UK Veterans Family Study

The UK Veterans Family Study:

Psychological health, wellbeing, and social support among UK veteran families

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Queen's University Belfast · STARC Stress, Trauma, and Related Conditions · King's College London · KCMHR King's Centre for Military Health Research · Veterans NHS Wales · a.r.u. Anglia Ruskin University · GCU Glasgow Caledonian University · Combat Stress For Veterans' Mental Health · FiMT forces in mind trust · Community Fund

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Abbreviations & Glossary

AUDIT-10	Alcohol Use Disorders Identification Test
BAME	Black, Asian and Minority Ethnic
CMDs	Common Mental Disorders
COVID-19	Coronavirus (SARS-CoV-2)
EAG	Expert Advisory Group
GAD-7	Generalised Anxiety Disorder Scale
KCMHR	King's Centre for Military Health Research
LGBTQIA+	Lesbian Gay Bisexual Transgender Queer/ Questioning Intersex Asexual
M2C-W	Wellbeing Issues Measure
MSPSS	Multidimensional Scale of Perceived Social Support
NATO	North Atlantic Treaty Organization
NCO	Non-Commissioned Officer
NI	Northern Ireland
PCL-5	PTSD Checklist for DSM-5
PHQ-9	Patient Health Questionnaire
PIS	Participant Information Sheet
PMIEs	Potentially Morally Injurious Events
PPIE	Patient and Public Involvement & Engagement
PTSD	Post-traumatic Stress Disorder
PWS-18	Personal Wellbeing Scale
RAF	Royal Air Force
SEM	Structural Equation Model
UCLA-3	3-item Loneliness Scale
UDR	Ulster Defence Regiment
UKVFS	UK Veteran Family Study

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Foreword

The challenges and opportunities of military life do not affect the serving person alone – the impact extends to the immediate family and we know the family is integral to people's continued willingness to serve. We also know from previous research the key role of the family unit in ensuring a successful transition to civilian life once service ends.

However, often the "family" can be the forgotten element of the contribution to Defence and therefore the impact on them overlooked, which is why this research – the first UK wide study on the health and wellbeing of veterans' families - provides welcome evidence and understanding of some of the unique issues they may face.

This is the third report from the study and provides a valuable and very welcome insight that most families do not demonstrate signs of difficulties with mental health and wellbeing. However, it highlights that for the minority of some veteran families who participated, they may experience challenges and require additional support.

By understanding the key risk factors and any barriers to accessing services, we can better support these more vulnerable families. But there are two key elements that could improve support to those who need it: firstly, to recognise that families are individuals separate from the former Service person and that their own needs are considered separately, not only as a support for the veteran. Secondly, increased engagement with families to raise awareness of the support available to them.

We can also learn from the Report's findings that many of the participating families highlighted the strong sense of belonging and value they felt from being part of a serving military community and the desire for this to endure post service.

By recognising the contribution of military families and any impact of service on them, we can ensure that those who do require additional assistance with their health and wellbeing can be supported, and that the benefits from being part of a serving community can be realised, resulting in a more successful transition into a fulfilling civilian life.

Michelle Alston
Chief Executive, Forces in Mind Trust

EXECUTIVE SUMMARY

Overview of the UK Veterans Family Study (UKVFS)
The UK Veterans Family Study (UKVFS) is a cross-institutional, multi-stage, collaborative project aimed at better understanding the psychosocial health and wellbeing needs of veteran families across the UK. The aims of this project were to: 1) investigate the health and wellbeing of veterans, their partners, and their adult children, 2) identify factors that support or challenge psychosocial health and wellbeing, and 3) examine current and future support needs, help-seeking, and barriers to care. Together, the findings provide a roadmap for future research as well as recommendations for policy and practice.

Previous outputs
The first phase of the UKVFS involved a review of previous literature on the psychosocial health and wellbeing of veteran families within the 5-Eyes Alliance countries (United States, United Kingdom, Canada, Australia, and New Zealand) to understand gaps in the research, different methods used, and provide an overview of findings to help inform the design of this new work [1]. This review highlighted the lack of research regarding the health and wellbeing of family members of veterans, including aspects of positive mental health such as resilience, with a focus on veteran trauma and mental ill health over that of the family. Most studies were conducted in the US with the family members of veterans actively seeking help and/or with clinical need.

The second report provided a nuanced understanding of service use, availability, awareness, and barriers alongside current and future needs to understand help-seeking and service use for psychosocial health and wellbeing among families of veterans living within the UK [2]. Interviews with veteran service representatives and family members revealed a preference among partners and adult children of veterans for access to 'soft' support with minimal structure in relaxed settings, such as coffee mornings, or mentoring programs, over optional 'fun' activities such as activity or sports days. Structural barriers to using services included logistical and travel issues, restrictions due to COVID-19 and geographical limitations, and a perceived lack of services addressing family needs. Psychological barriers to service use included a perceived lack of trust in providers, stigma around help-seeking arising from military 'stoicism', veterans discouraging access, and families and services prioritising the veteran's needs. This report also identified a lack of awareness about services among the families of veterans and confusion about eligibility for accessing known services.

This report
This final report is the culmination of the UKVFS project, and details survey (quantitative) and interview (qualitative) findings on the psychological health and wellbeing of veterans, their current/former partners, and their adult children, explores psychosocial determinants of psychological health and wellbeing among these groups, and examines relationships between the psychological health and wellbeing of veterans and their partners.
The survey data describes the experiences of veterans (n=1,904), partners (n=475), and adult children (n=240); the interview data describes the experiences of partners (n=37) and adult children (n=34) only.

KEY FINDINGS

- Most UK veteran families and veteran couples do not show signs of poor mental health and wellbeing, with a minority of veterans, their partners, and their adult children presenting with symptoms of post-traumatic stress disorder (PTSD), depression, anxiety, and alcohol misuse.
- All three cohort groups showed higher rates of probable depression and anxiety than both the general population estimates and estimates from other research within the military/veteran community. However, caution is needed when interpreting some of these rates due to lower numbers.
- Qualitative descriptions of mental health focused largely on the impact of caring for a veteran with PTSD, although this was a minority of the experiences shared. Discussions of alcohol use in the interviews was almost entirely contained to in-Service experiences, with the community seen as protective against substance use by young people. Minor issues with coping with military life and adjusting after transition were also shared but did not appear to link with the survey measures of poor mental health.
- Subjective wellbeing, perceived social support and satisfaction with this support were high across all cohorts but loneliness was also high.
- While some family members described experiencing challenges to daily family life due to military Service and transition, they also report being part of a community by commonality of experience, which provides social, emotional, and practical support both before and after transition from Service.
- Families reported issues with managing finances during Service which continued into post-Service life due to poor financial literacy. Financial issues were particularly pertinent when veterans were discharged unexpectedly, either for medical, administrative, disciplinary, or other reasons, as there often wasn't time to plan or manage post-Service employment.
- Key risk factors for poorer psychosocial health and wellbeing among veteran families included: not being in a relationship, discharge from military Service for reasons other than end of Service contract, lower rank on discharge and working in lower skilled civilian occupations.
- Psychosocial determinants associated with better psychological health and higher wellbeing were being older, doing well financially, and the veteran of the family having served in the RAF, possibly due to differences in education, income, and social class across Service branches.
- Comparisons between nations found significantly higher rates of PTSD and loneliness among NI veterans, higher rates of anxiety in Welsh veterans, and lower subjective wellbeing scores for veterans in Wales and Northern Ireland compared to veterans in England.
- The relationship between the psychological health of family members was also examined to better understand how family members influence the health of one another. Findings from analyses of survey data from veterans and their partners found no significant association between the mental health scores of partners and veterans. Instead, it was found that couples with greater levels of loneliness may be more at risk of poorer mental health outcomes. Other factors were also important in couple mental health, such as age, rank, financial status, veteran alcohol use, and perceived satisfaction with social support.

CONCLUSION

Overall, most veteran families appeared to have good psychological health and wellbeing after military Service. While caution must be applied to some findings due to small numbers, areas where the families of veterans may need additional support were identified such as common mental disorders, and loneliness. Among adult children, probable PTSD and alcohol use should also be a focus of further research given the rates shown by the survey data. Key psychosocial determinants of psychological health and wellbeing highlighted across groups included families where the veteran experienced non-routine discharge from Service, veterans and family members not in a relationship, veterans and family members in lower skilled occupations, and veterans (and their families) who held a lower rank when in Service. Transition-related issues were reported by many family members of veterans, some which were memorable years after transition. Despite these issues, we found a strong sense of belonging and value placed by veteran families on their time as part of the serving military community and the desire for this to continue post-Service. Difficulties with mobility could impact on the sense of belonging, particularly for adult children as could concerns about security and safety for those who lived in Northern Ireland during the Troubles. Loneliness appeared to be important in the mental health of veteran couples, affecting not only the individual partner or veteran but also the other member of the couple.

