

Evidence Compass



Technical Report

What are the family protective factors for members transitioning from Defence service?

A Rapid Evidence Assessment

June 2015



Australian Government
Department of Veterans' Affairs

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Executive Summary

- The primary aim of this literature review is to examine the evidence for family behaviours, attributes, circumstances or characteristics that act as protective or risk factors for transitioned or transitioning Defence members' wellbeing.
- Using the Rapid Evidence Assessment (REA) methodology developed for the Department of Veterans' Affairs (DVA) by Phoenix Australia—Centre for Posttraumatic Mental Health (previously known as the Australian Centre for Posttraumatic Mental Health (ACPMH)), a systematic literature search was undertaken of all research studies published between 2001–15 that investigated the wellbeing of transitioning and/or transitioned military personnel AND the effect of their families on their transition and wellbeing.
- Strict inclusion and exclusion criteria were applied to the search. Studies were excluded if they did not investigate the defined REA population, did not investigate family as a risk or protective factor, focused on a non-OECD population, or did not contain useable empirical data from a primary research study, systematic review, meta-analysis or REA.
- The literature search uncovered very little empirical evidence of family as either a protective or risk factor for transitioning or recently transitioned Defence members. There was insufficient evidence for firm conclusions to be drawn regarding what family factors, characteristics or behaviours might constitute risk or protective factors.
- Only two studies met the REA inclusion criteria and both were rated as “poor quality” (see section 2.5 for the quality assessment criteria). The two included studies were exploratory qualitative-interview studies that used opportunistic sampling methods, had small sample sizes and addressed a very limited range of military family types. Neither study measured the degree to which family could be a risk or protective factor, nor did they provide a systematic list of possible protective or risk factors. Neither study addressed the Australian context.
- The lack of evidence reflects a lack of empirical research addressing the effect of family relationships, characteristics, circumstances, structure or behaviour on the wellbeing of veterans and/or transitioning Defence members.
- Further research is required in order to obtain a better understanding of the role that family plays in the wellbeing of transitioning and former Defence members.

Introduction

This literature review aims to examine and synthesise the recent research evidence for family as a protective (or risk) factor for the wellbeing of transitioning Defence members and for veterans up to 5 years post-separation from service.

Part of the context for the current literature review is the growing body of research evidence suggesting that veterans can be challenged by their reintegration into civilian life—and the career and identity change that this entails—and that this can in turn affect veterans' families (Bowling & Sherman, 2008). The effect on families appears to be particularly marked when members have significant physical injuries and/or mental illnesses such as post-traumatic stress disorder (PTSD) (Galovski & Lyons, 2004). For example, in one US study of “new veterans” referred for mental health screening, 75% of those screening positive for mental health disorders reported high rates of conflict with children and/or spouses and partners. More than 50% of veterans with positive screening for mental health disorders also reported events of domestic violence (Sayers, Farrow, Ross, & Oslin, 2009). Research on the analogous population of still-serving Defence members recently returned from deployment also suggests that reintegration into family life can be as significant a cause of stress for members and their families as the deployment itself (Lester & Flake, 2013). In particular, there is evidence that the return home can lead to personal insecurity and relationship conflict as Defence members and their families struggle to adapt to family roles that have changed and evolved during the member's absence (Dekel, Solomon, & Bleich, 2005; Huebner, Mancini, Wilcox, Grass, & Grass, 2007; Holmes, Rauch, & Cozza, 2013; McFarlane, 2009).

Much of this literature examines the effect of member or veteran health issues and/or combat experiences on their families rather than the effect of family relationships—or the family's behaviour, circumstances or attributes—on the health or wellbeing of the member or veteran. However, there do appear to be a growing number of efforts, particularly in the USA, to involve family in the treatment of veterans and military personnel with physical or mental health issues (e.g., see Hutchinson & Banks-Williams, 2006). There is also some anecdotal evidence (although little empirical research) suggesting that families, and particular family characteristics, can enhance the resilience of currently serving Defence members. The United States Army “Strong Bonds” program, for example, specifically aims to increase the resilience of army members by strengthening their families (www.strongbonds.org). In particular, it has been suggested that the presence of family features or characteristics such as close emotional ties, good communication, family support and nurturing can help offset risks to both Defence members and their families and promote resilience (MacDermid, Samper, Schwarz, Nishida, & Nyaronga, 2008; Masten, 2013; Meredith et al., 2011).

