

**TRANSITION AND WELLBEING RESEARCH PROGRAMME**

**FAMILY WELLBEING STUDY**

# Summary Report



**2018**

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# 1 Introduction

This report presents a summary of the Family Wellbeing Study (FWS), which focuses on how families of Australian Defence Force (ADF) members are faring, particularly those of current serving ADF members and those whose ADF members have exited from service in recent years.

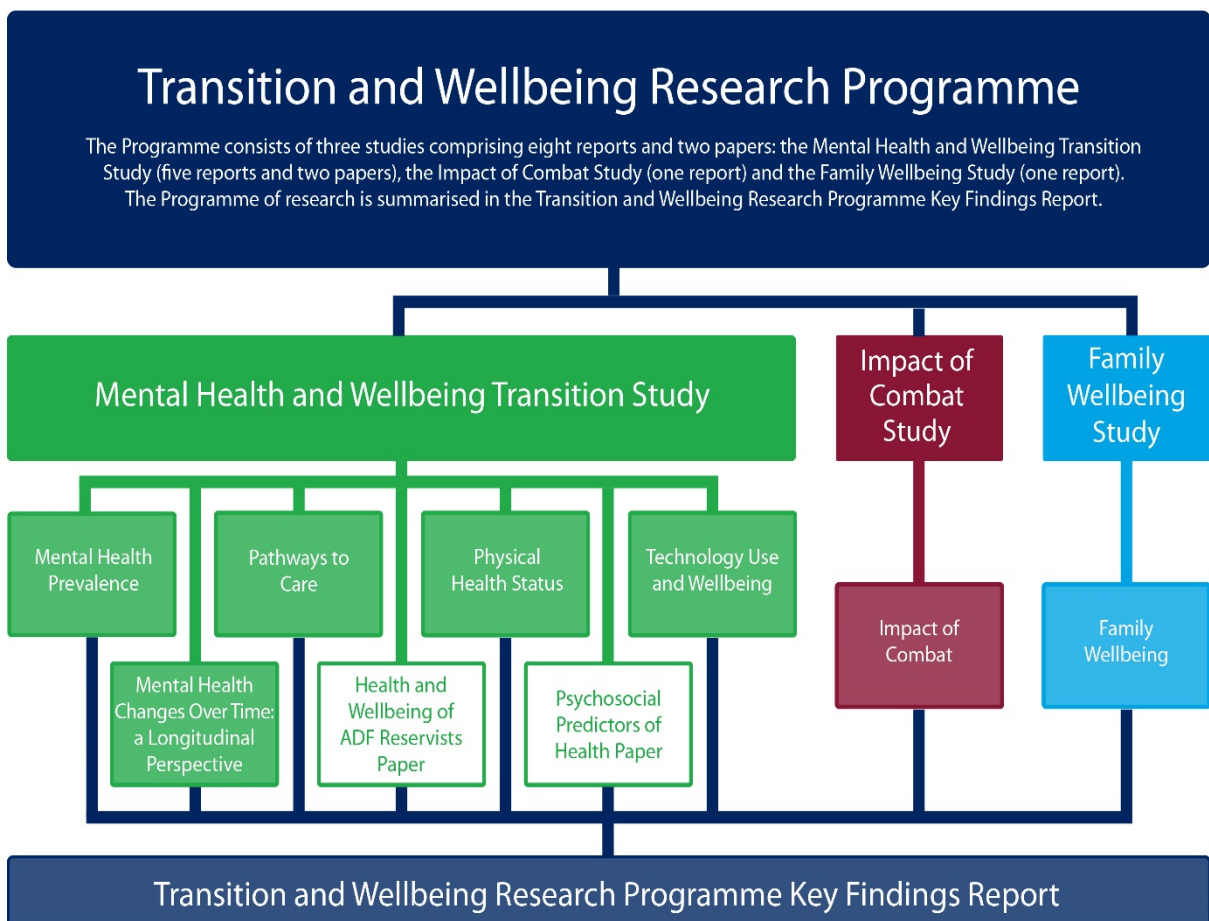
The FWS is one of three studies in the Transition and Wellbeing Research Programme. The Programme arises from a collaborative partnership between the Department of Defence and the Department of Veterans' Affairs.

## 1.1 What is the Transition and Wellbeing Research Programme?

The Transition and Wellbeing Research Programme (Programme) (Figure 1) is the most comprehensive study undertaken in Australia to examine the impact of military service on the mental, physical and social health of:

- serving and ex-serving Australian Defence Force members, including those who have been deployed in contemporary conflicts
- their families.

Figure 1 Transition and Wellbeing Research Programme overview



This research further extends and builds on the findings of the world-leading research conducted with current serving members of the ADF in the 2010 Military Health Outcomes Program.

This current research, conducted in 2015, arises from the collaborative partnership between the Department of Veterans' Affairs (DVA) and the Department of Defence (Defence). It aims to implement the Government's goal of ensuring that current and future policy, programs and services are responsive to the current and emerging health and wellbeing needs of serving and ex-serving ADF members and their families before, during and after transition from military life.

Ten objectives were developed to guide the Programme (Table 1). The objectives are being realised through three studies comprising eight reports: the Mental Health and Wellbeing Transition Study (five reports and two papers), the Impact of Combat Study (one report), the Family Wellbeing Study (one report), and the Transition and Wellbeing Research Programme Key Findings report, which summarises the research.

Table 1 shows which reports deliver on the objectives. This summary report of the FWS addresses the tenth research objective, which is to investigate the impact of ADF service on the health and wellbeing of the families of Transitioned ADF and the 2015 Regular ADF.

