticipated that most sons and daughters of Vietnam veterans would disagree with this statement (as was indeed the case).

Detailed results of the survey are provided in the Appendix. 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 to understanding the results of the survey from that of 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 below in terms of the key topics covered by the questionnaire, using a similar sequential categorisation approach as for the focus groups 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”* (86% agreed)
- *“The Vietnam War is responsible for my parent’s behaviour today”* (76% agreed)

Enhance Management has chosen to interpret the second item as being about the father’s behaviour. However, it could also be interpreted as applying to both parents’ behaviour. The original question and reporting omitted the apostrophe, so there is no way to tell which was meant, nor how respondents interpreted the question.

Both questions received **high levels of agreement** from participants, the former the second highest level of agreement in the survey.

Clearly the first of these questions signifies a negative outcome (“health has suffered”), whereas the second can relate to positive aspects of behaviour as well as negative. Given the 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 *“People in the community understand what it is like for the families of Vietnam veterans”*, with 89% disagreeing with this statement. Thus sons and daughters felt **their families were not understood** by the community at large.

Not as clear-cut, but still with 61% 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

As in the focus groups, a 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:

- *"My friends understand my family upbringing"* (66% disagreed)
- *"Growing up the child of a Vietnam veteran has had a positive impact on my life"* (66% disagreed)

The majority therefore felt that their **friends did not understand** their upbringing, and their upbringing while not necessarily having a negative impact on their life was **at least not positive**. Again, in context, the implication is that these outcomes were due to 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% agreed)

Impacts on son or daughter

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. While these did not receive high levels of agreement, they nevertheless were **strengths and positive attitudes identified by the majority**, with 54% to 65% of the participant group agreeing that:

- *"My father has taught me how to have discipline in my life"* (65% agreed)
- *"I feel confident about my future"* (65% agreed)
- *"I feel OK about making mistakes"* (57% agreed)
- *"My parent's war experience has helped me learn to cope in the world"* (55% agreed)
- *"I have no difficulty keeping close relationships"* (54% 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% agreed)

This result needs to be seen in context of the recruiting for the focus groups, which were organised by and promoted by a counselling service (VVCS). While 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 either by being recruited word-of-mouth by VVCS clients or through VVCS advertising.

More than six in ten indicated 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% disagreed)
- *"If I felt very upset I don't know what I would do"* (62% disagreed)
- *"If I felt very upset I would talk to my friends"* (55% agreed)
- *"If I felt very upset I would talk to my family about it"* (52% agreed)

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

Similar comments could apply to the remaining statements. These appear to imply particular **personal strengths or weaknesses** that may be attributable to the father's war experience and may (but equally may not) distinguish these participants from the general community:

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

Arguably a mentally healthy "normal" individual does not feel responsible for problems in their family (assuming this means their parents' family), 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. However, without any information on how the community at large would answer such questions, no useful insights can be reached from this data.

2.3.2 Survey results analysis

Enhance Management has been unable to undertake any further analysis of the focus groups survey data, such as cross-tabulations by demographics and correlation of responses.

A range of previous analysis tables were provided and the outcomes of these have been included in the **previous reporting**. The following summary draws on those sources.

In terms of age, a limited number of differences between **younger and older participants** were established.

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

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

Key differences were also found between responses from **males and females**.

Female	Statement	Male
62% agree	<i>When I am around people who are angry I feel scared</i>	59% disagree



84% agree	<i>I would go and see a counsellor if I needed to</i>	70% agree
59% agree	<i>If I felt very upset I would talk to my friends</i>	57% disagree
58% disagree	<i>If I felt very upset I would talk to my GP</i>	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
- Talk to others (counsellor, friends, GP) when they are upset

It should be noted that there were almost twice as many females and males in the sample for which gender was recorded (85%). This means that the results for females are of higher 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 and positive family experiences or attitudes**. These groups were defined using two of the statements.

Negative Family	Statement	Positive Family
Disagree	<i>If I felt very upset I would talk to my family about it</i>	Agree
Agree	<i>There are lots of bad feelings in the family</i>	Disagree

Of the total sample 26% fell into the negative attitude group and 27% into the positive attitude group.

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

Negative Family	Statement	Positive Family
88% disagree	<i>I would go and see a counsellor if I needed to</i>	85% agree
83% disagree	<i>Growing up the child of a Vietnam veteran has had a positive impact on my life</i>	64% agree
81% disagree	<i>My friends understand my family upbringing</i>	54% agree
58% disagree	<i>I feel responsible for the problems in my family</i>	89% disagree
58% agree	<i>My father has taught me how to have discipline in my life</i>	81% agree
58% disagree	<i>I feel comfortable to express how I feel in my family</i>	80% agree
52% disagree	<i>I feel confident about my future</i>	85% agree
52% agree	<i>Growing up in my family taught me how to stand up for myself</i>	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 don't 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 analysis also attempted 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 and strengths.

Statistical testing was conducted 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. Thus these categories were found to be of limited utility.

2.3.3 Effectiveness of the questionnaire format

Undertaking a survey in conjunction with focus groups is a useful means for augmenting and further understanding the qualitative data captured in discussion 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 across the 65 focus groups that were conducted for this project.

That the questionnaire used was **short** (21 statements) and **easy to complete** (1 to 4 scale of agreement) are helpful aspects of the survey design that would encourage participant completion.

However, 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. Questions in a survey also need to have a clear purpose and objective.

The questions used for the focus groups survey can most charitably be described as "idiosyncratic". The intention of each question is not apparent in retrospect and a background discussion of the design intentions and decisions has not provided in the documents supplied for re-analysis.

More specifically, Enhance Management makes the following **observations** about the questionnaire.

- The designers appear to be unfamiliar with the use of apostrophes in English, lack of which 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 as most people only have 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)
- Other questions are also **unclear** as to exactly what is meant:
 - The statement *“My friends understand my family upbringing”* is problematic, as “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 as to 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 (if applicable) is meant, or whether perhaps both should be considered in responding
- The **reasons for inclusion** of some of the questions are not self-evident; it can be surmised they were intended to provide psychological profiles of respondents to assist in understanding their other responses, but the scientific basis for this is not explained for questions 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 **significant health problems and issues** of the participants, (which arguably they may have been more willing to divulge in a questionnaire than in a focus group discussion), issues such as suicide ideation and attempts, alcohol and drug abuse, depression, anger and anxiety, the questionnaire only includes one question:
 - *“People close to me think I have a drug and/or alcohol problem”*, which may have been intended as a less confronting way to ask whether they in fact believed they personally had a drug or alcohol problem, but the logical difficulty with the question is that others (even when “close”) may be unaware of the problem as the affected person effectively “hides” the problem, or alternatively is in denial that outsiders can tell
- The **four-point scale** is limiting, as 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 *“I feel responsible for the problems in my family”* other than to not respond to the statement

While the most appropriate number of scale points to use is a perennial (and unresolvable) issue in market and social research, as a general rule providing more differentiation between scale points by using a seven, ten or eleven point scale is preferred over a four point scale as more variation in response is usually available for statistical analysis to gain better insights into the results.

Whether the survey questions were **pre-tested** in a pilot study is not stated in the documentation supplied. If they were not, this is professionally neglectful. The lack of basic literacy demonstrated in the questions is also unfortunate.