Given this background research and clinical practice suggesting that families and family relationships may have a role in the wellbeing of military members, the goal of this literature review is to gather together and assess just what empirical evidence there is for family as a protective or risk factor for Defence members as they transition from military service (or in the few years after their separation from the military) and to describe the family behaviours, attributes, circumstances or characteristics that constitute such factors.

Method

Rapid Evidence Assessment methods

This literature review uses a Rapid Evidence Assessment (REA) methodology developed for the Department of Veterans' Affairs (DVA) by Phoenix Australia (ACPMH, 2014). Although the particular REA model used here was developed specifically for the DVA's Evidence Compass, and employs particular procedures for defining the research question and assessing evidence; in common with other REAs, it uses the methods of a traditional systematic review to systemically search and summarise the knowledge base on a particular issue but accelerates the review process by placing limits on the breadth and depth of the search and on the assessment process (Ganann, Ciliska, & Thomas, 2010). Although not as exhaustive as a systematic review or meta-analysis, the strength of the REA method lies in its use of clear inclusion and exclusion criteria and rigorous quality assessment processes to relatively quickly provide a synthesis of available research on a defined topic.

The research focus

The first step in the REA process was clearly defining the scope of the research question (ACPMH, 2014). The general area of focus, family as a protective or risk factor for transitioning or recently transitioned Defence members, was thus broken down into its constituent parts using the Population Intervention Comparison Outcome (PICO) framework (see Table 1). The aim of this framework is to clearly define what the REA will investigate and, in particular, to define the population(s) of interest and its specific characteristics. Following this process, the question was put in the format:

What are the family attributes, characteristics or behaviours that protect the wellbeing of a member who is currently transitioning from Defence service or an ex-Defence member up to 5 years post-service?

This research question is best described as “descriptive”; that is, it collects and synthesises the available research data in order to build an overall picture, or “tell a story”, about the family characteristics, attributes and behaviours that can affect transitioning or ex-Defence members' wellbeing (ACPMH, 2013). This focus is distinct from, for example, REA question types that focus on ranking the quality of evidence for particular interventions or assessing the prevalence rates of particular phenomena (and the certainty of evidence for these rates).

Table 1: PICO Framework

P Patient, Problem, Population	I Intervention	C Comparison	O Outcome
Transitioning Defence members and/or ex-Defence members up to 5 years post- service at the time of the study Families of transitioning Defence members and/or ex- Defence members up to 5 years post-service at the time of the study Families defined as: spouse or partner, biological, step and adopted children; parents, siblings; anyone the transitioning or ex-Defence member describes as ‘family’ Age: no restrictions Gender: No restrictions Country: OECD countries (special focus on Australia, Canada, UK, New Zealand, USA, Denmark, Finland, Norway, Sweden)	None	None	Quality-evaluated list of ways in which family acts as a protective or risk factor for Defence members and/or ex-Defence members up to 5 years post- service at the time of the study
Research question in PICO format: What are the family attributes, characteristics or behaviours that protect the wellbeing of a member who is currently transitioning from Defence service or an ex-Defence member up to 5 years post-service?			

Transitioning Defence members and/or ex-Defence members up to 5 years post-service are the key population for this REA. This population is of particular interest to the DVA and the time frame of up to 5 years post-separation from the military covers the period that anecdotal evidence suggests is a critical time period in a Defence member’s transition into civilian life. Studies with a sample that included both currently serving and ex-Defence members were included as were studies in which the sample’s service status was not identified.

The other key focus of the search was family (broadly defined—see Table 1) as a protective or risk factor for the wellbeing of transitioning or recently transitioned Defence members. As such, studies that focused solely on the effects of transition on veterans’ families but that did not investigate the effect of the family on veteran or transitioning Defence member wellbeing were excluded. Studies that investigated the wellbeing of transitioning and ex-Defence members as *well* as on families were, however, included in the search and review.

The literature search

The initial literature search focused on systematically gathering all potentially relevant literature by building a list of relevant subject headings and free-text search terms (see Table 2). The search included a range of terms denoting military service in order to capture the totality of transitioning or former military personnel. In addition to generic terms for current and former military service, specifically Australian, UK, US and Canadian military service search terms were included to reflect the particular interest in the Australian military context and that of the most relevant comparator countries. Similarly, “family” was broadly defined to capture a range of family and relationship configurations.