**Table 1 Transition and Wellbeing Research Programme objectives and reports**

Programme objectives	Corresponding reports and papers
1. Determine the prevalence of mental disorders among ADF members who have transitioned from Regular ADF service between 2010 and 2014.	<i>Mental Health Prevalence Report</i>
2. Examine self-reported mental health status of Transitioned ADF and the 2015 Regular ADF.	
3. Assess pathways to care for Transitioned ADF and the 2015 Regular ADF, including those with a probable 30-day mental disorder.	<i>Pathways to Care Report</i>
4. Examine the physical health status of Transitioned ADF and the 2015 Regular ADF.	<i>Physical Health Status Report</i>
5. Investigate technology and its utility for health and mental health programs, including implications for future health service delivery.	<i>Technology Use and Wellbeing Report</i>
6. Conduct predictive modelling of the trajectory of mental health symptoms/disorder of Transitioned ADF and the 2015 Regular ADF, removing the need to rely on estimated rates.	<i>Mental Health Changes Over Time: a Longitudinal Perspective Report</i>
7. Investigate the mental health and wellbeing of currently serving 2015 Ab initio reservists.	<i>The Health and Wellbeing of ADF Reservists Paper</i>
8. Examine the factors that contribute to the wellbeing of Transitioned ADF and the 2015 Regular ADF.	<i>Psychosocial Predictors of Health Paper</i>
9. Follow up on the mental, physical and neurocognitive health and wellbeing of participants who deployed to the Middle East Area of Operations between 2010 and 2012.	<i>Impact of Combat Report</i>
10. Investigate the impact of ADF service on the health and wellbeing of the families of Transitioned ADF and the 2015 Regular ADF.	<i>Family Wellbeing Study</i>
All objectives	<i>Transition and Wellbeing Research Programme Key Findings Report</i>

Two eminent Australian research institutions, one specialising in trauma and the other in families, have led the research programme. The Centre for Traumatic Stress Studies at the University of Adelaide is conducting the Mental Health and Wellbeing Transition Study and the Impact of Combat Study, and the Australian Institute of Family Studies is conducting the FWS.

Their research expertise is enhanced through partner institutions from Monash University, the University of New South Wales, Phoenix Australia – Centre for Posttraumatic Mental Health, and the University of Sydney.

Through surveys and interviews, the researchers engaged with a range of DVA clients and ADF members, including:

- ADF members who transitioned from the Regular ADF between 2010 and 2014 (including ex-serving, Active and Inactive Reservists)
- a random sample of Regular ADF members serving in 2015
- a sample of Ab initio Reservists serving in 2015 (who have never been full-time ADF members)
- 2015 Regular ADF and Transitioned ADF members who participated in the Military Health Outcomes Program
- family members nominated by the above.



## 1.2 What is the Family Wellbeing Study?

The FWS was undertaken as a response to the lack of knowledge about the impact of ADF service on the health and wellbeing of Australian families. It aimed to increase understanding of the experiences and challenges of families during and following military service through two separate but related quantitative and qualitative parts, entitled *Part 1: Families of Current and Ex-Serving ADF Members: Health and Wellbeing*, and *Part 2: Military Family Approaches to Managing Transition to Civilian Life* respectively.

### 1.2.1 Family Wellbeing Study – quantitative part

The main objectives of the quantitative part of the FWS were to investigate the mental, physical, social and financial wellbeing and circumstances of a large number of families of current serving and ex-serving ADF members;<sup>2</sup> their military-related experiences and impact; and their service needs and access (Daraganova, Smart, & Romaniuk, 2018). An online survey was used to collect the study data. The family members were recruited via their Current Serving or Ex-Serving ADF members.<sup>3</sup> A total of 1,387 family members participated, including 983 spouses/partners (69%); 275 parents (20%); and 102 adult children of ADF members (7%). There was also a small number who were related to ADF members in other ways – for example, siblings.

The characteristics of Current Serving and Ex-Serving ADF members of FWS participants were as follows:

- 81% were male.
- 68% were current serving, 10% were active reservists, 10% were inactive reservists, and 12% were discharged from the ADF.
- 21% had served in the Navy, 46% in the Army and 33% in the Air Force.
- 42% had served in the ADF for between 1 and 14 years, 41% for between 15 and 29 years, and 17% for 30 or more years.
- 49% held a commissioned officer rank, 43% a non-commissioned officer rank, and 8% another type of rank.
- 89% had been deployed.
- 20% were classified as medically unfit for active service.

The FWS used family members' survey responses and some of the responses of ADF members who took part in the Mental Health and Wellbeing Transition Study and the Impact of Combat Study.

### 1.2.2 Family Wellbeing Study – qualitative part

The qualitative part of the FWS focused on the experiences of Ex-Serving ADF members during their transition from service as reported by their family members; the flow-on effects of these experiences on families; and how families dealt with them (Muir, 2018). This was a small, exploratory study based on in-depth, semi-structured telephone interviews.<sup>4</sup> The study also aimed to shed light on ways in which families could be better supported during the transition period. Lastly, it sought family members' insights on the strategies and

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<sup>2</sup> The term 'ADF members' is used to refer to Ex-Serving ADF members who left service between 2010 and 2014 and ADF members who were in full-time active service in 2015. When the two groups of ADF members or their families are described separately, we refer to them as 'Ex-Serving' and 'Current Serving'.

<sup>3</sup> All Current and Ex-Serving ADF members who took part in the Mental Health and Wellbeing Transition Study (see Van Hooff et al., 2018, for details) were asked during their interview if they would be willing to give the names and contact details of up to three family members who could then be invited to take part in the FWS. For details on the FWS recruitment and sample, see Daraganova et al. (2018).

<sup>4</sup> The 25 family members who took part in the interviews were mainly spouses/partners and parents. All had previously completed the FWS online survey. For details, see Muir (2018).

supports that could be used in future to achieve better outcomes for ex-serving ADF members and their families during the transition from military service.

The quantitative and qualitative parts of the FWS complement each other and provide valuable insights into the experiences of military families. The quantitative part provides results regarding the self-perceived health and wellbeing of families with a current serving member, as well as a member who has recently transitioned. The qualitative part provides information about ADF members' wellbeing and adjustment during transition, as perceived by their family members.

This summary report brings together key findings to provide a snapshot at two significant time points along the military family lifespan: during the member's military career, and in the first years after transition to civilian life, as experienced by this particular cohort. In this way, the report aims to create the beginnings of a narrative regarding the Australian military family across the lifespan.