In summary, the survey could have been more effective had more thought – and pre-testing – gone into the questions.

The brief for the re-analysis specifically requests comment on the level of **no answers** 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%) to a maximum of 11 (4%). The latter occurred for the last question “*Growing up the child of a Vietnam Veteran has had a positive impact on my life*”, suggesting some participants may have been rushing to finish, or alternatively as noted above, as a “neither agree nor disagree” option was not available they may have just neither agreed nor disagreed with that proposition.

Perhaps more pertinent to non-response is that of the 426 participants in the focus groups only 313 answered the focus group survey. However, this was largely due to 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%) did not wish to complete the survey or provided insufficient data to be included. This does not appear to Enhance Management to be a particularly high “refusal” rate given the sensitive subject matter. A higher completion rate could potentially have been obtained by providing an explanation as a cover page or at the top of the survey form about how the data was to be used and why it was important to complete the survey.

2.3.4 Comparison of qualitative and quantitative data from the focus group participants

Comparison of data from the qualitative and quantitative aspects of the focus groups is difficult as the focus groups identified a very large number of themes and issues whereas the quantitative data was confined to the testing of 21 statements.

Furthermore, of the 21 statements, five were concerned with **potential help-seeking behaviour**. While the focus groups included questions about what participants would do if a “friend” needed help when “really emotionally upset” and the services and programs that “could be useful” (which Enhance Management considered out of scope of the re-analysis) they did not cover participants’ own help-seeking behaviour. There is therefore no useful comparison on these questions, other than considered as a person strength or weakness.

Of the remaining 16 questions, these provide some **quantitative measures** for **general themes** arising in the focus groups. It is worth re-iterating that the purpose of qualitative research is to establish the issues, while quantitative research is designed for measuring the extent of the issues in the relevant population. Ideally, the quantitative survey would be designed and implemented after the focus groups have been analysed – so that the most pertinent and important issues can be tested quantitatively – rather than implemented concurrently.

The following tabulation summarises the qualitative and quantitative data from the focus group participants.

Theme	Qualitative issues identified	Quantitative measures
Impact on father	<ul style="list-style-type: none"> ▪ Ill-health conditions ▪ Mental health disorders ▪ Dysfunctional behaviours 	<ul style="list-style-type: none"> ▪ 86% father’s physical health suffered ▪ 76% war responsible for parent’s



	<ul style="list-style-type: none"> Controlling behaviours 	behaviour
Impact on family	<ul style="list-style-type: none"> Family different to outsiders Conflict in family Life difficulties for mother 	<ul style="list-style-type: none"> 89% community doesn't understand families of veterans 61% 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% friends don't understand their family upbringing 66% growing up the child of a Vietnam veteran did not have a positive impact on their lives 61% growing up in their family taught them how to stand up for themselves
Impact of father on son/daughter	<ul style="list-style-type: none"> Personal strengths: self-discipline, independence, high achievement 	<ul style="list-style-type: none"> 65% father taught them personal discipline 55% father's war experience helped them learn to cope in the world
Son/daughter's behaviour and mental health	<ul style="list-style-type: none"> Concerns over physical health Mental health issues: 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-tempered, anger, violence Resilience: emotional strengths, coping skills and strategies 	<ul style="list-style-type: none"> 72% not feeling responsible for the problems in their family 71% not seen by others to have a drug/alcohol problem 65% confident about their future 60% not comfortable expressing how they feel in their family 57% OK about making mistakes 54% no difficulty keeping close relationships 53% scared when around people who are angry

In general terms, the survey questions pick up on the **same broad themes** covered in the focus groups. Key themes that come through in both the qualitative and 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 issues and specific personal strengths among sons and daughters**. The qualitative research includes mentions of a very large number of different issues and personal attributes – Enhance Management's tabulation of the qualitative research re-analysis (provided in the Appendix) alone includes over **130 items**, and the majority of these are summarisations or abstractions of more specific issues mentioned by individuals in the focus groups. A quantitative survey of necessity can only test a relatively small number of issues or statements. The ones selected for the survey in this instance (perhaps because they were designed *prior* to the focus groups) do not appear to be the most incisive or relevant ones. For example, key 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 quantitative survey.

Nonetheless, a valuable contribution of the quantitative data in adjunct to the qualitative identification of issues is its demonstration that particular problems for sons and daughters (even among this particular self-selected via VVCS group) were **not as ubiquitous** or applicable to the majority as reading of the focus group reporting could suggest.

2.4 National Publication

The objective of the National Publication, “...and the pine trees seemed greener after that” was to present stories and images of hope from sons and daughters of Vietnam veterans, showing how they have met challenges and adversity in their lives.

In accordance with this objective, significant themes among contributions published are about hope for the future, moving on, resilience, love, understanding and forgiveness. Another thread of contributions concerns support from family, VVCS and VVCS sons and daughters groups. A small number mention being proud of who they are and/or their father’s service in Vietnam.

However, the most dominant theme across the publication is an amalgam of emotions relating to the impact of father’s service in Vietnam, particularly the effect on the family and on growing up with varying degrees of emotional pain and dysfunction. The emotions on looking back on childhood or thinking about their father’s physical or mental health range from regret and sadness to ongoing hurt and anger.

Of lesser frequency of occurrence, but nevertheless a significant theme, are accounts of past and in some cases ongoing severe mental health problems, including depression, hating their father, mental torment, lack of self-esteem and attempted suicide.

Selected illustrative extracts for each of the key themes identified in the publication are presented in the following. A full list of the themes identified and quotes from each of the published contributions are provided in the Appendix.

2.4.1 Moving on and hope

The theme of hope is reflected in the publication’s title, which is drawn from a story where the father ripped his pants while jumping on a trampoline on a trip to the beach:

- *“He was embarrassed but he laughed at himself anyway, and the pine trees seemed greener after that.” (p53)*

While the title comes from a seemingly trivial incident, the motif of a particular event leading to new hope is mentioned several times.

- *“[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.” (p135)*
- *“[Following] a point of rage that exploded ... things were never the same after that. I was no longer afraid.” (p75)*
- *“This piece reflects letting go of all [the negative experiences] and the need and want to move on to a more positive experience.” (p6)*

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

- *“Tomorrow is a positive aim, not hindered by worry and care.” (p48)*
- *“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.” (p5)*
- *“The good news is that in the end, it’s all going to be OK.” (p39)*



2.4.2 Strength and resilience

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

- *"... 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." (p62)*
- *"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." (p121)*
- *"[Like a tree] I will grow through the rubble, I will be free." (p65)*

2.4.3 Thankful for support and counselling

Some of the sons and daughters credit the support of family and friends and counselling from VVCS in helping them move on from the past and gaining 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." (p10)*
- *"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." (p123)*
- *"I am so thankful for that counsellor, she helped save my life, but most importantly she helped me to help myself." (p37)*
- *"[After counselling] I'm not so scared of depression any more. I know I have a support system, I am not alone." (p33)*

2.4.4 Proud of father

A sentiment somewhat different from the majority of the contributions, but expressed sufficiently often to be identified as a key theme is pride and gratitude for being the son or daughter of a Vietnam veteran. In this context, some contrast the apparent negative public perception of service personnel returning from Vietnam at the time.

