



Australian Government
Defence

Contextual Review of Defence Family Wellbeing Factors

Technical Report 1:
Evidence Map of the Published Literature







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Evidence Map of the Published Literature

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1 <https://www.legislation.gov.au/Series/C1968A00063>

2 <https://www.legislation.gov.au/Details/C2021C00127>

3 <https://www.legislation.gov.au/Series/C2004A03712>

4 <http://drnet/AssociateSecretary/security/policy/Pages/dspf.aspx>

Contents

Background	7
Why is Defence interested in family wellbeing?	7
Aims	8
The Families Research Project	8
Methodology	9
Design – evidence mapping	9
Research questions	9
Information sources	9
Inclusion and exclusion criteria	11
De-duplications	12
Categorisation	13
Quality assessment	14
Evidence Map	17
Navigating pregnancy, birth and adoption	18
Navigating childhood	18
Navigating adolescence	20
Succeeding at school	20
Parenting an adult service member	21
Parenting children with special needs	21
Marriage, partnerships, and making social connections	21
Nurturing a career while being a military spouse	23
Health promotion: maintaining own health	23
Health promotion: accessing health care	26
Supporting a service member with posttraumatic stress disorder	26
Supporting a service member with another mental health injury	27
Supporting a service member with a physical injury	27
Supporting a service member with a traumatic brain injury	28
Intimate partner violence during service	28
Service-related bereavement	28
Natural or human-caused disasters	28
Interim Findings	29
References	31

Annex A: Summary table of published studies	53
Navigating pregnancy, birth and adoption	53
Navigating childhood	53
Navigating adolescence	57
Succeeding at school	59
Parenting an adult service member	61
Parenting children with special needs	61
Marriage, partnerships, and making social connections	63
Nurturing a career while being a military spouse	67
Health promotion: maintaining own health	67
Health promotion: accessing health care	73
Supporting a service member with posttraumatic stress disorder	75
Supporting a service member with another mental health injury	79
Supporting a service member with a physical injury	79
Supporting a service member with a traumatic brain injury	81
Intimate partner violence during service	83
Service-related bereavement	83
Natural or human-caused disasters	83

Background

Why is Defence interested in family wellbeing?

The wellbeing of families of Australian Defence Force (ADF) personnel is central to both the wellbeing of service members and the operational effectiveness and feasibility of the ADF.

There are many factors which influence the lives of Australian military families, not all of which are military-dependent. Australian military families live within a civilian and family ecosystem. However, military life contains some unique experiences, benefits, and demands. There are myriad cultural, social, financial, occupational, educational, and health adjustments involved in becoming and remaining a military family. Family wellbeing can simultaneously benefit family life and facilitate a member's ability to train, perform, deploy, and maintain their own wellbeing.

This report looks specifically at factors which influence wellbeing in currently serving Defence families.

Aims

The Families Research Project

The ADF families research project (RMP121) is designed to respond to the Recommendation 121 of the Royal Commission into Defence and Veteran Suicide to enable research into the wellbeing of Defence families. It is also designed to provide guidance to Defence to fulfil its commitment to families in the long term.

The research definition phase of the project comprises three components. This review serves as Component 1 and adopts a systematic literature review approach to provide an **evidence map** of published research findings.

The aims of this report are to:

1. Examine the **peer-reviewed academic literature** on military service influences on Defence families' wellbeing.
2. **Map the nature and quality** of the available evidence within a life stages and challenges framework.
3. Provide a conceptual foundation, including potential research questions, for **subsequent research studies**.

Methodology

Design – evidence mapping

This research is informed by a positivist philosophical stance. It draws on empirical studies to identify patterns within the existing research base. An inductive approach allows understanding to emerge from the data rather than from predetermined assumptions. These perspectives provide a foundation for the **translation of research into practice**, ensuring that findings are relevant to future policy and action.

An Evidence Map is a thematic visual overview of studies identified, designed to highlight gaps in documented knowledge and emphasise where there is a concentration of evidence. It presents results in a non-technical format (Miake-Lye et al, 2016).

Research questions

The research questions were:

1. What is the nature and quality of evidence that military service influences family wellbeing for military life?
2. Which of this evidence has been collected with Australian military families?

This review is described in accordance with the PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) reporting guidelines.

Information sources

The review used four sources of information to reduce the likelihood of constriction of articles in one research field. Sources used were:

- Scopus and PubMed - two major online journal databases.
- PsycINFO - for its focus on psychological health journals.
- Sociological Abstracts - to capture family wellbeing in community, policy or social contexts.

Search terms used were designed around the concept of families, military, and wellbeing. Search terms were designed to be as consistent as possible across information sources, taking into account the search parameters for each database.

The search was conducted on 26 September 2025. No timeframe was set and articles published at any time were considered.

Table 1. Search terms used

Scopus	PubMed
TITLE (famil* OR child* OR adolescent* OR youth OR teen* OR spouse* OR partner* OR wife OR wives OR husband* OR parent* OR caregiver* OR mother* OR father* OR sibling* OR household* OR "military family") AND TITLE (military OR navy OR army OR "air force" OR "armed forces" OR soldier* OR troop* OR reservist* OR "military deployment" OR "defence force" OR "defence personnel" OR "defense force" OR "defence personnel") AND TITLE (wellbeing OR "well-being" OR "quality of life" OR functioning OR health OR "mental health" OR "emotional health" OR "psychological wellbeing" OR "social support" OR stress OR coping OR adjustment OR "life satisfaction" OR "behavio* health" OR thriving) AND (LIMIT-TO (DOCTYPE , "ar") OR LIMIT-TO(DOCTYPE,"ch") OR LIMIT-TO (DOCTYPE,"bk"))	((family[Title] OR families[Title] OR children[Title] OR adolescent[Title] OR adolescents[Title] OR youth[Title] OR teen[Title] OR spouse[Title] OR spouses[Title] OR partner[Title] OR partners[Title] OR wife[Title] OR wives[Title] OR husband[Title] OR husbands[Title] OR parent[Title] OR parents[Title] OR caregivers[Title] OR mothers[Title] OR fathers[Title] OR siblings[Title] OR households[Title] OR "military families"[Title]) OR (military families[MeSH Terms])) AND ((military[Title] OR navy[Title] OR army[Title] OR "air force"[Title] OR "service members"[Title] OR "armed forces"[Title] OR soldiers[Title] OR troops[Title] OR reservists[Title] OR "military deployment"[Title] OR "defence force" OR "defence personnel" OR "defense force" OR "defence personnel" OR (military personnel[MeSH Terms])) AND ((wellbeing[Title] OR "well-being"[Title] OR "quality of life"[Title] OR functioning[Title] OR health[Title] OR "mental health"[Title] OR "emotional health"[Title] OR "psychological wellbeing"[Title] OR "social support"[Title] OR stress[Title] OR coping[Title] OR adjustment[Title] OR "life satisfaction"[Title] OR "behavio* health"[Title] OR thriving[Title]) OR (quality of life[MeSH Terms]))
PsycINFO	Sociological Abstracts
((famil* or child* or adolescent* or youth or teen* or spouse* or partner* or wife or wives or husband* or parent* or caregiver* or mother* or father* or sibling* or household* or "military family") and (military or navy or army or "air force" or "armed forces" or soldier* or troop* or reservist* or "military deployment" or "defence force" or "defence personnel" or "defense force" or "defence personnel").ti. and (wellbeing or "well-being" or "quality of life" or functioning or health or "mental health" or "emotional health" or "psychological wellbeing" or "social support" or stress or coping or adjustment or "life satisfaction" or "behavio* health" or thriving).ti.	title(famil* OR child* OR adolescent* OR youth OR teen* OR spouse* OR partner* OR wife OR wives OR husband* OR parent* OR caregiver* OR mother* OR father* OR sibling* OR household* OR "military family") AND title(military OR navy OR army OR "air force" OR "armed forces" OR soldier* OR troop* OR reservist* OR "military deployment" OR "defence force" OR "defence personnel" OR "defense force" OR "defence personnel") AND title(wellbeing OR "well-being" OR "quality of life" OR functioning OR health OR "mental health" OR "emotional health" OR "psychological wellbeing" OR "social support" OR stress OR coping OR adjustment OR "life satisfaction" OR "behavio* health" OR thriving) <i>Additional limits</i> - Source type: Books, Scholarly Journals

Inclusion and exclusion criteria

The necessary features for inclusion in the review were:

- Australian and international peer-reviewed journal articles (any country, any language). All non-English articles had abstracts published in English. Where the full article was not written in English, an A.I. tool (Mistral) was used to translate and support analysis.
- Described the experience of military families, identified as family by the authors or participants.
- Focussed or included families of current-serving members.
- Described or included *wellbeing* as a variable, in any aspect of life.

Articles excluded were:

- Non-peer reviewed publications.
- Focussed solely on the serving member (no discussion of the experience of families), including articles on medical approaches to reproductive health in current serving women.
- Focussed on ex-serving families, child soldiers, civilian prisoners of war, or civilian populations affected by military conflicts.
- Not focussed on wellbeing, such as those which described study protocols or service provision reporting (geographical or financial data, non-Australian).

De-duplications

All returns were exported to CSV files, merged, and screened for duplicates using Python 'fuzzy logic' coding. The screening included a sense-check of all returned article titles to eliminate duplicates not identified by the fuzzy logic process, and those that did not meet the inclusion criteria. In cases where the title was ambiguous, the abstract was read instead. This round of screening was conducted by one author. A second author reviewed the title and abstract of 10% of all records (included or excluded), randomly selected, and no errors in exclusion were detected.

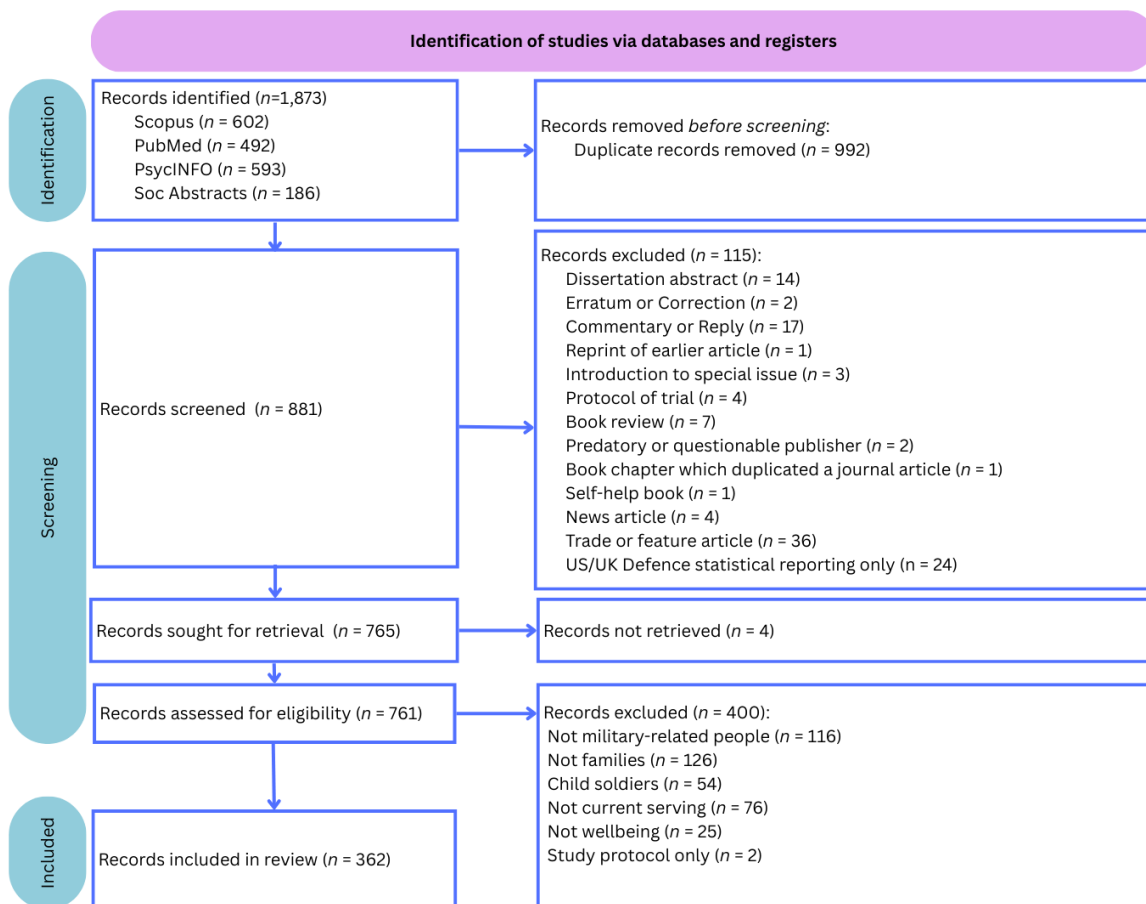


Figure 1. PRISMA flow diagram for included and excluded studies

Categorisation

This evidence map drew conceptually on a model of military career and family life course intersections outlined by Segal, Lane & Fisher (2015). This model recognises that family wellbeing is influenced by the interplay of military and developmental life stages, as well as life events that can be unexpected or distressing.

Topic	Entering and adjusting to military life	Military family postings	During and after deployment	Service life impact	Transitioning out of service life
Navigating pregnancy, birth, and adoption					
Navigating childhood					
Navigating adolescence					
Succeeding at school					
Parenting an adult service member					
Parenting children with special needs					
Marriage, partnerships, and making social connections					
Nurturing a career while being a military spouse					
Health promotion: maintaining own health					
Health promotion: accessing health care					
Supporting a service member with PTSD					
Supporting a service member with another mental health injury					
Supporting a service member with a physical injury					
Supporting a service member with a traumatic brain injury					
Intimate partner violence during service					
Service-related bereavement					
Natural or human-caused disasters					

Figure 2. Military family life stages – adapted from Segal, Lane & Fisher (2015)

The first author categorised articles according to the military family life stages model. A second author reviewed 10% of all categorisations, randomly selected. The results of these independent checks were compared and disagreements between decisions were resolved via discussion after each author read the full article. Six articles out of 362 included for categorisation had disagreement between raters, an inter-rater reliability of 98.3%.

Quality assessment

Study quality was assessed using an integrated approach that combined the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018) with consideration of study design hierarchy. The MMAT is a critical appraisal tool designed for the appraisal stage of reviews that include qualitative, quantitative and mixed methods studies.

The methodological quality of five categories of studies are assessed: qualitative research, randomised controlled trials, non-randomised studies, quantitative descriptive studies, and mixed methods. Each study was first assessed with two screening questions:

- *Are there clear research questions?*
- *Does the collected data allow the research questions to be addressed?*

Following this, category-specific criteria were applied.

Each study was evaluated against five design-specific criteria, with responses of “Yes,” “No,” or “Can’t tell” recorded for each criterion. “Can’t tell” responses were treated as “No” for conservative assessment.

The MMAT is not designed to evaluate literature reviews, but for a brief quality assessment, its questions were adapted to address the important sections of risk of bias assessment in literature reviews as described by the Cochrane Risk of Bias (RoB) protocol.