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## 2 Context of the Family Wellbeing Study

Families play important roles at all stages of a person's service career. A common saying in the military is that when one person joins, the whole family serves. For example, young members of military families are more likely to join the military themselves compared with other young people in the civilian population (Stander & Merrill, 2000). This may reflect a wider family commitment to military service.

Family attitudes towards military service are also important, with more positive attitudes linked to higher rates of enlistment (Gibson, Griepentrog, & Marsh, 2007). Families can help keep up morale during a person's military career (Rosen, Moghadam, & Vaitkus, 1989) and support serving members' preparedness and capacity to carry out missions (Dursun & Sudom, 2009). Families can also greatly influence a serving member's decision about whether to remain in the military. In the long term, this can affect a country's defence force stability and preparedness. Australian research shows that family members' perceptions that family life was suffering and that military work commitments were too high were key motivators of intentions to leave among ADF members (Atkins et al., 2014). Finally, families play a crucial role in easing the transition from military to civilian life (Berle & Steel, 2015). Therefore, efforts to build a strong, effective and sustainable military force must also consider families by focusing on maintaining the relationships of soldiers with their family members and strengthening families themselves (Gottman, Gottman, & Atkins, 2011).

Although the role played by families in supporting the health and wellbeing of military members is relatively well acknowledged and understood, much less is known about how family members themselves fare. To narrow this gap, the Family Wellbeing Study aimed to find out how family members were getting along across a wide range of life areas (e.g. employment and careers; financial wellbeing; living arrangements; household and school relocations; physical and mental health; risky behaviours; need for services, service access and barriers).

The aspects of a military family lifestyle that are most relevant for families can vary depending on the life stage that family members are at, or the military career points their serving members have reached. For example, effects of a military lifestyle on civilian family members' employment and careers may be more important for family members in young or mid-adulthood than for older family members who are approaching retirement.

A military career encompasses several stages, starting with enlistment and training; then service as a regular soldier in a defence force, which can involve participation in missions and deployment, and over time can lead to promotion and greater seniority; and ending with a person's exit from service and reintegration into civilian life. There are differing challenges for families at various points of a military career. For example, deployment can be challenging for at-home families in various ways, including becoming a single parent for many spouses/partners, changes to employment conditions so that children and households can be cared for, and worry about the wellbeing of serving family members. Another example is the financial stress sometimes experienced by families when transitioning ADF members find it hard to gain civilian employment, which contrasts with families of current serving ADF members who have a secure income stream.

Finally, the lives of differing types of family members, such as spouses/partners, parents and adult children, may be more, or less, affected by their ADF members' military careers. For instance, spouses/partners are generally living in the same households as serving members and may be closer to and more affected by their members' day-to-day wellbeing and experiences than parents or adult children living elsewhere.

The focus of this report is on how families are faring at two of the major stages of a military career: during service, and in the first years after the transition to civilian life. An additional focus is how differing types of family members are faring – spouses/partners, adult children and parents.

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## 3 Demographics of the study respondents

This section describes the demographics of the individuals who took part in the Family Wellbeing Study.

### 3.1 Overall

Of the family respondents of Current Serving ADF members only, 70% were spouses/partners (with or without dependent children), 20% were their parents, and 6% were their adult children. A slightly different composition of family respondents was evident for Ex-Serving ADF members. There was a smaller proportion of spouses/partners (66%) and a greater proportion of adult children (11%) among those with Ex-Serving than Current Serving ADF members. Family members of Current Serving ADF members also tended to be younger (e.g. 59% were aged 18 to 47 years compared with 50% of those with Ex-Serving members). Overall, about three in four had a post-secondary certificate or diploma, or a university degree, as their highest educational qualification. One per cent were from an Indigenous background.

### 3.2 Spouses/partners

Around seven in 10 spouses/partners of Current Serving members were between 28 and 47 years of age (71%), as were close to six in 10 of those with Ex-Serving ADF members (57%). Similar percentages had served in the ADF (18% of those with Current Serving members, 17% of those with Ex-Serving members). Three-quarters of families of Current Serving members had children under 17 years living at home, as did six in 10 families of Ex-Serving members. Fewer than one in five Current Serving couples were living in a two-person household (17%), as were three in 10 Ex-Serving couples (31%). While most couples were living in the same home (87% of Current Serving and 95% of Ex-Serving), 10% of Current Serving members and 3% of Ex-Serving members were living more than 100 kilometres away from their spouses/partners.

### 3.3 Adult children

Over four in five adult children of Current Serving ADF members were 18 to 27 years old, as were about half of the adult children of Ex-Serving members. The rest were all aged between 28 and 37 years. Their highest level of education was most often a primary or secondary school qualification (43% – this probably reflects the fact that many are still completing their education), and those with Current Serving and Ex-Serving ADF members were similar on this aspect. Thirteen per cent of the adult children of Current Serving members had served in the ADF, as had 8% of the adult children of Ex-Serving members.

### 3.4 Parents

Around seven in 10 parents of Current Serving and Ex-Serving ADF members were 58 or more years of age, with almost all the rest aged 48 to 57 years. About two in three had attained a tertiary-level educational qualification. Around 16% had served in the ADF. Parents of Current Serving and Ex-Serving ADF members were similar on these aspects.

### 3.5 Summary

Family members of Current Serving and Ex-Serving ADF members tended to differ in important ways. Those with Current Serving ADF members tended to be younger and were also more often their spouses/partners and were less often their adult children. Spouses/partners of Current Serving ADF members were less likely to be living just with their ADF members and more often had children under 17 years living at home, while a

higher percentage of their ADF members were living more than 100 kilometres away from home. The adult children of Current Serving members tended to be younger than the adult children of Ex-Serving members.

There were also important differences across spouses/partners, adult children and parents on their age, whether they had served in the ADF, and their educational background, with age differences probably the most influential. As would be expected, parents were considerably older (almost all were 48 years or more), adult children younger (all between 18 and 37 years), and spouses/partners were generally in between. The three groups are therefore at differing life stages in which differing competencies are required and developed (see Erikson, 1950, 1982). These life stages are likely to coincide with differing phases of ADF members' military careers. For example, the ADF members whose children took part in the FWS are likely to be older and to have served for longer, while the ADF members of participating parents are likely to be younger and at the early stages of their military careers. Spouses/partners' ADF members could be at various military career points. Thus, the impact of a military family lifestyle could be expected to differ across these various types of family members for both life-stage and military-career-point reasons.