- *"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" (pp104-5)*
- *"I am proud that my father fought in Vietnam, it is part of who I am today; not perfect but unique." (p33)*
- *"I'm a daughter of a Vietnam veteran and damn proud of it." (p52)*

2.4.5 Understanding of father and forgiveness

Along with moving on and resilience, a related sentiment evident in a number of the published items is that growing up has led to an understanding of their father and reasons underlying the difficult



times they had as a child. In many cases too this 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." (p11)*
- *"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." (p18)*
- *"I yearn to understand him in every way I can ... I know he'll never fully leave his dark and noisy jungle." (p121)*
- *"Now I'm 35. I've forgiven my father, though I can't forget." (p89)*

2.4.6 Angry about what happened to father

Numerically and in terms of overall impact on reading the publication, a dominant theme contributed from the sons and daughters concerns their 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." (pp104-5)*
- *"I was ... angry and confused about why my father is the way he is." (p5)*
- *"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." (p52)*
- *"My father ... returned spiritually wounded, unable to adjust to the quiet comfort of life in rural Australia." (p32)*
- *"... 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." (p132)*
- *"Angry but not all is hatred. If only I could tell him. If only it was different." (p93)*
- *"I wish with all my heart that you were better, that you could find joy, find peace, finally laugh." (p64)*
- *"I imagine him as he was then and how he might have been if he were alive." (p103)*

2.4.7 Pain of growing up in a veteran family

A specific area of their 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 they suffered pain and hurt from their fathers' 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." (p11)*
- *"Thinking about the bad times of my childhood is like picking a scab." (p89)*



2.4.8 Pain of being a veteran's son/daughter

Feelings of anger, sadness, confusion, hurt, frustration and many other emotions come out in a variety of the contributions without being specifically focused on the father or growing up, but more generally seem to be a lament about being who they are, a child of a Vietnam veteran.

- *"... the torment, agony and frustration imposed upon not only the veteran, but his family too." (p79)*
- *"I felt confused, hurt and all by myself." (p11)*
- *"I would like to be the girl I used to be before I got angry." (p131)*
- *"A lot of the time, she doesn't know why she is feeling so sad. She just wishes that sometime someone will understand." (p94)*

2.4.9 Mental health problems

In some cases 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 are raised in a number of contributions. But only one report of attempted suicide is evident.

- *"When I was 15 yrs old I tried to slash my wrists, I had had enough of it all." (p11)*
- *"I suffer from depression. ... I wanted to sleep and never wake up; life was too much damn effort." (p11)*
- *"I had an emotional breakdown, crying, sobbing, I was in intense pain inside and I thought it would never end." (p37)*
- *"Why am I so angry? ... Why am I so depressed? ... Why am I not happy with my life? ... Violence stems from being angry." (pp108-9)*
- *"I am 32 and my self-esteem still gets in the way of social interaction." (p34)*

3 Discussion of Findings

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 health issues.

However, in reality the findings need to be understood in context of the limitations that apply to the source information. Various **data limitations** of the source material are outlined below, including design issues, anomalies, misleading reporting and analysis errors.

Notwithstanding these limitations, a number of consistent findings with regard to the **mental and physical health issues** of sons and daughters and their **resilience** despite past experiences and life's challenges emerge. These are discussed in the second and third sub-sections of this chapter.

3.1 Data limitations

3.1.1 Clinical audit data

Two "descriptive" reports of the clinical audit process were provided. Confusingly they are based on different numbers of cases registered by VVCS.

The "**Clinical Audit Descriptive Report**" presents results based on data from 639 sons and daughters, while the "**Descriptive Report of the Sons and Daughters Project Clinical Audit**" uses data from 615 registrations.

The difference is due to first data set including 24 additional registrations. Both Newcastle and Darwin centres are included with 24 cases. The second report states that "data was not available from Melbourne, Townsville and Darwin offices", and it shows 24 cases as "missing" the centre attended. Presumably this "missing" centre is Newcastle.

In further complication, the data frequencies supplied for individual centres cover 686 cases. The additional 47 from the 639 reported in the "Clinical Audit Descriptive Report" is accounted for by 88 cases from Brisbane, but excluding Tasmania (40 cases) and one less case in WA. This report also labels the centre for 93 registrations included as "Southport/Brisbane", while the other report and the data tables suggest this number is just for "Southport" (on the Gold Coast).

While the "Descriptive Report of the Sons and Daughters Project Clinical Audit" includes 88 cases from "Central QLD", it may be that these are actually the Brisbane data, misleadingly labelled.

Across all the sources, however, there is **no data from Victoria**, giving rise to the limitation that the data in aggregate is not fully "national".

A source of potential limitation in the data collected is **inconsistency** in how the clinical audit information was assessed and recorded. Firstly, different clients may have been more or less honest or accurate in the issues they presented, and secondly individual counsellors may have recorded and assessed the issues and problems presented differently. **Large variations by location** in the recorded occurrence of particular client problems and issues *could* reflect the interests and expertise of particular counsellors involved in the audit rather than being a function of the clients' geographic situation. That data on **ten specific problems** and issues not included in the main audit checklist was not recorded at all or only in part for some locations is also illustrative of inconsistency in the data collection.

Another limitation in the supplied data is that **analysis outputs**, comprising frequencies, cross-tabulations and analysis of variance (“anova”), only provided analysis by demographics. To understand the co-occurrence of issues, frequencies of problem combinations and cross-tabulations of problems with each other would be needed (analysis that Enhance Management could have carried out had the raw data sets been available.)

3.1.2 Focus groups data

Enhance Management has identified several different types of limitations with the data provided for analysis from the focus groups.

A key source of limitation is the considerable variation and inconsistency in the extent of the reporting from different locations. The content of the reporting, even when the specified guidelines were followed, is also questionable and adds to the data limitations. The nature of the participants in the groups also constitutes a limitation to the data. These limitations are discussed in greater detail in the following.

Inconsistency of reporting

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

However, despite the focus group designers’ desire for consistency of reporting across regions as described in the **facilitator’s kit**, this was not actually achieved, with the style and content of the reports varying significantly. The lack of consistency and more importantly the apparent lack of detailed data for some regions in comparison with others represent a major data limitation.

The most significant and severe data limitation 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 tabulations also provided identify groups held in Sydney, Parramatta and Campbelltown (perhaps collectively referred to as “Sydney”), Wollongong and Dubbo, but with no reference to Darwin.

We note the following characteristics of the **individual regional reports** supplied for the re-analysis and the differences between them.