Table 2: Search Terms

Field 1: “military” or “military veterans” or “veteran” or “Defence force” or “army” or “air force” or “Navy” or “Royal Australian Navy” or “RAN” or “ADF” or “Australian Defence Force” or “RAAF” or “army reserve” or “United States Armed Forces” or “National Guard” or “Marine Corps” or “coast guard” or “US army personnel” or “British Armed Forces” or “Royal Navy” or “Royal Marines” or “British Army” or “Royal Air Force” or “Canadian armed forces” or “Royal Canadian Navy” or “Canadian Army” or “Royal Canadian Air Force” or “military service members” or “Defence force members” or “military personnel” or “ex-combatants” or “armed forces”

AND

Field 2: “military family” or “family” or “couple” or “spouse” or “parent” or “children” or “son” or “daughter” or “child” or “relationships” or “partner” or “de facto” or “kin” or “kinship” or “wife” or “husband” or “domestic” or “common-law”

AND

Field 3: “transition” or “civilian life” or “reintegration” or “exiting” or “leaving” or “separation” or “homecoming” or “termination” or “end of service” or “discharge*”

In accordance with the “rapid” nature of this search and assessment, the search for research literature was confined to major databases, or key sector websites and clearinghouses, and did not include searches of reference lists for further papers. Systematic searches of the title/s, abstract/s, subject/s and keyword/s fields of the following databases and websites were undertaken:

- EBSCO databases—Academic Search Premier, E-Journals, PsycARTICLES, Psychology and Behavioural Sciences Collection, PsycINFO, SocINDEX;
- Informit databases—Australian Family and Society Abstracts (AIFS database), Family and Society collection, Health collection;
- Social Care online;
- PubMed (MEDLINE);

- ProQuest Social Sciences;
- Cochrane Library;
- AIFS library catalogue;
- New Zealand Libraries Catalogue (contains New Zealand Defence Force references);
- Journal of Military and Veterans' Health;
- Centre for Australian Military and Veterans Health;
- Clearinghouse for Military Family Readiness, Penn State University, Pennsylvania, USA;
- Military Family Research Institute at Purdue University, USA;
- RAND Corporation website;
- National Guideline Clearinghouse (USA).

To capture as many references as possible, the search used extended search-term strings on all target databases and websites with “advanced search” functions. Where this approach did not yield references, the number of search terms in the string was reduced in order to increase the number of hits and thus capture more potential sources (this method also produced a greater number of potentially irrelevant references to be manually screened). Not all website or database search functions allowed for long-string searches. In these instances, shorter strings or an ordered sequence of single-term searches were undertaken.

Information management

The majority of the results from the database searches were recorded and managed through an EndNote library. Where database results could not be sent to the EndNote library, the results were emailed and stored in an electronic format. The results of website searches that could not be collated in an EndNote file were recorded and managed in separate hardcopy and

electronic files. The total number of results from both database and website searches were itemised and totalled in a summary Excel spreadsheet. This spreadsheet also recorded each stage of the screening and assessment process.

Research literature screening

Screening methods

The REA limited the selection of studies to a specific time frame (the last 15 years) and to published research studies written in or translated into English. It therefore did not include “grey literature” such as unpublished pilot studies or reports, difficult-to-obtain material, non- English language studies and studies that did not address the primary research population of transitioning Defence members or veterans up to 5 years post-service. Hence, research on currently serving Defence members was excluded. Papers were also not included if they appeared to contain no empirical data either from primary research, a systematic review, meta-analysis or rapid evidence assessment of research data.

Included:

1. Internationally and locally published peer-reviewed research studies
2. Research papers that were published from end date of systematic review, meta-analysis or guideline search (if applicable); if no systematic review, meta-analysis or guideline available, then primary sources published prior to **1st January 2004** until the time that the rapid evidence assessment is conducted (**19th April 2014**)
3. RCTs or pseudo-RCTs of interventions
 - i. comprising multiple psychological treatments of differing intensities, or multiple treatments drawn from different modalities, at least one of which was psychological;
 - ii. in which decisions about stepping were not based on an evaluation or assessment, done at a pre-specified time interval, with the aim of determining the next step;
 - iii. with outcome data on depression or anxiety variables
4. Human Adults (i.e. ≥ 18 years of age)
5. English language

Excluded:

1. Non-English papers
2. Published prior to end date of systematic review, meta-analysis or guideline search
3. Papers where a full-text version is not readily available
4. Validation study
5. Animal studies
6. Qualitative studies
7. Grey literature (e.g., media: websites, newspapers, magazines, television, conference abstracts, theses)
8. Children (≤ 17 years of age)
9. Non-RCT or non-pseudo-RCT design
10. Intervention did not comprise multiple psychological treatments of differing

intensities, or multiple treatments drawn from different modalities, at least one of which was psychological

11. Decisions about stepping were not based on an evaluation or assessment, done at a pre-specified time interval, with the aim of determining the next step.