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## 4 How were the families of Current Serving ADF members faring?

This section looks at how the family members – that is, spouses/partners, adult children, parents, and children aged 2 to 17 years – of Current Serving ADF members were faring. The wellbeing of spouses/partners who had themselves served in the ADF is also explored.

### 4.1 How spouses/partners of Current Serving ADF members were faring

#### 4.1.1 Residential and school mobility

One of the most frequently highlighted difficulties for military families is the high number of family relocations that occur during military service. These can have numerous negative effects, including disruptions to civilian partners' employment/careers and to children's schooling; the loss of social networks for parents and children; and separation from close family members (Drummet, Coleman, & Cable, 2003; Park, 2011; Sheppard, Malatras, & Israel, 2010). A key interest of the study was therefore how often families had moved because of their ADF members' service.

Residential mobility was relatively common according to the spouses/partners of Current Serving ADF members. One in five families had lived in their present home for less than a year, and a further two in five families two to three years, with the remainder having been there for four or more years. These mobility rates are considerably higher than in the Australian general population, of whom 43% had moved one or more times in the previous five years (Australian Bureau of Statistics, 2010). Few families had never had to move for service-related reasons (11%), with 23% having moved 1 to 2 times, 26% moving 3 to 4 times, and 41% moving five or more times.

Changing schools was quite common for school-age children of Current Serving members during their parents' service. Around 20% had attended three primary or secondary schools during this time and 38% had attended four or more schools. Again, these rates are higher than in civilian families.

#### 4.1.2 Employment and careers

The spouses/partners of military members can experience unique employment challenges, especially when their serving members are deployed or relocated (Dursun & Sudom, 2009). Deployment can lead to spouses/partners reducing their working hours or giving up employment so that they can care for children and households. Residential relocations can disrupt civilian spouses'/partners' careers or cause unemployment while new jobs are sought.

It was thus important to find out about spouses'/partners' employment as well as the perceived impact of military service on their employment opportunities. Two in three spouses/partners were working at the time of the Family Wellbeing Study (68%). Of those who were working, 60% were full-time and 40% were part-time. These rates are similar to Australian general population rates for individuals of a similar age and sex. Civilian spouses/partners of Current Serving ADF members often felt that their employment and careers had been negatively affected by their ADF members' military service (58% for employment and 59% for careers). Fewer civilian spouses/partners of Ex-Serving ADF members felt the same way (43% reported negative effects for both aspects).

### 4.1.3 Family relationships

The families of military members often deal with challenges that are not faced by civilian families (Ender, 2006). For 'at home' family members, recurring separations and reunions can necessitate changing roles and responsibilities within the family. Frequent and often unexpected geographic moves can disrupt employment, children's schooling, and child and parental social relationships. There may be particular restrictions if the family is living on a military base (e.g. meeting expectations about conduct, upkeep of property). During deployment, worries about the threat to their serving members' lives can cause additional stress and possibly mental health problems for at-home family members. However, despite these potential pressures, international research shows that the majority of families of military members cope well and are resilient (Park, 2011; Sheppard et al., 2010). A major aim of the FWS was to investigate how the Australian families of military members were getting along.

Family relationships are a crucial part of family wellbeing. Four in five spouses/partners of Current Serving ADF members were happy in their couple relationship; and even more ADF members were satisfied with this relationship (84%). Additionally, the occurrence of abuse in couple relationships, either presently or in the past, was 3%, which was lower than the Australian general population rate of 7%. Thus, couples of Current Serving ADF members were no more likely to experience abuse in their relationships than other Australian couples.

When asked about how they were managing their children, most spouses/partners of Current Serving ADF members felt they were doing a good job, being generally warm (e.g. they very often praised their child), consistent (e.g. they always or almost always made sure their child complied with requests), and using reasoning (e.g. they very often explained why their child was being corrected). They were rarely angry or hostile when interacting with or disciplining their child (e.g. they rarely or never told the child he/she was bad or not as good as others). While parent reports may be affected by social desirability, Australian and international research shows that they are also generally valid. For example, they differentiate between parents whose children are, or are not, experiencing behaviour problems, or who are, or are not, seeking help for parenting problems (e.g. Arney, Rogers, Baghurst, Sawyer, & Prior; 2008; McEachern et al., 2012).

Summing up, it seemed that relationships within families of Current Serving ADF members were healthy and strong.

### 4.1.4 Mental and physical health, risk-taking

Military service can be a source of stress that can flow on to affect the mental health of serving members and their families. Mental health problems in serving members have been widely studied, but there has been less research on the mental health of their family members. This research has mostly focused on the effects of deployment and military members' mental health problems, which have both been shown to be risks for spouse/partner mental health problems and behaviour problems in dependent children (e.g. Dursun & Sudom, 2009; Chartrand, Frank, White, & Shope, 2008). However, there is a lack of knowledge about the mental health of the families of military members more generally and, in the Australian context, this is a gap that the FWS aimed to fill. Similarly, little is known about these family members' physical health, or their engagement in risky behaviours such as problem drinking, illicit drug use, or gambling.

One in six spouses/partners of Current Serving ADF members were experiencing high psychological distress in the four weeks prior to the survey (16%), while about one in 10 had high levels of posttraumatic stress disorder (PTSD) symptoms in the same time period (11%). Around one in 10 reported some type of suicidality in the past 12 months (e.g. suicidal thoughts, a suicide plan or attempt). Around one in 10 spouses/partners reported drinking at problem levels in the past 12 months, around two in 10 had used illicit drugs in their life (lifetime use), but very few in the past 12 months (2%, recent use). Just under 30% had gambled in the past 12 months, with 3% showing signs of problem gambling. These rates of mental health problems and risky behaviours are similar to those of the general Australian population of a similar age and sex, and in fact are lower on illicit drug use and gambling.