- **ACT** (Canberra and Wagga)
 - 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 (but with many of the same quotes repeated in different sections)
 - Alone among the location reports, it includes an executive summary, background, recommendations and discussion of limitations
 - Reporting of the results of focus group survey are also included
- **Victoria**
 - The most comprehensive, apparently thorough and longest of the reports, although the issues raised are reported in a very shortened and summarised style (unlike the majority of the other regional reports)



- The only report that (apparently) provides data on the number of mentions of specific themes across the focus groups conducted, with some of the themes followed with a parenthesised number (eg *Parents separated/divorced – in several instances only temporarily (31)* – which presumably means that this was mentioned by 31 of the 82 participants across the 12 focus groups in Victoria)
- There is a lack of consistency, however, in the way that the counts are presented, with x2, x6 etc sometimes appearing at the end of themes – which presumably mean the same as (2), (6) etc, and one could guess (but it is not stated) that where no number appears, that specific issue/observation was only mentioned once
- **Lismore**
 - Comprising mostly paragraph-length quotes, organised under subheadings
 - Many of the quotes repeated under different headings
- **South East Queensland** (Southport, Gold Coast and Maroochydore, Sunshine Coast)
 - In note format, mostly using short phrases or sentences (often just one or two words) together with a few paragraphs of full verbatim – organised by subheadings
- **Townsville**
 - Confusingly reported using a mix of first and third person (*“My dad ...”* versus *“... made her feel ...”*)
 - A mix of full sentences and separate words/phrases are used, with the same quotes repeated under different headings
 - Helpfully, but unfortunately confined to this report, are notes on group agreement on particular points, eg *“others agree with this”; “effect of chemicals and what it means for my children ... a very dominant theme which keeps emerging”*
- **Tasmania**
 - More in note form of short phrases rather than full quotes; for example, the “resilience” section consists of a list of one or a few words
 - Mixture of reporting in first person (eg *“He used to have nightmares and stuff”*) and third person (eg *“Two of the participants reported ...”; “Several members of her family ...”*), the latter particularly useful when, for example *“8 of 10 participants reported ...”*, but minimal information of this nature is included
- **South Australia**
 - Very varied reporting ranging from single words to long quote paragraphs
 - The same full paragraphs are repeated multiple times under different subthemes
 - 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 – eg *“others in the group agreed”; “general agreement”*



- **Western Australia**

- The shortest and briefest of all the regional reports, mainly comprising short phrases, sometimes single words, listed under headings – making it difficult to understand the context in which the words/phrases were used

- **Overall/National**

- Summary report organised by key themes discussed in the groups, presented with narrative, mix of dot points and small number of quotes from participants
- Reporting of the focus groups is somewhat confusingly interspersed with presentation and discussion of overall results from the focus group survey – with seemingly greater emphasis given to these survey results than to focus group discussions

The lack of consistent reporting across locations means that **additional information** supplied in some reports, such as identification of male and female, observations of agreement among a group or the number of mentions of a topic, cannot be used to any effect as corresponding information from other locations is missing. To a large extent, however, as discussed further below in relation to the content of the reporting, this is irrelevant as the objective of focus groups is *not* to establish frequency of occurrence – which is the role of survey research – but to establish the range of issues and views on a particular topic.

Content of the reporting

Further to the variability of the reporting, at a more fundamental and perhaps philosophical level, the way the groups were designed, conducted and reported can be questioned, leading to limitations in the content of the reports and hence another level of limitation in the data.

As noted earlier in this report in relation to the effectiveness of the data collection (section 2.2.2), the large number of groups conducted realistically ruled out a single facilitator moderating and reporting on all the groups. This leads to potential **loss of understanding and insight** naturally developed by a moderator across groups. In any case, relying on note-takers to record spoken words limits the data to what was said, thus losing data on body language and group dynamics, aspects that can add insight.

Following on from that point, it needs to be noted that the thematic analysis undertaken by Enhance Management can only work 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 issues listed in the reports, while others had little to say (and indeed may have different experiences and opinions). The diversity of views and the strength with which these views were held could only be assessed by someone who had been present at the sessions reported.

We have also made an inherent assumption that the content of the reports supplied covers **all groups** conducted in those locations/regions. This may or may not be the case. Some of the reports appear to contain repetitions of only a small number of quotes, which may have come from only some of the groups conducted.

Participation in the groups

This 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**”) addresses some of these limitations.

Firstly, it is noted that focus group attendees are **self-selected** and hence are not necessarily drawn from all sections of the broader population of Vietnam veterans’ sons and daughters. The attendees were recruited using media advertising, VVCS publications and a word-of-mouth (“snowballing”) approach. Given that VVCS instituted and organised the focus groups, VVCS publications and the word-of-mouth approach would have a tendency to over-recruit those who had some contact with VVCS, albeit that recipients of the Veterans Children Education Scheme and the Australian Vietnam Veterans War Trust were also targeted with information.

It can also be assumed participants self-selected on the basis that they felt capable and functional to attend and discuss their issues with others, but also that they believed there was a connection between issues they had and their father’s Vietnam service. Consequently, the types of sons and daughters **not** included in the focus groups were those who:

- Were highly dysfunctional or had a “high-crisis” type of lifestyle
- Did not associate their (or any) difficulties in their life with their father’s war service

Thus the results of the focus groups are likely to be 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 issues and views among the broader population of the children of Australian Vietnam veterans.

Secondly, **participation within the groups** was necessarily limited. Like all focus groups, these groups had to be conducted in a very **limited time period** and there were a large number of “questions” put to the groups, which ideally invited quite intense, detailed and complex discussion. Obviously with up to ten people in each group, all participants would not have had opportunity to contribute their thoughts and experiences where and when they had something to say.

More importantly, what participants *did say* may well have been limited and proscribed by **social conventions**. In particular, **mental illness** is not easily discussed in a group context as it has an associated social stigma. Thus issues relating to conditions such as depression may have been largely suppressed in discussion. Similarly, stigma, shame and secrecy are often associated with **suicide**, and thus issues of suicidal ideation, attempted suicide and actual suicide in the family may have been mentioned less often than they could have been. Indeed, suicide is mentioned relatively rarely in the focus group reports.

3.1.3 Focus group survey data

In Enhance Management’s view the methodology adopted for the focus group survey represents its most serious data limitations. The key issues are the timing of the survey and the design of the questionnaire. The way the survey results have been analysed and reported, and the nature of the respondents also limitations of the data.

Survey timing

Participants in the focus groups were requested to complete the survey upon **completion** of each focus group session. The problem with this approach is that respondents at that stage *could* be strongly influenced by the discussion that has just taken place, particularly by the thoughts of others

giving their opinions and describing their experiences. While participation in a group may not change a person's own views, there is a risk that they will rate their levels of agreement/disagreement more towards what they have **just heard and been influenced by** than had they completed the survey *prior* to the discussion. Enhance Management often undertakes short quantitative surveys to gauge people's opinions in conjunction with attendance at a focus group, but these are always administered before the group discussion, so as to obtain participants' uncontaminated incoming perceptions.

Conducting the survey after the group could have affected the integrity of the data collected. The survey would have been better conducted before the groups started. Alternatively, the survey could have been sent to participants for completion some time after the group (after sufficient time for the detail of what others said to have "faded" in memory to a large extent) – or even better sent to a similar but different group of people. This would have allowed the survey questions to have been developed from the *outcomes* of the focus groups.

Questionnaire design

The rather **idiosyncratic nature** of the 21 questions in the survey has already been noted, together with observations about ambiguity, illiteracy and possible lack of clear purpose in some of the questions.

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 issues involved in the topic, and a survey is then designed around the key findings from the qualitative work so as to provide quantified data on those issues for the particular target group or population.

This general approach dovetails the two types of research to provide **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 designed in conjunction with the focus groups, there was no opportunity to use the findings from the focus groups as the basis for the questionnaire design. This, among the other design issues of poor questionnaire wording and construction, leads to limitation in the collected data. It also appears to Enhance Management that the questions were **not adequately tested and checked** prior to being administered to focus group participants.