These findings provide the first overview of the psychological health and wellbeing of UK veterans and their family members, identified key psychosocial determinants of psychological health and wellbeing using mixed methodologies, and explored relationships between the health and wellbeing of veterans and their partners. The findings of the UKVFS reports provide useful guidance for ongoing research, policy, and practice in relation to support and understanding of the psychological health and wellbeing experiences of veteran families in the UK. We hope the report and its recommendations will open new future research avenues.

RECOMMENDATIONS

These recommendations have been developed throughout the entirety of the UK Veterans Family Study and provide important evidence for the UK Armed Forces Families Strategy 2022-32[1] and Veterans' Strategy Action Plan 2022-2024.[2] Both strategies discuss the importance of families in supporting serving and ex-serving personnel during and after Service as well as the need to support family members alongside personnel and veterans. .

Recommendations for specific policy streams, practice, research, and all stakeholders working with military personnel, veterans, and their families are provided below. In particular, we draw attention to the underlying principle that there is a shift to viewing and approaching veteran families as individuals with separate, although related needs, rather than focusing predominately on the needs of the veteran. We also encourage stakeholders to consider that recall and disclosure of military details among the family members of veterans may be unknown, withheld, or forgotten for a range of reasons which should be considered in outreach and engagement.

[1]*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1048269/UK_Armed_Forces_Families_Strategy_2022_to_2032.pdf*

[2]*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1103936/Veterans-Strategy-Action-Plan-2022-2024.pdf*

RECOMMENDATIONS FOR POLICY, PRACTICE, AND RESEARCH

POLICY

MOD/OVA

- Greater specificity in policies relating to the wellbeing of military and veteran families. While current MOD and OVA policy describes and discusses the health and wellbeing of military and veteran families, there could be more concrete aims and objectives of policy in this area and what it seeks to support and change. Responsibility for certain outcomes should be clarified and defined with other policy sectors such as the NHS to aid in delivery of programmes stemming from policy.
- Collate and/or develop best practice for engaging with families. National and international sources should be consulted to identify how best to engage, and support partners and children of veterans through current and proposed family strategies. This should include consultation with family members themselves about what would work best for them. This may need substantial and creative outreach into civilian communities to engage with those families who are no longer in contact with the Armed Forces community and potential renaming of services to clarify eligibility for support.
- Greater acknowledgement of multiple identities within the Armed Forces community. Current policy relating to military personnel, veterans, and their families could give greater consideration to members of the Armed Forces community who have themselves served while also being the family members of serving and ex-serving personnel. This would prevent siloing people into rigid identities within services or policy and allow for greater diversity of experience to be reflected and supported.[3]
- Increased focus on support for veteran families that experienced unexpected discharge from Service. Given the findings relating to unexpected discharge from Service, including but not limited to, medical discharge, more focus should be given on ways to support those who have left Service before their usual contract was completed. This may include historical reasons for discharge that are no longer in place, such as pregnancy or marriage among older female veterans, those forced out of Service due to the ban on LGBTQIA+ personnel, or personnel who felt compelled to leave due to tensions between family responsibilities and military duties.
- Improved financial literacy of military personnel and families. Given the impact of financial difficulties on the psychological health and wellbeing of veteran families and narratives of financial problems in the interviews, MOD should review its preparation of personnel and support for families in issues of financial management during and before leaving Service.

Public services (e.g., NHS, education, local authorities)

- Consistent definitions of family members within and across public services. To better understand the health needs of this population and enable provision of appropriate, tailored supports using data linkage consistent definitions of family members is needed across public services. This includes expansion of the Armed Forces marker being rolled out in NHS records to be included in other services as well.

[3]*See 'Who Am I? A Qualitative Exploration of The Identities of Spouses/Partners of UK Armed Forces Veterans' by Spikol et al, 2024, Journal of Military, Veteran and Family Health, 10 (2)*

- Better NHS identification of military-connected family members. Improvements in identification of the Armed Forces community would allow tracking of trends at primary and secondary care in terms of health and wellbeing outcomes across military Service and into civilian life. This includes separate markers for partners, children, veterans, and potentially other family members as well.
- Increased evaluation, awareness of, and rollout of targeted services for veteran families. Services for family members with mental health issues and specific health needs that may be impacted by the challenges of military Service, such as Op Community, should be evaluated and rolled out more widely. Online and face-to-face access should be freely available. Consideration should be given to the expansion of veteran-specific services within the NHS or supports provided within the third sector to provide more military-focused services for those wishing this insight from service providers.

PRACTICE – MILITARY AND VETERAN CHARITIES

- Establishment of targeted support for veterans and families who have experienced unexpected discharge from Service. Additional targeted provision of support for veteran families experiencing unexpected discharge from Service, including medical discharge but also other forms of induced departure from military Service. Such services should be evaluated to ensure rigour and economic robustness.
- Development of alternative ways of identifying and connecting willing families into services. Services, along with MOD and OVA, should identify ways of engaging families at the point of leaving Service without the need to signpost through personnel/veterans. This may need substantial and creative outreach into civilian communities to engage with those families who are no longer in contact with the Armed Forces community and potential renaming of services to clarify eligibility for support.
- Review of public-facing information and materials to clarify eligibility for services. Military and veteran charities providing support for veteran family members should conduct a review of public-facing information and materials to clarify eligibility for services and advertise available supports. Services should make it clear if they provide support or signposting for family as well as veterans.
- Support the creation of social connections for veterans and their family members. Ongoing programmes to be expanded or new services created to provide opportunities for veterans and their family members to share experiences and aid integration into civilian communities. This may help reduce loneliness among this population. Programmes should be dynamic and draw on creative, non-formal approaches.
- Improved signposting for family members with mental health problems. Given the preference for 'soft' supports identified in Report 2,[4] family members with symptoms of anxiety and/or depression could be signposted into military and veteran charities providing these forms of non-clinical services. This may also encourage help-seeking into formal services when required.
- Interventions supporting family members' wellbeing. Interventions specifically designed to aid family member health and wellbeing should be explored such as Combat Stress's Together programme[5] or MindKit, both developed to support family members of veterans living with PTSD.[6]
- Implementation of financial guidance, training, and support for veterans and their families. Given the number of identified associations between financial status and health and wellbeing outcomes, additional focus on financial guidance, training, and support for veterans and their families should be implemented in current training and transition services. This should include increased awareness of current supports, such as The Royal British Legion's Benefits, Debt, and Money Advice services and crisis grants, and other supports provide by charities in the sector.

[4]https://s31949.pcdn.co/wp-content/uploads/UKVFS-Report-2-v6c.pdf

[5]https://combatstress.org.uk/together-programme

[6]https://mindkit.ca

RESEARCH

- Key areas of research identified from this report include:
  - Non-routine forms of discharge from military Service and the impact on veterans and their wider networks.
  - The experiences of veterans and their families in Wales and Northern Ireland, particularly in relation to PTSD and loneliness.
  - The experiences of the families of veterans who are from ethnic minority groups, the LGBTQIA+ community, and women.
  - The transition experiences of family members, including research understanding family member post-Service occupation and education outcomes.
  - Mental health and wellbeing among veteran families, especially PTSD, alcohol misuse among adult children and depression and anxiety.
  - Additional research to understand the discrepancy between elevated levels of loneliness among veterans, partners and adult children alongside high perceived social support and satisfaction with that support.
- Data linkage. Where possible, research in this area would benefit from linkage studies using data from public services such as education and the NHS that contains markers for Armed Forces community members.

ALL

- Reframing the role of family. Any research, provision of support, or services should move towards focusing on the family member in their own right rather than merely as a potential support for the veteran. Families containing veterans should be approached as individuals with separate, although related needs, rather than focusing predominately on the needs of the veteran. Such a shift should consider removal of language such as 'and their families' that ties families explicitly to veterans and centres the veteran experience. Reframing families should occur in tandem with approaches that seek to connect and foster trust among family members without the need for veteran signposting or awareness of family member attendance.
- Identification of veteran family members. Stakeholders should be aware that recall and disclosure of military details among the family members of veterans may be unknown, withheld, or forgotten. Family members may therefore 1) not identify as the family member of a veteran or 2) may not have the knowledge to understand eligibility for programmes, schemes, or studies where they relate to particular military operations. Greater inclusion or eligibility may need to be used to engage with and recruit family members as a result. Stakeholders should also be aware that ongoing security concerns among veteran families in Northern Ireland which may limit or prevent them from help-seeking.
- Avoidance of blame. Care should be taken during presentations of findings, preparation, and delivery of services, and in policy strategy to prevent blaming the veteran for any health or wellbeing issues that family members may be experiencing. This may aid in supporting veterans to inform family members of services that are available, preventing intentional or unintentional gatekeeping.