Around 14% of spouses/partners of Current Serving ADF members thought their general physical health had been poor in the past 12 months, but only 2% felt their current quality of life was poor.

## **4.2 Spouses/partners who had been ADF members**

Around 150 spouses/partners (15% of all responding spouses/partners) had themselves served or were still serving in the ADF at the time of the FWS survey (107 were the spouses/partners of Current Serving ADF members and 45 of Ex-Serving members).<sup>5</sup> Serving FWS spouses/partners were often similar to civilian FWS spouses, but they were more likely to be experiencing high psychological distress and PTSD. While the study cannot determine the reasons for this, it is possible that aspects of military service or a military family lifestyle are involved, such as deployment experiences, service relocations and disruptions to social relationships. More research is needed to better understand why serving spouses/partners may be more vulnerable to mental health problems, which could, in turn, lead to improved policies and services for these family members.

## **4.3 How adult children of Current Serving ADF members were faring**

Almost one in four adult children of Current Serving ADF members had experienced high psychological distress (24%) and 15% high PTSD in the four weeks prior to the survey, while about two in 10 reported some suicidality in the past 12 months (suicidal thoughts, plans or attempts). Risky behaviours were fairly common, with 19% reporting problem drinking in the past 12 months, 32% reporting lifetime illicit drug use and 11% in the past 12 months, and 39% had gambled in the last 12 months, with 7% showing signs of problem gambling. These rates are mostly in keeping with the rates of these problems and behaviours in other Australians of a similar age and sex, but the rate of psychological distress was higher than in the comparable population. By comparison, 20% of 18- to 24-year-old Australian women experienced high psychological distress, as did 12% of 25- to 34-year-old women and 14% of 35- to 44-year-old women; this comparison is used because the incidence of mental health problems is higher in females than males (Australian Bureau of Statistics, 2015), and almost three-quarters of FWS adult children were female. Why this may be the case cannot be answered by the FWS and more research is needed to shed light on this issue.

Around one in 10 felt they had been in poor physical health in the last 12 months, although only 2% thought their current quality of life was poor.

## **4.4 How parents of Current Serving ADF members were faring**

The rates of mental health problems and risk-taking behaviour among parents of Current Serving ADF members were similar to the general Australian population and to FWS spouses/partners: 16% reported high psychological distress and 10% high levels of PTSD in the past four weeks; 11% some type of suicidality in the last 12 months; 8% problem drinking in the past 12 months; 8% lifetime illicit drug use, and 2% recent use; while 31% had gambled in the last 12 months and 6% showed signs of problem gambling.

Eight per cent of parents of Current Serving members felt their physical health had been poor in the past 12 months, while 3% thought their current quality of life was poor.

## **4.5 How 2- to 17-year-old children of Current Serving ADF members were faring**

Overall, a large majority of 2- to 17-year-old children of Current Serving ADF members did not show high levels of behaviour problems (between 82% and 88% over the differing dimensions). In the general population, 90% of similarly aged children would be expected to be below cut-offs for high levels of behaviour problems. Using this comparison, the occurrence of total behaviour problems among FWS children of Current Serving ADF members was similar to that of the general population (12% compared with 10%); however, higher percentages of children in the families of Current Serving members showed hyperactive behaviour problems

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<sup>5</sup> Those with Current Serving and Ex-Serving members are combined in this section.



such as overactivity or distractibility (18% compared with 10%), emotional symptoms such as anxiety or fearfulness (18% compared with 10%), and peer problems such as not being liked by other children or being bullied (17% compared with 10%). Thus, there did seem to be an increased vulnerability to certain types of behaviour problems among the children of Current Serving ADF members. Again, it is not possible to determine which aspects of a military family lifestyle might underlie these findings, although other research suggests that residential mobility, with its disruption to schooling and to social relationships, and stress arising from parents' deployment, may be involved.

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## 5 How were the families of Ex-Serving ADF members faring?

The period following exit from service can be difficult for ex-serving members, with adjustments usually needed across many areas of life (Bowling & Sherman, 2008; Huffman & Payne, 2006). These can include a change in ex-serving members' self-perceptions, re-establishment of their place in the family, finding civilian employment, starting new careers, which may need new qualifications or skills, and making new social relationships to replace valued older ones (Berle & Steel, 2015; Danish & Antonides, 2013; Hachey, Sudom, Sweet, MacLean, & VanTil, 2016; Sherman, Larsen, & Borden, 2015; Tanielian & Jaycox, 2008). However, Part 2 of the Family Wellbeing Study showed that although transitions can be challenging, a difficult transition is not inevitable. Some Ex-Serving members and families seemed to have a smooth and relatively easy transition into civilian life, especially when, for example, their financial situation was secure or members possessed transferable employment skills that enabled them to easily find employment (Muir, 2018). As some participants said:

Every family's different and I think that because we didn't have financial pressures, [that] made it a lot easier, the transition. (Partner of voluntarily discharged member)

We were lucky that my husband had a trade. (Partner of voluntarily discharged member)

Ex-Serving members with physical or mental health problems are known to more often experience a difficult transition (Morin, 2011). Part 2 of the FWS showed that the transition was generally more challenging if an Ex-Serving member had poor physical or mental health, although some medically discharged members and their families managed to reduce the impact of their member's illness through careful planning, support and care (Muir, 2018). Access to appropriate services such as medical specialists and government services was seen as very important for these Ex-Serving ADF members and families.