Table 2. Mixed Methods Appraisal Tool quality evaluation questions.

Category	Quality Evaluation Criteria
Qualitative	• Appropriate qualitative approach • Adequate data collection methods • Findings adequately derived from the data • Interpretation of results substantiated by data • Coherence between data, collection, analysis and interpretation
Quantitative randomised	• Appropriate randomisation • Groups comparable at baseline • Complete outcome data • Assessors blinded to the intervention provided • Participants adhere to the intervention
Quantitative nonrandomised	• Participants representative of the target population • Appropriate outcome and intervention measurements • Complete outcome data • Confounders accounted for in design and analysis • Intervention administered or exposure occurred during the study period
Quantitative descriptive	• Relevant sampling strategy • Representative sample for the target population • Appropriate measurements • Low nonresponse bias risk • Appropriate statistical analysis
Mixed methods	• Adequate rationale for mixed methods design • Effective study components • Adequate integration of qualitative and quantitative interpretations • Divergences between quantitative v qualitative results addressed • Study components adhere to relevant quality criteria
Literature reviews	• Comprehensive and reproducible search methods • Systematic study selection with efforts to minimize bias • Adequate reporting of risk of bias in individual studies • Rigorous data extraction methods and synthesis • Conclusions supported by evidence and limitations discussed

An integrated quality rating system was designed that recognises both the inherent strengths of study designs and the rigour of their execution. Studies were categorised as high, medium, or low quality based on the following framework:

- Meta-analysis or systematic literature reviews with risk-of-bias assessment and PRISMA reporting were considered high quality. Other literature reviews were categorised from medium to low quality.
- Randomised controlled trials were classified across high to low quality, reflecting that even gold-standard designs can be compromised by poor execution.
- Qualitative and quantitative non-randomised studies required demonstration of exceptional methodological rigor to achieve high quality ratings, and were otherwise classified across medium to low quality.
- Mixed methods studies were classified from medium to low quality, reflecting the complexity of integrating multiple methodologies.
- Quantitative descriptive studies were uniformly categorised as low quality, as this design precludes causal or comparative inference.

Table 3. Integrated quality appraisal decisions used in this report.

Quality	Study Design + Developed Criteria Met	Interpretation
High Quality	• RCT with 4-5/5 criteria met • Quantitative non-randomized with 5/5 criteria met • Meta-analysis or systematic literature review with risk-of-bias assessment	Strong design AND rigorous execution. Findings are highly credible with minimal bias.
Medium Quality	• RCT with 2-3/5 criteria met • Quantitative non-randomized with 3-4/5 criteria met • Qualitative study with 4-5/5 criteria met • Mixed methods with 4-5/5 criteria met • Narrative or scoping reviews with systematic search	Moderate design with acceptable execution, or strong design with some limitations. Findings are reasonably credible.
Low Quality	• RCT with 0-1/5 criteria met • Quantitative non-randomized with 0-2/5 criteria met • Qualitative study with 0-3/5 criteria met • Mixed methods with 0-3/5 criteria met • Quantitative descriptive with any score • Literature reviews without systematic search	Weak design or good design with poor execution. Findings have significant limitations.

Evidence Map

Topic	Entering and adjusting to military life	Military family postings	During and after deployment	Service life impact	Transitioning out of service life
Navigating pregnancy, birth, and adoption	Nil	Nil	 	 	Nil
Navigating childhood	Nil		  	 	
Navigating adolescence		 	 	 	Nil
Succeeding at school	Nil	 		 	Nil
Parenting an adult service member	Nil	Nil	 	 	Nil
Parenting children with special needs	Nil		Nil		Nil
Marriage, partnerships, and making social connections	 	 	 	 	
Nurturing a career while being a military spouse	Nil		Nil	 	Nil
Health promotion: maintaining own health		 	  	 	 
Health promotion: accessing health care	Nil	Nil	 	  	Nil
Supporting a service member with PTSD	Nil	Nil	 	  	Nil
Supporting a service member with another mental health injury	Nil	Nil		 	Nil
Supporting a service member with a physical injury	Nil	Nil	  	 	Nil
Supporting a service member with a traumatic brain injury	Nil	Nil	 	 	
Intimate partner violence during service	Nil	Nil	Nil	  	Nil
Service-related bereavement	Nil	Nil	Nil	 	Nil
Natural or human-caused disasters	Nil	Nil	Nil		Nil

 Low quality  Medium quality  High quality

Navigating pregnancy, birth and adoption

Medium or high quality studies: 3 US-based and 1 from Australia

During and after deployment	• Pregnant women with deployed partners more often report significantly higher stress levels, have lower systolic blood pressure, and more often report changed eating habits. • Deployment of a spouse is linked to perinatal depression and stress in non-serving military spouse mothers.
Service life impact	• Lower risk of neonatal growth abnormalities for children of female military aviation officers than in children of non-military women. • An Australian study documented the wellbeing of 921 Australian women deployed to the Middle East Area of Operations. Controlling for age, rank, and service, there were no significant differences between deployed mothers and non-mothers on measures of PTSD, general wellbeing, alcohol consumption, or somatic symptoms. • Systematic review of intervention programs (all US-based) targeting stress in children of deployed personnel found programs nine interventions showing positive effects, focussing mainly on parenting skills, family stress reactions, coping strategies, and family coherence.

Navigating childhood

Medium or high quality studies: 20 US-based and 12 from other countries

During and after deployment	There are general impacts of deployment on children of deployed personnel, but the effect sizes are often small: • A 2018 study found number and length of deployments were not significantly associated with child, parenting, or dyadic adjustment. • Meta-analytic review of US studies found children of deployed parents only showed more <i>problem behaviour</i> than children of non-deployed parents but with small effect size. • Deployment can predict conduct problems above and beyond the effects of attachment and maternal stress. • Increased child specialist visits and reliance on medications during a deployment, and a shift to receipt of services from civilian rather than military settings. • Qualitative studies suggest children experience deployment as emotionally disruptive and can experience increased attachment anxiety. For an important minority of families, some aspects of deployment affect family functioning to a greater extent: • Perceived threat and warfare exposure during deployment were significantly associated with increased parental reporting of child behavioural problems. • Preschoolers during recent long deployments, and school-aged children born during deployment, show impact of deployment on emotional problems. • Longer parental deployments (≥ 12 months) were associated with higher rates of mental health diagnoses in children, and the effects were stronger in older children and boys, but overall there is a nonlinear relationship between number of deployments and behavioural problems – the second deployment may be most stressful, after which, the family unit adapts. • Younger children (especially under 10) experience more adjustment difficulties, including irritability, sleep issues, and separation anxiety. Military partners enact various coping strategies to support children during deployments: • Individual (distraction/escape, emotion coaching), social (support seeking, protective buffering), and communal (adjusting responsibilities, distracting/engaging, enabling father-child involvement, privacy management).
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Navigating childhood

Medium or high quality studies: 20 US-based and 12 from other countries

Service life impact	Systematic literature reviews on the topic of the wellbeing of military-connected children: • 2017 behavioural health interventions for US military-connected youth: 16 studies, 10 interventions, reserved any conclusions given that the methodological quality of all studies was poor to fair. • 2018 systematic review of studies comparing military-connected youth to civilian youth: 9 US-based studies. No differences between wellbeing outcomes on any measure, although those with deployed parents or siblings had some behavioural risks. • 2019 NATO or Partnerships for Peace countries: 36 studies, mostly US but one Australian study on children of Vietnam veterans. Found a dose-response effect of cumulative deployment months on child attachment behaviours, mental health, and academic performance. Mechanisms of impact were missing the deployed parent, anxiety for parent safety, increased household responsibility, emotional intensity. Re-integration period is the most challenging. Additional risks involved with a service member's death. • 2019 scoping review: 86 studies, of which 74 were US-based. Children's mental health may be impacted directly and indirectly by family separation, mobility, and risk to injury of the service member. No studies indicated increased physical health risk. Since these reviews there has been a large amount of research conducted, with 10 medium quality studies in this evidence map conducted after any of the systematic reviews. Studies comparing military-connected to non-military children variously found that military-connected children had: • No differences in externalising problems and adaptive skills, GP attendance, psychiatric, and emergency care. Lower likelihood of parental-reported mental health problems. • More likelihood of a mental-health-related outpatient physician visit, poor wellbeing, emotional problems, life dissatisfaction, and risk-taking, and more likelihood of special healthcare needs if a caregiver had ever been on active duty. A qualitative study found prolonged parental absences influence children's self-biographies and everyday life. • Improved behavioural health outcomes when enrolled in a single (geographical) care site or with higher military cultural competence in healthcare staff.
Transitioning out of service life	• A large US longitudinal study suggested separation from the military was not associated with young children's externalising behaviours overall, but some subgroups may be at risk.

Navigating adolescence

Medium or high quality studies: 7 US-based and 2 from Canada

Military family postings	Recent relocations (within the past 12 months) were associated with more internalised and externalised problems and lower prosocial behaviours in adolescents.
During and after deployment	- Among adolescent boys, parental military deployment were associated with increased odds of poor wellbeing. Comparing a 6-month deployment with a shorter or no deployment, adolescent boys (not girls) had decreased academic achievement if their parent had undertaken a long deployment than a short one. Reintegration stress and missed family events affect adolescents' mental health, but cumulative time away is not predictive. Both active duty and civilian parents' stressful reintegration experiences were linked to increased inter-parental conflict observed by adolescents. Poor family cohesion and high inter-parental conflict were associated with higher adolescent risk profiles.
Service life impact	- Military youth, compared to non-military youth, reported more mental health symptoms but only marginally more physical symptoms in the previous week. These associations were stronger in youth who reported lower levels of peer support. - Having a parent in the military is not associated with any measure of major depressive episode, but increases use of specialty outpatient, specialty inpatient/residential, and non-specialty mental health services. - Adolescents are more likely to have a sibling than a parent currently serving in the military. Having a sibling currently in the military increases the likelihood of having a lifetime and a past-year major depressive episode, but not one with severe role impairment or use of mental health services. - Barriers to care include stigma (fear or harming service member's career).

Succeeding at school

Medium or high quality studies: 3 US-based and 0 from any other country

Military family postings	Major stressors are: unpredictable moves created tension at home; Difficulty breaking into established peer groups; Stress from adapting to new environments; Gaps in learning, special education services often disrupted; sports and hobbies disrupted.
During and after deployment	Children vary in their adjustment associated with parental deployment. Studies differed markedly in their findings even after accounting for differences in coded study characteristics.
Service life impact	A qualitative US study (qualitative interviews with youth and their parents) identified school bullying experiences and negative experiences with other military-connected youth as associated with maladaptive coping, and related to academic scores.

Parenting an adult service member

Medium or high quality studies: 2 US-based and 0 from any other country

During and after deployment	A qualitative study found parents of adult service members were troubled by losing time with their child and feeling alone because of their absence. This led to feel negative emotions, dealt with by seeking support and relating to others with similar experiences.
Service life impact	A study with 562 US soldiers found a stronger pre-deployment parent-soldier relationship is associated with good mental health outcomes at reintegration, and one year later.

Parenting children with special needs

Medium or high quality studies: 1 Canadian-based

Military family postings	Relocation disrupted access to health and educational services for children with special needs. Families faced delays in diagnosis and treatment, had to restart waitlists, and experienced loss of benefits due to jurisdictional differences.
Service life impact	Low quality studies focussed on children with: eating disorders, oppositional defiant disorder, and autism spectrum disorder. In these, families consistently reported stress in reaction to family separation, postings, work-life balance, and deployment.

Marriage, partnerships, and making social connections

Medium or high quality studies: 17 US-based and 5 from other countries

Entering and adjusting to military life	Social media can help develop relationships, as well as reinforce military boundaries such as feeling pressure to only socialize in line with a partner's rank. Couple wellbeing strongly predicts personal wellbeing. Military life satisfaction is associated with couple wellbeing and is independent of cumulative months of deployment.
Military family postings	Relocation, financial stress, and employment difficulties were predictors of lower life satisfaction, psychological, and physical wellbeing, but social support was the strongest and most consistent predictor of wellbeing across all domains.

Marriage, partnerships, and making social connections

Medium or high quality studies: 17 US-based and 5 from other countries

During and after deployment	<i>Some studies described marital relationship interventions in the context of a partner with PTSD, TBI, or physical injury. They are reviewed in later sections.</i> - No difference in a range of variables between partners of a deployed or non-deployed service member including weight status, family cohesiveness. - However, deployment increases life stress and may exacerbate existing difficulties. - In a small Norwegian sample where minor psychiatric symptoms increased during deployment, higher family support moderated the rise in symptoms. Marital satisfaction was the strongest and most consistent resiliency factor for civilian partners at pre-deployment. - Deployment social stressors included changes in family roles, communication, geographic or cultural isolation (especially for those outside military communities). Participants coped by seeking social support, but civilian support efforts were often seen as misguided. - Social support and family cohesion were more associated with post-deployment mental health outcomes than traumatic exposure alone. - Social support is directly associated with a shorter reintegration period. One study found reintegration difficulty peaks at 5 weeks. Mental health symptoms, knowing how to reconnect, life disruption predict family reintegration quality. Positive reintegration was strongly associated with better family functioning for all family members. Reintegration is positively influenced by satisfaction with communication between service member and partner, and the service member sharing deployment experiences.
Service life impact	- A study with 907 Indonesian Navy wives found self-efficacy, employment, and social support were strong predictors of resilience. Social support from significant others had more impact than family social support. Intimate partner cohesion and military unit cohesion were each associated with soldier wellbeing, predicting quality of life, emotionality, and trauma-related stress. A Korean psychoeducation program about emotional expression and communication showed reduced emotional distress, improve relationship quality, and lower physiological stress in military couples. A low-quality 2018 narrative review found 16 relationship functioning programs for military families, including one Australian program. - Male spouses, dual-military couples, reserve spouses, and spouses of officers reported lower military stress and higher perceived social. - Partners' community connections (sense of community + engagement) related to their coping abilities. Military transitions (e.g., deployments, relocations) were not significantly associated with outcomes. - Transition stressors (e.g., loss of services, social networks) were associated with partners' psychological distress and sleep problems. Unit leadership behaviours were associated with lower distress, but community cohesion was the strongest predictor of better mental health and sleep. Civilian spouse satisfaction with military life was positively influenced by community connections, support received by service members from unit leaders. Coping with military life was associated with fewer depressive symptoms, better life satisfaction and family functioning.
Transitioning out of service life	Unit support and work-family balance contribute to intentions to remain or leave, mostly via romantic relationship quality, depressive symptoms, and morale.

