



AN OVERVIEW OF MILITARY SOCIAL WORK: THE CASE OF ZIMBABWE

Elimon Runesu

ABSTRACT

Military social work is a branch of the social work profession which provides services to soldiers and their spouses and dependents during peace time, war time and national crises. Soldiers face a myriad health and social challenges stemming from war stressors and the challenges of re-integration to civilian life. Many war veterans suffer serious mental health disorders such as Post-Traumatic Stress Disorders (PTSD) which in most cases may lead to substance abuse, domestic violence, murder and suicide. It therefore follows that, no defence force, whether armed to the teeth with the most modern and sophisticated weaponry would be effective at war if it undermines, or attaches low priority, to the social and welfare needs of its soldiers. It is folly and indeed a sure path to its demise should any armed force chose to ignore the fact that for a soldier to effectively execute combat duties, he needs assurance that his commanders are concerned with his welfare. Military social work cannot, therefore, be overemphasized. Military social work is a unique profession because of its extraordinary challenges and dilemmas that arise due to military practices and policies. Military social work is a largely distinct field of social work. Both students of social work and social work practitioners need to be aware of this fact. As a result, the military social workers' unique experiences and educational needs should be part of the discourse of social work practice in national social work for a. This will influence social work educators to work on curriculum adjustment since military social work practice should balance the needs of individual clients and the needs of military organisations.

KEY TERMS: *military social work, Post-traumatic Stress Disorder, detention barracks, re-integration*

INTRODUCTION

The world is increasingly becoming aware of the fact that the human factor remains a key determinant of any outcome, be it in industrial production, fighting wars and the programming, arming, and operation of the most sophisticated weapon systems. It is therefore folly and indeed a sure path to its demise should any armed force chooses to ignore the following: for the soldier to be effective in combat duties, he needs to be assured that his welfare and that of his family are of concern to his commanders. As General Sherman of the US Army once put it:

“...man has two supreme loyalties, to his country and to his family... so long as their families are safe, they will defend their country, believing that by their sacrifice they are safeguarding their families also.”
(Fellman, 1995)

It therefore follows that no defence force would be effective if it undermines, overlooks or attaches low priority to the social and welfare needs of its soldiers. However, due to the ever demanding operational, training and other commitments, those in command of soldiers have often invested little or no time to provide close attention to the various social and welfare needs of these soldiers and their families.

Cognisant of the need for the provision of this essential service, it is pertinent to fully study and reflect on the practice of military social work. Military social work is the field of practice concerned with spearheading and implementing a wide range of programmes and projects which promote and preserve the welfare and wellbeing of soldiers and their dependants.

The aim of this paper is to provide an overview of military social work. It offers an insight into the practice and functions of military social workers so as to advance our thinking about military social work practice.

MILITARY SOCIAL WORK PRACTICE

Military social work provides welfare programmes that respond to the needs of soldiers to enable them to effectively conduct their duties. It does this through spearheading and implementing a wide range of programmes, operations and activities which promote and/or preserve the welfare and wellbeing of soldiers and their dependents. Service members and veterans often face a myriad physical and mental health problems. As well, these military members experience social challenges that stem from the combat and operational stressors experienced during deployment and the challenges of reintegration into civilian life.

For one to effectively intervene in this population the social worker ought to have some working knowledge of these issues and the cultural context within which they occur. This means that military social work practice knowledge should be part of social work training at the university. The current position is that all Zimbabwean institutions of social work training are doing very little, if anything at all, in teaching military social work practice. This situation cannot continue. Military social workers assist the military community by developing, coordinating and delivering services which help promote self-reliance, resilience and stability during war and even during peace time as shall be explained in military social worker's functions later in this paper. Social workers in the military also conduct training activities that are designed to equip soldiers and families with the skills, knowledge and support needed to face the challenges of military life.