Current Serving members differed on their reasons for leaving military service, with this being a voluntary decision for some but an involuntary one for others. This could affect their ease of transition: those who made a considered decision may have put considerable preparation and planning into their move, which often stood them in good stead. As one participant said:

He was putting out feelers, I would say for about an 18-month period before he decided to transition (Partner of voluntarily discharged member)

Others who were discharged for physical or mental health reasons had complex needs that needed to be accommodated. Another participant said:

I don't think I understood the extent of the anxiety and its impact which then I feel, I guess, a little bit ill-equipped. ... I guess I, you know, being really honest, kind of underestimated also, the impact, the loss of the career. (Parent of medically discharged member)

Other factors shown to affect the ease of ADF members' transition and flow on to affect families were their readiness to adjust to the very different civilian world; missing the comradery of life in the ADF and feeling 'cut off'; and having the emotional and practical support of family and friends. As some participants put it:

He found civilian life hard, making the adjustment from ADF life where things are very structured and rules orientated, to civilian life where work is different, he found it hard to adapt. (Partner of voluntarily transitioned member)

Like we all do, just keeping that fire burning really, and just being a bit of a support and a sounding board when things need discussing. (Partner of voluntarily transitioned member)

While the transition can be difficult for families as well as ex-serving members, less is known about the extent to which family members are affected and how. One of the major aims of the FWS was to find out about how family members generally experienced the transition.

The Ex-Serving members of FWS participants had all left military service between 2010 and 2014; that is, between one and five years prior to family members' participation. Thus, some were still in the early stages of transition while others were further along on this journey. The approach of looking at how differing types of family members were faring is again used.

## **5.1 How spouses/partners of Ex-Serving ADF members were faring**

### **5.1.1 Financial hardship**

One of the challenges commonly experienced in moving back into civilian life is ex-serving members' struggle to find employment. This can lead to financial difficulties for families and be a source of stress for all. To investigate how families of ex-serving members were coping, a series of questions about whether they had experienced particular hardships in the past two years, such as being unable to pay bills or rent on time, going without meals, or needing to borrow money from others. Just under two out of every three FWS families of Ex-Serving ADF members had not experienced any of these hardships (63%), while 12% had experienced one hardship and 24% had experienced two or more. Somewhat more FWS families of Ex-Serving members had experienced financial hardships when compared to other Australian general community studies (83% of families in the Household, Income and Labour Dynamics in Australia Survey had not experienced any of these financial hardships, nor had 80% of families in the Longitudinal Study of Australian Children; Bennetts Kneebone, 2014).

The most common types of hardships experienced were increased credit card or bank debt (25%), having to ask friends or family for financial help (21%), not being able to pay electricity, gas or telephone bills on time (18%), and having to pawn or sell something (13%). Fewer than one in 10 families had experienced the other types of hardships measured (e.g. gone without meals, been unable to heat homes). When compared to families of Current Serving ADF members, families of Ex-Serving members had more often had trouble paying the mortgage or rent on time, pawned or sold something, asked family or friends for financial help, or sought financial help from welfare or community organisations (although were similar on the total number of hardships experienced altogether). Thus, there were some indications of particular financial hardships for families of Ex-Serving ADF members when compared to the general Australian community and to the families of Current Serving ADF members.

### **5.1.2 Residential and school mobility**

The frequent residential relocations required by military service can be key contributors to decisions to leave service (Atkins et al., 2014). It was therefore important to find out how often families of ex-serving ADF members had moved during their ADF members' service, and whether this had been more common than in families of Current Serving ADF members. In fact, families of Ex-Serving members had moved less often for service-related reasons than families of Current Serving members. In all, 25% had never moved; 21% had moved 1 to 2 times, 17% 3 to 4 times, and 37% five or more times. It is worth noting, however, that just over half had moved three or more times, making it still possible that frequent residential relocations had contributed to decisions to leave service. There was more stability after ADF members had left service, although the period covered was relatively short (one to five years). Altogether, two in three families had never moved or moved only once since leaving service, one in four had moved twice, and one in 10 had moved three or more times.

Children in families of Ex-Serving members had moved schools about as often as children of Current Serving members during their parents' military service, with 17% having attended three primary or secondary schools, and 44% attending four or more schools. After their parent had left ADF service, 55% of children had not

moved schools, 38% had moved once, and 7% two or more times. Children's schooling was thus much more stable after their parents' service career than during it.

### 5.1.3 Family relationships

Couple relationships can come under pressure after military members leave service, for example when ex-serving members have difficulty regulating their emotions, particularly anger, or withdraw emotionally from family life. This can occur more frequently when ex-serving members have ongoing mental health issues. Family members can help manage the situation but also feel the effects when things do not go well. As some participants said:

Always be supportive, no matter what. (Partner of medically discharged member)

I keep an eye on it. I know when he's having a meltdown so I try to defuse the meltdown but if it's too bad...I just say, 'Okay, off you go, go outside. Go into your workshop. Take it out on the workshop.' So, he goes out and plays, throws the ball for the staffy and she chases it around the yard. (Partner of medically discharged member)

The FWS can shed light on how widespread such difficulties may be in Australian families of ex-serving ADF members.

Most spouses/partners of Ex-Serving ADF members were happy in their couple relationship, with similar percentages to spouses/partners of Current Serving ADF members saying they were happy. Ex-Serving ADF members' views of their couple relationships were also very positive and similar to the views of Current Serving ADF members. Thus, couple relationships seemed as close in the post-service period as during it. Nevertheless, when asked about specific features, such as how well ADF members met their spouses'/partners' needs or how good their relationship was compared to most, the spouses/partners of Ex-Serving members, while still very positive, tended to be a little less positive than spouses/partners of Current Serving members. Additionally, while abuse at some stage of couple relationships had very rarely occurred, it had occurred slightly more often in families of Ex-Serving than Current Serving members (8% compared with 3%, although was similar to the general Australian population rate of 7%). These findings give some hints that couple relationships, while strong, may have been slightly less strong in families of Ex-Serving than Current Serving ADF members.

When asked about their parenting of children aged 2 to 17 years, spouses/partners of Ex-Serving and Current Serving ADF members were similar on warmth, use of reasoning, hostility, and confidence in their parenting skills. However, they tended to be a little less consistent, although most were still very consistent when disciplining their children. This might reflect the generally older age of children in Ex-Serving than Current Serving families. Older children may push parents' boundaries more subtly and less directly challenge parents to be consistent and maintain their rules (Bradley, Corwyn, Burchinal, McAdoo, & Coll, 2003).

