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Photo credit: Department of Defence

Families in Transition

Psychosocial wellbeing and family functioning of Australian Defence families during military-to-civilian transition

PRESENTED BY

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Acknowledgement

We acknowledge RSL Queensland for funding this research, and for their continued support and collaboration.



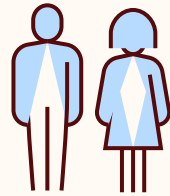
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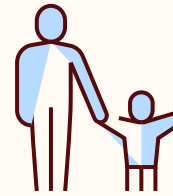
Military and Veteran Families in Australia



1 in 20 households
have someone with
ADF service



**80% of serving and
74.70% of ex-ADF**
are in a relationship



**59.9% of serving and
53.3% of ex-ADF**
have children



**22% of serving versus
60% of ex-ADF** have
long-term health conditions



Impacts of Military Service on Families

When the member serves, the family serves too!



Frequent relocations: housing, education and career instability.



Extended separations: separation anxiety, strained relationships.



Impact of veteran health: vicarious trauma, caregiving burden.



Reintegration to civilian life: changed family dynamics, loss of support systems.



Photo credit: Department of Defence



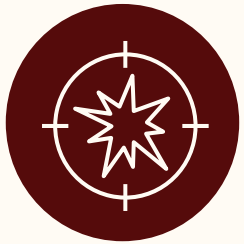
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Study Aims

The survey aimed to explore psychosocial outcomes for families during military-to-civilian transition, and identify:



Risk factors to proactively target.



Protective factors to strengthen resilience.



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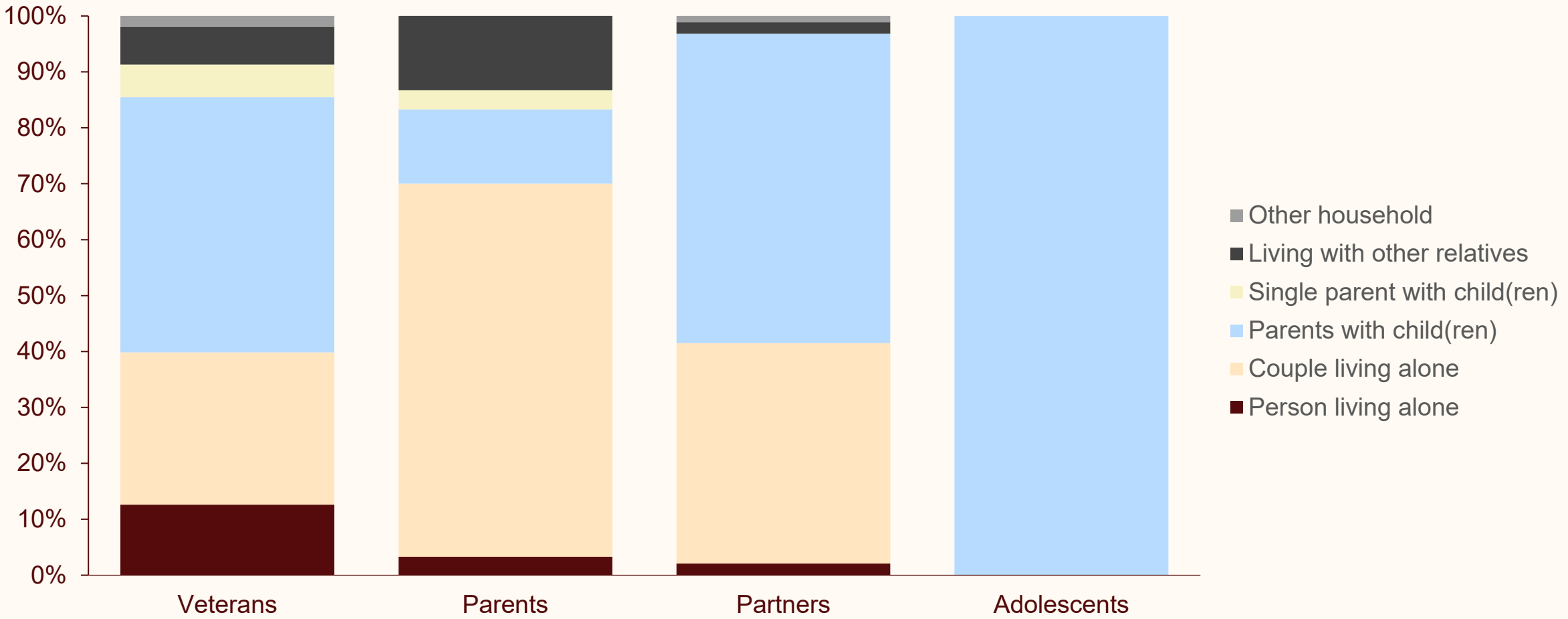