The rationale for training military social work in institutions of higher learning cannot be overemphasized. Military social work focuses on the military as an organisation so as to create a conducive work milieu. Here, the social worker is interested in establishing standard practices, structures, processes and policies that will benefit the functioning of the organisation and also the employee. Good social policies should not jeopardise organisation's productivity as well as social justice for individual workers. This is augmented by the notion of the 'organisation as client' advanced by Googins & Davidson (1993).

Therefore, military social work practice has to be recognised as a specialised area so that practitioners are trained to provide a full range of human services to the nation's military, veterans and their families, helping them cope with the stresses of military life. Above all, besides ethical dilemmas that are part of social work, the policies and practices in the military pose even more challenges to practitioners, for instance, the hierarchical structure governed by military law, dual clients (the organisation and the individual client) and geographic and professional isolation. Social workers also have to adhere to the professional values and ethics while providing a service to an institution that has its own unique culture, standards, and values. This paper therefore seeks to develop distinctive ways of thinking about military social work as influenced by various contextual factors so that the practice can evolve with its own distinctive flavour.

METHODOLOGY

This paper is largely based on the author's experiences in his practice in the Zimbabwe National Army Social Services Department. It also draws on past journal articles and reports. The author benefited immensely from published literature from South African Defence Forces social work model propounded by Retired Lieutenant Colonel Van Breda of South African Defence Forces (SANDF) who also published articles in journals on military social work. He is now an Associate Professor at the Department of Social Work at the University of Johannesburg, South Africa. Prof Van Breda was an active duty Military Social Worker, in uniform, from 1991 to 2007, leaving the SANDF with the rank of Lieutenant Colonel.

THE ZIMBABWEAN MILITARY SOCIAL WORK APPROACH (ZMSWA)

ZMSWA endeavours to advance new social work interventions to the varied problems faced by Zimbabwean military organisations. It uses the term 'position', which was coined by Melanie Klein (the post-Freudian child analyst). Klein, cited in (Hinshelwood, 1991) used the term position to avoid a sense of prescriptive progression through Freud's psychosexual stages of development, as well as to describe the positions from which a human child or adult may view the external world whilst experiencing the internal world. Military social work practice in this context does not follow stages-hierarchy of importance in accomplishment of tasks, but places the practitioner at a position of advantage so that he or she intervenes at an appropriate time to provide specific intervention as dictated by situation on the ground. In line with this view, the ZMSWA's preference for the term 'position' is not mere semantics. It allows for a greater fluidity of movement between positions that are less value-laden, so that one position is not necessarily better or more important than the other. A practice model comprising positions is more organic and holistic than one comprising stages/phases. It avoids the pitfalls of linear thinking by ensuring circularity.

The ZMSWA, therefore, comprises five practice positions from which a military social worker may intervene from as shown on (Figure 1). Each position describes a different way of perceiving a problem. The five positions as described below in detail.

Position one: Restorative interventions (rehabilitation)

Restorative interventions to individuals involve social rehabilitation which is offered to retiring soldiers, and to the physically and mentally challenged members of the force so as to socially reintegrate them into civilian life. It is considered that these clients missed out on opportunities to acquire vital vocational skills like carpentry, welding, crop and animal production whilst they concentrated on weaponry. Worth noting is the fact that military duties are inherently dangerous to life and limb. Tours of duty, that is, getting involved in war-related tasks such as flying aircraft, driving military hardware or firing certain sophisticated weapons, may result in physical and psychological injuries which require social work intervention. In essence, social rehabilitation involves restoration of lost social capabilities in order to return these soldiers to former or near former social functioning condition. The intervention is crucial to those soldiers who become disabled during the course of duty so as to enhance their social functioning. This is in line with the International Labour Organisation's view of social rehabilitation. This approach involves the provision of those services such as vocational guidance, training and selective placement, designed to enable a disabled person to secure and retain a sustainable existence (Ghebali, 1989). The work done by military social workers with disabled soldiers in Zimbabwe follows five stages namely, vocational assessment, vocational guidance, vocational training, selective placement and follow up.