Nurturing a career while being a military spouse

Medium or high quality studies: 1 US-based and 1 UK-based

Military family postings	Employment during military relocations influenced spouses' wellbeing by supporting identity beyond roles of "military wife" or "mother", affecting agency over career, and influencing self-worth and connectedness.
Service life impact	- Military spouses who were not employed and then attained employment demonstrated the largest increase in psychological wellbeing over the course of the study. Those employed throughout the course of the study declined in wellbeing. Employment might enhance wellbeing, but it comes with additional demands from a military lifestyle. <i>Two low quality Australian studies are described briefly here due to the scarcity of Australian evidence:</i> <i>Study of 444 partners of military members found wellbeing associated with younger partners, higher service member rank, local social support, and desired employment status.</i> <i>Study of 289 spouses of military members found unemployed spouses had higher distress and poorer quality of life than those who were employed.</i>

Health promotion: maintaining own health

Medium or high quality studies: 23 US-based and 8 from other countries

Military family postings	Relocation-related problems (e.g., employment, social support, healthcare) were significantly associated with greater psychological distress in military partners, even after controlling for service member PTSD symptoms and deployment separation. Neither deployment separation nor number of moves were a predictor of partner distress; it was the problems caused by moves that mattered most.
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Health promotion: maintaining own health

Medium or high quality studies: 23 US-based and 8 from other countries

During and after deployment	• A large Slovenian mixed methods study found long-term work absences impacted wellbeing for civilian families but not for military families. • Both emotional avoidance and emotional connection are used by spouses as coping mechanisms. In a high-quality randomised trial with US partners of deployed service members, preoccupied or fearful attachment style in spouses was positively associated with experiencing deployment stress. A nonrandomised trial showed evasive or emotive coping also contributed to deployment stress. • In two studies (130 and 981 military spouses), deployment of the partner predicted higher stress for the whole sample. • Partners' sleep can change over the deployment cycle, predicted by negative depression symptoms, alcohol use, negative communication, and family stressors. • Spouses whose partners experienced a deployment extension fared worse on feelings of depression, household strains, and career stress, as well as negative feelings towards the military. • A high quality randomised study showed adaptive parenting training can reduce PTSD symptoms in military spouses post-deployment. • Across deployment-related, life events, and communication, deployment stressors gradually decrease over time post-deployment. For serving family members: • A study of deployed Navy mothers showed no significant changes in depression, anxiety, or stress pre- to post-deployment. • However for single mothers, deployment resulted in more separation anxiety, less family cohesiveness, and less family organization than for married mothers in two separate studies. • For service members, institutional family support and facilitation of family communication addressed anxiety (and homesickness, morale, and discipline). Work-family facilitation (the extent to which family participation is facilitated by the perspectives or skills developed at work) moderated stress responses during humanitarian missions.
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Health promotion: maintaining own health

Medium or high quality studies: 23 US-based and 8 from other countries

Service life impact	- An Australian study of 379 responses to a health and wellbeing survey for military spouses found categories of military life stressors endorsed: inadequate support, deployment/posting impacts, employment challenges, resilience and growth as a function of being a military spouse. - In a study on life satisfaction among military spouses, positive affect and depression mediated the relationship between coping skills and life satisfaction. - A UK study of 405 female military spouses found military spouses were significantly more likely to meet criteria for probable depression than women in the general population. However a US study found military spouses met many US national goals for health. Non-military demographic variables were much stronger predictors of health outcomes. Single parent service members are at higher risk of anxiety or mood disorders that partnered parent service members. Insomnia symptoms, mental and physical quality of life were the strongest predictor of poor spouse readiness for service life across all outcomes (work absence, medical visits, military satisfaction, stress). - Tension between the boundaries of the military and the family can impact spouses' sense of wellbeing. Couples can be categorised based on their awareness of the competition between family-military demands on them. Those with a high level of awareness by the spouse (in this study, the wife) but not by the serving partner had the most marital conflict. <i>Two low quality Australian studies are described briefly here due to the scarcity of Australian evidence:</i> <i>A study of 410 participants compared partners of special forces personnel with regular ADF and partners of veterans. This was a descriptive comparative study with small convenience samples, no control, and no description of nonresponse management.</i> <i>A study of 1,258 partners of ADF members with varying deployment histories was a cross-sectional survey with no control, had a 36% response rate and required the ADF member to consent to the spouse participating.</i>
Transitioning out of service life	- Challenges related to finding educational opportunities and health care providers, as well as more frequent engagement in caregiving than prior to service member discharge, were significantly associated with elevated daily stress and psychological distress among spouses of discharging personnel. - Military families who ultimately transitioned from active duty service tended to have poorer psychological health and family relationship quality pre-discharge compared with families who remained in active duty. - Spouses whose families transitioned from service early in their military career may be a particularly vulnerable population.

Health promotion: accessing health care

Medium or high quality studies: 6 US-based, 3 Canadian studies

Military family postings	• Military families may wait longer for first health care contact, had fewer physician visits on average than civilians, and experienced discontinuity of care and access challenges during relocations. • There are benefits of military life, including access to medical benefits, but challenges include disruption of social and healthcare networks via moves. Main barriers to recovery include stigma (fear or harming service member's career for both spouses and children of service members, internal stigma, external mental health stigma), lack of social support, and accessibility issues.
During and after deployment	• Three studies variously found wives or spouses of personnel who were deployed for 1 to 11 months received more diagnoses of mental health disorders.
Service life impact	• A high quality study found spouses of Canadian Air Force members were less likely to see a psychiatrist or visit outpatient mental health services than the general population. • One US study found one third of military families reported problems accessing immunisation services, including long waiting times. • There is a need for providers to understand the diversity within military families and avoid stereotypes. Pride, resilience, and camaraderie are core aspects of military family identity. • <i>A 5-eyes collaboration rated low-quality looked at mental health care for military members and their families. It focussed on the importance of healthcare for those posted to remote locations.</i>

Supporting a service member with posttraumatic stress disorder

Medium or high quality studies: 15 US-based, 2 international reviews, and 1 from Canada

During and after deployment	A 2023 systematic review and narrative synthesis included 27 studies (11 quantitative, 14 qualitative, 2 mixed methods) including 22 US-based studies and two Australian studies. 21 studies focussed on spouses of veterans, with only six studies conducted with current serving spouses. Two Australian studies included in the systematic review (Waddell, Pulvirenti & Lawn, 2016 and Waddell et al., 2020) both focussed on veterans. The emphasis was on PTSD and deployment-related experiences rather than a broad range of mental health conditions. It found: • Spouses often assume a caregiver role, experiencing emotional strain and physical exhaustion. • PTSD symptoms led to emotional detachment and relationship dissatisfaction. • High stress, anxiety, depression, hypervigilance, and social isolation were common. • Spouses felt excluded from treatment and faced barriers like stigma. • Most spouses lacked formal PTSD education, relying on informal sources. • One medium quality study published since the above review found PTSD symptoms may not directly influence fathers' parenting but may affect partner parenting.
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Supporting a service member with posttraumatic stress disorder

Medium or high quality studies: 15 US-based, 2 international reviews, and 1 from Canada

Service life impact	- A 2019 meta-analytic review of offspring and family outcomes in relation to a service member's PTSD found 22 studies focussed on serving families. 20 studies were focussed on PTSD and 8 studies were focussed on combat exposure, thus two separate analysis were done. Most studies sampled veterans from various cohorts, and some included international populations (e.g., Iran, Kuwait, Australia, Israel). It concluded that parental PTSD is moderately associated with parenting problems, family maladjustment, and child health symptoms. The impact of combat was statistically weaker without the presence of PTSD. - Childhood maltreatment is the strongest predictor of PTSD symptoms for both service members and spouses. Non-military stressors (e.g., financial difficulties) were the second most influential predictors. Military stressors (e.g., deployment, combat exposure) had less consistent effects. A second study also found military-specific stressors (e.g., deployment, combat exposure) were less predictive of PTSD symptoms than non-military stressors (e.g., financial strain, childhood adversity).
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Supporting a service member with another mental health injury

Medium or high quality studies: 4 US-based, 4 other studies

During and after deployment	- Being persistent but also patient (push without being pushy) is central to families, and this listening approach is utilised even more by parents (rather than spouses). Combat exposure and deployment injury was associated with lower spouse readiness, via diminished mental health.
Service life impact	- Romantic relationship stress is a critical risk factor for suicidality among hospitalised military personnel. - Mental health and family cohesion have significant inverse relationships with soldiers' suicide tendency, mediated by organisational factors. Positive organisational climate strengthens family cohesion and mental health. Military families are part of the sociocultural subsystem of the military, but for commanders, their interests can be subordinated to military organisational goals, creating contradictions in health-preserving culture development. - Families can increase the probability of a service member seeking help via the use of military peers, good communication of caring, but also increasing autonomy for the service member.

Supporting a service member with a physical injury

Medium or high quality studies: 1 US-based, 1 international reviews

During and after deployment	Children of deployed-and-injured parents had a major increase in mental health visits post-deployment compared to peers whose parents had not been deployed.
Service life impact	<i>A scoping literature review found nine studies, including two high quality studies that were separately identified in the current literature review.</i> After parental injury, child injury visits, maltreatment encounters, mental health care visits, and psychiatric medication use increase. Effects were most pronounced when parents had PTSD and TBI combined.

Supporting a service member with a traumatic brain injury

Medium or high quality studies: 2 US-based, no other studies

Service life impact	All studies found in this review were US-based, and one group of authors accounted for 17 of the 18 studies in this category. None considered outcome differences between current and ex-serving military members and families. Medium quality studies found: • Children living in households with both a distressed caregiver and a poorly adjusted service member/veteran with TBI had significantly worse quality of life. • Caregivers of service members/veterans with TBI, especially those with comorbid PTSD and depression, are at risk for chronic pain and poor quality of life.
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Intimate partner violence during service

Medium or high quality studies: 5 US-based, 1 international review

Service life impact	• An international review found emerging research on IPV in the military context, but the field remains new. There were no high-quality randomised studies. A literature review found there are no programs that show strong evidence of effectiveness in reducing IPV. • Work-family conflict and marital satisfaction are unique and significant predictors of emotional and physical violence (Alla et al, 2015). • Controlling for multiple variables, IPV reported to medical personnel predicts hospitalisation and early discharge from army, for non-perpetrators, but also for victim-perpetrators (Bell, 2009). • Symptoms of negative affect common in PTSD (e.g., anger, irritability, sleep disruption) and comorbid alcohol dependence are stronger predictors of IPV than trauma-specific PTSD symptomology (Stander et al, 2021).
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Service-related bereavement

Medium or high quality studies: 1 Norway-based, 1 Israel-based

Service life impact	• A Norwegian longitudinal study followed parents who had lost a child due to military service for up to 23 years. The loss had a substantial life impact, especially at two years post-death, but not by the 23 year follow-up. • A cross-sectional survey of bereaved Israeli parents found meaning-making had a strong association with functioning and personal growth.
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Natural or human-caused disasters

Medium or high quality studies: None

Service life impact	• Only one study was found on the experience of military families during disasters. This focussed on the consequences of a tsunami for Thai Navy families and was rated low quality.
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Interim Findings

This evidence map provides an outline of the state of literature on the relationship between military service, life events, and life challenges. It serves as component one of a group of reports related to the current state of knowledge regarding Australian service families. Full conclusions and recommendations are made in the umbrella findings report. This section contains only a summary of the preliminary understanding of the published literature.

The evidence map shows **mostly low or medium quality**, and, **mostly US-based research** with Defence families. While Australia and the US share significant cultural overlap, they are sufficiently different in terms of military culture and objectives, and societal structure in both welfare provision and social capital processes. There is no high quality evidence relation to military life stages for ADF families. This means that many findings, if considered relevant to the Australian policy landscape, require replication in an Australian setting.

Most of the research on life events focusses on **supporting a member with PTSD**, with an assumption (not supported by rigorous selection in the research projects) that the PTSD is related to their service. Despite the relatively small percentage of time spent by military personnel on deployment, most studies related to military life are focussed around managing deployments or the impact of deployments after the service member returns.

There is a strong focus on **military spouses, in particular female spouses**, especially wives, in the family research. Childhood research is almost entirely related to comparison of outcomes between civilian and military-connected children. Dual-service couple, who form a significant proportion of female serving members, are often excluded from research on service partners.

Some interim conclusions from the published evidence may be used as presumptive in the absence of Australian data:

1. Parenting, childhood and adolescence.

- a. Pregnancy, birth, adoption and new parenthood are moments of tension, especially linked to deployment, and parenting interventions may be effective during this time.
- b. The medium or high quality evidence shows no general effect of military service, but specific military stressors warrant further research in children and adolescents. These are relocation, site-of-healthcare, disruption to hobbies/sports, and these are especially important for children with special needs.
- c. There is evidence to suggest that adolescents with serving siblings can be affected and should be included in future studies.
- d. For children who live in the home of a deploying member, the pre-deployment and reintegration phases appears a particular tension point which have impact on wellbeing, and additional support may impact this process.
- e. Some medium quality studies find predictive effects of communication, both between the service member and family, and between the member's unit and family.
- f. It is possible that the evidence of impact of deployment might extend to the impact of any service-related absence, such as training activities.

- g. Parents of adult service members experience loss and potential stress at the point of entering the military and deployment.
- h. Single service members who are parents experience additional stress adjusting to the demands of military life, and institutional family support can influence this.

2. Partnership and family life.

- a. Evidence of impact on wellbeing of spouses is conflictual and of poor quality, and may relate primarily to the spouse's relationship with service and ability to manage the demands of a 'greedy' institution which makes lifestyle demands on a non-serving spouse. Unit support has an impact on personnel ability to manage this.
- b. Changes in parenting roles, employment, deployment and postings affect couple wellbeing, which affects individual wellbeing and military personnel readiness.

3. Health promotion.

- a. Medium and high quality evidence shows that PTSD in a family member causes long-term and widespread disruption to family wellbeing.
- b. Stressful or negative relocation experiences can impact health promotion.
- c. Consistency of health care providers, especially during relocation, may be important for wellbeing.

4. Challenging life events.

- a. Intimate partner violence, and service-related bereavement are under-researched in both international and Australian military settings.
- b. Service-related injury, where it is associated with negative deployment experiences, or where it combines PTSD/TBI with physical injury, shows significant impact on family wellbeing.