	Veterans (<i>n</i> = 103)	Parents of Veterans (<i>n</i> = 30)	Partners of Veterans (<i>n</i> = 94)	Adolescents of Veterans (<i>n</i> = 11)
Participant Age <i>M</i> (<i>SD</i>), range	47.76 (12.86), 20-73	62.27 (6.88), 49-78	47.96 (10.56), 27-69	14.55 (1.97), 12-18
Participant Gender	66% male 33% female 1% other/unstated	3% male 97% female	97% female 3% other/unstated	27% male 73% female
Transition Status of Veteran	100% separated	10% pre-separation 90% separated	16% pre-separation 84% separated	64% pre-separation* 55% separated*
Personal ADF Service*	100% Regular 30% Reserves	10% Regular 7% Reserves	10% Regular 3% Reserves	None

*Participants could select more than one option for this question, meaning percentages may not total 100.

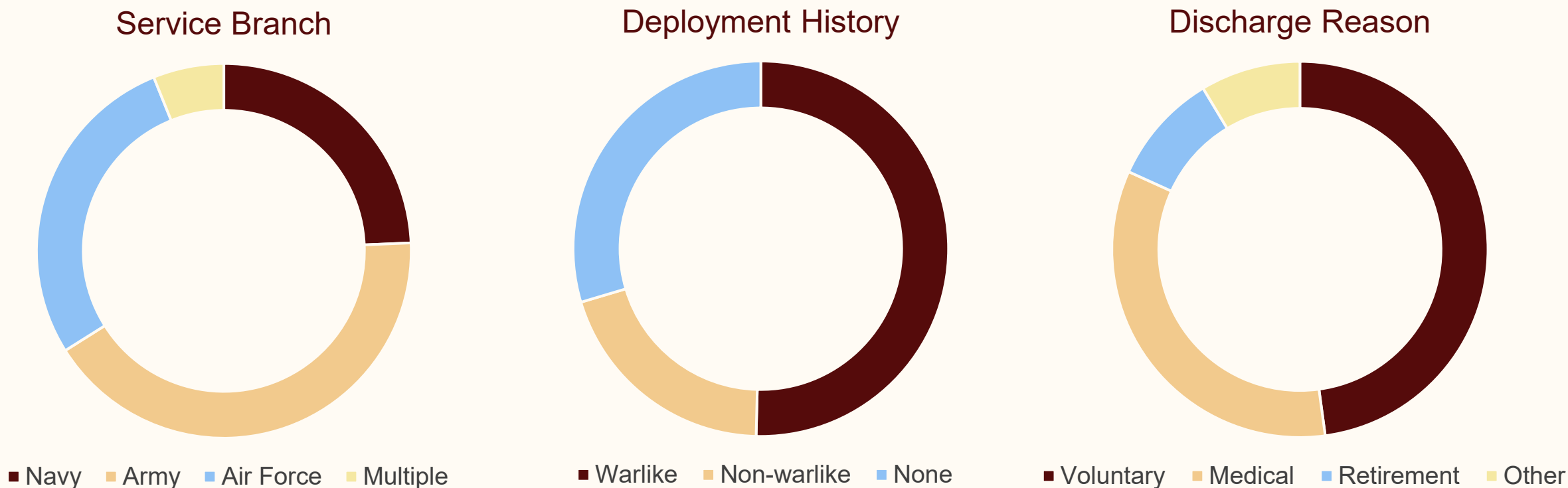
Participant demographic characteristics (*N* = 238)