- a. Vocational Assessment: It is work done to evaluate whether the nature and extent of a member's disability or age could allow him/her to do a skills course of his/her choice.
- b. Vocational Guidance: Rehabilitees are assisted to choose a skills training that suits their nature and extent of disability or age through giving them advice for them to make informed decisions.
- c. Vocational training: Successful rehabilitees are then sent to national rehabilitation centres currently Beatrice and Ruwa or to any other institution which can accommodate the nature, extent and the degree of disability.
- d. Selective placement: Some rehabilitees who complete their training are assisted with reassignment in fields within the military which require less physical fitness in line with their new vocational skills acquired or they are reintegrated in civilian life if they are to be medically discharged in line with defence Service Disability legislation.
- e. Follow up: There is need to follow up on reassigned or resettled rehabilitees in order to check how they are coping with their new placements or re-integration in civilian life.

Position two: Promotive interventions (provisioning)

Provisioning entails work which is done by the military social worker in mobilising and developing resources essential in providing solutions to the various social problems experienced by serving members and their families or dependants and also facilitation of their use.

Position three: Supportive/work-person interventions (counselling)

Counselling involves attending to individual serving members, their families and their dependants on a one-on-one basis, to restore social functioning. Solutions include making appropriate referrals, that is, linking the clients with other resource systems. This is casework as it is famously known.

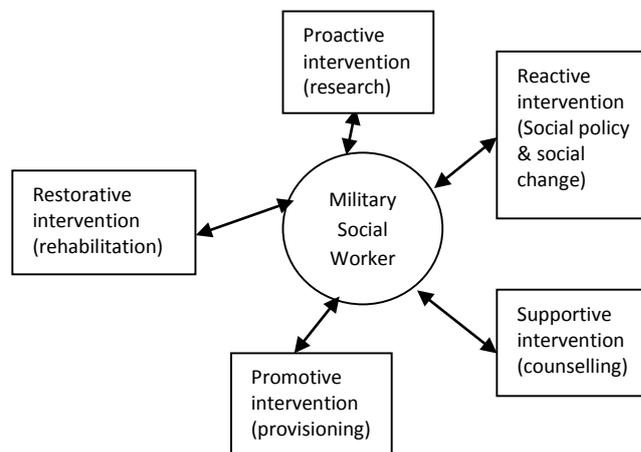
Position four: Reactive/workplace interventions (social policy advocacy and social change)

Workplace intervention is done in order to keep commanders of soldiers at all levels well-informed about the nature and extent of social problems affecting the soldiers under their command and make relevant social policy recommendations in order to influence social change as well as ensuring implementation of the social policies.

Position five: Proactive interventions (research)

Social work research is done in order to identify sources of social problems and advise the relevant authorities on the need for social policy and social change. Military social workers ought to come up with research topics which are of interest to the army concerning problem areas that need to be addressed. Carrying out surveys also improve the living conditions of the serving members and their families. Some examples of major research activities already under taken in the past by Zimbabwe National Army Social Workers, include troop morale surveys, disability survey, orphanage feasibility study, health delivery system in the Air Force of Zimbabwe, wills and inheritance laws project, suicide cases and lately fraternisation and sexual abuse surveys.

Figure 1. Zimbabwe military social work approach



FUNCTIONS OF MILITARY SOCIAL WORKERS

To achieve the said interventions, it is pertinent to remind ourselves that military social work is multifaceted. Hence social workers have a mandate to, among other things, carry out the following functions in peace and during wartime.

Peacetime functions

Casework

Provides counselling on a one to one basis. Interviews are conducted with individual soldiers and/or their families experiencing social problems such as financial distress, marital conflicts, child welfare, adult welfare and many other social problems. When work is done with the member and his family it becomes family therapy and work professionally done with husband and wife only is termed couple therapy.

Group work

Sometimes a group of people may experience common social problems. Military social workers are mandated to provide group work services to such service users. This usually involves support groups of members experiencing similar problems such as HIV&AIDS, drug abuse, alcoholism, disability and post-traumatic stress disorder as a result of combat.