Survey analysis and reporting

In relation to the analysis and reporting of the focus group survey, it has already been mentioned that the **mean (average) figures previously reported for each statement are incorrect** as the averages were calculated with the inclusion of a "9" value for missing responses. As there were only small number of missing responses, the error is essentially only relevant in the second decimal place of the reported means. However, the means should not have been reported to two decimal places at all, but only to one decimal place.

The reason that the results are correctly reported to only **one decimal place** is that the group of 313 respondents is effectively a "sample" of the type of people relevant to the study. Normal sampling statistics should therefore be applied to the results. From the dispersion of responses to each statement, a "standard error of the mean" (SEM) can be calculated. At the 95% level of confidence, the accuracy of a calculated mean (M) is within 2 times the SEM from the mean. Thus, the sample



result is correctly stated as M plus or minus (+/-) 2SEM. As tabulated in the appendix, 2SEM for all the statements in the survey is 0.1. Hence all the means are only accurate to the first decimal place, so technically should be presented as x.x +/- 0.1.

An unexplained anomaly in the data from the focus group 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 stated as comprising 84 participants and the negative family environment group (“group b”) as 81 participants. In the cross-tabulations provided, the number in the positive group (those who would talk to their family if very upset and who do not report bad feelings in their family) is also 84, but the number in the negative group is 110. (In this report the figures from the previous reports are used, although it is not obvious if these or the cross-tabulations are the correct data.)

Nature of the respondents

A further limitation to the focus group survey data is that there was **no data collected for Victoria**, so the results are not national.

It is also **not a random sample** in any sense and so cannot be construed or interpreted as being representative of sons and daughters of Australian Vietnam veterans. The participants were already known to or recruited through VVCS and therefore may have themselves presented to counselling by VVCS or had friends receiving counselling or were somehow exposed to recruiting efforts by VVCS 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 they weren't asked).

3.1.4 National publication data

As for other components of this re-analysis, the published contributions in the “**...and the pine trees seemed greener after that**” publication are not in any way “representative” of sons and daughters of Australian Vietnam veterans.

A sequence of **selection limitations** apply to the published material:

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

Consequently the final selection of material published has been influenced by a range of factors and potential biases that mean the publication presents contributions that are interesting, varied and provide insight to the experiences and mental and physical health of the individuals who contributed, but cannot be regarded as being representative or typical of sons and daughters of veterans.

3.2 Health Issues

3.2.1 Clinical audit

More than eight in ten of the audited group were assessed as presenting with medium to high **complexity of problems**. Around one in three were assessed with medium to high **suicide risk**.

Medium to high frequencies of **mental health issues** were presented, including depression, low self-esteem and stress management issues. The group also presented – most commonly – **relationship issues** and a majority reported **family conflict**.

In relation to mental health issues impacting on **physical health**, over a third presented **drug and alcohol issues**, a third **past suicide ideation** and almost half a **past victim of violence**. Issues relating to violence and suicide at the time of the audit were less common, but nevertheless involving substantial proportions of the group:

- 8% with recent suicide attempts
- 23% with suicide ideation
- 17% victims of violence
- 14% perpetrators of violence

Increasing age was associated with higher levels of presentation of parenting difficulties, relationship difficulties and drug and alcohol issues. Also, **males** were more likely to present drug and alcohol issues and current suicide ideation. Stress management, depression and anxiety issues were more associated with **females** than males.

Unemployment was found in the clinical audit analysis to be associated with higher levels of presentation of most issues checked, including drug and alcohol issues, suicidal behaviour, current violence and anger management issues.

3.2.2 Focus groups

The focus group discussions uncovered a plethora of physical and mental health issues among participating sons and daughters.

Physical health concerns centred largely on the perceived actual or potential effects of genetic inheritance to themselves and subsequent generations from the father's exposure to chemicals (particularly *Agent Orange* in Vietnam).

Serious physical and mental health issues raised included suicide attempts and ideation, depression, anxiety, uncontrollable anger, and issues with alcohol and drugs. More in the domain of **mental health** were a wide range of self-diagnosed personal issues including low self-esteem, lack of confidence, poor communication skills, poor relationship skills and unreasonable self-expectations.

Other **areas of concern** included bad relationships, avoiding intimacy, emotional withdrawal and behaviour following their father such as a short temperedness, uncontrolled anger and use of violence. Participants with children mentioned inadvertently and unintentionally following **negative parenting behaviours** of their parents. Indeed, some didn't want to become parents for fear of their inability to be a good parent.



The basis of these issues being raised in the focus groups was the general perception and belief that sons and daughters' health issues are **attributable to their father's Vietnam service** and the family situation and dynamics while they were growing up.

3.2.3 Focus group survey

Mental and physical health issues among sons and daughters are difficult to "diagnose" from the results of the focus group survey.

While **three in ten** felt that people close to them would think they had a **drug and/or alcohol problem**, it is not possible to make any definitive extrapolation as to the extent of actual drug and alcohol problems among these sons and daughters. Perhaps some *don't* have a problem with drugs/alcohol and other people just *think* they do, while others *do* have a problem but people close to them are not aware of it, and still others with a problem may just *think* that others are not aware of their problem.

A number of other statements in the survey could be regarded as assessments of **mental health issues**, although 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 issue** on account of:

- *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*

3.2.4 National publication

Evidence of individual sons and daughters having physical and mental health issues abound through the publication. This impression is reinforced by the **professional advice sections** interspersed through the publication among the sons and daughters' contributions and providing suggestions and advice for "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.

Specific **physical and mental health issues** that are reflected in the publication include suicidal behaviour, depression, anxiety, anger, violence, guilt, self-blame and low self esteem. Other emotions including sadness, hurt, frustration, confusion and conflicted feelings are mentioned. These feelings can relate to difficulties experienced in current lives or in growing up, or to what is perceived as happened to their father and family as a result of the Vietnam War.

3.3 Resilience

3.3.1 Clinical audit

Resilience characteristics of sons and daughters were not included in the clinical audit checklist, but would have been useful to incorporate to provide a fuller understanding and balance to the problems and issues presented.



3.3.2 Focus groups

A strong topic in the focus groups (based on its being reported extensively in the focus group session reports) was that of resilience of sons and daughters. Many references were made to **personal strengths** such as self-discipline, self-reliance, independence and high achievement. These were frequently seen as arising from the father's influence of being disciplined, independent and 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 from their upbringing (often implied as developed from having to cope with family conflict and adverse family relationships).

It is also apparent from the focus groups discussions that among sons and daughters there is a group who consider themselves as **"normal"** in terms of their lives, their childhood and upbringing, and their parents. In addition, some self-identify as having **good relationships** and **good social skills** – which may or may not be attributable to their father's positive or negative influences while growing up.

3.3.3 Focus group survey

Several questions of the survey dealt with matters of sons and daughters' **resilience and coping**, largely in the context of being influenced by their upbringing and teachings of their fathers.

The **majority** of survey respondents indicated **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*

In addition, a large majority of focus group participants who completed the focus group survey had a positive attitude to their mental health, agreeing that they would go and **see a counsellor if they needed to**.

Also, 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. Further, six and ten believed they would know what to do if they felt very upset. Again, these are indicators of resilience and coping behaviour.

3.3.4 National publication

Given the intention of the national publication to focus 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 relation to the Vietnam veteran father and their behaviour.