12. No outcome data on depression or anxiety variables

The ACPMH Developer’s Guide (ACPMH, 2014) suggests a two-step screening process for assessing retrieved studies against inclusion/exclusion criteria, with titles and abstracts screened for relevance in Step 1 and full text versions of the remaining studies screened as part of Step 2. This screening method was followed for this REA; however, in effect, Step 1 involved additional steps. Following an initial screening of titles for relevance, a single reviewer created a long list of abstracts for screening. A second reviewer checked this list.

Review of the abstracts by a single reviewer led to an initial shortlisting of potentially relevant abstracts that were then rigorously reassessed in discussion with a second reviewer and the list of potentially eligible abstracts further winnowed down. Papers that met the Step 1 screening criteria, or those with abstracts that had insufficient information to make a final determination, were then screened in full text version as part of Step 2. The full text papers were screened in discussion with a second reviewer. Full text papers that were determined by both reviewers to meet the inclusion criteria were then subject to evaluation and analysis (see section 3).

Table 4 summarises each stage of the screening process.

Processing stage	Results	No.
Identification and retrieval	Number of records identified through database and website search	1,515
Screening step 1: title/abstract	Number of records excluded after reading title/abstract— <i>not eligible against inclusion criteria</i>	1499
	Excluded at abstract— <i>no full text readily available</i>	9
Screening step 2: full text	Number of full text articles assessed for eligibility	7
	Number of full text articles excluded— <i>not eligible against inclusion criteria</i>	5
Inclusion and assessment	Final number of studies included for assessment	2

Evidence evaluation methods

A screening process was adopted to code the eligibility of papers acquired through search strategy. Papers were directly imported into the bibliographic tool Endnote X5, and then processed using Excel. All records that were identified using the search strategy were screened for relevance against the inclusion criteria. Initial screening for inclusion was performed by one reviewer, and was based on the information contained in the title and abstract. Full text versions of all studies which satisfied this initial screening were obtained.

In screening the full-text paper, the reviewer made the decision on whether the paper should be included or excluded, based on the pre-defined inclusion and exclusion criteria. If the paper met the criteria for inclusion, then it was subject to data abstraction. At this stage in the information management process, 10% of the articles being processed were randomly selected and checked by a second independent reviewer. It was found that there was 100% inter-rater agreement between the two reviewers. The following information was extracted from studies that met the inclusion criteria: (i) study description, (ii) intervention description, (iii) participant characteristics, (iv) primary outcome domain, (v) main findings, (vi) bias and (vii) quality assessment.

Evaluation of the evidence

As noted in section 2.2, the “descriptive” research question explored in this REA does not readily lend itself to ranking evidence but rather focuses on compiling an overall picture; in this instance, describing family protective and risk factors for transitioning and former Defence members. Nevertheless, it is possible to examine the quality of evidence for the individual studies and for the overall evidence base in order to assess how well the included studies answer the research question.

The ACPMH-designed methodology used for this REA does not detail procedures for assessing evidence quality for descriptive studies but does include criteria for assessing evidence quality for prevalence studies. We have adapted these criteria for use here. Although not all of the criteria for prevalence questions are applicable to a descriptive question (especially to a non-clinical topic that includes qualitative research as a valid form of evidence), the following three criteria were used to provide an indicative measurement of the strength of the research evidence.

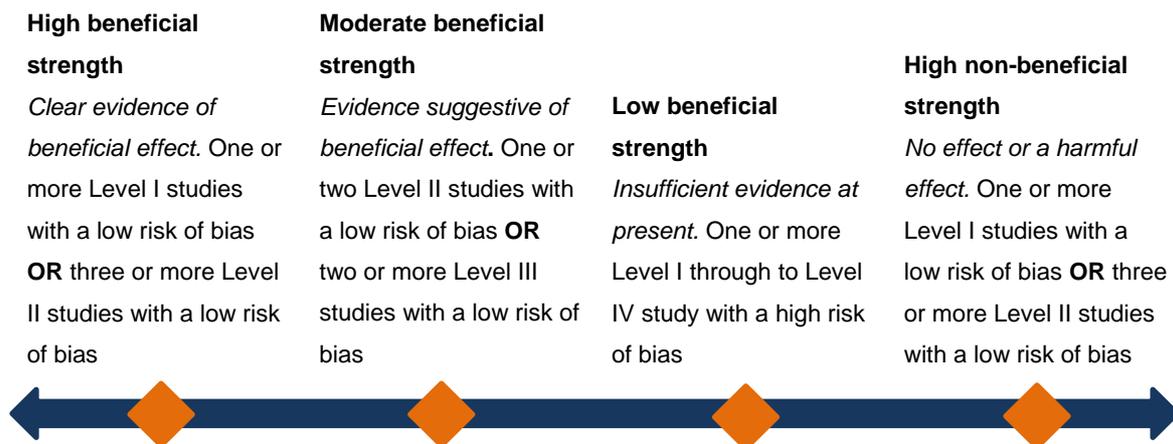
- a) **Quality and risk of bias** reflected how well the studies were conducted, including how the participants were selected, allocated to groups, managed and followed-up, and how the study outcomes were defined, measured, analysed and reported. The process for assessing