Community work

Military social work also involves planning and implementing community projects aimed at improving the standard of living for its members and their dependents. This includes widows and orphans of deceased members

currently involved in projects at Kushingirira Army Widows Association Poultry Project at Magunje Growth Point as well as Chigovanyika Widows Firewood Project in Harare. In addition, community work includes various military hospital improvements in terms of cooking facilities, entertainment and refrigeration. Zimbabwean military social work also provides technical expertise and material resources for members' wives through Zimbabwe National Army Wives and Widows Association (ZAWWA) to start income generating projects nationwide. This is in line with Thomas (1984)'s assertion that, community work utilises inter-group processes to help communities understand problems that exist and utilise the available resources to bring about solutions that strengthen the total community and enrich the lives of its members.

Housing services

Housing services involve military social workers' role to negotiate with different city councils and local authorities for houses or stands to provide personal family accommodation for serving members. In the majority of cases the stands are secured through Zimbabwe Defence Forces Benefit Fund and developed to core houses before being handed over to beneficiaries. Examples of such projects already completed have been reported in various Zimbabwean newspapers.

Liaison

Military Social Workers liaise with other government and non-governmental organizations for the provision of needed welfare services that cannot be provided from within the organization, for example the Department of Social Welfare, Ruwa Rehabilitation centre, Beatrice Rehabilitation Centre, Childline, Master of High Court, Civil Courts, Musasa Project, and St Giles Rehabilitation Centre only to mention a few.

Facilitation/administrative social work

A military social worker plays the role of a facilitator, assisting clients with access to financial and non-financial benefits. Prevalent in the military is social worker's assistance to widows and widowers, guardians and surviving children to process documents necessary for accessing terminal benefits and pension. This is done through the completion of Pension Document form (PD2), confirmation of Customary Marriages (Annexure C) and issuing letters of guardianship. The best interest of the child is also a primary consideration thus social workers ensure child protection and care taking into account the rights and duties of his or her parents, through facilitating court orders for the maintenance of neglected children.

Psychosocial support

Psychosocial support is the perception that one is cared for, has assistance available from other people, and that one is part of a supportive social network. These supportive resources can be emotional e.g., nurturance, tangible e.g., financial assistance, informational e.g., advice, or companionship e.g., sense of belonging. Social support is the actual assistance or can be measured as either the perception that one has assistance available, or the degree to which a person is integrated in a social network. Support can come from many sources, such as family, friends, organisations, co-workers, etc. Military social workers conduct home and hospital visits for the sick in a bid of meeting a person's emotional, social, mental and spiritual needs. All of these are essential elements of positive human healing through purchasing and distributing "Get Well Soon" cards, fruit hampers and sometimes toiletries. Social workers also ensure that hospitalised clients understand the nature of their illness and encouraged them to take prescribed medication as well as assessing their wellbeing in the hospital and intervene appropriately.

Correctional services

Military Social Workers provide rehabilitation to soldiers in detention barracks because military offences are inherent since the army is a disciplined force. As such proper management of offenders is essential. Hence the social worker's role is important in the process. Besides being punitive, the army detention barracks has to address the psychological aspect of members under sentence.

Educational social work

This includes provision of pre-school and school social services that promote child welfare and child development. Social worker's task is to ensure that children's rights as enshrined in the Children's Protection and Adoption Act (Chapter 5:06) are observed.

Wartime functions

Whilst military social work continues with all the above stated functions in peace time, they also assume other roles that are peculiar to times of armed conflict. These include:

- a. Pre-deployment counselling.
- b. Family counselling.

- c. Combat stress management.
- d. Work with refugees.
- e. Work with displaced persons.
- f. Human rights advisory role.
- g. Post deployment counselling.

Below is the examination of each in detail:

Pre-deployment counselling

As a preventive measure especially of stress and administrative shortcomings that adversely affect soldiers and their families, Military Social Workers conduct welfare parades with troops about to be deployed. Welfare parades are also conducted with spouses, in an effort to conscientise them of services available to them while members are away.