FULL REPORT

Introduction

Current estimates indicate 7.0% (1.75 million) of all households in England and Wales contain at least one person who has previously served in the UK Armed Forces [3]. It has been long understood that military Service has significant effects on veterans and their family members, both in-Service and after transitioning to civilian life [1, 4]. This can include physical and mental injuries sustained as a result of Service, as well as exposure to 'everyday' life within the military – family separations due to training or deployment, frequent relocations, and changes to working schedules that conflict with family life. While these effects have been traditionally contextualised through the lens of trauma, not all experiences relating to the military are negative. Some family members have reported benefits from being part of the military and veteran community, such as greater opportunity for social support or the development of transferrable skills. To date, the vast amount of the literature exploring mental health and wellbeing among personnel and their family members is focused on those in Service, with much less research on the outcomes of the families of veterans. Family experiences of transition are increasingly being acknowledged alongside those of personnel [5, 6], but little is known about their outcomes post-Service. As a result, it is difficult for policy makers and services to plan appropriate strategies and supports for this population.

Previous research on the families of veterans has largely focused on veteran mental ill health and the impacts upon their spouses or partners (hereafter, partners), usually related to post-traumatic stress disorder (PTSD) [1]. Partners of veterans often undertake the majority of caring duties for veterans experiencing mental or physical ill health, in addition to caring for the rest of the family and maintaining self-care [7]. Literature examining partner outcomes specifically suggests partners may be at an increased risk of experiencing mental ill health [8], including anxiety, depression, alcohol/substance misuse, disordered sleep, and suicidality [1]. Most research on military partners focuses on the more extreme challenges military families may face such as deployment [9] and is compounded by the tendency of research studies to recruit partners via the veteran themselves or via veterans on help-seeking or treatment pathways, rather than adopting more 'open recruitment' strategies where anyone may participate. Together, this means there is little evidence about the experience of partners of veterans who are not experiencing mental or physical ill health or on the everyday experiences characterising military and veteran life. Additionally,

given the previous trauma focus within the research, little is known about positive aspects of mental health and wellbeing among the families of veterans.

Of particular note is a lack of research regarding the psychological health and wellbeing of the children of veterans, especially once those children become adults [1]. Studies focusing on the experiences of children in active-duty military families largely concentrate on behavioural/developmental issues in young children and educational impacts among older children and adolescents. The sparse research on children from the families of veterans describes issues such as family discord, negative family emotional climate, and increased mental health risk (PTSD, anxiety, depression, attachment issues, alcohol/substance misuse) amongst the children of veterans with mental illnesses like PTSD and veterans who had been deployed [1]. As with partners however, these experiences are likely to not be typical for the vast majority and more ordinary, routine experiences may be missed.

Finally, while most of the literature focuses on the impact of the veteran's psychological health on family members, there is a scarcity of research examining the bidirectional effects of veteran and family member mental health and wellbeing. For example, how does the mental health and wellbeing of veterans influence their family members' and vice versa, and to what extent? Understanding interconnecting relationships between the psychosocial determinants of psychological health and wellbeing between family members could identify areas for provision of additional support, facilitate the creation of targeted initiatives and, potentially result in more suitable and substantial civilian transition/reintegration programs for the families of those leaving Service.

Background to the UK Veterans Family Study (UKVFS)

The UK Veterans Family Study (UKVFS) was designed to identify the psychosocial determinants of psychological health and wellbeing in UK Armed Forces veteran families, to investigate their support needs, barriers to care, community and organisational contributions to support, and to map out future support needs (Figure 1). The aims of this project were to describe these aspects of UK veteran family life, whilst adding to the sparse body of literature focusing on the family unit and to use the findings as a roadmap for future high-impact research and to develop recommendations for practice, policy, and care.

Figure 1: UK Veterans Family Study objectives

OB1	Identify the psychological health and wellbeing needs of veteran families
OB2	Identify the drivers that support psychological health and wellbeing in the face of the challenges that come with being the spouse/partner or child of a veteran
OB3	Examine the relationship between family members' psychological health and wellbeing and that of the veteran
OB4	Understand the contribution of the local community to veteran families' health and wellbeing
OB5	Identify the support accessed, any barriers to accessing support, by veteran families and perceptions of the quality of that support
OB6	Identify the likely future needs of veteran families

UKVFS findings to-date

The first step in meeting these research objectives was to conduct a scoping review of the existing literature to identify what is already known, examine trends in veteran family research, and identify gaps in research to better inform the study. Findings from this project are presented in a previous project report titled: 'Identifying the psychosocial determinants of psychological health and wellbeing of families of those who have served in the Armed Forces in the 5-Eyes Alliance: A systematic review' [1]. The review uncovered a profound lack of research into individual UK veteran family members and veteran families as a unit, with most research from the US, a lack of studies of adult children, and a focus on veteran mental health.

The second project report, 'Understanding and mapping the psychological wellbeing support needs of veteran family members across the UK'[2], described the existing support organisations currently helping the families of veterans. This report presented a mapping exercise of organisations providing supports and resources targeting the psychological wellbeing of veteran family members. A total of 66 organisations were identified. Interviews with representatives of some of those organisations and family members themselves revealed a preference among family members for access to 'soft' support with minimal structure in relaxed settings, such as coffee mornings, peer support chats, or mentoring programs, over optional 'fun' activities such as family activity days, sport excursions, or film clubs. Two main domains of barriers to service access were identified - structural barriers such as logistical and travel issues, the impact of COVID-19 restrictions on service delivery, a lack of services addressing family needs, and geographical limitations on provision and psychological barriers including lack of trust in providers, stigma around help-seeking arising from military 'stoicism', veterans discouraging access to their family members, and both families and services prioritising the veteran's needs. Importantly, the report called for the entire veteran family beyond the veteran to be acknowledged and centred by support services, with family members seen as individuals and elevated to an equal status to veterans themselves. This would help ensure family members feel able and secure in their help- seeking.

Current report

The current report is the final planned output from the UKVFS. This report describes and summarises the main findings from the UKVFS survey data and interview data. The methods employed are described in the next section, detailing aspects of study design, data collection, and analytical techniques used to produce the report findings. Additional detail is provided in the appendices. Findings on psychological health and wellbeing from both the survey and interviews are discussed and explored for each cohort group (veterans, partners, and adult children) and comparisons made between nations where possible. Finally, the findings are used to make recommendations for current and future research, practice, and policy.

Aims and objectives

After reviewing the literature 'landscape' (including gaps and methodological issues of previous research; Report 1), and building an understanding of supports available/support needs (Report 2), the final report aims to address UKVFS objectives 1-4 and 6 (Figure 1) by:

1. determining the psychological health and wellbeing of veteran family members.
2. exploring the psychosocial determinants of psychological health and wellbeing among veteran family members.
3. examining relationships between the health and wellbeing of different family members (e.g., veteran and partner or partner and adult child).
4. providing recommendations for improving the psychological health and wellbeing of veteran families, including future support needs.

Family membership can include various people close to us (even friends) and the notion of 'family' can be highly subjective. For the practical purposes of the present study, we focused upon veterans, their spouses/partners, and their adult children in line with the conceptualisation of family used in prior military and veteran family research. Minor children (under 18 years) were not included in this project due to the additional ethical challenges of working with this population.

Methods

Study design and planning process

This study uses a mixed-methods study design, meaning both data from the survey and the interviews with participants about their lived experiences is used complementarily, allowing the team to explore the psychological health and wellbeing of UK veteran families (veterans, current/former partners, and adult children) from multiple perspectives. Together, these findings allow a more holistic presentation and understanding of the experiences of UK veteran families than the use of one method alone.

UKVFS participants

The present study focused upon three common 'identities' within military and veteran family research – the veteran, their spouse or partner, and adult children (defined as 18 years and over). For the purposes of research ethics, all participants had to be resident in England, Wales, Scotland, or Northern Ireland (NI) and be 18 years or older. Other specified criteria included (see below):

Many participants identified with more than one of the above groups – for example, being a veteran but also a spouse/partner and/or an adult child. Survey participants were asked to choose which of the three identities they most identified with, while interview participants were able to discuss their experiences of multiple identities if they wished.

VETERANS

- served for at least one day in the UK Armed Forces as a Regular service person or Reservist but no longer serve in the Regulars (includes former members of the Ulster Defence Regiment (UDR) and Royal Irish Regiment).
- in a co-habiting relationship at the time of service or formed a co-habiting relationship post-military service.
- the relationship is ongoing or has exceeded six months now or in the past, during or after service.

CURRENT OR FORMER PARTNERS (married or unmarried)

- in a co-habiting relationship at the time of partner's service or formed a co-habiting relationship post-military service.
- the relationship is ongoing or has exceeded six months now or in the past, during or after service.

CURRENT OR FORMER PARTNERS (married or unmarried)

- of the veterans' partners, who may be biologically, or not related to the veterans.
- resided in the family home during the period the veteran was in service and/or post-military service exceeding six months now or in the past.