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Annex A: Summary table of published studies

Navigating pregnancy, birth and adoption

Author	Country	Participants	Design
Godier-McBard et al (2019)	US	n=13 articles	Scoping review
Pretorius, Sposato & Trueblood-Miller (2024)	US only	n=21 studies reviewed	Scoping review
Spencer et al (2025)	US only	n=7 studies	Systematic review, textual narrative synthesis

Author	Country	Participants	Design
Anchan et al (2021)	US	n=106 military parents	Prospect cohort study
Davy et al (2015)	Australia	n=921 deployed women (of which n=235 mothers)	cross-sectional study using secondary data
Haas, Pazdernik & Olsen (2005)	US	n=279 military spouses (serving and nonserving)	Cross-sectional survey
Stark et al (2024)	US	n=1,144 children of female pilots, n=25,889 matched cohort	Retrospective cohort study

Author	Country	Participants	Design
Haas & Pazdernik (2007)	US	n=463 military-connected women	cross-sectional survey
Splonskowski & Twiss (1995)	US	n=54 first-time mothers	cross-sectional survey

Navigating childhood

Author	Country	Participants	Design
Bello-Utu & DeSocio (2015)	US studies only	n=27 studies	Narrative review, thematic synthesis
Cramm et al (2019)	International	n=86 studies	Scoping literature review
Cunitz, Buhler et al (2019)	US	n=27 intervention programs	Systematic literature review (US only)
Cunitz, Dolitzsch et al (2019)	US	n=27 studies	Meta-analytic review (US only)
Hawkshaw & Markson (2019)	NATO/P-f-P	n=36 papers	Narrative synthesis
Kairi & Olsson (2019)	NATO	Not stated	Systematic review
Moeller et al (2015)	US	n=26 studies	Systematic literature review (US only)
Moore et al (2017)	US	n=14 papers	Narrative synthesis
Russo & Fallon (2015)	US only	Number of studies not stated	Narrative literature review
Williamson et al (2018)	US	n=9 papers (US studies only)	Narrative synthesis

Literature review					Quality Rating
Search methods	Systematic selection	RoB reporting	Data extraction	Conclusions	
Partial (no PRISMA chart)	Yes	No (none reported)	Yes	Partial (no analysis of effect size)	Low
Yes	Yes	None conducted	Yes	Yes	Low
Yes	Yes	Yes	Yes	Yes	Medium

Quantitative Nonrandomised					Quality Rating
Representativeness	Measures	Complete data	Confounders	Intervention/ observation	
Yes	Partial (convenience sampling)	No (34.7% completion)	Yes	Yes	Low
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium

Quantitative Descriptive					Quality Rating
Sampling strategy	Representativeness	Measures	Nonresponse bias risk	Statistical analysis	
Partial (convenience sample)	Yes	Yes	Yes (88.2% response rate)	Yes	Low
Partial (convenience sample)	Yes	Yes	No	Yes	Low

Literature Review					Quality Rating
Search methods	Systematic selection	RoB reporting	Data extraction	Conclusions	
Partial (US only, 2001–2014, no PRISMA flow)	Partial (no independent reviewer)	No (not reported)	Partial (thematic analysis only)	Yes	Low
Yes	Yes	Partial	N/A	Yes	Medium
Yes (no PRIMSA chart)	Yes	Partial (no validated tool used)	Partial (no synthesis)	Yes	Medium
Yes	Yes	Partial (no formal RoB assmt)	Yes	Yes	High
Yes	Yes	Partial	N/A	Yes	Medium
Not stated	No	No	No	Yes	Low
Partial (lmtd databases, no PRISMA chart)	Yes	No (none reported)	Yes	Partial (no critical appraisal of studies)	Low
Yes	Yes	Yes	N/A	Yes	Medium
No	No	No	No (no structured protocol)	Partial (not a systematic review)	Low
Yes	Yes	No	N/A	Yes	Medium

Annex A: Summary table of published studies

Author	Country	Participants	Design
Andres & Moelker (2011)	Netherlands	n=221 children reported by 109 mothers	Longitudinal
Caderbaum et al (2014)	US	n=14,299 adolescents	Cross-sectional data
Cheng et al (2024)	US	n=208 military families	Cross-sectional observational + survey
Crockett et al (2020)	US	n=446 children + their parents	Retrospective observational
Crouch et al (2025)	US	n=90,711 children	Cross-sectional observational
Fairbank et al (2018)	US	n=1,126 service member/spouse dyads	Cross-sectional analysis from cohort study
Finkel, Kelley & Ashby (2003)	US	n=86 mother-child dyads in military families	Cross-sectional correlational
Gewirtz, DeGarmo & Zamir (2018)	US	n=293 military families	Cross-sectional survey
Hajal et al (2020)	US	n=104 military-connected parents w children 3-6 yrs	Cross-sectional correlational
Hammon et al (2023)	US	n=168,830 infants	Retrospective cohort
Hinojoso et al (2022)	US	n=39,465 parents of children 2-17	Retrospective cohort
Kaczmarek & Sibbel (2008)	Australia	n=90 children in military, FIFO, or non-mil families	Cross-sectional comparative survey
Kelley (1994)	US	n=61 mothers with deployed partners	Prospective longitudinal observational
Larson et al (2012)	US	n=137,000 children of depl, n=55,000 no-child partners	Quasi-experimental pre-post observational
Larson et al (2014)	US	n=137,602 children of depl, n=199,520 children non-depl	quasi-experimental, pre-post groups
Lipari et al (2010)	US	398 spouses reporting on children 2-18 during depl	Cross-sectional survey
Mahar et al (2022)	Canada	n=5,478 mil family children, n=21,912 matched cohort	Matched retrospective cohort study
Mahar et al (2022)	Canada	n=5,478 mil family children, n=21,912 matched cohort	Matched retrospective cohort study
Mahar et al (2023)	Canada	n=6,737 students, 9.5% with a parent/guardian in CAF	Retrospective cohort study
Mansfield et al (2011)	US	n=307,520 children 5-17 yrs with active-duty parent	Retrospective cohort
Mueller & Callina (2014)	US	n=578 students	cross-sectional online survey
Mustillo, Wadsworth & Lester (2016)	US	n=680 military families	Cross-sectional survey
Pexton, Farrants & Yule (2018)	UK	n=52 children with deployed fathers	Repeated-measures observational study
Richardson et al (2024)	US	n=909 military-connected children	Longitudinal observational
Sumner et al (2016)	US	n=198 female, married military partners	cross-sectional survey
Tupper et al (2020)	Canada	n=85 mil parents with a child 3-6yrs, n=34 civilian families	cross-sectional observational + survey
Author	Country	Participants	Design
Vuga (2021)	Slovenia	n=18 male service members, 5 spouses	Qualitative interviews, cross-sectional survey

Contextual Review of Defence Family Wellbeing Factors
Technical Report 1: Evidence Map of the Published Literature

Quantitative Nonrandomised					Quality Rating
Representativeness	Measures	Complete data	Confounders	Intervention/ observation	
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Partial (convenience sample)	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
No (convenience, self-selected sample)	Yes	Yes	Partial (age, SES, trauma not controlled)	Yes	Low
Yes	Yes	Yes	Yes	Yes	Medium
Partial (convenience sample)	Yes	Yes	Yes (multivariate regression)	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Partial (convenience sample)	Yes	No (missing data for 8 mil children)	Partial (no multivariate analysis)	Yes	Low
No (convenience sample)	Yes	Partial (18% attrition)	Partial (no multivariate analysis)	Yes	Low
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Partial (convenience sample)	Yes	Yes	Partial (only age controlled)	Yes	Low
Yes	Yes	Yes	Yes	Yes	Medium
Partial (convenience sample)	Yes	Yes	Yes	Yes	Low
Partial (dual-serving, child-less couples excluded)	Partial (some single item scales)	Partial (23% resps, 30% attrition)	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Low
Yes	Yes	Yes	Partial (mental health uncontrolled)	Yes	Medium

Mixed Methods					Quality Rating
Rationale	Study components	Integration of data	Divergences addressed	Quality of components	
Yes	Yes	Yes (with triangulation)	Yes	Qual: Yes Quan nonran: No (small sample, no m'variate analysis)	Low

Annex A: Summary table of published studies

Author	Country	Participants	Design
Hamilton, Ling & Rossiter (2018)	US	n=1	Case study
Hill et al (2023)	Canada	n=11 service providers	Semi-structured interviews
Lincoln, Swift & Shorteno-Fraser (2008)	US	n=3 case vignettes	Narrative review with case examples
Normille (2024)	UK	n=10 mothers, n=14 practitioners, n=6 children	Semi-structured interviews
Rosetto (2015)	US	n=26 female partners of deployed personnel	In-depth interviews
Williams et al (2023)	Canada	n=37 parents	Semi-structured interviews
Williams et al (2024)	Canada	n=13 MC children	Semi-structured interviews
Wimmer et al (2019)	Germany	n=18 military families	Semi-structured interviews
Živoder, Švab & Vuga Beršnak (2024)	Slovenia	n=13 adult children from 11 military families	Semi-structured interviews

Author	Country	Participants	Design
Drew et al (2024)	US	n=234 families	Secondary analysis of prospective data
Fredericksen et al (2021)	Denmark	n=6,312 children with 1,590 who had deployed fathers	Cross-sectional retrospective survey
Hisle-Gorman et al (2019)	US	n=1,798,530	Retrospective trend study
Kanitkar (2017)	India	Total popn not reported	Observational descriptive
Kappler & Lucier-Greer (2020)	US	n=1,036 youth aged 11-18	Cross-sectional survey
Lester et al (2013)	US	n=280 families with children 3-17	Seecondary analysis of program data
Lester et al (2016)	US	n=680 nonmilitary parents, n=310 military parents	Cross-sectional survey
Morris & Age (2009)	US	n=65 youth aged 9-15	Cross-sectional observational
Rogers et al (2023)	Australia	n=41 parents of children aged 2-8	Surveys with open ended questions
Sullivan et al (2021)	US	n=1,630 Army spouses	Secondary analysis of cross-sectional data
Zhang et al (2020)	US	n=181 military fathers with civilian partners and children	Longitudinal observational

Navigating adolescence

Author	Country	Participants	Design
Rodriguez & Margolin (2015b)	International	n=53 studies	Narrative review

Author	Country	Participants	Design
Farnsworth & Walker-O'Neal (2021)	Canada	n=265 Army families	Secondary analysis of national survey
Flittner O'Grady et al (2018)	US	n=114 at-home parents with deployed partners	Longitudinal with multilevel modeling
Kinley et al (2023)	Canada	n=18,886	Secondary analysis of national survey
London (2021)	US	n=3,664 youth aged 12-16, n=44,547 matched cohort	Secondary analysis of national survey
Lucier-Greer et al (2015)	US	n=1036 aged 11-18 yrs	Cross-sectional survey
Lucier-Greer, Walker O'Neal & Mancini (2023)	US	n=573, n=186 adolescents in military families	Cross-sectional survey
Nicosia et al (2017)	US	n=1,021 families with children aged 12-13	Cross-sectional survey

Qualitative					Quality Rating
Qualitative approach	Data collection	Findings from data	Interpretation of results	Coherence of analysis	
Yes	Partial	Partial	Partial	Partial	Low
Yes	Yes	Yes	Yes	Yes	Low
No	No	No	No	No	Low
Yes (Inclusion of children's voice)	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium

Quantitative Descriptive					Quality Rating
Sampling strategy	Representativeness	Measures	Nonresponse bias risk	Statistical analysis	
Yes	Yes	Yes	Yes	Yes	Low
Yes (probability sampling)	Yes	Yes	Partial (39% CFDS nonresponse)	Yes (logistic regression)	Low
Yes	Yes	Yes	Yes	Yes	Low
Yes	Yes	Yes	N/A	Yes	Low
Yes	Yes	Yes	Yes	Yes	Low
Yes	Yes	Yes	Yes	Yes	Low
Partial (convenience sample)	Yes	Yes	No (41.2% caregivers 50% mil parents resps)	Yes	Low
Yes	Yes	Yes	No	Yes	Low
Yes	Yes	Yes	Yes	Yes	Low
Yes	Yes	Yes	Yes	Yes	Low
Partial (convenience sample)	Yes	Yes	Yes	Yes	Low

Literature Review					Quality Rating
Search methods	Systematic selection	RoB reporting	Data extraction	Conclusions	
Partial (1993-2013, no PRISMA flow)	Partial (no indep reviewer)	No (not reported)	Partial (thematic analysis only)	Yes	Low

Quantitative Nonrandomised					Quality Rating
Representativeness	Measures	Complete data	Confounders	Intervention/ observation	
No (convenience sample)	Yes	Yes	Partial (only gender controlled)	Yes	Low
Partial (convenience sample)	Yes	Unknown (response rate not reported)	Partial (no m'variate analysis)	Yes	Low
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
No (convenience sample)	Yes	Yes	Partial (gener, age uncontrolled)	Yes	Low
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium

Annex A: Summary table of published studies

Author	Country	Participants	Design
Okafor et al (2016)	US	n=1036 aged 11-18 yrs	Cross-sectional survey
Perreault, McDuff & Dion (2020)	Canada	n=134 parents, 187 adolescents	Cross-sectional correlational
Reed, Bell & Edwards (2011)	US	n=10,606 children in grade 8-12, % military connected not stated	Retrospective cross-sectional observational
Rodriguez & Margolin (2015a)	US	n= 70 mother-adolescent dyads	cross-sectional observational
Walker O'Neal & Mancini (2021)	US	n=238 military families with adolescents aged 11-18	Cross-sectional survey (path analysis)

Author	Country	Participants	Design
Becker et al (2014)	US	n=45 participants (adolescents, parents, + service providers)	semi-structured interviews and focus groups

Author	Country	Participants	Design
Crow & Seybold (2013)	US	n=91 parents and their adolescents	Cross-sectional survey
DeGraff et al (2016)	US	n=273 military parents	cross-sectional survey
Farnsworth & Walker-O'Neal (2024)	US	n=266 adolescents	Cross-sectional survey
Harrison et al (2011)	Canada	n=1,066 adolescents	Cross-sectional survey
Landers-Potts et al (2017)	US	n=1036 aged 11-18 yrs	Cross-sectional survey
Lucier-Greer et al (2016)	US	n=1036 military parents with adolescents	cross-sectional survey
Mancini et al (2015)	US	n=273 families	Cross-sectional survey
Sullivan et al (2015)	US	1,370 military-connected youth (grades 7, 9, and 11)	Cross-sectional survey

Succeeding at school

Author	Country	Participants	Design
Card et al (2011)	US	n=16 studies	Meta-analytic review (US military families only)

Author	Country	Participants	Design
Arnold et al (2017)	US	n=995 military youth	Cross-sectional survey
Eodanable & Lauchlan (2012)	UK	n=48 students in the intervention	Pre-post single group
Richardson et al (2016)	US	n=749 military youth	Cross-sectional correlational

Author	Country	Participants	Design
Bradshaw et al (2010)	US	n=39 students, 24 parents, 35 staff	Focus groups
Gilreath et al (2022)	US	n=24 youth with serving parents	Qualitative interviews
Frederick & Siebler (2022)	Australia	n=1	Case vignette

Quantitative Nonrandomised					Quality Rating
Representativeness	Measures	Complete data	Confounders	Intervention/ observation	
No (convenience sample)	Yes	Yes	No (no covariates controlled)	Yes	Low
Yes	Yes	Partial (no missing data analysis)	No (no covariates controlled)	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium

Qualitative					Quality Rating
Qualitative approach	Data collection	Findings from data	Interpretation of results	Coherence of analysis	
Yes	Yes	Yes	Yes	Yes	Medium

Quantitative Descriptive					Quality Rating
Sampling strategy	Representativeness	Measures	Nonresponse bias risk	Statistical analysis	
Yes	No (convenience sample)	Yes	Yes	Yes	Low
Partial (convenience sample)	Yes	Yes	Yes	Yes	Low
Yes	No (convenience sample)	Yes	Yes	Yes	Low
Yes	No (convenience sample)	Yes	Yes	Yes	Low
Yes	No (convenience sample)	Yes	Yes	Yes	Low
Partial (convenience sample)	Yes	Yes	Yes	Yes	Low
Yes	No (convenience sample)	Yes	Yes	Yes	Low
Partial (convenience sample)	Yes	Yes	Yes	Yes	Low