Family counselling

Apart from military duties, soldiers have other social roles to play in society. When they are deployed on operation, a vacuum is created back home. The role of military social workers is to assist the family to solve any problems that may surface as a result of deployment.

Combat stress management

A war situation is a stress-provoking event. Therefore, during war, some members experience a lot of shock or combat stress. This is normally characterised by depression, non-specific fears or anxiety, maladaptive behaviours and stress induced paralysis. The role of social workers in this scenario will be to attend to those problems and make the individual serving member fit for battle.

Work with refugees

During his tour of duty, a commander may be confronted with refugee problems. A welfare Officer in collaboration with existing international organizations, will (1) Build up morale and alleviate stress in refugees' camp. (2) Attend to special needs of refugees, women and children. (3) Facilitate family reunion and (4) Assist in the preparation for resettlement and voluntary repatriation in conjunction with UN agencies.

Work with displaced persons

Displaced persons are individuals or families forced to leave their normal homes due to internal disasters or acts of war within their country borders. Social workers' role as with refugees, is to deal with anxiety of being displaced and loss of property and assist in linking families with aid.

Human rights advisory role

A social services officer is an advisor to the commander on human rights issues and humanitarian law during an armed conflict as enshrined by international humanitarian law. Madden and Wayne (2003) observe that the Geneva conventions and their additional protocols are important international laws consistent with social work values that seek to ameliorate the suffering of the vulnerable and protect human dignity during times of armed conflict.

Post-deployment counselling

Post-deployment counselling is usually aimed at dealing with effects of Post-Traumatic Stress Disorder (PTSD). PTSD is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or potential. Traumatic events that may trigger PTSD include violent personal assaults, natural or human-caused disasters, accidents, or military combat. In short PTSD is the psychological reaction as a result of harrowing experiences such as life-threatening experiences which can occur to soldiers in the conduct of everyday tasks. Large explosive devices that detonate near them can produce traumatic brain injury, as well as loss of limbs. Fellman (ibid) laments that World War II combat veteran Paul Fussell wrote that: "The culture of war . . . is not like the culture of ordinary peace-time life. It is a culture dominated by fear, blood, and sadism, by irrational actions and preposterous . . . results. It has more relation to science fiction or to absurdist theatre than to actual life" At the same time, improved medical care will lead to increased survivorship, albeit survivorship with long-term subsequent physical and emotional stress for military personnel and veterans as well as their loved ones. In recent years, the mental health profession has refined its understanding of the diagnosis and treatment of PTSD as an extreme reaction to traumatic events that occur in military combat or in domestic violence and child abuse (Logan, 1987).

CLIENTS SERVED IN MILITARY SOCIAL WORK PRACTICE

The relationship among the clientele groups served by Military Social Workers is interdependent and intertwined. In as far as clients related to soldiers for example their dependents are served by military social workers, clients with grievances against the same soldiers like those owed money or services also receive equal attention from army social services.

The organisation

An organisation such as the Zimbabwe National Army is a service user hence it established a social work department to meet the welfare needs of its troops. Military social workers eliminate all social and welfare problems that may adversely influence operational performance and efficiency of soldiers so that they may effectively carry out their military duties. This perspective is emphasized by the ecosystems theory (Gitterman & Germain, 2008). Central to ecosystems theory /approach is the notion of what Gordon Hamilton termed 'the-person-in-situation' which highlights the "threefold configuration consisting of the person, the situation, and the interaction between them" (Hollis & Woods, 1981, p. 27, emphasis added). However, social workers frequently struggle to think with both the person and the environment (organisation) in one context in mind. Instead, they have a tendency to focus on either the person or the environment (i.e. the soldier or the military system), rather than an integrated person-in-environment.

The soldier

The individual soldiers form the most famous clientele group served by Military social workers. The urgency of military duties demands that a soldier be in the correct mindset, appropriate psychological disposition and motivational levels for him to be effective in war (Applewhite et al., 1995). Military social workers therefore, ensure that the psychological and social needs of soldiers are adequately catered for during peace and wartime.