Clearly also many are thankful for **support** they have received to help them on the way to resilience and coping ... from VVCS, other counselling, family and Sons and Daughters groups.



4 Conclusions

Across the four activities that provided the source documentation for this re-analysis project, two key conclusions about sons and daughters of Vietnam veterans emerge:

- They suffer or perceive themselves to suffer from a variety of **mental health problems**
- They are remarkably **resilient**, in part attributed to their father's discipline and behaviour

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

In addition, an overall conclusion about the material supplied is that some aspects of the data collection design and the analysis and reporting of outcomes are **flawed** from a research perspective, and in retrospect might have been done better.

Specific conclusions relating to each of the activities follow.

Clinical Audit

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

The **audit checklist** used could have usefully included rating scales (instead of yes/no indicators) of problems presented by clients and also measures of positive mental health and resilience. Other possible improvements to the checklist include revised wording and clarifying options to avoid potential 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 provide a clearer and unambiguous understanding of the person's history and circumstances in relation to violence.

Focus groups

Notwithstanding that some focus group participants believed themselves and/or their families and upbringing to be "normal", the weight of numbers of issues raised in the focus groups suggests that many participant sons and daughters believed they had **dysfunctional family lives** while growing up and have been **adversely impacted** in their health, self-image and relationships as a result.

With no basis for comparison, Enhance Management is unable to draw any conclusions on whether these sons or daughters' experiences and issues do in fact stem from their **fathers' war experience**. It is possible to speculate that many similar issues would be raised about 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 *may* not be as unique as they might think. But equally, judged on the large number of negative issues raised, they could well be correct in their beliefs that they and their families have suffered greatly and have been damaged in consequence of their fathers' service in Vietnam. Only comparative quantitative studies – which DVA will be commissioning – can determine this.



The central themes that emerged from the focus groups included **adverse physical and mental health impacts** on the father, impacts on the mother, often relating to verbal or physical abuse from the father, family dysfunction and conflict, adverse impacts on the son/daughter including difficult childhood experiences, relationship issues, feelings of alienation, poor self-image and more serious mental health issues, such as depression, uncontrolled anger, and alcohol and drug misuse.

Issues with the focus groups **methodology** included the large number of groups conducted and substantial variations in the quality and content of the reporting.

Focus groups survey

In relation to the Vietnam War, a strong **majority** of survey respondents felt that:

- The community did not understand the issues for Vietnam veterans' families
- Their father's health suffered because of the war
- The war was responsible for their parent's current behaviour

However, the majority also considered that **personally** they:

- Would see a counsellor if necessary
- Were not responsible for problems in their family

Furthermore, and reflecting their **resilience** and a **positive approach** to life, a majority in each case believed their upbringing taught them discipline in life and how to stand up for themselves, and they were confident of their future, would know what to do if they felt very upset and felt "OK" about making mistakes.

However, in relation to their **upbringing**, majorities felt their friends did not understand their upbringing and that being the child of a Vietnam veteran *did not* have a positive impact on their life. Many also identified bad feelings in their family and were not comfortable expressing how they felt in their family.

Methodological **shortcomings** of the focus group survey included when it was administered (after the discussions which could have influenced responses), wording and punctuation problems, and lack of clarity or explanation on what the questions were supposed to measure or achieve.

National publication

The national publication provides a wide variety of contributions focused on **hope, resilience, understanding, forgiving and moving on**.

Implied in these sentiments is the premise that there is something in the past lives of contributing sons and daughters that is 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 their own lives.

A proportion of the published contributions identify **mental health issues** that are implicitly assumed to have arisen from negative family experiences and growing up in a dysfunctional environment. These include depression, emotional breakdowns and low self-esteem.

5 Recommendations

The recommendations arising from this study are directed towards informing Tiers 2 to 4 of the Vietnam Veterans' Family Study, these being the **main quantitative surveys** of Vietnam veterans and their families in comparison with control groups to be commissioned by DVA.

In developing the questionnaires for these surveys, which aim to measure physical, mental and social health of veterans and their families, Enhance Management recommends that the measures incorporate **positive, negative and neutral indicators**.

While the survey questions will need to cover a wide range of **identified problems and issues** as have been identified in this re-analysis among Vietnam veterans' sons and daughters as well as among their fathers and mothers, measures that capture positive aspects are 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 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 is that some veterans and their family members – and as can be expected of members of the control groups – will have no particular problems or strengths, but consider themselves "**normal**". As emerged from some sons and daughters participating in the focus groups, they felt they had a normal upbringing and live a normal life.

We also recommend that to a large extent the findings of the **research conducted to date** for this study – including the results of the re-analysis reported in this document and the qualitative research undertaken as Tier 1(a), Tier 1(d) and Tier 1(c) – should be thoroughly assimilated and understood so as to provide the **basis and cross-checking mechanism** for designing appropriate questions to measure the negative outcomes, both past and current, that have been reported for Vietnam veterans and their families.

A particular issue that emerged from among sons and daughters and could perhaps be overlooked in the design process as it is not an overt physical, mental and social health matter is that of being "**concerned**" or worried about their own health and/or the health of their father, mother, siblings and children. These concerns often related to the possible future effects of the veteran's exposure to **Agent Orange** and other chemicals in the Vietnam War. We recommend that this issue be considered for inclusion in the surveys.

A further key recommendation concerning the development and design of the main surveys would be to follow **best practice in questionnaire design**. The focus group survey questionnaire used for data re-analysed in this project serves to illustrate a number of potential problems that can occur.

Enhance Management's base **recommendations** with regard to survey design are to ensure that:

- The survey is not overly long or complex
- Scales used for measures allow for good discrimination of ratings, eg 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 properly and fully tested for validity and reliability



Questions should also provide for “not applicable” and “prefer not to answer” response options, so that respondents are not forced to provide a rating response or give no response when they are unable or unwilling to answer a question.

Survey testing should incorporate testing reliability (consistent results) and validity (measuring what it is intended to measure). At the pilot survey stage (which should be conducted for any survey), respondents can be asked for permission to be contacted for a follow-up interview. In such follow-up interviews the designers can interrogate respondents about how they interpreted and answered particular questions. An interview of this nature is often called a “cognitive interview”.

With regard to further **qualitative research** for this study, Enhance Management recommends that the appropriate approach is to use qualitative research to follow up on and gain further insight on specific results that emerge from the main surveys – perhaps results that were unexpected or are difficult to explain.

A large number of **qualitative research events** – focus groups or individual in-depth interviews – may not be needed for the purpose. The researchers involved should be able to judge when they have reached “saturation” of understanding – in other words, when fewer and fewer new insights or explanations are being obtained from successive interviews or focus groups.



Appendix

This appendix provides more detailed data and results of the re-analysis of the source materials.

Specifically, tabulations of data and results of calculations (where applicable) from the **clinical audit by location**, thematic analysis of the **focus groups reports by location**, responses to the **focus group survey** and themes in the **National Publication** are presented.

Clinical Audit

The following table summarises the raw data provided by DVA for the re-analysis of the clinical audit.

The table presents the number of Vietnam veteran sons and daughters included in the audit by location, the **percentages of demographic characteristics and the problems/issues** recorded as presented by these sons and daughters. (Average age is an exception to percentages being shown.)