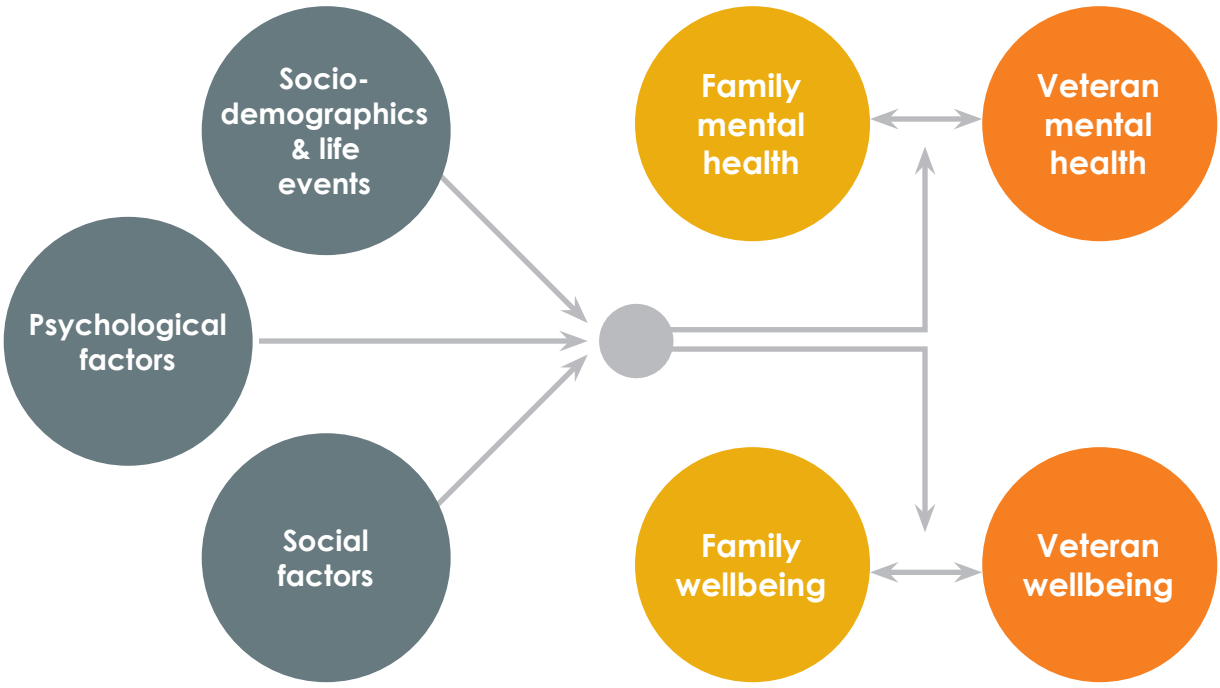
Survey design

The survey was designed to investigate the psychological health and wellbeing of UK Armed Forces veteran families, including estimating rates of certain health and wellbeing outcomes, identifying psychosocial determinants of mental health and wellbeing and exploring the relationships between these factors (Figure 2). Outcomes are particular health statuses that are relevant to this population such as post-traumatic stress or anxiety. Psychosocial determinants are factors that improve or negatively impact health and wellbeing and can include age, gender, unemployment, type of occupation, finances, and social support.

Specific measures were used for to estimate mental health and wellbeing outcomes among UK veteran families. These 'validated' measures are a rigorously tested series of questions that identify where participants self-report symptoms at a level consistent with probably having that mental health or wellbeing outcome or issue (also called probable 'caseness'). While not a clinical diagnosis, these measures give robust indications as to how many respondents are likely to have a disorder. The measures used to produce the analyses for this report are described in Appendix 1.

As part of the survey, we also wanted to understand how the health of one family member might influence that of others in the family. In order to facilitate this 'dyadic' approach, we employed a referral process where participants could a unique ID number to family members which would allow the research team to link dyads and family groups within the survey while also maintaining participant anonymity.

Figure 2: Overview of the UK Veterans Family Study survey



Interview design

A qualitative approach was used to explore participants' experiences of psychological health and wellbeing in their own words. Using this approach allowed us to capture nuances, context, and depth to complement, compare to, and further understand the survey data. Interviews with partners focused on employment, family life/relationships, family separation, social networks/support, transition to civilian life, relationship with the Armed Forces community, and access/use of support services.

Interviews with adult children focused on the impact of their parents' military occupation on family life, education, growing up, adult life, and their access/use of support services (Appendix 4).

Ethical approval

Ethical approval was granted by the Queen's University Belfast Faculty Research Ethics Committee for Engineering and Physical Sciences (interviews: EPS 19_284; survey: EPS 19_287).

Data collection and recruitment

Survey recruitment and data collection

Online survey recruitment was managed through a Qualtrics link posted on the UKVFS website, social media posts, and via paid targeted advertisement on social media. Printed flyers and business cards with study contact details and the survey QR code were distributed at in-person events, libraries and community centres and provided to veteran-serving/affiliated organisations for dissemination. The survey was launched November 2021 and remained open until April 2023.

Interview recruitment and data collection

Recruitment for interview participants began in May 2021 via digital and printed recruitment flyers, social media posts, and organisational and network outreach. Participants were provided with a consent form and a participant information sheet (PIS) outlining why the study is being conducted, the questions participants might be asked, their rights to withdraw themselves/their data from the study, and contact information of the research team. Interviews lasted approximately one hour, were audio-recorded and audio recordings deleted once transcription was complete. Both components used incentives to aid recruitment.

Data analysis

Survey data

Data were analysed using the statistical software package, Stata version 17 [10]. Further technical details on the data analyses are included in Appendix 2. As not all participants completed all questions, there is a small sample size for some outcomes and some analyses were limited or were not possible as a result. Caution should be noted for these outcomes.

Dyadic analyses using survey data on the psychological health and wellbeing of veterans and partners were conducted data to examine the relationship between the health and wellbeing of veteran couples (see Appendix 3). A total of 74 couples were identified via the UKVFS referral process.

Interview data

Data from interviews was analysed using Thematic Analysis [11] to generate themes relating to psychosocial health and wellbeing among partners and adult children. The team employed a hybrid approach whereby prior work (e.g., UKVFS study objectives and prior literature) informed the framework for identifying broad initial 'themes', or patterns, to explore within the data. However, emergent or 'new' themes created during data analysis formed the majority of the themes. Participant identifiers include participant number and country (E=England, S=Scotland, W=Wales, N=Northern Ireland), type of family member (IP=intimate partner, AC=adult child), Service and rank of the veteran. Where possible, differences were examined by respondent group, nation, Service branch, and rank, and participant gender.

UKVFS sample characteristics

Survey sample characteristics

The UKVFS sample consisted of N=2,619 participants divided into three cohorts: veteran (n=1,904), partner (n=475), and adult child (n=240) (Table 1) across the four countries of the UK. Overall, veterans were predominantly male, while partners and adult children were mostly female – all groups were largely white and lived in urbanised areas. Unlike veterans and partners, adult children tended to be younger, and therefore fewer were in a relationship or had children. Adult children had higher educational qualifications (A level or above) than veterans or partners and were more likely to be economically active.

Table 1: Socio-demographics and military characteristics of the UKVFS cohort groups

Veterans were mostly:	Partners† were mostly:	Adult children† were mostly:
• Male (82.9%)	• Female (94.0%)	• Female (70.0%)
• Over 45 years of age (89.8%)	• Over 45 years of age (83.9%)	• Under 45 years of age (66.0%)
• White (97.9%)	• White (98.7%)	• White (97.1%)
• In relationship (79.0%)	• In relationship (84.6%)	• In relationship (51.2%)
• Parents (84.0%)	• Parents (88.0%)	• Parents (60.8%)
• Higher level qualifications* (55.3%)	• Higher level qualifications* (70.3%)	• Higher level qualifications* (89.4%)
• Higher managerial occupations (52.0%)	• Higher managerial occupations (60.6%)	• Higher managerial occupations (66.8%)
• Economically active (51.3%)	• Economically active (54.6%)	• Economically active (75.0%)
• City/town (64.8%)	• City/town (57.9%)	• City/town (63.3%)
• Navy (16.5%), Army (59.2%), RAF (24.3%)	• Navy (18.0%), Army (58.2%), RAF (23.7%)	• Navy (16.9%), Army (57.1%), RAF (26.0%)
• NCO rank (55.2%)	• NCO rank (49.1%)	• Officer rank (39.9%)
• Joined 1970s/80s (61.3%)	• Joined 1970/80s (52.0%)	
• Not current reservist (97.1%)	• Not current reservist (94.1%)	• Not current reservist (95.4%)
• 2+ deployments (52.6%)	• 2+ deployments (76.3%)	• 2+ deployments (75.8%)
• Deployments – NI (56.0%), First Gulf (29.1%), Balkans (29.0%), Iraq/Afghan (43.1%)	• Deployments – NI (48.7%), First Gulf (33.3%), Balkans (32.1%), Iraq/Afghan (58.2%)	• Deployments – NI (48.8%), First Gulf (45.5%), Balkans (34.5%), Iraq/Afghan (45.0%)
• End of term discharge+ (52.0%)	• End of term discharge+ (60.4%)	
	• Relationship started during Service (68.6%)	• Born during Service (84.1%)

**A-level, degree or higher † Military characteristics relate to the veteran, not to that of the partner or adult child.*

+ Other reasons for discharge include: Administrative, Disciplinary, Temperamental Unsuitability (TU), Redundancy, Compassionate/Family, Resignation of Commission, Discharge As Of Right (DAOR).