### 5.1.4 Personal health and wellbeing

Given that the period following exit from service can be stressful for Ex-Serving members and their families (Berle & Steele, 2015; Hachey et al., 2016), it is possible that family members may be especially vulnerable to mental health problems or risk-taking at this time. This issue was therefore investigated. Few spouses/partners of Ex-Serving ADF members were experiencing mental health problems such as high psychological distress in the last four weeks (18%) or high levels of posttraumatic stress disorder (PTSD) symptoms in the same time period (12%). These rates are akin to those of spouses/partners of Current Serving ADF members. Just under one in five reported suicidal thoughts in the past 12 months, which was higher than among spouses/partners of Current Serving members (18% compared with 11%), although they had similarly very low rates of making suicide plans or attempts. Spouses/partners of Ex-Serving and Current Serving ADF members did not differ greatly on rates of problem drinking in the past 12 months (13% and 10% respectively) or lifetime illicit drug use (18% and 19%). However, while very rare overall, a significantly higher percentage had used illicit drugs in the past 12 months (4% compared with 1%). Similarly, a higher percentage had gambled in the past 12 months

(34% compared with 28%). Thus, there were some indications of more current life difficulties among spouses/partners of Ex-Serving ADF members.

Like spouses/partners of Current Serving ADF members, few spouses/partners of Ex-Serving members felt they had been in poor physical health in the past 12 months (13%) or currently had a poor quality of life (2%).

## **5.2 How adult children of Ex-Serving ADF members were faring**

Around one in three adult children of Ex-Serving members had experienced high psychological distress in the past four weeks (35%), while around one in 10 had high levels of PTSD symptoms in the same time period (9%). Fifteen per cent reported some suicidality in the past 12 months (thoughts, plans or attempts), although few had made an actual plan or attempt (4%). Close to one in five had consumed alcohol at problem levels in the past 12 months (19%), almost half had used illicit drugs in their lifetime (48%), and about one in five had used illicit drugs recently (19% in the past 12 months). Half had gambled in the past 12 months (50%), while 13% showed signs of problem gambling. While these rates are higher than among spouses/partners and parents, they are similar to the general Australian population for those of a similar age and sex. The one exception was psychological distress, which was higher than in the comparable Australian population. The rates were also similar to those found for adult children of Current Serving members.

Few adult children thought their physical health had been poor in the past 12 months (8%), and only 2% felt their current quality of life was poor.

## **5.3 How parents of Ex-Serving ADF members were faring**

Fewer parents of Ex-Serving members were experiencing mental health problems or engaged in risky behaviours than adult children. Slightly more than one in 10 had experienced high psychological distress in the past four weeks (12%), 17% reported high levels of PTSD symptoms, while around one in 10 had experienced some suicidality in the past 12 months (thoughts, plans or attempts; 11%) and 2% had made an actual plan or attempt. Eight per cent had drunk alcohol at problem levels in the past 12 months, 10% had used illicit drugs in their lifetime and 1% in the past 12 months, while 33% had gambled in the past 12 months and 2% showed signs of problem gambling. When compared to general Australian population rates of these problems and behaviours for females of a similar age, FWS parents of Ex-Serving ADF members were similar, and in fact reported less illicit drug use and gambling (this comparison is used because close to seven in 10 FWS parents were female and the incidence of mental health problems is known to be higher in females than males; Australian Bureau of Statistics, 2015). Additionally, they were very similar to parents of Current Serving ADF members.

Slightly fewer than one in 10 parents of Ex-Serving members felt their physical health had been poor in the past 12 months (9%), and 3% thought their current quality of life was poor.

## **5.4 How 2- to 17-year-old children of Ex-Serving ADF members were faring**

The 2- to 17-year-old children in families of Ex-Serving members were not more likely to show high levels of behaviour problems than children in the general population, with the exception of peer problems, where rates of problems were twice as high (20% compared to 10% in the general population). Thus, 12% were reported as having high levels of total behaviour problems, 11% as having high conduct problems (e.g. fighting, stealing) or high emotional symptoms (e.g. fearfulness, unhappiness), and 9% as showing high levels of hyperactive behaviours (e.g. overactivity, inattention) by comparison with 10% of the general population.

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## 6 Family needs during service and in the early phases of transition

Overall, the Family Wellbeing Study provided a positive picture of how Australian families of military members were faring. Most families of Current Serving and Ex-Serving ADF members seemed to be progressing well across many life areas, with only a few exceptions that are discussed later. Rates of mental health problems among adults and children aged 2 to 17 years were low and generally no greater than in comparable general Australian populations. Risk-taking such as problem drinking, illicit drug use, and gambling was no more common in all FWS subgroups than in comparable Australian populations, with spouses/partners and parents tending to report lower rates of these activities than comparable general populations. Couple relationships seemed to be healthy and strong in most families, and those who were parents seemed to be rearing children effectively. The majority of spouses/partners were in employment, with rates similar to the general Australian population of a similar age and sex. Relatively few families experienced financial hardships, although the rate was somewhat higher than in some other civilian Australian general community studies. However, FWS families had experienced considerably more residential and school relocations than the general Australian population.

Interestingly, this generally positive picture was a little at odds with family members' perceptions of how military service had affected them. For example, over half of spouses/partners felt that military service had negatively affected their employment and careers, although their actual rate of employment was reasonably high and similar to the general population. However, their careers might still have been affected; for example, the type of employment they were able to obtain might have been constrained, or their support of their ADF members' careers might have influenced the career decisions made.

Likewise, the family members of Current Serving and Ex-Serving ADF members often felt there had been negative effects on their mental health, with this similar for families of Current Serving and Ex-Serving ADF members. Among civilian spouses/parents, over four in 10 felt there had been negative effects on their mental health; among adult children, one in three perceived there had been negative effects; while among parents, one in four felt there had been negative effects. Yet the study's measures of psychological wellbeing did not reveal high rates of mental health problems.

These findings suggest that, despite the pressures that a military family lifestyle can bring, Australian military families are generally resilient and find ways of coping. This is consistent with research on military families in other nations such as the United States and Canada (e.g. Dursun & Sodom, 2009; Park, 2011; Sheppard et al., 2010).