Shown on the right hand side of the table is the **average of the percentages** across the locations (excluding those locations where the problem/issue 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 have been applied in the table (except for percentages of *victims/perpetrators* relative to the incidents 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/issue recorded for the location

Ref #	2	9	6	4	1	8	5	10	3	7	11	Location	
	Canb	Syd	Newc	Lism	Bris	GldC	SunC	Tsvl	Darw	SA	WA	Av	SD
Number:	39	73	24	27	88	93	33	88	24	100	97	62	33
DEMOGRAPHICS													
Male	41%	59%	54%	33%	44%	38%	63%	44%	58%	54%	47%	49%	10%
Parents a client of VVCS	69%	59%	84%	91%	68%	65%	74%	68%	96%	77%	57%	73%	13%
Aged under 15 years	3%	7%	4%	0%	6%	10%	7%	6%	9%	5%	6%	6%	3%
Aged 15 – 19 years	8%	8%	8%	22%	19%	12%	0%	19%	14%	20%	13%	13%	7%
Aged 20 – 24 years	21%	18%	21%	7%	14%	21%	10%	14%	18%	32%	30%	19%	8%
Aged 25- 29 years	44%	44%	38%	59%	31%	34%	43%	31%	27%	26%	32%	37%	10%
Aged 30 – 34 years	15%	21%	17%	11%	24%	14%	13%	24%	27%	16%	14%	18%	5%
Aged over 35 years	10%	3%	13%	0%	7%	10%	27%	7%	5%	1%	5%	8%	7%
Average age	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%
Defacto	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/separated	3%	7%	17%	7%	5%	13%	36%	5%	4%	5%	7%	10%	10%
Have children	31%	26%	38%	41%	39%	36%	38%	39%	38%	26%	27%	34%	6%



Ref #	2	9	6	4	1	8	5	10	3	7	11	Location	
	Canb	Syd	Newc	Lism	Bris	GldC	SunC	Tsvl	Darw	SA	WA	Av	SD
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/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/ISSUES PRESENTED													
Parenting difficulties	18%	18%	21%	22%	21%	50%	43%	21%	0%	85%	67%	33%	25%
Relationship issues	77%	66%	88%	85%	71%	89%	90%	71%	79%	86%	85%	81%	8%
Drug & alcohol issues	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 (med to v high)	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%
... v high	24%	18%	0%	22%	16%	28%	18%	16%	39%	24%	25%	21%	10%
Risk of suicide (med to v high)	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%
... v 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 issues	30%	26%	25%	70%	42%	0%	0%	42%	21%	42%	37%	37%	20%
Anxiety issues	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 breakup	33%	32%	21%	50%	25%	0%	0%	25%	0%	38%	18%	30%	17%



Focus Groups

The following tabulation provides the **themes and sub-themes** Enhance Management has identified in the focus group reports. These have been **cross-tabulated by location**. An “x” in a row/column cell indicates that that particular issue was mentioned in the reporting for the location.

The location indicators are by state abbreviations, other than for groups conducted in Lismore (“Lis”), Southport and Maroochydore (SEQ), and Townsville (“Tvl”). It is also noted that the groups identified as “ACT” comprised four groups in Canberra and one group in Wagga Wagga in southern NSW.

The overall “National” report of the focus group consultation is represented by the “Nat” column.

Themes relating to parents of the participant and family life have been worded in 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 dead, although that was the case for some, based on reported participant quotes.

	ACT	Vic	Lis	SEQ	Tvl	Tas	SA	WA	Nat
Number of groups	5	12	4	9	8	5	4	4	65
FATHER’S									
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 issues (eg depression/ anxiety/disturbed)		x	x	x	x	x	x		x
Father had alcohol/drug abuse/addiction issues	x	x	x	x	x	x	x	x	x
Father had post-traumatic-stress disorder (PTSD)	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/abusive	x	x	x	x	x	x	x	x	x
Father was cruel/sarcastic	x	x		x		x	x		x
Father was irritable and moody	x	x	x	x	x	x	x	x	x



	ACT	Vic	Lis	SEQ	Tvl	Tas	SA	WA	Nat
Father was often angry/had short temper/ would have aggressive outbursts	x	x	x	x	x	x	x	x	x
Father's behaviour was unpredictable/inconsistent	x	x	x	x	x	x	x		x
Father exhibited obsessive behaviours		x		x	x	x			x
Father always wanted to be in control/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/interest in others/was emotionally detached/distant	x	x	x	x	x	x	x	x	x
Father avoided dealing with issues		x							x
Father had strong sense of mateship with other vets (in a dysfunctional way, eg alcohol abuse)	x	x		x	x	x	x		x
Father was racist/ 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 took the brunt of father's aggression/ violence/bad moods		x	x	x	x	x			
Mother was controlled/continually criticised by father		x	x	x	x		x		
Mother was very high 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 was seen as the peacemaker/mediator	x	x	x	x	x	x			x



	ACT	Vic	Lis	SEQ	Tvl	Tas	SA	WA	Nat
IMPACT ON FAMILY/ FAMILY RELATIONSHIPS									
Father was a positive influence on the family		x		x	x	x			
Family life was good/happy		x			x				
Family split up (eg parents separated/divorced)	x	x	x	x	x	x	x	x	
Conflict between parents/in the family	x	x	x	x	x	x	x	x	
Family had dysfunctional relationships (eg "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 issues/arguments/conflict ("walking on egg shells")	x	x	x	x		x	x	x	x
Father was perfectionist/set too high standards 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 (eg 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/hate towards father	x	x	x	x	x	x	x	x	



	ACT	Vic	Lis	SEQ	Tvl	Tas	SA	WA	Nat
Was verbally/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				
Enacted a variety of coping strategies to lessen/avoid interactions with father	x	x		x	x	x		x	x
Reject 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/relationships		x	x	x					
Realised/discovered later that other families were different	x	x		x	x	x		x	
Vietnam War was never discussed while growing up					x	x			
Believed that family situation was unique/different to friends' families		x	x	x	x	x			x
Had relationship issues as a result of upbringing (especially lack of intimacy, lack of friends)		x	x	x	x	x			x
Found it hard to make friends (eg because moved a lot)	x	x	x	x	x	x			x



	ACT	Vic	Lis	SEQ	Tvl	Tas	SA	WA	Nat
Scared to bring friends home as father was disapproving/hostile	x	x	x	x	x		x		
Friends didn't understand family upbringing/experience	x				x	x			
Had limited interactions with others outside the family/family was isolated	x	x	x	x	x	x	x	x	x
Felt isolated within the family	x				x	x			
As a child had to take on the parenting role towards father	x	x		x	x		x		x
Felt had to be perfectionist/"over-achieve" because of father's expectations	x	x	x	x	x	x	x		
Developed positive strengths as a result of upbringing	x	x	x	x		x	x	x	x
Felt resilient as a result of upbringing	x		x	x	x	x	x	x	x
Wanted to/joined armed forces		x		x	x		x	x	
PHYSICAL HEALTH									
Concerned about own health affected by father's Vietnam service	x	x	x	x	x	x	x	x	x
Concerned about the health implications of father's exposure to Agent Orange	x	x	x	x	x	x	x	x	x
MENTAL HEALTH									
Have mental health issues (depression/stress/anxiety/eating disorder/self harm)	x	x	x	x	x	x	x	x	x
Have considered/attempted suicide	x	x	x		x			x	x
Have suffered from anxiety/panic attacks/social phobias	x	x	x	x	x	x	x		
Have violence and anger management issues	x	x	x		x	x	x		x
Have alcohol/drug addiction/abuse issues		x	x		x		x	x	x
SELF-IMAGE									
Lead a normal life/				x	x		x		