Veterans provided information about their military Service and partners and adult children answered questions about the military Service of the veteran in their family. All cohort groups were mostly linked with the Army, with a very small minority still serving as reservists (Table 1). A large percentage of veterans and partners reported veterans joining Service in the 1970s or 1980s, with a final rank of NCO upon leaving Service. Most partners had entered the relationship with the veteran while the veteran was serving. Adult children tended to be the child of a parent who served as an officer and had been born while their parent was serving.

Around half of veterans reported experiencing at least two deployments, or two deployments of a loved one, largely to Northern Ireland or Iraq and/or Afghanistan (Table 1). Reports of deployments were much higher among family members of veterans, although this may include training and other duties as well as combat deployments. It should be noted that a number of family members did not provide responses on the number of deployments veterans had been on or where they had deployed, suggesting some may not know when and where veterans were deployed.

Interview sample characteristics

Interviews were conducted with 37 partners (England=10, Scotland=9, Wales=10, NI=8) and 34 adult children (England=10, Scotland=6, Wales=10, NI=8). Most participants were female, particularly partners (Table 2). Age groups ranged from the 20s to 70s, with many in their 40s or 50s. Two participants declared they were from LGBTQIA+ veteran families – this information does not accompany quotes in the report to prevent potential identification.

Family members of former Army personnel of NCO rank were the group most represented in the interview. Some participants fulfilled multiple identities, reporting they had served themselves in the UK Armed Forces or who also had a parent who had served. Multiple eras of Service were reflected from 1940-1950 up to 2000-2010 but most were the family of those who served during the 1980s.

Table 2: Qualitative interview participants

		Partners (n=37)	Adult children (n=34)
Gender	Male	6	15
	Female	31	19
Service	Royal Navy/Royal Marines	9	5
	Army	22	18
	RAF	6	11
Rank	Officer	10	9
	NCO	22	23
	Other	5	2
Prior service		6	4
Parent served		4	-

Findings

Three broad, narrative themes were identified from the survey and interview data: transition and financial issues, mental health including PTSD, anxiety and depression, and alcohol misuse, and wellbeing and social support. The final set of findings discusses the results of the dyadic examination of the psychological health and wellbeing of veteran-partner couples. Quantitative findings are presented first to describe the psychosocial health and wellbeing of UK veteran families, followed by qualitative findings to shine light on the lived experience of veteran family members.

1. Transition and financial issues

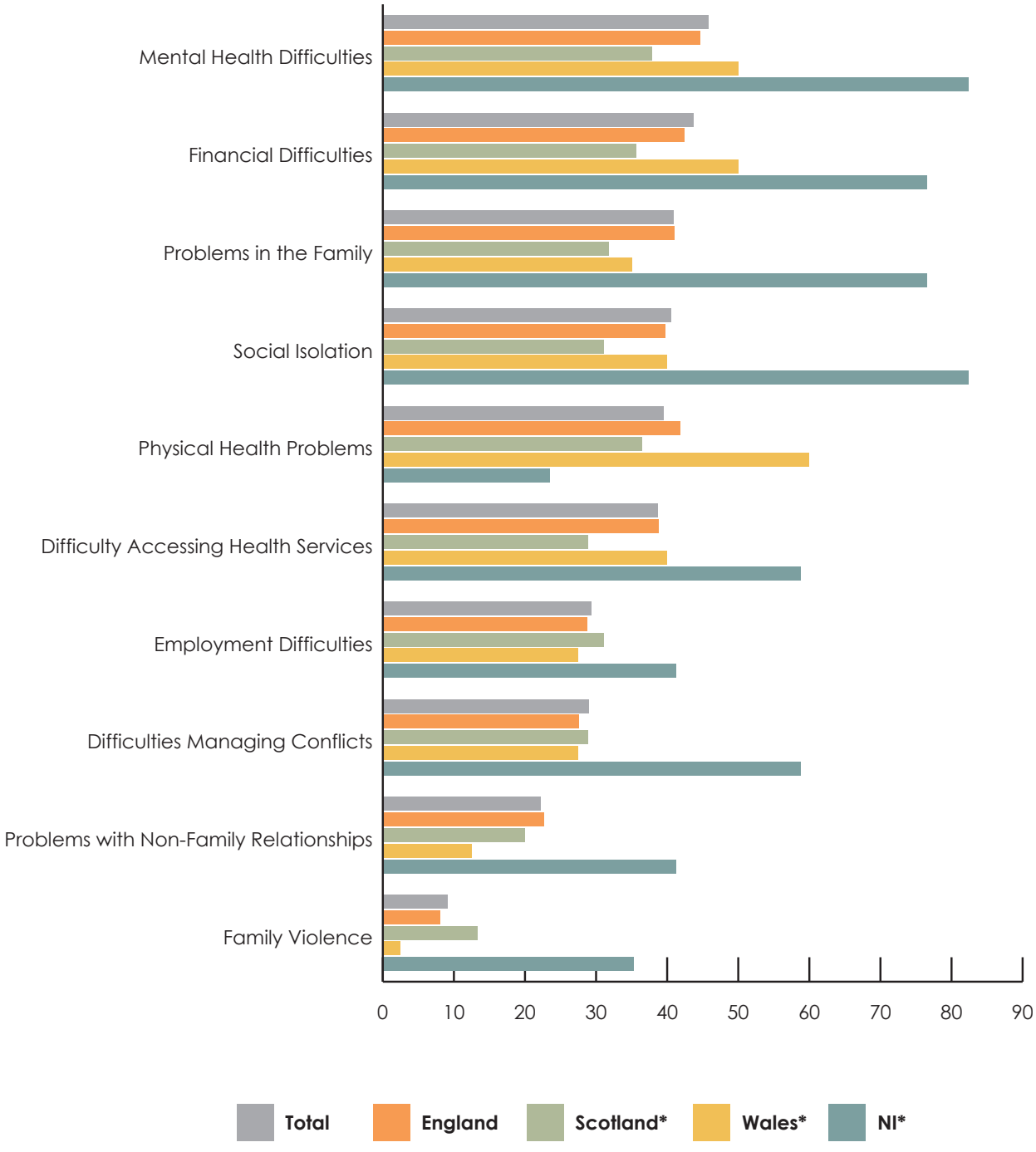
Veteran, partner, and adult child participants in the survey and interviews provided insight in the experiences veteran family members had of finances and of transition-related stressors. Issues with mental health difficulties and family problems were common with notable differences for participants from Northern Ireland. Issues with financial literacy were described by some interview participants both during and after Service, especially when veterans were discharged unexpectedly without time to plan or manage employment or money.

Common issues during and after transition

In the survey, partners and adult children completed a checklist of issues commonly experienced during and after transition from military Service. A total of 75.6% of partners and 76.8% of adult children endorsed experiencing at least one issue during and after transition. The most commonly endorsed transition problems are depicted in Figure 3 for partners and Figure 4 for adult children. Notable patterns and differences are as follows:

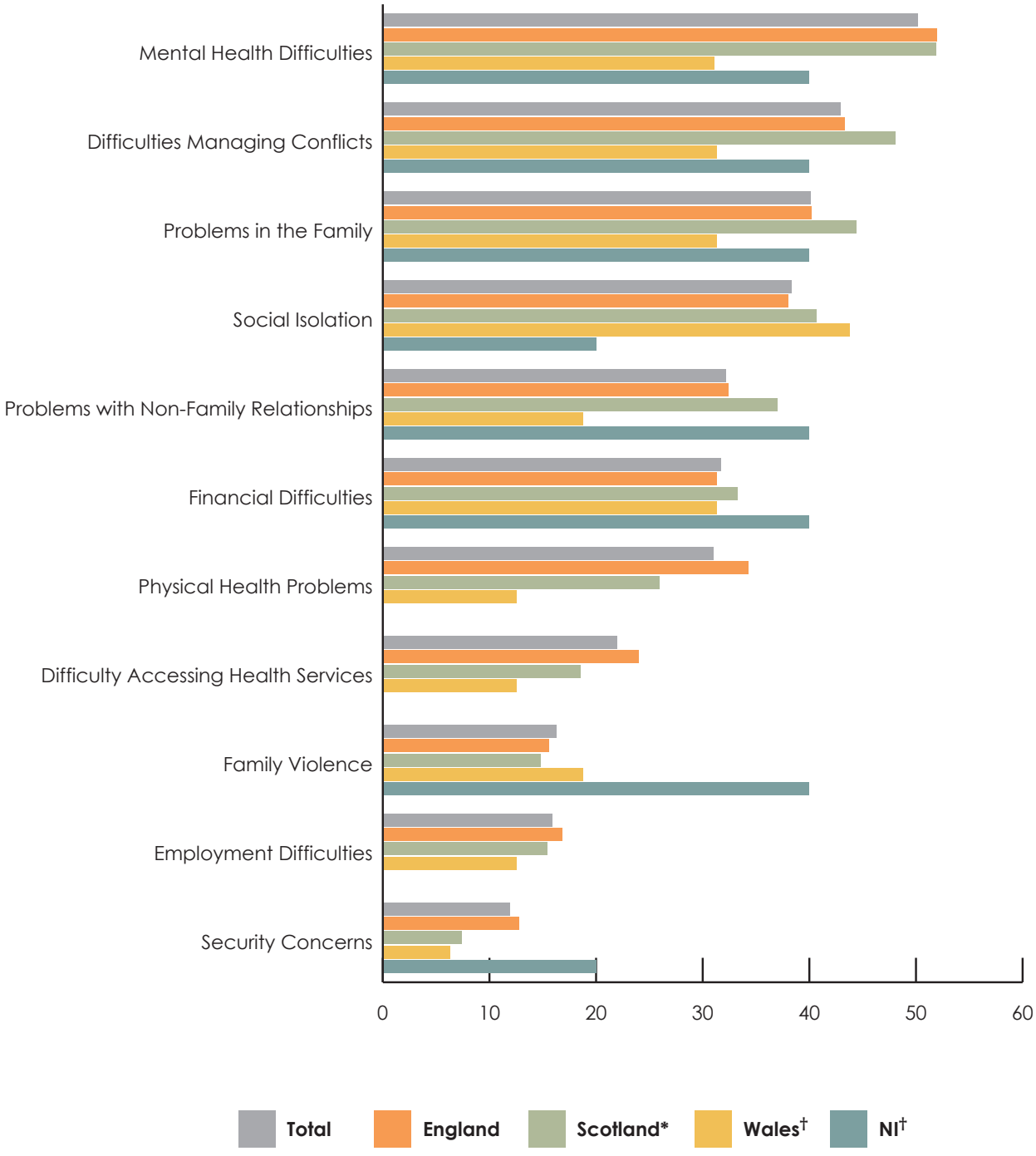
- The most common transition problems reported by partners were mental health difficulties, financial difficulties, and family problems.
  - Partners from England and Scotland rated physical health problems as one of their top three post-Service issues.
  - Partners from Wales and Northern Ireland rated social isolation as one of their top three issues.
- The most common transition problems reported by adult children were mental health difficulties, difficulties managing conflict, and family problems.
  - Social isolation was again endorsed as a key issue by adult child respondents from Wales and Northern Ireland.
  - Family violence and security issues were particular concerns for adult children in Northern Ireland.

Figure 3: Reported issues during military to civilian transition - partners



** N ≤ 20 † ≤ 10*

Figure 4: Reported issues during military to civilian transition – adult children



** N ≤ 20 † ≤ 10*

NB Some categories received no responses from NI participants.

Financial issues

Survey findings on financial issues

Nearly a third of partners and adult children and a quarter of veterans reported doing well financially (Figure 5). However, most respondents in all three cohort groups reported that they were only getting by with their current financial situation. A minority reported they were struggling financially, lower than the estimated 24% of UK adults found to be in financial difficulty in 2022 [12]. There was no significant difference in financial status for partners or adult children by nation. A significantly higher percentage of veterans in England reported doing well (26.0%) than veterans in Wales and Scotland (16.3%).

Interview findings on financial issues

During interviews, participants discussed their financial situation during Service and during and after transition which provide more insight into the findings above. Discussions of finances during Service were more apparent among partners than adult children. Financial issues were particularly pertinent in cases where veterans' discharge from Service was sudden or unplanned.

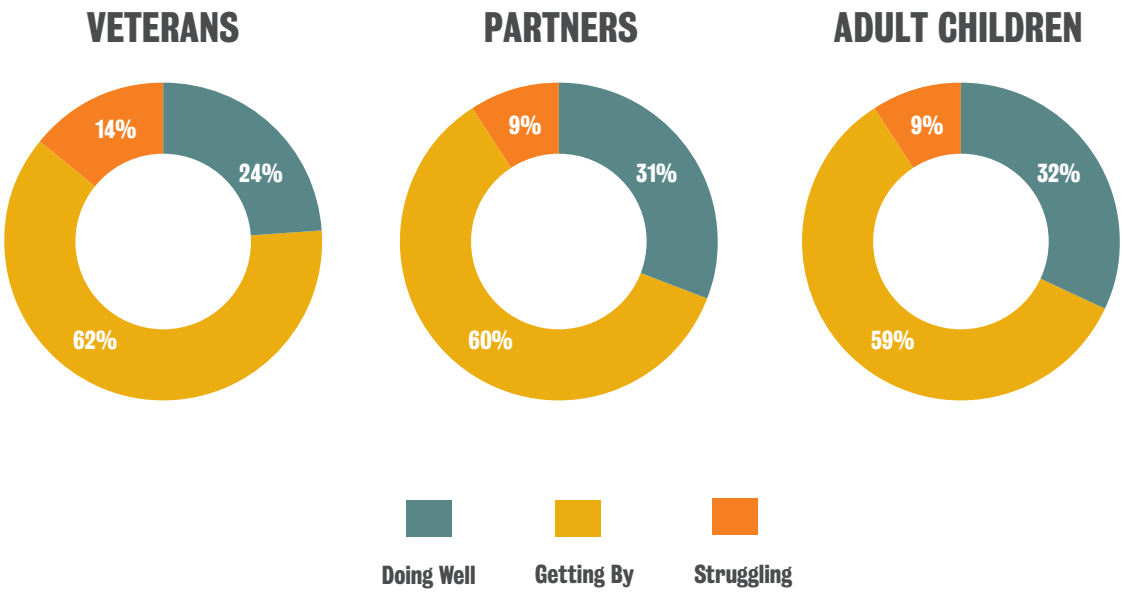
Finances during Service

Some participants explained how the nature of military Service and the benefits received such as housing and on-site catering meant personnel often had little opportunity to practice or advance financial skills, with little to no incentive to develop these skills if joining at a young age.

> *"I was 17 when I joined the Army. I didn't know nothing about paying bills or anything like that. I joined the Army, and I was like all that money is mine, yippee! And my wife was the same. She could go out and spend it, have a few drinks with her friends. She could go shopping and this that and the other. And she knew when that money ran out, she'd still get 3 square meals a day. In civilian life you don't get that." (ESIP01, RAF NCO, male)*

> *"He was rubbish with money. In the military they are not trained in how to manage their money. It cost me a fortune over the years looking after him financially." (WSIP05, RAF officer, female)*

Figure 5: Financial situation by cohort group



Finances during and after transition

Managing finances after military Service was challenging for some participants. As noted above, financial pressures could reach a zenith when personnel left Service due to a lack of awareness about managing the cost of living outside of the military or the cost of managing property.

> *"The hugest impact is after being in the military and everything is taken at source. The financial side of it is taken at source…when they say you are going, you are leaving, and this is the date you are leaving. There is no preparation around, you know this is going to cost you this amount per month and this is going to cost you this amount. You need to actually know how to pay these bills and where to pay them…none of that is conveyed over to people who are leaving. You're on your own. You've got to make your own applications to councils and apply for this that and the other. It's such a neglected part of leaving the military." (ESIP01, RAF NCO, male)*

> *"He would get stressed and start shouting at me about stuff like paying bills, he was so young when he was in the Army, and everything was done for him, and he found it hard to adjust to doing all that sort of stuff for himself. So, independence skills, he didn't have any support from the Army about living life after the Army…when he came out and we got together we got in a lot of debt because he wouldn't let me pay water taxes because he didn't think we should have to." (ESIP08, Army NCO, female)*

The impact on finances was particularly evident where discharge was sudden or unplanned.