Household Composition



Participant demographic characteristics (*N* = 238)

Service-Specific Characteristics



Service characteristics for participants (103 veterans, 3 parents, 9 partners)
with a service history in the ADF Permanent Forces ($N = 115$)



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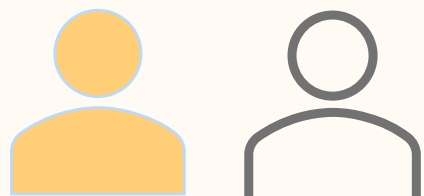
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Wellbeing Outcomes for Transitioning Families

Family functioning, adverse childhood experiences, resilience, and mental health outcomes for transitioning Australian Defence families.



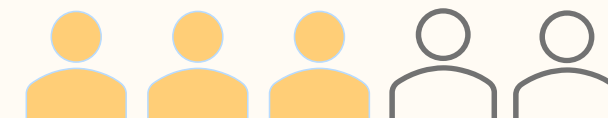
Risk Factors for Transitioning Families



Half of participants reported
unhealthy family functioning*



1 in 5 participants were classified
as having high risk exposure to
adverse childhood experiences



3 in 5 disclosed exposure to
childhood household dysfunction*



2 in 5 disclosed exposure to
childhood abuse*

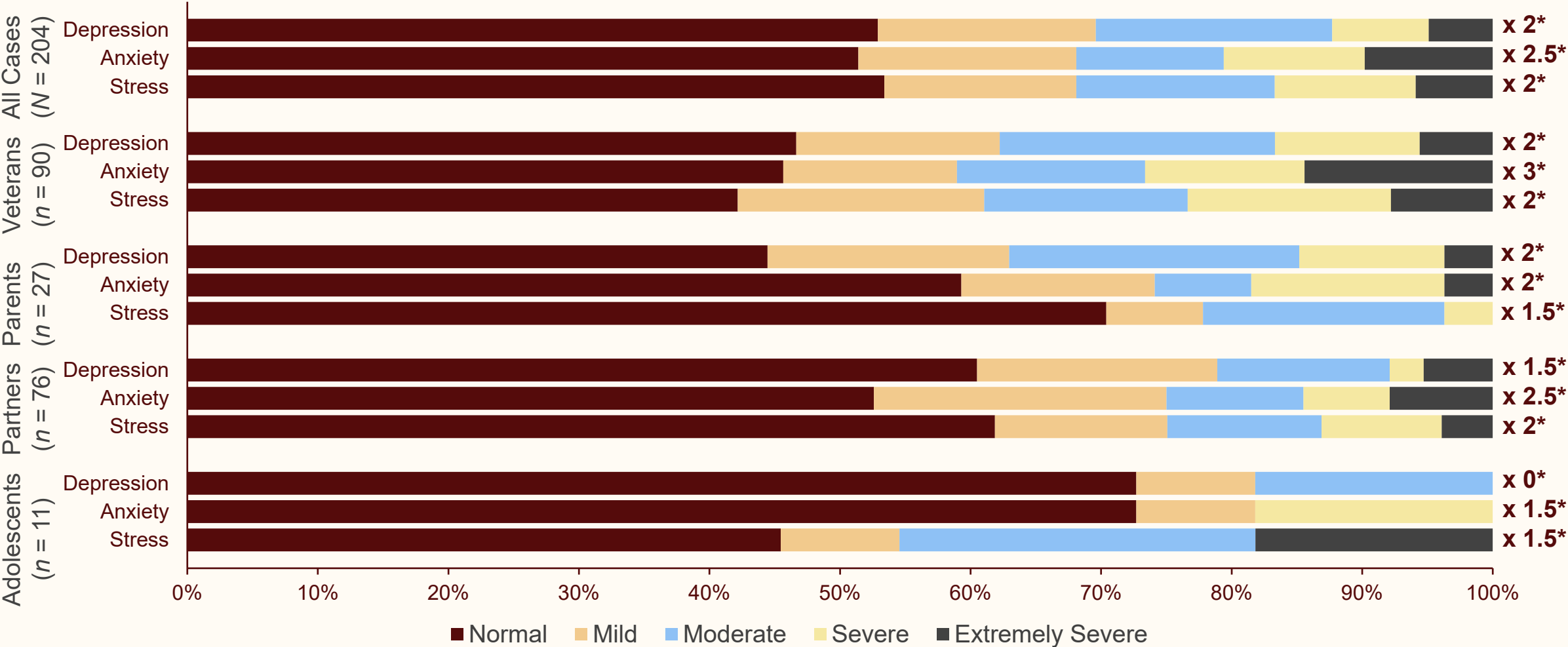


1 in 4 disclosed exposure to
childhood neglect*

**Indicates rate may be higher than found in the Australian general population.*

Frequencies and descriptives for FAD-GF and ACES ($N = 238$)

Risk Factors for Transitioning Families



*Indicates approximately how many times the Australian population norm the Mean group score is.

Severity cutoff frequencies for DASS-21/Y (N = 204)

Risk Factors for Transitioning Families



Unhealthier family functioning was associated with higher :

- **depression** ($\beta=0.21$, $p<.001$, $f^2=0.04$)
- **anxiety** ($\beta=0.16$, $p=.039$, $f^2=0.02$)
- **stress** ($\beta=0.18$, $p=.018$, $f^2=0.03$)



More adverse childhood experiences was associated with higher:

- **depression** ($\beta=0.12$, $p=.050$, $f^2=0.02$)
- **stress** ($\beta=0.15$, $p=.020$, $f^2=0.03$)



Multiple linear regressions associating FAD-GF, ACES, and PFRS with DASS-21/Y ($N = 203$)