	ACT	Vic	Lis	SEQ	Tvl	Tas	SA	WA	Nat
feel quite normal									
Have good coping skills/ strategies (determination/ high achievement/self discipline/self reliance/ independence)	x	x	x	x	x	x	x	x	x
Have good social/ communication skills/ am emotionally strong	x				x	x		x	
Have good mediation/ negotiation/diffusing conflict skills	x	x	x	x	x	x	x		x
Am introverted/have poor social/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/relationship issues	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 issues (eg avoid intimacy/dealing with issues/conflict)	x	x	x	x	x	x			
Avoid contact with family due to bad relationships	x					x			
Don't deal with issues, 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 due to father's drinking		x	x				x		



	ACT	Vic	Lis	SEQ	Tvl	Tas	SA	WA	Nat
Avoid situations/feel scared when people are angry/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 /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
HEALTH									
Sibling(s) has/have physical health issues					x	x	x		
Sibling is at risk of/has attempted/committed suicide	x			x				x	
Sibling has alcohol/substance abuse/addiction issues	x	x				x	x		
Sibling has violence issues		x	x	x	x				
Sibling has mental health issues	x	x		x		x		x	
IMPACT ON OWN FAMILIES									
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/parents	x	x	x	x	x	x		x	x
Feel that treating own children in same bad way (eg anger, losing temper) as father did (but not wanting to)	x		x		x				x
Concerned about the potential/actual health impacts on own children of father's exposure (to Agent Orange/chemicals)	x	x	x		x	x	x		x



Focus Group Survey

The following tabulation includes 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 2 times the standard error of the mean (which represents the theoretical dispersion around the mean of 95% of responses in the corresponding total “population” based on the sample).

The **column headings** indicate:

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)
2SEM	2 times standard error of the mean

	Statement	1	2	3	4	-	M	% D	% A	SD	2SEM
Q1	The Vietnam War is responsible for my parent’s behaviour today	17	56	126	105	9	3.0	24%	76%	0.87	0.1
Q2	I feel comfortable to express how I feel in my family	45	76	118	67	7	2.7	40%	60%	0.98	0.1
Q3	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
Q4	There are lots of bad feelings in the family	39	83	93	95	3	2.8	39%	61%	1.02	0.1
Q5	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
Q6	I feel confident about my future	25	85	128	74	1	2.8	35%	65%	0.89	0.1
Q7	I feel responsible for the problems in my family	100	122	67	18	5	2.0	72%	28%	0.88	0.1
Q8	When I am around people who are angry I feel scared	52	95	87	77	2	2.6	47%	53%	1.04	0.1
Q9	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
Q10	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
Q11	I would go and see a counsellor if I needed to	17	43	147	103	3	3.1	19%	81%	0.83	0.1
Q12	I have no difficulty keeping close relationships	48	96	105	62	2	2.6	46%	54%	0.98	0.1
Q13	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	2SEM
Q14	I feel OK about making mistakes	61	116	106	29	1	2.3	57%	43%	0.89	0.1
Q15	My friends understand my family upbringing	91	113	88	17	4	2.1	66%	34%	0.89	0.1
Q16	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
Q17	If I felt very upset I would talk to my GP	80	121	83	23	6	2.2	65%	35%	0.90	0.1
Q18	If I felt very upset I would talk to my friends	56	84	112	57	4	2.6	45%	55%	0.99	0.1
Q19	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
Q20	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
Q21	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

As noted in the body of the report, interpretation of these results needs to be mindful of the wording of each question as some are expressed in a positive form and others in the negative.

The following table presents the statements in order of the percentage **level of agreement or disagreement**, depending on which is greater.

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



Statement	Majority	%	Mean
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

National Publication

The following extracts from the "National Publication" ("*... and the pine trees seemed greener after that*": Reflections by sons and daughter of Vietnam veterans. Canberra: Commonwealth of Australia, 2004) have been selected as the key sentiments that characterise each published item, be it a personal story, reflective prose or piece of poetry.

Each extract has then been classified in terms of a one or a small number of descriptive terms. These individual **sentiments** in turn have been collated under headings of a smaller number of themes.

For the majority of the contributions, only a single entry in the following 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 are included as cross-referencing to the printed publication.

Theme/Sentiment	Page	Extract
MOVING ON & HOPE		
Moving on ... hope	53	[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	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	[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	118-119	"Becoming aware of my emotional states and processes has been a most profound and enduring enlightenment. ... Although I delve a little into my



Theme/Sentiment	Page	Extract
		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	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"
STRENGTH & RESILIENCE		
Growth ... resilience	65	[Poem – tree metaphor] "It lives here in all of us, this process of growth ... I will grow through the rubble, I will be free"
Strength/resilience	7	[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	[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	[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	[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 & COUNSELLING		
Family strength/love	88	[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."
Friends & family help	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 Sons & 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. By 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 workshop for book ... "sharing part of our hearts with each other"
Counselling helped	33	VVCS ... "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."



Theme/Sentiment	Page	Extract
	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."
Counselling is helping	108-109	"Counselling has brought out some hard challenges ... The road is a long one ..."
Felt unloved ... counselling changed father	50-51	"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	104-105	["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 of father	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 & FORGIVENESS		
Understanding/ Forgiveness (of father)	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	[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"
Trying to understand (father)	121	[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	[Poem] "Why is it like this? To provide an opportunity ... So I can



Theme/Sentiment	Page	Extract
		understand”
Forgiven father	89	“Now I’m 35. I’ve forgiven my father, though I can’t forget. He swears he doesn’t remember.”
Healing	34	[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	104-105	“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: 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	[Poem] “Emotions ... confusing – maybe that’s why he didn’t want to show me”
Father: pre-occupied	41	[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	[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	“It wasn’t until I was about 7 or 8 that I realised my father had a problem. ...



Theme/Sentiment	Page	Extract
	91	[war movie on TV] ... "... he made it about half way through the movie then to our absolute horror he turned into a gibbering mess. ... I remember being scared stiff and crying. [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 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: 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	[Poem] "A laughing pleasant man ... one week later a surly remote man ... the war in his head has resumed"
Father: drunk/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	[Poem] "It is hard to feeling 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 tried 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."
Know that different	62	[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"
PAIN OF GROWING UP IN A VETERAN FAMILY		
Growing up hard/alone	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	[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	[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." ...



Theme/Sentiment	Page	Extract
		"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"
PAIN OF BEING A VETERAN'S SON/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	[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	[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	[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	[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."
	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."
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."
MENTAL HEALTH PROBLEMS		
Suicide attempt	11	"When I was 15 yrs 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	108-109	"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."



Theme/Sentiment	Page	Extract
	123	"I hated my father for a long time. [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	[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	[Poem] "Pride never spoken ... Clinging to the signs and hoping for all your life that you're right."
Self-blame	19	[Poem] "What did I do wrong?"
Lack of self-esteem	34	[Poem] "... I am 32 and my self-esteem still gets in the way of social interaction."