quality and bias in individual studies and meta-analyses /systematic reviews is presented below.

- Individual studies - an assessment was conducted for each individual study with regard to the quality and risk of bias criteria utilising a modified version of the Chalmers Checklist for appraising the quality of studies of interventions²⁰ (see Appendix 3). Three independent raters rated each study according to these criteria, and together a consensus agreement was reached as to an overall rating of 'Good', 'Fair', or 'Poor'.
 - Meta-analyses and systematic reviews - in the instance that either a meta-analysis or systematic review was included in the review they were rated according to an adapted version of the NHMRC quality criteria²¹ (see Appendix 4). Three independent raters rated each study according to these criteria, and together a consensus agreement was reached as to an overall rating of 'Good', 'Fair', or 'Poor'.
- b) **Quantity** of evidence reflected the number of studies that were included as the evidence base for each ranking. The quantity assessment also took into account the number of participants in relation to the frequency of the outcomes measures (i.e. the statistical power of the studies). Small underpowered studies that were otherwise sound may have been included in the evidence base if their findings were generally similar- but at least some of the studies cited as evidence must have been large enough to detect the size and direction of any effect.
- c) **Level of evidence** reflected the study design. The details of the study designs which are covered by each level of evidence are as follows:
- Level I: A systematic review of RCTs
 - Level II: An RCT
 - Level III-1: A pseudo-randomised controlled trial (i.e. a trial where a pseudo-random method of allocation is utilised, such as alternate allocation).

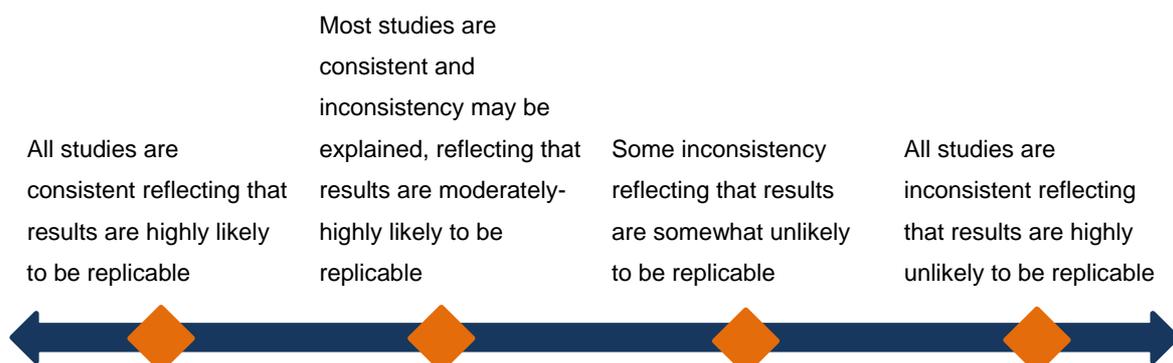
Overall strength

A judgement was made about the strength of the evidence base, taking into account the quality and risk of bias, quantity of evidence and level of evidence. Agreement was sought between three independent raters and consensus about the strength of the evidence based was obtained according to the categories below:



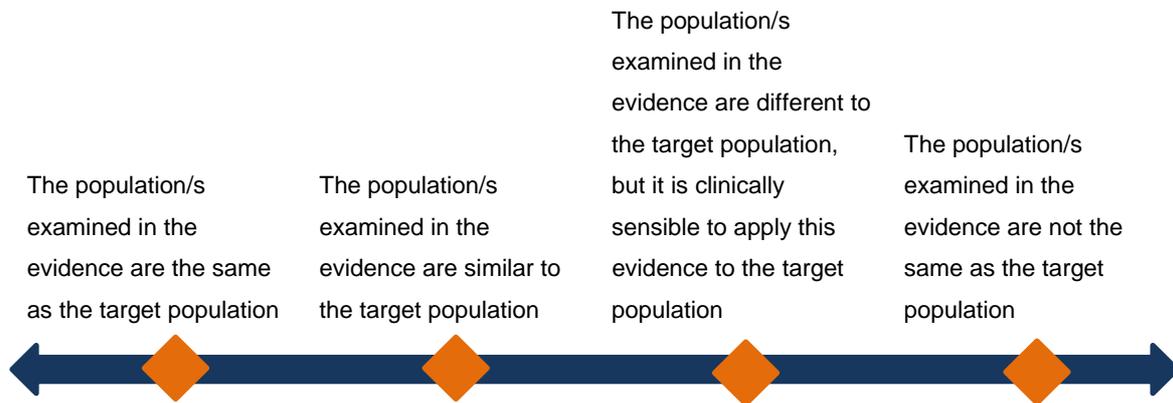
Consistency

The consistency component of the ranking system of the body of the evidence assessed whether the findings were consistent across the included studies (including across a range of study populations and study designs). It was important to determine whether study results were consistent to ensure that the results were likely to be replicable or only likely to occur under certain conditions.



Generalisability

This component covered how well the participants and settings of the included studies could be generalised to the target population. Population issues that might influence this component included gender, age or ethnicity, or level of care (e.g. community or hospital). The generalisability continuum is presented below:



Applicability

This component addressed whether the evidence base was relevant to the Australian context, or to specific local settings (such as rural areas or cities). Factors that may reduce the direct application of study findings to the Australian context or specific local settings include organisational factors (e.g. availability of trained staff) and cultural factors (e.g. attitudes to health issues, including those that may affect compliance). Applicability was ranked as following:



Ranking the evidence

On balance, taking into account the considerations of the strength of the evidence (quality and risk of bias, quantity of evidence and level of evidence), consistency, generalisability and applicability, the total body of the evidence was then ranked into one of four categories: 'Supported'; 'Promising'; 'Unknown'; or 'Not Supported' (see Figure 1). Agreement was sought between three independent raters. A brief overview of the studies that contributed to the ranking results is presented in Appendix 7.

Figure 1: Categories within the intervention ranking system

SUPPORTED	PROMISING	UNKNOWN	NOT SUPPORTED
Clear, consistent evidence of beneficial effect	Evidence suggestive of beneficial effect but more research required.	Insufficient evidence of beneficial effect. More research required.	Clear, consistent evidence of no effect or negative / harmful effect

Results

Evidence screen results

Following the search and screening process, seven full text articles were assessed for eligibility against the research question and inclusion criteria. Of these, five were excluded because they were not about the target population of transitioned/transitioning Defence force members, did not investigate the effect of the family on transitioned/transitioning Defence members' wellbeing or did not provide useable empirical data. Only two studies, both published in 2012, were included at the end of the final screening process. Only one of the two papers had a topic close to the REA question as its primary focus. Neither paper originated in Australia. See Appendices B and C for descriptions of the reviewed papers.

The two included studies were:

- a qualitative investigation of 11 US Afghanistan and Iraq war veterans and their perceptions of the positive and negative effects of living with their parents following separation from the military (Worthen, Moos, & Ahren, 2012). No other family relationship types were explored. The study sample included nine male and two female participants aged 22–34 at the time of interview. It was not stated how many members had lived with their parents prior to entering the

military. The study sample included one participant who had lived with his wife and two children at his parents' home following separation.

- a qualitative investigation of post-combat adjustment issues for returning UK servicemen.

The sample of 15 men, aged between 28 and 45, included five former members and ten still-serving members (Verey & Smith, 2012). The participants in the study were accessed through personal and professional contacts with the sole inclusion criteria that all had served in at least one operational deployment. Where possible, our review of this paper focused on the results relating to the five former members; however, the paper's reporting of general issues did not always make this distinction explicit. This study focused on challenges and risks to members rather than protective factors. Family relationships were just one of the briefly discussed challenges and the discussion of "family" focused on relationships with spouses/partners.

Protective Factors

Of the two included papers, only Worthen et al. (2012) present data relating to family as a protective factor. Hence, this discussion of family protective factors draws solely on this paper. Further, Worthen et al. (2012) focus exclusively on US Afghanistan and Iraq war veterans and their relationships with their parents after moving into the parental home post- separation from the military. Hence, the following discussion is also limited to a description of some of the family behaviours, and circumstances, described as benefiting transitioning veteran wellbeing in this situation.