Literature Review					Quality Rating
Search methods	Systematic selection	RoB reporting	Data extraction	Conclusions	
Partial (no PRSIMA chart)	Yes	No (none reported)	Yes	Yes	Medium

Quantitative Descriptive					Quality Rating
Sampling strategy	Representativeness	Measures	Nonresponse bias risk	Statistical analysis	
Yes	Yes	Yes	Yes	Yes	Low
Yes	Partial (convenience sample)	Partial (no psychometric validn)	Yes	Yes	Low
Yes	Yes	Yes	Yes	Yes	Low

Qualitative					Quality Rating
Qualitative approach	Data collection	Findings from data	Interpretation of results	Coherence of analysis	
Yes	No	Partial	Partial	Partial	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Low

Parenting an adult service member

Author	Country	Participants	Design
Farero et al (2019)	US	n=562 soldiers	Longitudinal correlational
Polusny et al (2014)	US	n=2,089 National Guard soldiers and their families	Cross-sectional, descriptive-correlational
Author	Country	Participants	Design
Slaven-Lee et al (2011)	US	n=1370 mothers	cross-sectional comparative online anonymous survey
Savitsky & Shvartsur (2024)	Israel	n=202 parents	cross-sectional convenience sample
Author	Country	Participants	Design
Basinger & Knobloch (2018)	US	584 pages of double-spaced text	Qualitative analysis of discourse in online fora

Parenting children with special needs

Author	Country	Participants	Design
Hill & Blue-Banning (2025)	US only	n=74 studies	Thematic literature review
Author	Country	Participants	Design
Perrin, South & Cius (2025)	US	n=92 adolescents	Retrospective cross-sectional study with descriptives, no analysis
Solomon et al (2023)	US	n=136	Observational, cross-sectional study
Zeinali & Rsofami (2020)	Iran	n=40 military connected mothers	Quasi-experimental
Author	Country	Participants	Design
Christi et al (2023)	US	n=119 military families with a child diagnosed with ASD	Cross-sectional survey
Fallon & Russo (2003)	US	n=253 families with a child diagnosed with a disability	Cross-sectional survey
Farrell, Bowen & Swick (2014)	US	n=775 female civilian spouses, n=147 spouses with children with special needs	Cross-sectional survey
Rosen, Bain & Moghadam (1992)	US	n=782 Army families with children	Cross-sectional survey
Russo & Fallon (2001)	US	n=253 families with a child diagnosed with a disability	Cross-sectional survey
Sinha et al (2024)	India	n=100 mil-connected mothers w child 3–10yrs mild-moderate ASD	Cross-sectional survey
Watanabe et al (1995)	US	n=147 soldiers w “handicapped” child, n=296 matched cohort	Cross-sectional survey
Williams et al (2004)	US		Cross-sectional survey
Author	Country	Participants	Design
Cramm et al (2019)	Canada	n=12 military families	Semi-structured interviews, phenomenological analysis

Quantitative Nonrandomised					Quality Rating
Representativeness	Measures	Complete data	Confounders	Intervention/ observation	
Yes	Partial (single item questions)	Partial (50% participation)	Yes	Yes	Low
Yes	Yes	Yes	Yes (correlational)	Yes	Medium

Quantitative Descriptive					Quality Rating
Sampling strategy	Representativeness	Measures	Nonresponse bias risk	Statistical analysis	
Partial (convenience sample)	No	No (author-developed questions)	No (unverifiable participation)	Yes	Low
Yes	Yes	Yes	No (convenience sample)	Yes	Low

Qualitative					Quality Rating
Qualitative approach	Data collection	Findings from data	Interpretation of results	Coherence of analysis	
Yes	Yes	Yes	Yes	Yes	Medium

Literature Review					Quality Rating
Search methods	Systematic selection	RoB reporting	Data extraction	Conclusions	
Yes	Yes	No RoB conducted	Yes	Yes	Low

Quantitative Nonrandomised					Quality Rating
Sampling strategy	Representativeness	Measures	Nonresponse bias risk	Statistical analysis	
Yes	No	Yes	Not reported	Yes	Low
No	Yes	Yes	Yes	Yes	Low
No (non-random selection)	Yes	Yes	Partial (MANCOVA adjustments)	Yes	Low

Quantitative Descriptive					Quality Rating
Sampling strategy	Representativeness	Measures	Nonresponse bias risk	Statistical analysis	
Yes	Yes	Yes	Partial (19.8% response rate)	Yes	Low
Yes	Partial (only 253 of 10,691 nominated)	Yes	Partial (no adjustments)	Yes	Low
Yes	Yes	Yes	Partial (25–30% participation rate)	Yes	Low
Yes	Partial (not matched)	Yes	Partial (40% response rate)	Yes	Low
Yes	Yes	Yes	Partial (self-reported data)	Yes	Low
Yes	Yes	Yes	Partial (voluntary participation)	Yes	Low
Yes	Yes	Yes	No (no response rate, missing data)	Yes	Low
Yes	Yes	Yes	Partial (31% response rate)	Yes	Low

Qualitative					Quality Rating
Qualitative approach	Data collection	Findings from data	Interpretation of results	Coherence of analysis	
Yes	Yes	Yes	Yes	Yes	Medium

Marriage, partnerships, and making social connections

Author	Country	Participants	Design
Brelsford & Friedberg (2011)	US	n=approx 40 cited works	Narrative review

Author	Country	Participants	Design
Sung, Lee & Kim (2025)	Korea	n=18 spouses	Pilot experimental (pre post)

Author	Country	Participants	Design
Blow et al (2017)	US	n=238 spouses with partner about to deploy	Longitudinal observational (pre-post)
Carter et al (2020)	US	n=54 military couples where the partner is deployed	Longitudinal observational
Chambel et al (2024)	Portugal	n=327 deployed perosnnel	Cross-sectional survey
Cigrang et al (2014)	US	n=144 partnered, deployed Airmen	Longitudinal observational
Clift et al (2016)	US	n=743 soldiers and 54 spouses	Cross-sectional survey
Corry et al (2021)	US	n=9,872 married spouses of members with 2-5 years service	Cross-sectional survey using secondary data
Crouch et al (2017)	US	n=115 military spouses	Cross-sectional survey
Donoho et al (2017)	US	n=171 military couples	Cross-sectional survey
Dursun, Wang & Pullman (2019)	Canada	n=909 female spouses with 1+ military-initiated moves	Cross-sectional survey
Eastman, Archer & Ball (1990)	US	n=785 military families	Cross-sectional comparative survey
Fish et al (2014)	US	n=1,863 Army spouses	Cross-sectional secondary data
Hare et al (2025)	US	n=2,097 military spouses	Cross-sectional observational
Klein et al (1989)	US	n=60 wives of noncommissioned military personnel	Cross-sectional survey
Knobloch, Knobloch-Fedders & Yorgason (2019)	US	n=555 military couples	Longitudinal surveys
Layman et al (2019)	US	n=273 active-duty military personnel	Cross-sectional survey
Lucier-Greer et al (2024)	US	n=222 military wives	Cross-sectional survey
Marchant & Medway (1987)	US	n=40 military families	Cross-sectional correlational
Marini et al (2017)	US	n=175 military couples post-deployment	Cross-sectional, dyadic analysis
Nordmo et al (2020)	Norway	n=280 Navy personnel	Longitudinal cohort
Rosen & Moghadam (1989)	US	n=941 wives of service members	Longitudinal panel
Rosen & Moghadam (1991)	US	n=332 Army wives	Cross-sectional using secondary data
Rosen et al (1995)	US	n=773 female military spouses	Retrospective survey
Skomorovsky (2014)	Canada	n=639 military spouses	Cross-sectional survey
Sullivan et al (2022)	US	n=333 Army spouses	Cross-sectional using secondary data
Tidwell & Lucier-Greer (2025)	US	n=3,506 soldiers	Cross-sectional retrospective
Triwidiyanti et al (2024)	Indonesia	n=907 Navy wives	Cross-sectional survey

Contextual Review of Defence Family Wellbeing Factors
Technical Report 1: Evidence Map of the Published Literature

Literature Review					Quality Rating
Search methods	Systematic selection	RoB reporting	Data extraction	Conclusions	
No (selective citation)	No (none reported)	No (none reported)	Partial (not systematic)	Partial (risk of overgeneralisation)	Low

Quantitative Randomised					Quality Rating
Randomisation	Comparable groups	Complete data	Blinded assessors	Adherence	
Yes	Yes	Partial (yes but small sample)	No (measures or saliva test)	Yes	Medium

Quantitative Nonrandomised					Quality Rating
Representativeness	Measures	Complete data	Confounders	Intervention/ observation	
Partial (convenience sample)	Yes	No (40% attrition)	No (no multivariate analysis)	Yes	Low
Partial (convenience sample)	Yes	Partial (small sample size)	No (no multivariate analysis)	Yes	Low
Partial (convenience sample)	Yes	Yes (72% completion rate)	No (no multivariate analysis)	Yes	Medium
Partial (convenience sample)	Yes	Yes (88% completion rate)	No (no multivariate analysis)	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
No (convenience, self-selected sample)	Yes	Yes	Yes	Yes	Low
Unclear (demographics, not described)	Yes	Yes	Partial (mil factors not controlled)	Yes	Low
Yes	Partial (wellbeing is single item)	No (23% response rate)	Partial (demogr not controlled)	Yes	Low
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Partial (all female, wives of enlisted personnel)	Yes	Yes	No (demographics not controlled)	Yes	Low
Yes	Yes	Yes	Yes	Yes	Medium
Partial (convenience sample)	Yes	Yes	Yes	Yes	Medium
Partial (all female, no dual-service families)	Yes	Yes	Partial	Yes	Medium
Yes	Yes	No (24% response rate)	No (none controlled for)	Yes	Low
Partial (convenience sample)	Yes	Unknown (unknown response rate)	Partial (no m'variate analysis)	Yes	Low
Yes	Yes	Yes	Yes	Yes	Medium
Partial (33% response rate)	Yes	Yes	No (demographics not controlled)	Yes	Low
Unreported	Yes	Yes	Yes	Yes	Low
Partial (convenience sample)	Yes	Partial (67% response rate)	Yes	Yes	Low
Partial (convenience sample)	Yes	No (21.3% response rate)	Partial (health, SES uncontrolled)	Yes	Low
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium

Annex A: Summary table of published studies

Author	Country	Participants	Design
Vest et al (2017)	US	n=248 soldiers	Cross-sectional secondary data
Walker O'Neal et al (2016)	US	n=266 military families	Cross-sectional survey
Walker O'Neal et al (2018)	US	n=223 military families	Cross-sectional survey
Walker O'Neal et al (2018)	US	n=214 military families; 642 individuals	Cross-sectional survey
Walker O'Neal, Mancini & Bowen (2020)	US	n=266 military families	Cross-sectional survey
Walker O'Neal, Richardson & Mancini (2020)	US	n=223 military members and their spouses	Cross-sectional survey
Wang et al (2015)	US	n=207 military spouses	Cross-sectional survey

Author	Country	Participants	Design
Thomas et al (2019)	US	n=911 military partners	Cross-sectional survey
Lufkin (2017)	US	n=34 male spouses of serving members	Cross-sectional survey
Tucker & Kelley (2009)	US	n=50 single active duty enlisted United States Navy mothers	Cross-sectional survey
Page et al (2022)	US	n=202 Army wives	Cross-sectional survey
Fields et al (2012)	US	n=86 military-connected, first-time mothers	Cross-sectional survey (path analysis)
Walker O'Neal et al (2024)	US	n=236 military families	Cross-sectional latent profile analysis
Shang & Zhang (2013)	US	n=103 military spouses	Autoregressive cross-lagged panel analysis
Conforte et al (2017)	US	n=157 military parents	Cross-sectional correlational survey
Seagle et al (2021)	US	n=146 female military spouses	Cross-sectional survey
Mallonee, Riggs & Stander (2020)	US	n=1,558 couples post-deployment	Cross-sectional analysis of secondary longitudinal data
Martin (1984)	US	n=315 female military spouses	Cross-sectional survey
Ross et al (2020)	US	n=103 Army families with adolescents 11-18 years	Longitudinal survey
Rosen & Moghadam (1988)	US	n=947 military wives	Cross-sectional survey

Author	Country	Participants	Design
Elliott (2019)	US	n=1 military spouse	Autoethnography case study
Ross et al (2021)	US	n=30 spouses with children under five	Semi-structured interviews
Carter et al (2014)	UK	n=103 posts by 13 military spouses, 11 overseas locations	Thematic analysis of online forum content
Rosetto & Owlett (2022)	US	n=24 military partners	Semi-structured interviews

Quantitative Nonrandomised					Quality Rating
Representativeness	Measures	Complete data	Confounders	Intervention/ observation	
Yes	Yes	Yes	Yes	Yes	Medium
Partial (no male partners, dual-service couples)	Yes	Yes	Yes	Yes	Low
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Partial (no male partners, dual-service couples)	Yes	Yes	Yes	Yes	Low
Yes	Yes	Yes	Yes	Yes	Medium
Partial (all female, online recruitment)	Yes	Partial (data incomplete)	Partial (demogr not controlled)	Yes	Low

Quantitative Descriptive					Quality Rating
Sampling strategy	Representativeness	Measures	Nonresponse bias risk	Statistical analysis	
Partial (convenience sample)	Yes	Yes	Yes	Yes	Low
Partial (convenience sample)	Partial (education and officer rank)	Yes	No (response rate not reported)	Yes	Low
Partial (convenience sample)	Partial (all female, all White)	Yes	No (response rate not reported)	Yes	Low
Partial (convenience sample)	Unreported	Yes	No (anonymous participation)	Yes	Low
Partial (convenience sample)	Partial (all female)	Yes	No (response rate not reported)	Yes	Low
Partial (convenience sample)	Partial (all Army, no dual-service couple)	Yes	No (response rate not reported)	Yes	Low
Partial (convenience sample)	Unreported	Yes	No (response rate not quoted)	Yes	Low
Partial (convenience sample)	No (online anonymous)	Yes	No (online anonymous)	Yes	Low
Partial (convenience sample)	Partial (all female, Army)	Yes	No (12.5% response rate)	Yes	Low
Yes	Yes	Partial (stress, spt, comms, single-item)	Yes (<5% missing data)	Yes (multiple regression)	Low
Partial (convenience sample)	Partial (all female, one installation)	Yes	Yes	Yes	Low
Partial (convenience sample)	Yes	Yes	Partial (103 of 400 were enrolled)	Yes	Low
Partial (convenience sample)	Yes	Yes	No (33% response rate)	Yes	Low

Qualitative					Quality Rating
Qualitative approach	Data collection	Findings from data	Interpretation of results	Coherence of analysis	
Partial (autoethnography)	Partial (nonsystematic data collection)	Partial (no systematic analysis)	Partial (limited data sample)	Partial (needs empirical data)	Low
Yes	Yes	Yes	Yes	Yes	Medium
Partial (mostly officers' spouses)	Partial (retrospective data)	Yes	Yes	Yes	Low
Yes	Yes	Yes	Yes	Yes	Medium