Protective Factors for Transitioning Families

Personal resilience (e.g., coping, self-efficacy, optimism) was:



the most statistically meaningful protective factor associated with transitioning families' mental health outcomes.



associated with lower depression ($\beta=-0.44$, $p<.001$, $f^2=0.16$), lower anxiety ($\beta=-0.33$, $p=.002$, $f^2=0.05$), and lower stress ($\beta=-0.32$, $p=.001$, $f^2=0.06$).



a moderator of the association between unhealthier family functioning and depression ($\beta=-0.16$, $p=.001$, $f^2=0.06$), when at high levels (+1 $SD=31.86$, $b=0.47$, $p=.380$).



Photo credit: Gallipoli Medical Research

Multiple linear regressions associating FAD-GF, ACES, and PFRS with DASS-21/Y ($N = 203$)



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Families with Young and Adolescent Children

Associations between veteran and partner mental health, parenting stress, parenting practices, and perceived child socioemotional wellbeing.



Photo credit: RSL Queensland

	Total (<i>N</i> = 54)	Veterans (<i>n</i> = 26)	Partners (<i>n</i> = 28)
Age <i>M</i> (<i>SD</i>), range	43.91 (7.27), 30-60	46.19 (7.07), 36-60	41.79 (6.92), 30-55
Gender	29.5% male 68.5% female 2% non-binary	61.5% male 38.5% female	96% female 4% non-binary
Relationship Status	80% married 11% partner/de facto 9% divorced/separated	65% married 15% partner/de facto 19% divorced/separated	93% married 7% partner/de facto
Child Age <i>M</i> (<i>SD</i>), range	12.35 (3.35), 6-18	12.81 (3.02), 6-18	11.93 (3.63), 6-17
Child Gender	50% male 48% female 2% transgender	50% male 46% female 4% transgender	50% male 50% female
Relationship to Child	92.5% biological parent 5.5% stepparent 2% adoptive parent	96% biological parent 4% stepparent	89% biological parent 7% stepparent 4% adoptive parent

Demographics for veterans and partners with a child aged 6 to 18 years old (*N* = 54)