> *"[He] had his own house so we lived there. Then he was injured [non-combat related]… he had to have surgery...then we had a phone call and that was it; 'You are discharged tomorrow'… here today, gone tomorrow. We ended up living off 4 grand after having two full time wages and a house. I couldn't go back to work as I had to look after him…we had to put the house on the market. It was sold for exactly the same he had paid for it, so we had no equity. That's when we tried to apply for a council house but were told we couldn't as we didn't apply before he was injured. We ended up in a flea-ridden, damp house." (WSIP02, Navy other rank, female)*

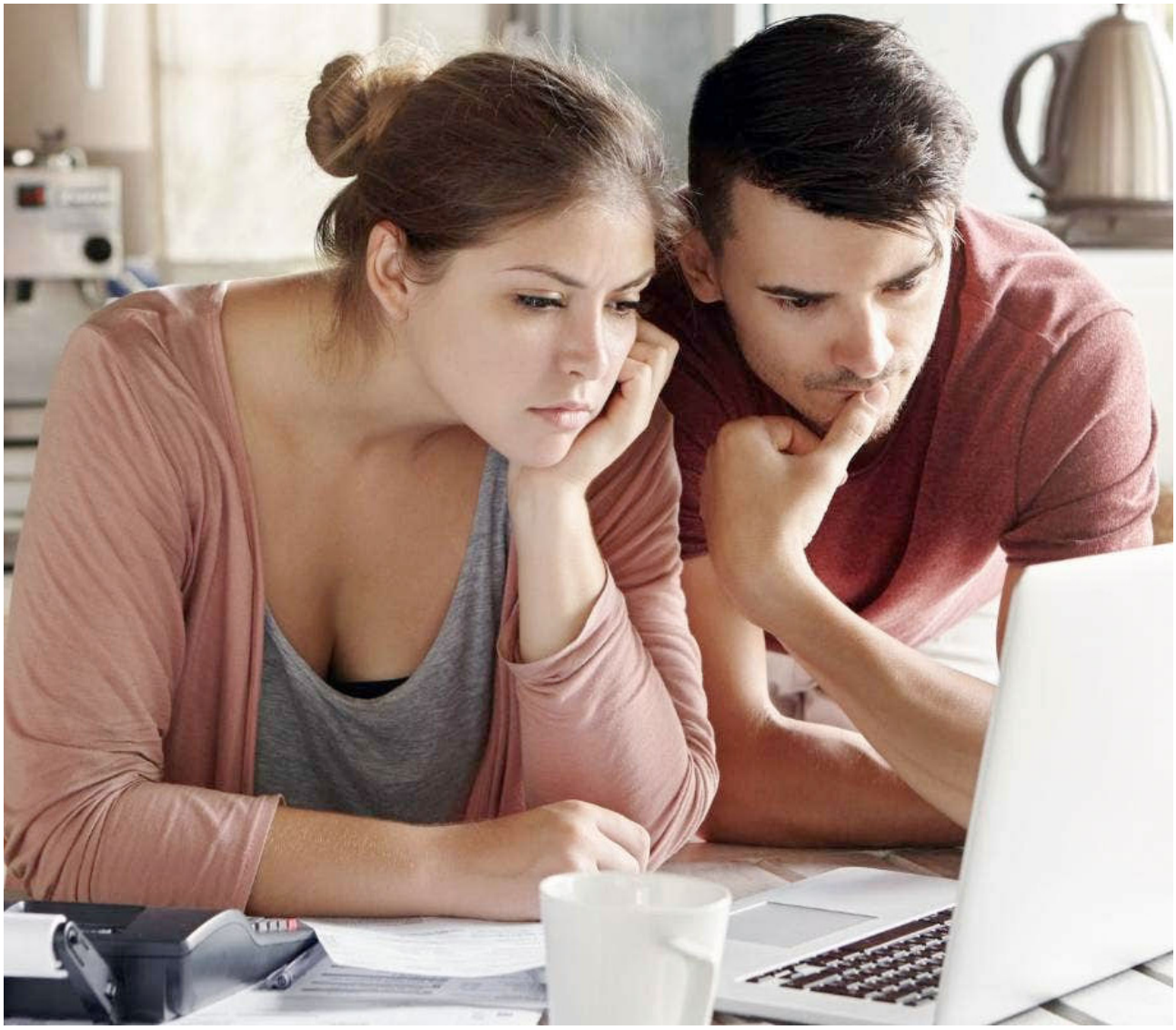
> *"We struggled in the house for food, clothes, carpets, furniture [after father medically discharged]. So, a lot of financial pressure. My mother was working 3 jobs at one stage. So, she was stressed and tired. She used to work with horses but then when my dad was retired, she'd work in factories, cleaning and doing all sorts to make ends meet. In the pub at night, anything she could get." (WAC06, Navy other rank, male)*

Adult children noted financial difficulties which centred around their experiences of childhood events such as birthdays or outings or relationship breakdown.

> *"He didn't want to leave, and it really impacted on the household. We had no money and he had to go find a job. The military told us we had to leave the accommodation we were in. It was a real strain on my parents. We had hardly any food in the house. Our birthdays were non-existent. They had a lot of financial strain." (WAC05, RAF NCO, male)*

> *"[Dad] left after 23 years' Service and he got his pension. There was money worries ongoing. Throughout Mum and Dad breaking up I remember Dad worrying about money and stuff. I was living with him, and he had to pay 5 and 600 pounds every month for CSA for my brother and sister. I'd always hear about it." (EAC03, Navy NCO, male)*

Caring responsibilities could exacerbate financial difficulties for families after Service. Participants discussed the long-term implications of trying to balance caring with employment, not only on their ability to work and have a career but also on finances.



"I changed my hours to try to combine work with caring, but it just wasn't working so I left completely. And I didn't want him to go into residential care because that would have cost a fortune, and he wasn't eligible for help with that. But then looking back I didn't consider it as long term, but it has turned out that way… my savings were eroded too. He lives with me. Thankfully we don't have a mortgage so that's fortunate." (WAC01, RAF other rank, female)

Transition could also be made more stressful due to the timing of financial decisions within the family along with wider political and economic circumstances.

"I remember it was quite of exciting [when veteran left Service] because it meant we could do more with the house as it was our house…it was quite stressful for my parents because it was during the time when interest rates went up. So, they had bought at the wrong time [laughs]. So, it was stressful for them financially because they were in a position they had never been in before." (SAC01, Army officer, female)

"Mum was in the RAF and had to leave when she became pregnant with her first child and back then you got chucked out if you got pregnant…my dad was made redundant. I

think it was Maggie Thatcher's time when she was scaling down the military and that really impacted them. They were nearly homeless, and they had to try to find another house really fast with little notice." (WAC05, RAF NCO, male)

Post-Service financial difficulties were reported to influence the wellbeing of families, including their role as parents and providers for their children and their ability to socialize with others.

"It's the emotional side of things that was the worst. Turning round to your kids and saying you can't have that. Like getting invited to the cinema or swimming and I'm like 'No you can't go. It's a case of I either feed you or you can go to the cinema'…other things like, you lose your social group because you can't afford to socialize much because you aren't working…it's humiliating actually. And then having to claim benefits. I had never been in a benefit building in my life. It was just a shock to the system. And then trying to make ends meet and make a normal life for everybody. It's always saying no to the kids. That was so hard." (WSIP02, Navy other rank, female)

A few participants described a more positive experience with finances. They expressed gratitude for their military pensions which provided financial security and discussed feeling confident in their abilities with budgets and other financial skills.

"You just saved, and you bought your own home. And often you'd be away from [your money]. So, it would be locked up much of the time. But it's a good wage and I've never smoked. I'm not a drinker. Don't do drugs. So, you just save. I'm good at living within my means. I never needed any financial help." (ESIP03, RAF NCO, female)

"I suppose part of what I will have to deal with is around looking after my mum's health. Pensions have been paid to her and in a way, we are fortunate in that all that has been sorted out. I think that largely speaking we have been pretty fortunate. I think we are very fortunate that we have military pensions. Because without that, life would have been very different." (SAC01, Army officer, female)

Others described taking deliberate steps to ensure poor habits developed in Service were improved upon and controlled.

"We have a mortgage. When we bought the house, he wanted it to go into my name because he is absolute crap with money. And he wanted everything to be secure for me and the kids." (WSIP01, Army other rank, female)

Summary of findings on transition and financial issues

- The three most commonly endorsed transition problems by partners were mental health difficulties, financial difficulties, and family problems, while adult children endorsed mental health difficulties, difficulties managing conflict, and family problems.
- Reported issues differed by nation, with partners from England and Scotland rating physical health problems as one of the top three post-Service issues and partners from Wales and Northern Ireland rating social isolation as one of their top three issues. Adult children in Wales and Northern Ireland endorsed social isolation as a key issue during and after transition.
- The interview findings highlighted issues with some personnel learning to manage finances as many bills and expenses were taken from their military salaries before they were paid. This could have implications for some veterans and families post-Service financial literacy was poor although some partners described taking deliberate steps to improve their financial standing on leaving.
- Financial issues were particularly pertinent when veterans were discharged unexpectedly without time to plan or manage employment or money.