Nurturing a career while being a military spouse

Author	Country	Participants	Design
Ickovics & Martin (1987)	US	n=278 military spouses	Secondary analysis of cross-sectional data
Rosen et al (1990)	US	n=1,145 military spouses	Non-randomised longitudinal analysis

Author	Country	Participants	Design
Bowen (1987)	US	n=675 military wives	Cross-sectional survey, no comparison group
Newfield et al (2024)	Australia	n=444 military partners (5 males, 439 females)	Cross-sectional survey, no comparison group
Treweek & Muller (2014)	Australia	n=289 military spouses (286 females, 3 males)	Cross-sectional survey, no comparison group

Author	Country	Participants	Design
Gribble et al (2019)	UK	n=19 military spouses	Semi-structured interviews, thematic analysis

Health promotion: maintaining own health

Author	Country	Participants	Design
Burrell (2006)	US only	Number of studies not stated	Narrative literature review
Monk et al (2018)	International	n=16 programs	Systematic narrative review

Author	Country	Participants	Design
DeGarmo & Gewirtz (2018)	US	n=336 military families	Longitudinal (2 years) RCT
Hansom & Guerrero (2025)	US	n=80 women partners of deployed Navy members	Quasi-experimental, pre-post

Author	Country	Participants	Design
Blank et al (2012)	US	n=102 wives with deployed husbands	Descriptive correlational
Borelli et al (2019)	US	n=86 nondeploying partners	Longitudinal observational
Braun-Lewensohn & Bar (2017)	Israel	n=100 military wives	Cross-sectional survey
Burrell et al (2006)	US	n=346 spouses (339 women, 7 men) posted overseas	Cross-sectional survey
Burton, Farley & Rhea (2009)	US	n=130 military spouses (62 with deployed partners)	Descriptive correlational
Ceylan & Başpınar (2022)	Türkiye	n=316 military spouses	Cross-sectional survey
Clark et al (2018)	US	n=273 military families	Cross-sectional survey
Corry et al (2019)	US	n=9,872 military spouse–service member dyads	Cross-sectional survey

Quantitative Nonrandomised					Quality Rating
Representativeness	Measures	Complete data	Confounders	Intervention/ observation	
Yes (purposing sampling)	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	No (uncontrolled)	Yes	Low

Quantitative Descriptive					Quality Rating
Sampling strategy	Representativeness	Measures	Nonresponse bias risk	Statistical analysis	
Partial (convenience sample)	Partial (all female)	Yes	Yes	Yes	Low
Partial (convenience social media sample)	Partial (younger sample)	Yes	No (anonymous)	Yes	Low
Partial (convenience social media sample)	No (stated by authors)	Yes	No (anonymous)	Yes	Low

Qualitative					Quality Rating
Qualitative approach	Data collection	Findings from data	Interpretation of results	Coherence of analysis	
Yes	Yes	Yes	Yes (aligned to theory)	Yes	Medium

Literature Review					Quality Rating
Search methods	Systematic selection	RoB reporting	Data extraction	Conclusions	
No	No	No	No (no structured protocol)	Partial (not a systematic review)	Low
Yes	Partial (# reviewers not reported)	Not reported	Yes	Yes	Low

Quantitative Randomised					Quality Rating
Randomisation	Comparable groups	Complete data	Blinded assessors	Adherence	
Yes	Yes	Partial (74% of fathers completed)	DeGarmo & Gewirtz (2018)	US	High
Yes	Yes	Yes	Partial (not assessor blind)	Yes	High

Quantitative Nonrandomised					Quality Rating
Representativeness	Measures	Complete data	Confounders	Intervention/ observation	
Partial (convenience sample)	Yes	Yes (97% completion)	No (no m'variate analysis)	Yes	Medium
Partial (but all female sample)	Yes	No (44% attrition)	No (no m'variate analysis)	Yes	Low
Partial (convenience sample)	Yes	Unknown (response rate not reported)	Yes	Yes	Low
Partial (convenience sample)	Yes	No (13% response rate)	No (no m'variate analysis)	Yes	Low
Partial (convenience sample)	Yes	Yes (100% completion)	No (no m'variate analysis)	Yes	Medium
Partial (convenience sample)	Partial (single item r'ship measure)	Yes (no missing data)	No (no m'variate analysis)	Yes	Low
Partial (convenience sample)	Yes	Yes	No (no m'variate analysis)	Yes	Low
Yes	Yes	Partial (missing PCS data accounted for)	Yes	Yes	Medium

Annex A: Summary table of published studies

Author	Country	Participants	Design
Corry et al (2022)	US	n=4,087 family members serving or post-transition	Observational, longitudinal survey (Millennium Cohort)
Corry et al (2024)	US	n=3,257 military spouses	Longitudinal cohort
Dursun & Sudom (2015)	Canada	n=2,084 military spouses	Cross-sectional descriptive
Everson et al (2017)	US	n=201 spouses of deployed members	Cross-sectional comparative survey
Everson, Darling & Herzog (2013)	US	n=200 spouses of deployed soldiers	Cross-sectional survey
Farnsworth & Walker O'Neal (2025)	US	n=228 military families	Cross-sectional analytical
Frank, Lee & Zamorski (2021)	Canada	n=6,040 CAF members deployed at least once	Cross-sectional survey
Gribble, Goodwin & Fear (2019)	UK	n=405 military spouses, n=1,594 civilians	Cross-sectional survey
Kees & Rosenblum (2015)	US	n=10 military spouses	Pilot experimental (pre post), no control group
Kelley et al (2002)	US	n=120 Navy mothers	Prospective longitudinal comparative study
Kelley, Doane & Pearson (2011)	US	n=154 Navy mothers (71 due to deploy; 83 not due to deploy)	Longitudinal pre-post deployment
Kelley, Herzog-Simmer & Harris (1994)	US	n=118 deploying Navy mothers	Cross-sectional observational
Kelly et al (2016)	US	n=578 youth in grades 6-12 (286 military-connected)	Cross-sectional survey
Knapp & Newman (1993)	US	n=74 wives with deployed husbands	Cross-sectional survey
Lucier-Greer et al (2020)	US	n=234 active duty men and their romantic partners	Cross-sectional survey
Mailey et al (2019)	US	n=231 military spouses	Pre-post observational, no randomisation
Martin & Ickovics (1987)	US	n=277 Army wives	Longitudinal panel (survey)
Materia et al (2020)	US	n=64 military families with children	Pilot feasibility study, no control group
Miller et al (2018)	US	n=686 military spouses or cohabitating partners	Longitudinal cohort study
Niederhauser et al (2005)	US	n=245 soldiers and their spouses	Quasi-experimental prospective pilot
Oblea, Badger & Hopkins-Chadwick (2016)	US	n=32 female spouses of male officers	Cross-sectional survey
Padden, Connors & Agazio (2011a)	US	n=105 military spouses	Cross-sectional survey
Padden, Connors & Agazio (2011b)	US	n=105 female spouses of deployed personnel	Descriptive correlational
Paulus et al (1996)	US	n=169 Army families	Cross-sectional correlational
Ribeiro, Renshaw & Allen (2023)	US	n=277 military spouses	Longitudinal survey
Rohall, Segal & Segal (1999)	US	n=532 soldiers	Cross-sectional survey
Rosen, Carpenter & Moghadam (1989)	US	n=947 military wives	Cross-sectional survey
Rosen, Teitelbaum & Westhuis (1993)	US	n=981 military spouses	Cross-sectional survey
Runge et al (2014)	Australia	n=379 military spouses	Thematic analysis of open ended survey questions
Santos et al (2025)	Brazil	n=217 soldiers on deployment	Longitudinal survey
Skomorovsky et al (2020)	Canada	N = 595 military spouses	Cross-sectional survey

Contextual Review of Defence Family Wellbeing Factors
Technical Report 1: Evidence Map of the Published Literature

Quantitative Nonrandomised					Quality Rating
Representativeness	Measures	Complete data	Confounders	Intervention/ observation	
Partial (dual-serving couples exclded)	Partial (some single item scales)	Partial (23% resps, 30% attrition)	Yes	Yes	Medium
Yes	Yes	Partial (military stress missing 1,055 cases)	Yes	Yes	Medium
Partial (convenience sample)	Yes	Partial (21% response rate)	Partial (mediation analysis only)	Yes	Low
Partial (convenience sample)	Yes	No (40.3% response rate)	Partial (path analysis)	Yes	Low
Partial (convenience sample)	Yes	No (23% response rate)	Partial (path analysis)	Yes	Low
Partial (convenience sample)	Yes	Yes	Yes	N/A	Low
Yes (stratified sampling)	Yes	Yes (missingness <5%)	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Partial (convenience sample)	Yes	No (14 enrolled, 10 completed)	No (heterogeneity in stage, MH)	Yes	Low
Yes	Yes	Yes	Yes	Yes	Medium
Yes (purposive sampling)	Yes	Unknown (response rate not reported)	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Partial (convenience sample)	Yes	Partial (response rate not provided)	Partial (no m'viate analysis)	Yes	Low
Partial (convenience sample)	Yes	Yes	Partial (no demogr controls)	Yes	Low
Partial (only couples with children)	Yes	Yes	No (no confounders considered)	Yes	Low
Yes	Yes	No (33% attrition)	Partial (differences in stage)	Yes	Low
Partial (convenience sample, skew younger)	Yes	No (47% completion rate)	Partial (marriage length discount)	Yes	Low
Yes	Partial (Cronbach's alpha < 0.70)	No (42.8% resps, differential attrition)	No (no confounders considered)	Yes	Low
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Partial (selected on training schedule)	No (67% completion at T2, 37% at T3)	No (differed at baseline)	Yes	Low
No (homogenous convenience sample)	Yes	Partial (41.9% resps; surveys excluded)	Partial (no m'viate analysis)	Yes	Low
Partial (convenience sample)	Yes	Yes	No	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Partial (demographic differences found)	Yes	No (39.5% participation rate)	No confounders controlled for	Yes	Low
Yes	Yes	Partial (some items measured once only)	Partial (no propensity score)	Yes	Medium
Partial (convenience sample)	Partial (satisfaction single-item)	Yes	Yes	Yes	Low
Partial (31% resps rate)	Partial (life satisf single-item)	Partial (72% return, no md calc)	Partial (MH not controlled)	Yes	Low
Partial (convenience sample)	Yes	Yes	Yes	Yes	Medium
Partial (convenience sample)	Yes	Yes	Yes	Yes	Medium
Partial (convenience sample)	Yes	Yes	Yes	Yes	Medium
Yes (stratified random sample)	Partial (some single item scales)	Yes	Yes (regression model)	Yes	Medium

Annex A: Summary table of published studies

Author	Country	Participants	Design
SteelFisher, Zaslavsky & Blendon (2008)	US	n=798 military spouses	Cross-sectional survey
Sullivan et al (2021)	US	n=3,036 Army spouses	Cross-sectional survey
Sullivan, Park & Riviere (2022)	US	n=343 Army spouses	Cross-sectional survey data
Sylvia et al (2022)	US	n=55 military-connected family members/caregivers	Pilot intervention; pre-post, no control group
Thoresen & Goldsmith (1987)	US	n=30 Army wives	Cross-sectional survey
Wang et al (2018)	US	n=221 female spouses	Cross-sectional survey
Yablonsky, Yan & Bullock (2016)	US	n=111 Navy fathers	Cross-sectional survey
Zerach (2024)	Israel	n=85 military families	Cross-sectional survey

Author	Country	Participants	Design
Agazio et al (2002)	US	n=140 (survey) and n=28 (interviews) serving mothers	Cross-sectional survey and qualitative)
Beršnak et al (2023)	Slovenia	n=41 mil, civ experts, n=893 mil members, spouses, and civilians	Expert interviews and cross-sectional survey
Desivilya & Gal (1996)	Israel	n=100 military servicemen and their wives attending a retreat	Semi-structured interviews and cross-sectional survey
Kritikos et al (2020)	US	n=26 female partners	Cross-sectional survey and interviews
Mailey et al (2018)	US	n=230 survey, 22 in focus groups	Cross-sectional survey and focus groups)

Author	Country	Participants	Design
Cafferky & Shi (2015)	US	n=13 wives with deployed husbands	Semi-structured interviews, grounded theory analysis
Dorrance-Hall et al (2023)	US	n=26 military partners	Semi-structured interviews, thematic analysis
Dwyer & Gbla (2022)	Sierra Leone	n=51 returned peacekeepers	In-depth interviews, thematic analysis
Gribble et al (2019)	UK	n=19 military spouses	Qualitative interviews
Lapp et al (2010)	US	n=18 military spouses	Semi-structured interviews, phenomenological
Maguire & Parcell (2015)	US	n= 40 wives post-deployment of husband to the Middle East	Semi-structured interviews, thematic analysis
Marnocha (2012)	US	n=11 wives of deployed soldiers	Semi-structured interviews, phenomenological
Rozenzweig, Gampel & Dasberg (1981)	Israel	n=24 Army wives who had previous partner deployment	Group program case study, thematic analysis
Sullivan (2015)	US	n=1	Case study only
Wexler & McGrath (1991)	US	n=180 military wives	Cross-sectional survey
Wynia Baluk et al (2022)	Canada	n=6 military couples	Semi-structured interviews, thematic analysis

Contextual Review of Defence Family Wellbeing Factors
Technical Report 1: Evidence Map of the Published Literature

Quantitative Nonrandomised					Quality Rating
Representativeness	Measures	Complete data	Confounders	Intervention/ observation	
Yes	Yes	Yes	Yes	Yes	Medium
Partial (convenience sample)	Yes	Yes	Partial (spouse- data unavailable)	Yes	Medium
Partial (convenience sample)	Yes	Partial (23% repsonse rate)	Yes	Yes	Medium
Partial (convenience sample)	Yes	Yes	No	Yes	Low
Partial (convenience sample, one site)	Yes	Yes	No (only correlations used)	Yes	Low
Yes	Yes	Yes	Partial (mood controlled only)	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Partial (convenience sample)	Yes	Yes	Yes (latent profile analysis)	Yes	Medium

Mixed Methods					Quality Rating
Rationale	Study components	Integration of data	Divergences addressed	Quality of components	
Yes	Yes	Yes	No (only convergence)	Qual: Yes Quant: No	Low
Yes	Yes	Yes (with triangulation)	Yes (implications not explored)	Qual: Partial Quant: Yes	Medium
Yes	Partial (no inter-rater reliability)	Yes	No (not addressed)	Quant: Partial Qual: Partial	Medium
Yes	Partial (26% respose rate for survey)	Yes	Yes	Qual: Yes Quant: No	Low
Yes	Partial (no survey response rate)	Yes	Yes	Qual: Yes Quant: No	Low