Families/dependents of serving members

For a soldier to be effective in combat and peacetime duties, he or she needs to be assured that his/her welfare and that of his family are of concern to his/her commanders. According to General Sherman in Fellman (ibid), 'man has two supreme loyalties; to country and to family'. For as long as their families are safe they will defend their countries and even the bonds of patriotism, discipline and comradeship are loosened when the family itself is threatened. Thus military social workers cater for the wellbeing of soldiers' families. For instance, Zimbabwean Army social workers assisted families to access resources such as two-thirds of spouses' salaries when Zimbabwean soldiers were at war during the Democratic Republic of Congo campaign.

Widows and orphans

Surviving spouses and children of deceased members often face various social and welfare problems following the death of a soldier who in most cases was their family bread winner, especially during these days when Zimbabwean economy is struggling. Pension benefits take long to be availed because of cash flow challenges so military social workers therefore, are mandated to administer a charitable fund that caters for the welfare needs of widows and widowers and orphans during the period between the death of a member and the disbursement of his or her terminal benefits and pensions. Such clients may be assisted with rentals, basic groceries and other essentials including school fees assistance through the ZNA Widows and Orphans Benevolent fund (ZNAWOBF) in the case of Zimbabwe National Army social work interventions.

The ordinary citizens

In cases where civilians (nonmilitary citizens) encounter problems as a result of military deployments or militants themselves, it is the social worker who is the bridge between that population and the military authorities. Certain problems need military commanders' intervention either by addressing their soldiers or by taking stern corrective disciplinary actions against the soldiers who offend the ordinary citizens. Predominant are cases of misunderstandings during interactions with the civilian population in social and recreational arenas.

CONCLUSIONS

Metaphorically speaking, expecting high productive, motivation and discipline from a person who is inundated with social problems is comparable to squeezing water out of a stone. Military social worker's role therefore is to promote and preserve welfare through information, education, resources provision and advocating for improved soldiers' conditions of service because it is a soldier who is free from social problems who is likely to have high morale, high motivation, high productivity and high level of discipline. The development and provision of adequate social services can go a long way in guaranteeing these virtues. It is hoped that the social work approach adopted by the military in Zimbabwe maybe expanded so that it guides practice and curriculum development.

REFERENCES

- Applewhite, L. W., Hamlin, E. R., BrintzenhofeSzoc, K., & Timberlake, E. M.; (1995). Clinical social work practice in the U.S. army: an update. *Military medicine*, 160(6), 283-288.
- Fellman, M.; (1995). Citizen Sherman: A life of William Tecumseh Sherman. Lawrence: University of Kansas Press.
- Ghebali, V.; (1989). "The International Labour Organisation: A Case Study on the Evolution of U.N. Specialised Agencies". Dordrecht: Martinus Nijhoff Publishers.
- Gitterman, A., & Germain, C. B.; (2008). *The life model of social work practice: Advances in theory and practice* (3rd ed.). New York: Columbia University Press.
- Googins, B., & Davidson, B. N.; (1993). The organization as client: broadening the concept of employee assistance programs. *Social work*, 38(4), 477-484.
- Hollis, F., & Woods, M. E.; (1981). *Casework: A psychosocial therapy* (3rd ed.). New York: Random House. 947-951.
- Logan, K. V.; (1987). The emotional cycle of deployment. *Proceedings*, 113(2), 43-47.
- Madden, R. G., & Wayne, R. H.; (2003). Social work and the law: A therapeutic jurisprudence perspective. *Social work*, 48(3) 338-347.
- Van Breda, A. D.; (2001). *Resilience theory: A literature review*. Pretoria, South Africa: South African Military Health Service.
- Van Breda, A. D., & Du Plessis, A. W.; (2009). A model of occupational social work practice: A developmental social welfare critique. *Social work practitioner researcher*, 21(3), 316-333.