Overall, Worthen et al. (2012) suggest that their interview data indicates that parents can provide an important emotional and financial base for young veterans readjusting to civilian life. They also suggest that the most beneficial relationships for the wellbeing of a transitioning member were those where parents offered a supportive presence, recognised the life changes that transitioning members had undergone, and fostered independence by allowing space and time for the readjustment to civilian life.

In particular, in this study, parents provided tangible, instrumental support largely by providing housing to recently transitioned members. For the veterans included in this study, all of whom were aged under 31 at the time of separation (and under 34 at the time of the study), living with parents eased the transition into civilian life by removing the stress of looking for housing and allowed for a more considered search for work. The extended time to search for suitable employment reportedly enhanced the young

veterans' chances of becoming self-supporting. For some ex-military personnel, the parental home also allowed for career experimentation such as changing jobs or taking up study by providing a stable base to which they could return should they change their minds or the experiments not work out.

Parents also offered significant emotional support, particularly for the unspecified number of members with mental health issues and/or traumatic experiences, and this emotional support allowed some ex-members to obtain appropriate care. Some members were also reported to have found honest communication with parents about wartime experiences to improve their general emotional connectedness and intimacy. The study authors suggested that, overall, the sharing of such experiences, and their beneficial effects on family life, were most likely when other family members had military experience.

Parental recognition of the maturity and autonomy of their children was also cited as a factor in good communication and the building of healthy relationships. Similarly, parental acknowledgement that their children had changed and may not occupy former family roles and clear communication about parental observation of issues such as PTSD symptoms could also enhance familial communication and enhance the ex-member's transition into post- military life.

Risk Factors

Both studies provided very limited evidence that difficult or unhappy family relationships can compound the stress experienced during transition. Particular stressors included conflict or uncertainty regarding appropriate family roles and family members failing to understand transitioning members' need for time to readjust to civilian life. In most respects, these risk factors are simply the absence or opposite of the qualities described above as protective factors.

One noted potential risk for transitioning members were family who "forced" them into former family roles, failed to recognise the changes ex-members may have undergone, and/or failed to acknowledge or foster ex-member independence. Worthen et al. (2012) suggest that the latter was particularly problematic for some younger veterans who were described as sometimes positioning themselves antagonistically toward parents, thus risking future estrangement, when they felt their maturation or independence was unrecognised. Worthen et al. (2012) also described one instance in which parental over-protectiveness was described as a potential risk to the former members' ability to grow autonomously.

Worthen et al. (2012) also suggested that the parents of some study participants prematurely expected them to take on adult family responsibilities and this was a potential cause of family conflict and additional stress on the veteran. For the (unspecified number) of married or partnered current and former Defence members investigated by Verey and Smith (2012), adapting to changed family and routines, and the struggle to re-establish intimacy similarly challenged both their relationships and their sense of self. Some of Verey and Smith's (2012) participants also suggested that relationship problems or the end of relationships with girlfriends or wives could assume an additional significance post-combat and create greater life stress than had the operational tour.

Discussion and conclusion

The aim of this REA was to investigate the evidence for family behaviours, attributes or characteristics that are a protective or risk factor for transitioning or ex-Defence members. Very little evidence was found that explicitly investigated this issue for this population. The two papers that did meet the inclusion criteria were of poor quality when measured against the assessment criteria and the generalisability of their results to the target population was low. The rating of these papers as of poor quality in part reflects the assessment criteria used, and their applicability to the REA question, and is not necessarily a reflection of the quality of the individual studies in relation to their primary aims. Nevertheless, the low number of relevant studies, and the very small scale and exploratory nature of the evidence that was found, reflects a general absence of strong or specific empirical evidence either for or against family as a protective or risk factor for transitioning and recently transitioned Defence members. Hence, no real conclusions could be drawn about likely protective or risk factors.

The very limited relevant evidence about the effect of families on transitioning members that was found suggests that families might be a protective factor for member wellbeing when they provide financial and practical support (such as housing)—especially when this allows for a measured return to civilian life—and when they provide a form of emotional support that allows for independence but does not expect an immediate return to full family responsibilities. Positive outcomes in these instances seem most associated with families who anticipate, or can recognise and adapt to, the changes their adult children have undergone while outside their parent's purview. This finding would appear to be most applicable to those who entered the military at an age when they were still largely dependent on family and then transitioned into civilian life while still relatively young. Particular risks to family relationships and ex-member wellbeing would potentially arise when this recognition of change does not occur and when there are struggles to adjust to

new or changed family roles. Relationship breakdowns were also described as a potential source of risk to members, although the instances that might make this more likely to occur, such as difficulties re-establishing intimacy or fitting into family roles, were described only in passing. It should again be noted that these findings are suggestive only of some possible family protective and risk factors, in a very specific set of circumstances, and support for these findings, or a more comprehensive account of the range of other possibly salient family circumstances or behaviours (and their relative effects) would require further research.