Qualitative					Quality Rating
Qualitative approach	Data collection	Findings from data	Interpretation of results	Coherence of analysis	
Yes	Yes (purposive sampling)	Yes	Yes	Yes	Medium
Yes	Yes (purposive sampling)	Yes	Yes	Yes	Medium
Yes	Yes (purposive sampling)	Yes	Partial (analysis lacked detail)	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes (purposive sampling)	Yes	Partial (analysis lacked detail)	Yes	Medium
Yes	Yes (purposive sampling)	Yes	Yes	Yes	Medium
Yes	Partial (low sample size)	Partial (single researcher coded)	Yes	Yes	Low
Partial (case study)	No (demographics unreported)	No (single coder, no reflexive statement)	Yes	Partial (no explicit methodology)	Low
Partial (convenience sample)	Partial (unstructured data)	Partial (single case study)	Partial (single case study)	Partial (no clear analytic process)	Low
Partial (convenience sample)	Yes	No (psychometrics not provided)	Unknown (not provided)	Yes	Low
Partial (small sample size)	Partial (secondary data analysis)	Yes	Yes	Yes	Low

Annex A: Summary table of published studies

Author	Country	Participants	Design
Adriana, Loredan & Nicolae (2004)	Romania	n=106 males 23-41 years; 46% Army, and 40% guardians	Cross-sectional survey, correlational
Dimiceli, Steinhardt & Smith (2009)	US	n=77 military wives	Cross-sectional survey
Flittner O'Grady, Wadsworth & MacDermid (2016)	US	n=691 civilian parents	Cross-sectional survey
Harrison, Brennan & Levine (2000)	US	n=8,572 service members, 3,493 spouses	Cross-sectional survey
Hopkins-Chadwick & Ryan-Wenger (2009)	US	n=50 mil women w pre-school children, n=50 without children	Cross-sectional descriptive
MacDonell, Bhullar & Thorsteinsson (2016)	Australia	n=410 partners (78 of current serving members)	Descriptive comparative survey
Matis (2016)	Slovakia	n=416 soldiers	Cross-sectional survey
McCallum et al (2023)	PNG	n=235 PNGDF members, 793 family members	Cross-sectional survey
McGuire et al (2016)	Australia	n=1,258 partners (1095 children) of members with depl histories	Cross-sectional observational
Padden et al (2013)	US	n=112 female spouses	Cross-sectional survey
Pye & Simpson (2017)	UK	n=112 wives of serving soldiers	Cross-sectional survey
Skomorovsky et al (2019)	Canada	n=223 serving single mothers	Cross-sectional survey
Slišković & Juranko (2019)	Croatia	n=539 female partners	Cross-sectional online survey
Vinokur, Pierce & Buck (1999)	US	n=525 deployed reserve women	Cross-sectional observational
Walker O'Neal & Lavner (2021)	US	n=266 members and their civilian partners	Cross-sectional survey
Walker O'Neal et al (2016)	US	n=236 military couples	Cross-sectional survey

Health promotion: accessing health care

Author	Country	Participants	Design
Connors et al (2012)	US only	n=45 documents (33 civilian-sector, 12 military health)	Integrative review
McGraw et al (2019)	5-Eyes	n=5 responses	Environmental scan

Author	Country	Participants	Design
Gorman et al (2011)	US	n=544 individuals (SM and partners) post-reintegration	Cross-sectional survey
Leroux et al (2016)	US	n=2,530 military spouses	Longitudinal observational (retrospective cohort)
Mahar et al (2021)	Canada	n=3,358 mil spouses, n=13,342 matched civilians	Retrospective cohort
Mansfield et al (2010)	US	n=250,626 wives of active-duty soldiers	Observational, retrospective cohort
McNulty (2003)	US	n=299 military families	Longitudinal (6-month) observational
Prosek et al (2023)	US	n=71 military spouses	Pre-post intervention analysis

Contextual Review of Defence Family Wellbeing Factors
Technical Report 1: Evidence Map of the Published Literature

Quantitative Descriptive					Quality Rating
Sampling strategy	Representativeness	Measures	Nonresponse bias risk	Statistical analysis	
Partial (quota sample from security sector)	Yes	Partial (low alpha values reported)	Yes	Yes	Low
Partial (convenience sample)	No (all program attendees)	Yes	No (self-selection not analysed)	Yes	Low
Partial (probability then convenience sampling)	Partial (11% had prior military service)	Yes	No (no analysis of nonresponders)	Yes (hierarchical regression)	Low
Yes (random sampling and stratification)	Yes (matched DoD demographics)	Partial (no reported psychometrics)	Partial (32% spouse resps rate)	Yes	Low
Partial (convenience sample)	Yes	Yes	Yes	Yes	Low
Partial (convenience sample)	Partial	Yes	No (response rate not reported)	Yes	Low
Partial (quota sample from security sector)	Yes	Yes	Yes	Yes	Low
Yes	Yes	Yes	No (response rate not provided)	Yes	Low
Partial (convenience sample)	Yes	Yes	No (47% consent to partner contact)	Yes	Low
Partial (convenience sample)	Partial (excluded male, dual-service)	Yes	No (response rate not provided)	Yes	Low
Partial (convenience sample)	Partial (small sample size, single unit)	Yes	Unclear (response rates not reported)	Yes	Low
Partial (convenience sample)	Yes	Yes	Yes	Yes	Low
Partial (convenience sample)	Partial (all female)	Yes	No (response rate not provided)	Yes	Low
Partial (convenience sample)	Yes	Yes	Yes	Yes	Low
Partial (convenience sample)	Yes	Yes	No (unknown response rates)	Yes	Low
Partial (convenience sample)	Partial (excluded male, dual-service)	Yes	No (response rate not provided)	Yes	Low

Literature Review					Quality Rating
Search methods	Systematic selection	RoB reporting	Data extraction	Conclusions	
Partial (no PRISMA chart)	Yes	No	Yes	Yes	Low
No (search strategy not described)	No (selection by country responses)	No	No (synthesis descriptive)	Yes	Low

Quantitative Nonrandomised					Quality Rating
Representativeness	Measures	Complete data	Confounders	Intervention/ observation	
Yes	Yes	Yes	Yes	Yes	Medium
No (convenience sample)	Yes	Partial (18% attrition rate)	No (no m'variate analysis)	Yes	Low
Yes	Yes	Yes (85% spouses, 97% civilians)	Yes	Yes	High
Yes	Yes	Yes	Yes	Yes	Medium
Partial (convenience sample)	Yes	Partial (71% completion rate)	Yes (logistic regression)	Yes	Low
Partial (convenience sample)	Yes	No (41% completion rate)	No (no m'variate analysis)	Yes	Low

Annex A: Summary table of published studies

Author	Country	Participants	Design
Benson et al (2023)	US	n=22 military-connected parents (mothers, fathers, grandmother)	Semi-structured interviews, grounded theory analysis
Nguyen et al (2023)	US	n=12 military wives diagnosed with perinatal MH disorders	Semi-structured focus groups
Tam-Seto et al (2018)	Canada	n=17 military veteran family members (16 current serving)	Semi-structured interviews

Author	Country	Participants	Design
Dodge et al (2024)	US	n=327 Army spouses	Cross-sectional analysis of secondary survey data
Eaton et al (2008)	US	n=940 military spouses	Self-report surveys
Kulak et al (2019)	US	N = 344 civilian spouses	Cross-sectional survey
Lee et al (2024)	Canada	n=1,016 military spouses	Cross-sectional survey
Lewy, Oliver & McFarland (2014)	US	n=567 wives, 78% with depression	Cross-sectional survey
Mahar et al (2018)	Canada	n=7,508 military spouses and 30,032 matched civilians	Retrospective matched cohort
Morrow et al (1998)	US	749 children aged 12–30 months	Cross-sectional survey
Pierre-Louis, Moore & Hamilton (2015)	US	n=200 soldiers and family members	Cross-sectional survey

Supporting a service member with posttraumatic stress disorder

Author	Country	Participants	Design
Kritikos et al (2019)	International	n=22 studies	Meta-analysis of associations
Senior, Clarke, & Wilson-Menzfeld (2023)	International	n=27 (21 on veterans, 6 on currently serving)	Systematic narrative synthesis

Author	Country	Participants	Design
Allen et al (2018)	US	n=570 male service members and their wives	Longitudinal 2-year cohort
Allen et al (2021)	US	n=274 male service members and female civilian partners	Longitudinal 18-month cohort
Balderrama-Durbin et al (2013)	US	n=76 returning Airmen with committed relationships	Cross-sectional secondary analysis
Campbell & Renshaw (2019)	US	n=64 military couples	Longitudinal 2-week cohort
Creech et al (2013)	US	n=2,949 Army personnel returned from deployment	Prospective cohort, SEM
DeVoe et al (2018)	US	n=169 sm and 136 home front spouses	Retrospective cross-sectional
Donoho et al (2018)	US	n=9,038 military spouse–service member dyads.	Large cross-sectional study
Farero et al (2019)	US	n=208 military families	Longitudinal observational study
Gibbons et al (2012)	US	n=6,275 active-duty personnel deployed to Iraq or Afghanistan	Cross-sectional survey
Giff et al (2023)	US	n=224 families w depl fathers and non-deployed mothers	Cross-sectional observational
Goff et al (2009)	US	n=44 military couples	Cross-sectional correlational

Contextual Review of Defence Family Wellbeing Factors
Technical Report 1: Evidence Map of the Published Literature

Qualitative					Quality Rating
Qualitative approach	Data collection	Findings from data	Interpretation of results	Coherence of analysis	
Yes	Partial (treatment-seeking families)	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes (purposive sampling)	Yes	Yes	Yes	Medium

Quantitative Descriptive					Quality Rating
Sampling strategy	Representativeness	Measures	Nonresponse bias risk	Statistical analysis	
Partial (non-probability sampling)	Partial (convenience sample)	Yes	No (23% response rate)	Yes	Low
Yes	Partial (convenience sample)	Yes	No (51% response rate)	Yes	Low
Partial (convenience sample)	Yes	Yes	No (47% excluded, 17% non-resp)	Yes (logistic regression)	Low
Partial (convenience sample)	Yes	Yes	No (not reported)	Yes	Low
Partial (convenience sample)	Partial (not reported)	Yes	No (internet survey)	Yes	Low
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes (91% participation rate)	Yes	Medium
Yes	Partial (convenience sample)	Yes	Yes	Yes	Low

Literature Review					Quality Rating
Search methods	Systematic selection	RoB reporting	Data extraction	Conclusions	
Yes	Yes	Yes	Yes	Yes	High
Yes	Yes	Yes	Yes	Yes	High

Quantitative Nonrandomised					Quality Rating
Representativeness	Measures	Complete data	Confounders	Intervention/observation	
Partial (all enrolled in program)	Yes	Yes	Partial (only depl status)	Yes	Medium
Yes	Yes	Yes, with FIML estimation	Partial (only couple effects)	Yes	Medium
Partial (convenience sample)	Yes	Partial (242 who left rship were excluded)	Yes (mediation analysis)	Yes	Low
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Partial (all enrolled in program)	Yes	Yes	Partially (only demographics)	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Partial (convenience sample)	Yes	Yes	Partial (limited demographics)	Yes	Low

Annex A: Summary table of published studies

Author	Country	Participants	Design
Marek & D'Aniello (2014)	US	n=675 SM or partners	Cross-sectional secondary analysis
McCabe, Watrous, & Galarneau (2019)	US	n=1,643 injured service members	Cross-sectional secondary analysis
Mirbagheri et al (2025)	Iran	n=140 children of personnel (70 with PTSD; 70 without PTSD)	Cross-sectional observational
Monn, Zhang, & Gewirtz (2018)	US	n=181 post-deployed fathers	Cross-sectional correlational study
Parsons et al (2018)	US	n=419 married Army couples with children	Longitudinal observational study
Renshaw et al (2014)	US	n=483 civilian wives of active-duty Army soldiers	Cross-sectional survey, from larger RCT cohort
Solomon et al (1993)	Israel	n=120 wives of Israeli combat veterans	Cross-sectional survey
Sullivan et al (2023)	US	n=3,314 dyads of service members and spouses	Secondary data analysis from large population study
Sullivan et al (2024)	US	n=3,314 married service member and spouse dyads	Longitudinal observational study
Walter et al (2021)	US	n=563 dyads of service member and spouses	Cross-sectional observational
Wesemann et al (2015)	Germany	n=35 soldiers with deployment related PTSD and partners	Quasi-experimental pre-post, no control group

Author	Country	Participants	Design
Cabrera-Sanchez & Friedlander (2017)	US	n=235 female partners (37% partners of veterans)	Cross-sectional correlational
Carter et al (2019)	US	n=64 SM/V with PTSD and partner (23 current serving)	Longitudinal (2-week) daily diary
D'Aniello, Marek, & Moore (2017)	US	n=81 service members and 84 partners	Cross-sectional correlational
Fear et al (2018)	UK	n=1044 children 3-16 yrs of military fathers	Cross-sectional observational
Renshaw et al (2011)	US	n=190 civilian wives of male members with probable PTSD	Cross-sectional survey
Renshaw et al (2020)	US	n=263 female partners of male soldiers returned from deplmt	Cross-sectional survey
Roy et al (2012)	US	n=101 military family members	Pilot study pre-post

Author	Country	Participants	Design
Collins & Tam (2024)	Canada	n=21 non military parents and 4 adult children	Semi structured interviews, grounded theory
Gibbons & Howe (2016)	US	n=1	Case study of physician's experience
Harrison, Albanese, & Berman (2014)	Canada	n=8 adolescents with a father/stepfather with PTSD	Semi-structured interviews, thematic analysis
Peebles-Kleiger & Kleiger (1994)	US	n=approx 200 personnel and families	Unstructured interviews, clinical observations
Sibanda (2024)	South Africa	n=9 Black SANDF soldiers (aged 46–55)	Semi-structured interviews

Quantitative Nonrandomised					Quality Rating
Representativeness	Measures	Complete data	Confounders	Intervention/ observation	
Yes	Yes	Yes	Yes	Yes	Medium
Partial (all enrolled in program)	Yes	Partial (incomplete data)	Yes	Yes	Low
Partial (convenience sample)	Yes	Yes	Yes	Yes	Low
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Partial (only those in medical tx)	Yes	Yes	Partial (all participants in tx)	Yes	Low
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Yes	Yes	Yes	Yes	Medium
Partial (convenience sample)	Yes	Partial (62.9% retention rate)	No (all participants in therapy)	Yes	Low

Quantitative Descriptive					Quality Rating
Sampling strategy	Representativeness	Measures	Nonresponse bias risk	Statistical analysis	
Partial (convenience sample)	Partial (results don't distinguish veterans)	Partial ($\alpha = 0.52$ for DSI-R)	Yes	Yes	Low
Partial (convenience sample)	Partial (results don't distinguish veterans)	Partial (support provision single item)	No (missing data, attrition not expl)	Yes	Low
Partial (convenience sample)	Partial (only couples with children)	No (single item measures)	No (48% partners no PTSD resps)	Partial (correlation only)	Low
Yes (purposeful sampling)	Yes	Yes	Yes	Yes	Medium
Partial (recruitment procedures not reported)	Yes	Yes	No (response rates not reported)	Yes	Low
Partial (convenience sample)	Yes	Partial (RAPS new measure)	Yes	Yes	Low
Partial (convenience sample)	Yes	Yes	No (fraudulence, incomplete resp)	Yes	Low