Parent-Reported Child Socioemotional Outcomes

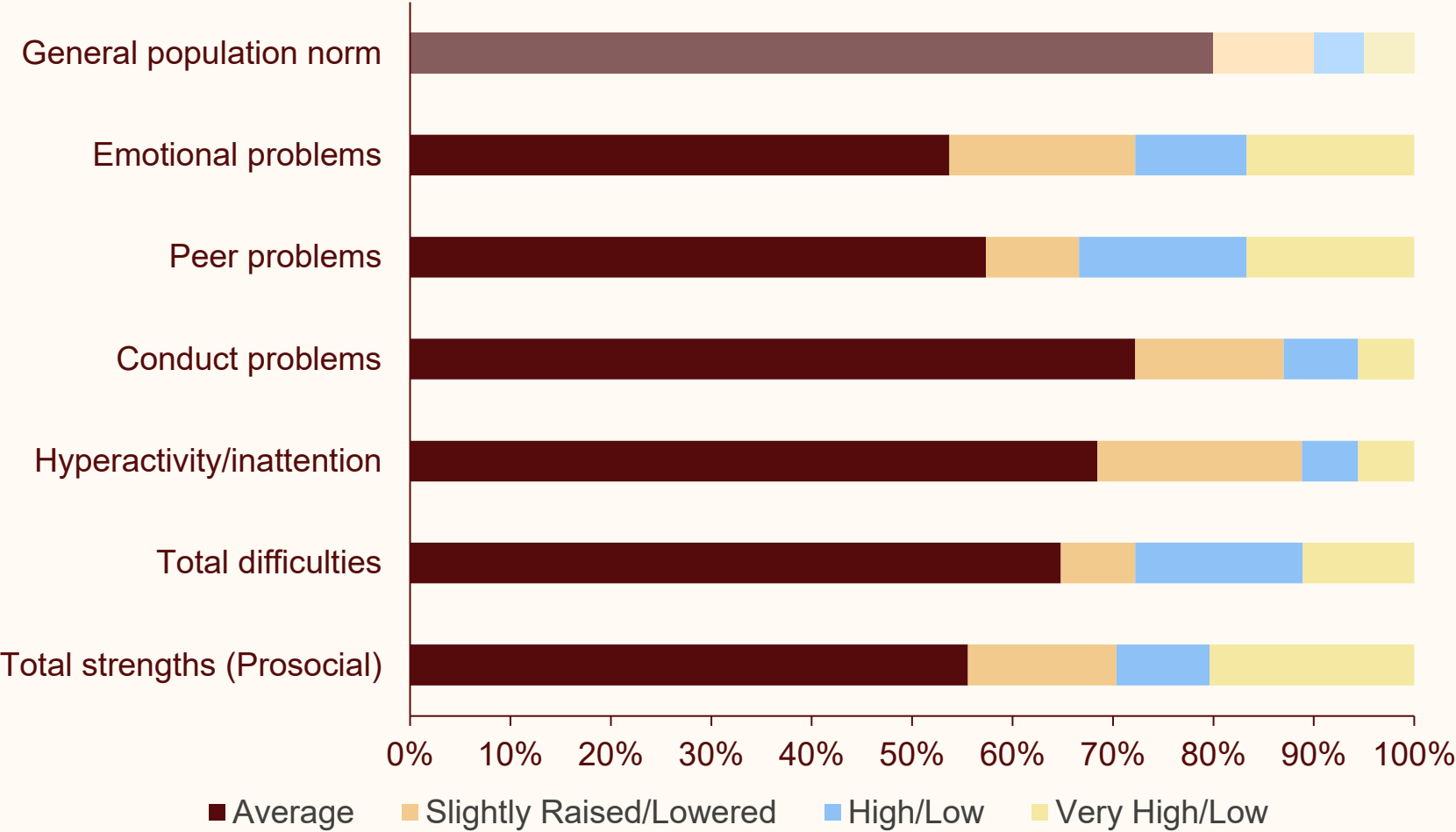
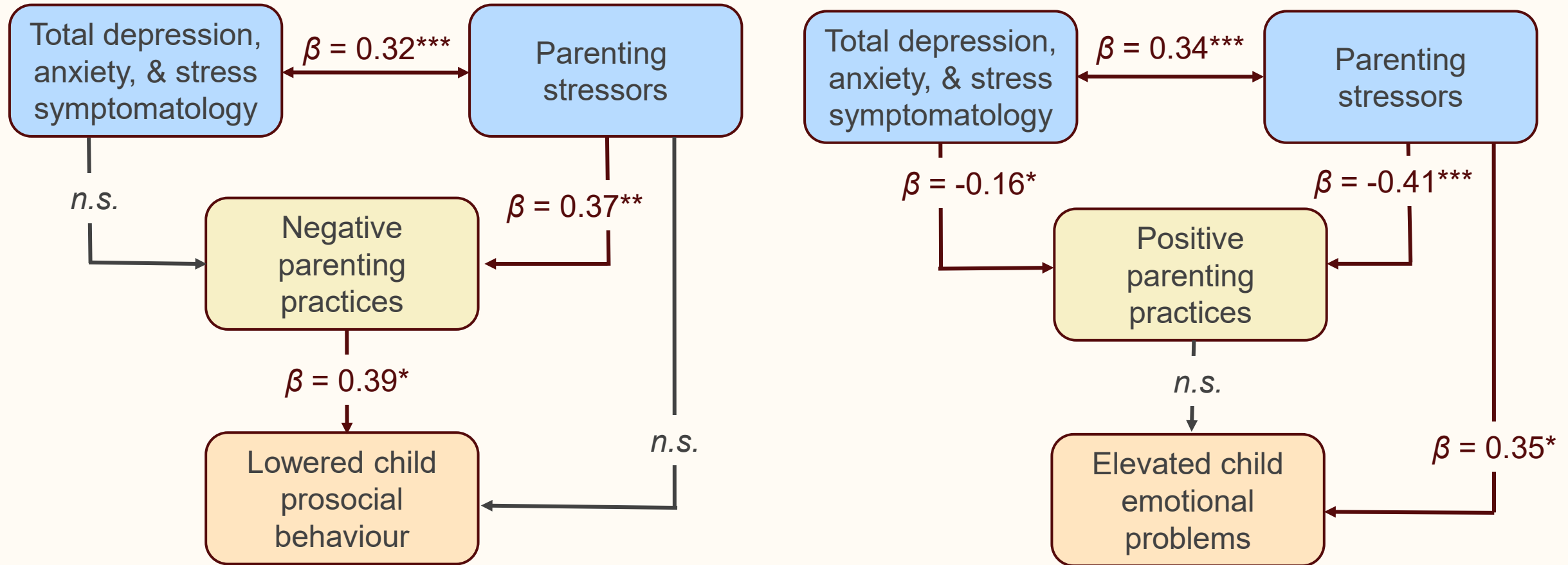


Photo credit: Department of Defence

Frequencies for parent-reported SDQ outcomes (N = 54)

Relationships between Parental and Child Wellbeing



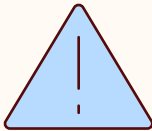
* $p < .05$, ** $p < .01$, *** $p < .001$, n.s. = non-significant

Mediated path analyses exploring associations between parental and child wellbeing ($N = 54$)

Summary & Implications



Study Strengths: multi-informant design, investigation of individual- and family-level factors, inviting young people's perspectives directly.



Study Limitations: cross-sectional design, convenience sampling, limited adolescent self-reports/reliance on parent-reports, limited family linkage.

Potential for transition support to proactively:

- Use psychoeducation to strengthen family functioning and personal resilience.
- Screen for adverse childhood experiences to promote trauma-informed practice and enable appropriate referral.
- Embed routine family-level mental health screening into transition planning and policy.
- Create age-appropriate resources to support children's socioemotional wellbeing and parent-specific supports to reduce parenting stress and negative parenting practices.



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Thank you!

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