Study limitations and implications for future research

There are several limitations that should be considered when reading the results of this report. REA methodologies, and the relatively short time-frame that they imply, necessarily impose restrictions on the breadth and depth of the search for research literature (see section 2.2.1. and Table 3). Hence, there may be relevant studies that were excluded because they were, for example, contained within unpublished reports or were published outside the 15-year time limit. Further, the necessarily narrow focus of this type of search also excludes papers that may have some relevance to the topic but address a different (but possibly analogous) population (e.g., still-serving members post-deployment).

The most obvious limitation of this REA was the dearth of relevant empirical evidence found for assessment. Further research would thus be required to assess the role that families might have in either enhancing or negatively affecting veterans' wellbeing, particularly in the transition period, and in assessing what circumstances, characteristics or behaviours might have a positive or negative effect.

There is extant research on other populations that suggests that such research would be relevant for the DVA. For example, the research exploring the difficulties faced by some still-serving Defence members when they reintegrate into family life post-deployment, is suggestive of the possibility that some transitioning members might similarly face challenges when they attempt to reintegrate into civilian life. Similarly suggestive is the limited but growing literature on the role of family in building serving member resilience.

Further, as Monson, Taft and Fredman (2009) suggest in their discussion of PTSD and family relationship problems, although most research on veteran families assumes that veterans' mental health problems are the cause of family relationship problems, it is likely that relationship problems will impede PTSD recovery and that hostile family environments may have been a causal factor in veterans or military personnel becoming susceptible to PTSD. As such, Monson et al. suggest that there is an urgent need for further research into the reciprocal causal effects of veteran mental health and family relationship problems as well as empirical investigation of

how families can aid in the treatment of veterans. Research of this nature is required if there is to be a better understanding of the role that family can, and does, play in enhancing or hindering the wellbeing of Defence members as they transition from service and in the years following their separation.

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Appendix 1

Worthen et al. (2012)	Checklist for considering the quality of descriptive, observational prevalence studies	Verey & Smith (2012)
No	1. Target population <ul style="list-style-type: none"> Target population clearly defined, including: age, sex, employment, ethnicity, religion 	No
No	AND <ul style="list-style-type: none"> Relevant data from health questionnaire of sampled persons, if appropriate 	No
Yes	<ul style="list-style-type: none"> Target population not clearly defined: limited data available on: age, sex, employment, ethnicity, religion 	No
No	AND <ul style="list-style-type: none"> Relevant data from health questionnaire of sampled persons, if appropriate 	No
	<ul style="list-style-type: none"> Target population poorly defined: little or no information on age, sex, employment, ethnicity, religion 	Yes
	OR <ul style="list-style-type: none"> Little or no information from relevant data from health questionnaire of sampled persons, if appropriate 	No
	2. Sampling method (Representativeness)	
No	<ul style="list-style-type: none"> Sophisticated probability sampling used (e.g. stratified sampling; cluster sampling; multistage sampling; multiphase sampling) 	No
No	<ul style="list-style-type: none"> Simple probability sampling used (e.g., simple random sampling) 	No
Yes	<ul style="list-style-type: none"> No probability sampling used 	Yes
	3. Measurement (Reliability)	
No	<ul style="list-style-type: none"> Standardised data-collection methods (e.g. validated clinical interview or diagnostic instrument/criteria) 	No
No	OR <ul style="list-style-type: none"> Reliable survey instruments (e.g. validated self-report measure/validated screening instrument) 	No
Yes	<ul style="list-style-type: none"> Non-standardised data collection 	Yes
Yes	OR <ul style="list-style-type: none"> Non-validated interview or non-validated self-report measure 	Yes

What are the family protective factors for members transitioning from Defence service?

	4. Information about non-responders	
No	<ul style="list-style-type: none"> Analysis of differences of non-responders 	No
No	<ul style="list-style-type: none"> No analysis of differences information provided on non-responders 	No
No	<p>OR</p> <ul style="list-style-type: none"> Only proportion (e.g., percentage) of non-respondents supplied without any other information 	No
	5. Additional Information	
No	<ul style="list-style-type: none"> Information that may affect the overall rating (e.g., Were special features accounted for? Were there satisfactory/appropriate statistical analyses, confidence intervals, etc.?) 	No