Qualitative					Quality Rating
Qualitative approach	Data collection	Findings from data	Interpretation of results	Coherence of analysis	
Yes	Yes (but all female sample)	Yes	Yes	Yes	Medium
Yes	Partial (case study)	Yes	Yes	N/A (single case design)	Low
Yes	Partial (participants self-selected)	Yes	Partial (small sample size)	Yes	Low
No (convenience sample, demographics unstated)	No (unstructured interviews)	No (no coding process, no quotes)	Partial (given data limitations)	Partial (no clear analytic process)	Low
Yes	Partial (homogenous demographics)	Yes	Partial (small sample size)	Yes	Low

Supporting a service member with another mental health injury

Author	Country	Participants	Design
Jing et al (2024)	China	n=204 military personnel	Logitudinal 4-month survey
LaCroix et al (2018)	US	n=190 psychiatric in-patients (171 military, 19 adult dependents)	Cross-sectional secondary analysis of RCT data
Rodriguez et al (2019)	US	n=234 military spouses worried about partner's drinking	Longitudinal observational
Sadeghi et al (2024)	Iran	n=1,000 soldiers in the Police Force, rating suicide tendency	Cross-sectional correlational survey
Sun et al (2022)	China	n=8,094 military personnel	Cross-sectional survey
Xu et al (2024)	China	n=389 active-duty military personnel	Cross-sectional observational

Author	Country	Participants	Design
Bychenko & Egorov (2022)	Russia	n=17 senior military Officers (16 male, 1 female)	Semi-structured interviews
Cramm et al (2020)	Canada	n=35 family members of veterans	Interviews and focus groups
Peck & Parcell (2021)	US	n=50 member-spouse dyads	Semi-structured interview, thematic analysis
Wilson et al (2015)	US	n=80 family mbrs of deployed personnel seeking MH help	Content analysis from survey questions
Wilson et al (2019)	US	n=51 military parents; 74 military partners; 112 Veterans	Content analysis of open-ended survey questions

Author	Country	Participants	Design
Green, Nurius, & Lester (2013)	US	n=161 female civilian spouses of active-duty mbrs	Cross-sectional survey
Imani, Zemestani & Karimi (2018)	Iran	n=215 Army personnel	Descriptive correlational
Richardson et al (2020)	US	n=5,748 spouses and service members	Cross-sectional study using secondary survey data
Skomorovsky, Chamberland & Wan (2022)	Canada	n=130 regular force members and their spouses	Cross-sectional survey

Supporting a service member with a physical injury

Author	Country	Participants	Design
Solomon et al (2022)	International	n=7 articles (# current serving families unknown)	Narrative scoping review

Author	Country	Participants	Design
Hisle-Gorman (2015)	US	n=487,460 children (of current serving mbrs and non military)	Retrospective cohort
Cozza et al (2022)	US	164 wives of current serving (60 combat-injured, 104 non-injured)	Cross-sectional survey
Bartone & Bowles (2021)	US	n=44 hospitalised servicemen and their spouses	Cross-sectional survey

Quantitative Nonrandomised					Quality Rating
Representativeness	Measures	Complete data	Confounders	Intervention/ observation	
Partial (convenience sample)	Yes	Yes	Partial (baseline scores only)	Yes	Medium
Partial (convenience sample)	Yes	Partial (not explicitly stated)	Partial (mental health hx only)	Yes	Medium
Partial (convenience sample)	Yes	No (45% did not complete follow-up)	Partial (no demographics)	Yes	Low
Yes (multi-stage cluster sampling)	Partial (org factors tool self-developed)	Unsure as not reported on	No (not reported)	Yes	Low
Yes (cluster sampling)	Yes	Yes (95.67% response rate)	Partial (only demographics)	Yes	Medium
Yes (cluster sampling of convenience group)	Yes	Yes (98.5% response rate)	Yes	Yes	Medium

Qualitative					Quality Rating
Qualitative approach	Data collection	Findings from data	Interpretation of results	Coherence of analysis	
Yes	Partial (convenience sample)	Yes (but note small sample size)	Yes	Yes	Medium
Partial (families already engaged with services)	Yes	Yes	Yes	Yes	Medium
Partial (purposeful and convenience recruitment)	Yes	Yes	Yes	Yes	Medium
Yes	Partial (convenience sample)	Yes	Yes	Yes	Medium
Yes	Partial (convenience sample)	Yes	Yes	Yes	Medium

Quantitative Descriptive					Quality Rating
Sampling strategy	Representativeness	Measures	Nonresponse bias risk	Statistical analysis	
Yes	No (convenience sample, officer heavy)	Yes	Partial (no analysis of non-responders)	Yes	Low
Yes	Partial (convenience sample)	Yes	No (missing data, resp rate unstated)	Yes	Low
Yes	Yes	Yes	Yes	Yes	Medium
Yes	Partial (convenience sample)	Yes	No (no response rate, missing data)	Yes	Low

Literature Review					Quality Rating
Search methods	Systematic selection	RoB reporting	Data extraction	Conclusions	
Partial (post-2000, Western countries)	Yes	Yes	Partial (thematic analysis)	Yes	Medium

Quantitative Nonrandomised					Quality Rating
Representativeness	Measures	Complete data	Confounders	Intervention/ observation	
Yes	Yes	Yes	Yes	Yes	High
Partial (convenience sample)	Yes	Partial (missing data not reported)	Yes	Yes	Low
Partial (small, convenience sample)	Yes	Partial (only 36 had complete data)	Partial (not by severity or injury)	Yes	Low

Annex A: Summary table of published studies

Author	Country	Participants	Design
Skomorovsky et al (2017)	Canada	n=68 spouses of members due to be medically discharged	Cross-sectional survey
Hisle-Gorman, Susi, & Gorman (2019)	US	n=272,211 injured military parents and their children	Self-controlled case series design
Nichols et al (2013)	US	n=86 spouses (43 of current serving)	Pilot pre/post feasibility, no control group

Supporting a service member with a traumatic brain injury

Author	Country	Participants	Design
Brickell, French et al (2022a)	US	n=359 members and veterans with TBI (65 current serving)	Cross-sectional secondary data
Brickell, French et al (2025b)	US	n=359 SM/V (62 noninjured, current serving # not stated)	Cross-sectional survey
Brickell, Ivins et al (2024)	US	n=220 TBI caregivers (39 current serving)	Longitudinal observational
Brickell, Lippa et al (2019)	US	n=264 TBI caregivers (current serving numbers not stated)	Cross-sectional survey
Brickell, Lippa et al (2022)	US	n=316 TBI caregivers (56 current serving)	Cross-sectional observational
Brickell, Wright et al (2022)	US	n=347 TBI caregivers and their partners (60 current serving)	Longitudinal survey
Brickell, Wright et al (2023b)	US	n=466 TBI caregivers (current serving not stated)	Longitudinal observational
Brickell, Wright et al (2024a)	US	n=290 TBI caregivers (30 current serving)	Cross-sectional survey
Brickell, Wright et al (2024b)	US	n=168 TBI caregivers with children (28 current serving)	Cross-sectional observational
Brickell, Wright et al (2024c)	US	n=232 service members with TBI and partners (41 current serving)	Longitudinal observational

Author	Country	Participants	Design
Brickell, French et al (2018a)	US	n=278 TBI caregivers (current serving # not stated)	Prospective observational
Brickell, French et al (2018b)	US	n=104 TBI caregivers (current serving # not stated)	Cross-sectional survey
Brickell, French et al (2019)	US	n=214 TBI caregivers of SM/V (current serving # not stated)	Cross-sectional survey
Brickell, French et al (2022b)	US	n=205 TBI caregivers (31 supporting current serving)	Cross-sectional survey
Brickell, French et al (2025a)	US	n=315 TBI caregivers (55 supporting current serving)	Cross-sectional survey
Brickell, Wright et al (2023a)	US	n=246 TBI caregivers (43 caregivers of current serving)	Longitudinal survey
Sander et al (2020)	US	n=165 TBI caregivers of SM/V (current serving # not stated)	Cross-sectional survey

Author	Country	Participants	Design
Brickell, Cotner et al (2020)	US	n=30 TBI caregivers of SM/V (current serving # not stated)	Focus groups, thematic analysis

Quantitative Nonrandomised					Quality Rating
Representativeness	Measures	Complete data	Confounders	Intervention/ observation	
Partial (convenience sample)	Yes	No (no spouse resp rate, missing data)	Partial (physical health only)	Yes	Low
Yes	Yes	Yes	Yes	Yes	High
Partial (convenience sample)	Yes	No (n=70 completed)	No	Yes	Low

Quantitative Nonrandomised					Quality Rating
Representativeness	Measures	Complete data	Confounders	Intervention/ observation	
Partial (small number of current serving)	Yes	Yes	Partial (PTSD but not others)	Yes	Low
Partial (current serving numbers not reported)	Yes	Yes	Partial (no m'variate modelling)	Yes	Low
Partial (small number of current serving)	Yes	Yes	Partial (no m'variate modelling)	Yes	Low
Partial (current serving numbers not reported)	Yes	Yes	Yes	Unsure (current serving # unknown)	Low
Partial (small number of current serving)	Yes	Yes	Partial (no m'variate modelling)	Yes	Low
Partial (small number of current serving)	Yes	Yes	Yes	Yes	Medium
Partial (current serving numbers not reported)	Yes	Yes	Partial (no m'variate modelling)	Yes	Low
Partial (small number of current serving)	Yes	Yes	Partial (no multivariate modelling)	Yes	Low
Partial (small number of current serving)	Yes	Yes	Yes	Yes	Medium
Partial (small number of current serving)	Yes	Yes	Partial (no multivariate modelling)	Yes	Low

Quantitative Descriptive					Quality Rating
Sampling strategy	Representativeness	Measures	Nonresponse bias risk	Statistical analysis	
Partial (convenience sample)	Unsure (current serving # unknown)	Yes	No (response rate not provided)	Yes	Low
Partial (convenience sample)	Unsure (current serving # unknown)	Yes	No (response rates not reported or analysed)	Yes	Low
Partial (convenience sample)	Unsure (current serving # unknown)	Yes	No (27% no severity, 41 no diagnosis)	Yes	Low
Partial (convenience sample)	Yes	Yes	No (response rates not reported)	Yes	Low
Partial (convenience sample)	Partial (small number of current serving)	Yes	No (22 declined record review, no tx data)	Yes	Low
Partial (convenience sample)	Partial (small number of current serving)	Yes	Partial (18 excluded due to missing data)	Yes	Low
Partial (convenience sample)	Unsure (current serving # unknown)	Yes	No (56.6% no severity, 3 sites no affect data)	Yes	Low

Qualitative					Quality Rating
Qualitative approach	Data collection	Findings from data	Interpretation of results	Coherence of analysis	
Unsure due to current serving # unknown	Partial (unknown # of current serving)	Yes	Yes	Yes	Low

Intimate partner violence during service

Author	Country	Participants	Design
Cowlshaw et al (2022)	US	n=19 studies	Scoping literature review
Sparrow et al (2017)	International	n=13 studies	Systematic review

Author	Country	Participants	Design
Alla, Filsan, & Stefan (2015)	Canada	n=525 service personnel	Cross-sectional correlational
Bell (2009)	US	n=11,294 vict/perp, n=3,277 vict/nonperp, n=72,855 nonvict	Prospective cohort study using registry data
Foran, Wright & Thomas (2016)	US	n=1,720 soldiers post-depl, n=3,126 soldiers in reintegration	Cross-sectional descriptive
Frey et al (2011)	US	n=20 heterosexual couples, male was the service member.	Cross-sectional correlational
Stander et al (2021)	US	n=54,667 current serving pers from Millenium Cohort Study	Cross-sectional using secondary data

Author	Country	Participants	Design
Lorber et al (2018)	US	n=26,590 and n=30,100 personnel in rship with 1+ child	Cross-sectional survey with latent class analysis
Snyder et al (2024)	US	n=559 partnered military personnel	Cross-sectional survey

Author	Country	Participants	Design
Dichter, Wagner, & True (2018)	US	n=25 women veterans	Qualitative interviews, grounded theory coding

Service-related bereavement

Author	Country	Participants	Design
Wright et al (2006)	US	N/A	Descriptive chapter with narrative review

Author	Country	Participants	Design
Kristensen et al (2012)	Norway	n=32 parents who had lost a son in a military training accident	Longitudinal prospective cohort
Schiff et al (2022)	Israel	n=164 parents who had lost a child during military service	Cross-sectional observational

Natural or human-caused disasters

Author	Country	Participants	Design
Kongsakon, Putthavarang & Thomyangkoon (2012)	Thailand	n=434 Navy members or spouses	Cross-sectional survey

Contextual Review of Defence Family Wellbeing Factors
Technical Report 1: Evidence Map of the Published Literature

Literature Review					Quality Rating
Search methods	Systematic selection	RoB reporting	Data extraction	Conclusions	
Yes	Yes	No (none conducted)	Partial (narrative synthesis only)	Yes	Medium
Yes	Yes	Yes	Yes	Yes	High

Quantitative Nonrandomised					Quality Rating
Representativeness	Measures	Complete data	Confounders	Intervention/ observation	
Partial (convenience sample)	Yes	No (resp rate 21%, no md analysis)	Partial (no m'viate analysis)	Yes	Low
Yes	Yes	Partial (missing data not analysed)	Yes	Yes	Medium
Partial (convenience sample)	Yes	Unknown (missing data not reported)	Yes	Yes	Medium
Partial (small convenience sample)	Yes	No (no missing data analysis)	None controlled for	Yes	Low
Yes (MCS)	Yes	Yes (0-5% missing across variables)	Yes	Yes	High

Quantitative Descriptive					Quality Rating
Sampling strategy	Representativeness	Measures	Nonresponse bias risk	Statistical analysis	
Yes	Yes	Yes	No (response rate 38–49%)	Yes	Low
Yes	Partial (all male members)	Yes	No (no analysis of nonresponders)	Yes	Low

Qualitative					Quality Rating
Qualitative approach	Data collection	Findings from data	Interpretation of results	Coherence of analysis	
Yes	Yes	Yes	Yes	Yes	Medium

Literature Review					Quality Rating
Search methods	Systematic selection	RoB reporting	Data extraction	Conclusions	
No	No	No	No	Partial (narrative synthesis only)	Low

Quantitative Nonrandomised					Quality Rating
Representativeness	Measures	Complete data	Confounders	Intervention/ observation	
Partial (small, convenience sample)	Yes	Partial (27% missing at 5 years)	Yes	Yes	Medium
Partial (convenience sample)	Yes	Partial (response rate 59%, not MCAR)	Yes	Yes	Medium

Quantitative Descriptive					Quality Rating
Sampling strategy	Representativeness	Measures	Nonresponse bias risk	Statistical analysis	
Yes	Partial (convenience sample)	Yes	Patial (70% response rate, no analysis of nonresponders)	Yes	Low



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