### 6.1 Families of Ex-Serving ADF members

A key interest of the Transition and Wellbeing Research Programme was how the families of ex-serving ADF members were faring. To answer this question, families of Current Serving and Ex-Serving ADF members were compared. There were many similarities and only a limited number of significant differences were found, suggesting that most families coped well with the potentially difficult transition period. Nevertheless, there were some indications that the period following exit from service could be difficult for spouses/partners and that this might be linked to their current life circumstances. For example, they reported more illicit drug use and gambling in the past 12 months than spouses/partners of Current Serving ADF members, although they did not report greater lifetime involvement in these activities. Additionally, more spouses/partners of Ex-Serving than Current Serving ADF members reported some type of suicidality in the previous 12 months (suicidal thoughts, plans or attempts). They also tended to be a little less positive about their couple

relationship, and more often reported that abuse had occurred at some stage of their couple relationship (8% compared with 3%; 7% in the Australian general population).

Spouses/partners of Ex-Serving ADF members also more often reported particular financial hardships in the past two years, such as not being able to pay the mortgage or rent on time, needing to sell or pawn something, asking family or friends for financial help, and seeking help from community organisations, than Current Serving spouses/partners (although only a minority have experienced these hardships). These findings suggest that the period following exit from service may create some financial strains for families.

The parents and adult children of Current Serving or Ex-Serving ADF members generally did not differ, suggesting that the negative effects of transition were mainly experienced by spouses/partners.

Additionally, the FWS highlighted some specific challenges. Families could be challenged when Ex-Serving ADF members found it hard to gain civilian employment, had difficulty fitting back into family or civilian life, the family's financial situation was insecure, or the family lived far away from the support of close family and friends. Such challenges seemed more likely to occur when an Ex-Serving member was experiencing mental illness or severe physical health problems.

Nevertheless, the FWS can shed light on how families of ex-serving ADF members are faring only in the first five years after leaving service, as this was the time span covered by the study. It is difficult to know what the longer-term implications might be for families. While it is likely that early difficulties settle down and families adapt to their new circumstances, it is also possible that problems become prolonged for some and difficult to alleviate. This is an important question as it carries implications for when and for how long services and supports might be needed. Further research would be desirable to examine how families of ADF members who left service more than five years ago are faring, for example 10 years or 15 years after leaving service. It would also be important to compare families who start the transition with differing challenges and resources so that those who have the greatest long-term need for services and supports can be identified early and assisted.

## 6.2 Particular subgroups

Some subgroups seemed to experience more problems than other FWS participants. For example, a higher percentage of children aged 2 to 17 years in families of Current Serving ADF members showed emotional, hyperactive or peer problems than in general child populations (although importantly the majority of children did not show these problems). Dependent children may be particularly sensitive to the negative effects of a military family lifestyle; for example, the effects of frequent residential relocations and school changes while growing up, or the disruptions, stresses and increased responsibilities experienced when a parent is deployed or living far away from home. However, similarly aged children in families of Ex-Serving ADF members did not show higher levels of problems than the general child population (with the exception of peer problems).

Thus, the FWS provides some evidence of greater-than-expected difficulties among dependent children in families of Current Serving ADF members, suggesting that the provision of services to ease the impact of military lifestyle factors on these families would be worthwhile. For example, the Department of Defence provides services for families and children after they have been relocated. Evaluation of the effectiveness of these services could be valuable and help identify unmet needs among families.

A greater proportion of adult children aged 18 to 37 years reported high levels of psychological distress than in the Australian population of a similar age and sex. While the FWS has highlighted this subgroup's greater risk, it is not able to provide further insight into the factors and experiences that create vulnerability. Further research on the adult children of ADF members is needed to better understand the factors that may place them at risk of mental health problems.

The study also draws attention to the mental health difficulties of FWS spouses/partners who have served in the ADF, with mental health problems in this subgroup significantly more frequent than in civilian FWS

spouses/partners. While the FWS cannot determine why they might be at greater risk, it is likely due to aspects of military service or the military family lifestyle, such as deployment experiences, service relocations or social relationship disruptions. Again, additional research would be valuable to increase understanding of the factors that raise risk, and to provide guidance for the targeting of services and support. As the number of FWS spouses/partners who had served in the ADF was relatively small, it would be desirable for future research to obtain a larger sample so that a more complete understanding of the experiences of this subgroup can be gained.

Finally, as previously discussed, there are some indications of difficulties among spouses/partners of Ex-Serving ADF members that seem to be linked to their current life circumstances. The period following exit from service can be a vulnerable time for ex-serving members and our findings suggest it may be for their spouses/partners as well. Prioritising service provision and supports at this time could have valuable pay-offs for ex-serving members, their spouses/partners, and families.

### **6.3 Insights from family members**

When family members were asked to reflect on the additional services and supports that could help ease the transition from military service for future ADF members and their families, three main types of suggestions were made.

The first was better preparation for transitioning members and families. Although the FWS suggested that a majority of families were coping well after ADF members left service, families suggested that more targeted, personalised and practical preparations would benefit both them and their transitioning ADF member. In particular, families identified a need for more targeted assistance when ADF members were medically discharged or had severe or ongoing medical or physical health issues.

The second was clearer and better targeted communication with families. Because the Department of Defence or the Department of Veterans' Affairs did not always (and were sometimes not permitted to) communicate directly with families, family members could feel ill-informed and locked out of the institutional parts of the transition process. Relatively few family members had been in contact with or attended transition seminars or services, or knew that they could, and most had a limited sense of what services were available. This could exacerbate feelings of being excluded from the process. Families would have liked more advice on services in their local area, more detailed information about the issues they might face, clearer guidance on how they could best give and receive support, and more follow-up from services.

The third area was more responsive and streamlined service provision. Families often felt that gaining access to entitlements or services had been left largely up to them and often needed chasing up. More proactive and less complex processes and services were thought to be needed.



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## 7 Summing up

The Family Wellbeing Study has provided important new information about how Australian military families are faring. It has yielded many valuable insights about their physical, psychological, social and material wellbeing. Overall, most families seem to be progressing well, although there are particular subgroups who may be experiencing more problems.

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