2. Mental Health

Providing estimated rates of psychological health among veteran families, examining differences by nation, and identifying psychosocial determinants of these outcomes were some of the main aims of the UKVFS. The findings from the survey data are supported by interview findings describing lived experience of psychological health and of some of the factors influencing these symptoms. Mental health outcomes include post-traumatic stress disorder (PTSD), anxiety and depression, and alcohol misuse. Comparisons of findings with estimates from prior veteran and military family work and general population estimates can be found in the discussion section.

Post-traumatic stress disorder (PTSD)

Survey findings on probable PTSD

Probable PTSD among partners and adult children

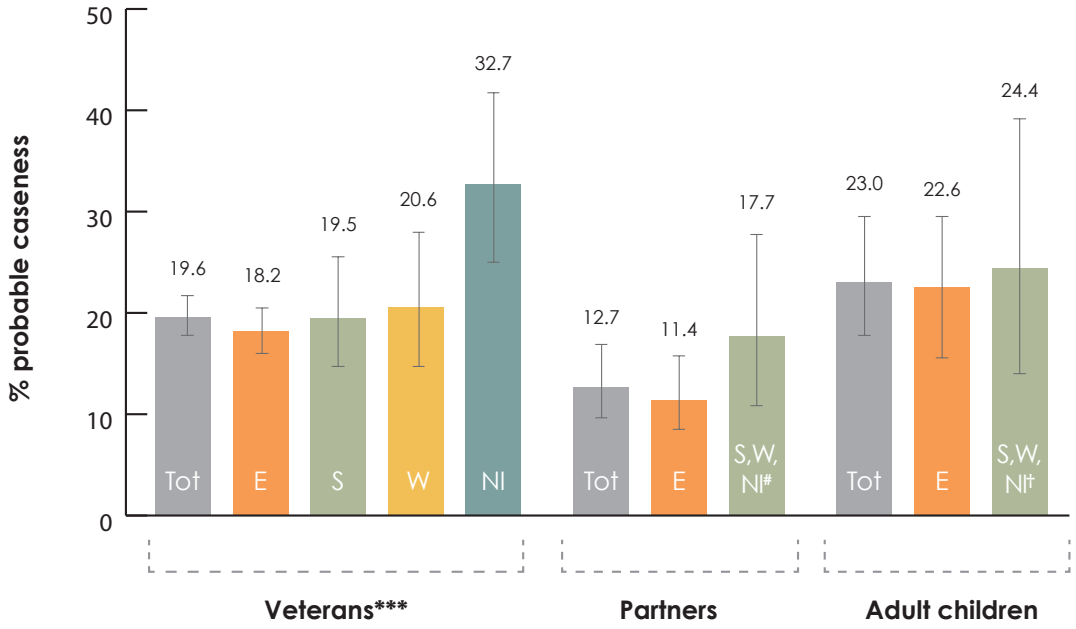
Out of the two family member cohorts, partners showed the lowest overall rates of probable PTSD (12.7%) while adult children had the highest across all three cohorts (23.0%) (Figure 6). There was no difference in the rates of probable PTSD among partners or adult children by nation.

Probable PTSD among veterans

As shown in Figure 6, a total of 19.6% of veterans were classed as having probable PTSD. Veterans in Northern Ireland were significantly more likely to

Figure 6: Probable PTSD among cohort groups and by nation

(Tot = Total; E = England; S = Scotland; W = Wales; NI = Northern Ireland



Based on PCL-5 ≥38 for veterans and ≥33 for partners and adult children. # N<20 Ψ N<15.

*Significant differences by nation *p<0.05 **p<0.001 ***p<0.001.*

be classed as having probable PTSD compared to veterans in England (32.7% vs 18.2%, p<0.001), a likely ongoing legacy of the Troubles. There were no significant differences between England and the other UK nations regarding probable PTSD among veterans. Differences between family members and veterans should be considered in light of the fact that different PCL-5 score cut-offs for veterans and partners were used as recommended.

Psychosocial determinants of probable PTSD among partners and adult children

Among partners, probable PTSD scores increased significantly for partners of veterans discharged from Service for reasons other than the end of their contract as well as for the partners of veterans of other ranks compared to officers and NCOs (Table 3). Although these findings are significant, the increase in scores is small across the groups, equating to a 0.3-0.6 increase in the total PCL-5 score. No factors were found to be significantly associated with probable PTSD scores among adult children, although this is likely to be due to low numbers rather than a lack of association.

Psychosocial determinants of probable PTSD among veterans

After accounting for socio-demographic and military variables in various models, veterans reporting other forms of discharge from Service, such as administrative, disciplinary, unsuitability, redundancy, or compassionate/family reasons, were approximately twice as likely to meet criteria for probable PTSD compared to those who left on completing the end of their contractual obligations (Table 3). Veterans not in a relationship were approximately 1.8 times more likely to meet criteria than those in a relationship. Probable PTSD was greater among veteran respondents who were in intermediate, routine, or manual occupations compared to those in higher managerial or professional occupations (1.4 times), unemployed veterans compared to those working (2.8 times), and among those reporting lower level qualifications compared to those with A levels or higher (1.4 times).

Table 3: Psychosocial determinants of probable PTSD among veterans, partners, and adult children

Veterans	Partners (PCL-5 scores)	Adult children (PCL-5 scores)
↑ Not in a relationship ↑ Employment status ↑ Lower qualifications ↑ Employment status ↑ Intermediate, routine, manual occupations ↑ Other form of discharge ↑ Other ranks	↑ Other ranks ↑ Other form of discharge	-
↓ Increasing age (years) ↓ Women ↓ RAF veterans	-	-

**Not adjusted in models due to low numbers.*

Probable PTSD was 1.2 times higher among other ranks compared to NCO and officers but significantly lower among RAF veterans compared to Army veterans. Probable PTSD decreased significantly with increasing age and among women compared to men among veterans.

Interview findings relating to probable PTSD

During interviews, a small number of participants shared their experiences of living with, and caring for, a veteran with PTSD or PTSD symptoms. Unlike the survey findings, interview discussions of PTSD centred on the impact of the veteran's PTSD on partners and adult children - no family members discussed their own PTSD symptoms. Three themes were created - veteran PTSD symptoms, moral injury, and the impact of veteran PTSD symptoms on family members, including caring responsibilities and emotional wellbeing.

Veteran PTSD symptoms

The ways partners described the emergence of veterans' PTSD symptoms varied. Some partners who were in a relationship with veterans during their time in Service explained how symptoms grew over time or were present when they met. Other family members explained how veterans' PTSD symptoms had been manageable during Service or did not emerge until after they had retired from fulltime employment or left the military.

> *"About three years into the relationship, I noticed a change...he started to get a bit snappy and a bit short tempered. I noticed it more with the kids than with me…it progressed on over time…I blamed myself and thought it was me, I was doing something to make him like that… there were times it was difficult and the nightmares at night, shouting." (NSIP04, Army NCO, female)*

> *"[PTSD is] like a pressure pot. When the lid is on it keeps everything bubbling inside and then when the lid comes off, that's when everything spills out. And that was how it was for Mum. It wasn't until after she left the Army that the PTSD manifested itself. Mum could go into a foetus position and not be able to function." (NAC01, Army other ranks, female)*

Partners expressed some of the challenges of living with someone with PTSD. Managing the veterans' symptoms restricted aspects of daily life or required great flexibility from partners in helping veterans manage their symptoms. Partners explained how some behaviours exhibited by veterans with PTSD were mirrored by children, and this often acted as a catalyst for seeking support.

> *"He never felt safe, ever. If we were out for a meal, he would have sat facing the door. Would have checked under his car and stuff like that. He wasn't a happy man. Seemed angry all the time." (NSIP06, Army NCO, female)*

> *"He had breakdowns. He'd lash out in his sleep to the point where I was getting hurt. He was great with the kids but simple things he couldn't do…I was ok until the kids came along and then I was worried about them, especially his shouting. He was never physically aggressive. It was more mental abuse and verbal aggression. So, I was concerned about the kids and especially when they started to copy his behaviour. Then I knew I had to do something about it." (ESIP08, Army NCO, female)*

Moral injury

Moral injury can be another common effect of trauma exposure. Moral injury refers to the psychological distress arising from enacting or witnessing events that contradict an individual's moral understanding of the world. Partners and adult children in England, Scotland, and Wales attributed mental health symptoms in veterans to potentially morally injurious events (PMIEs) that veterans had experienced during their time in Service.

> *"My dad's health hasn't been well over the past few years and his physical and mental health has gotten quite bad. I didn't realise he was dealing with survivor's guilt from his time in the Army. I grew up listening to the stories and I know what he's been through...he was going to commit suicide. And I'm the only one that he told that. He tried twice to kill himself. That has had a big effect on our family and a big effect on me. And a big effect on my relationship with my kids." (NAC03, Army NCO, male)*

> *"His trips to Afghanistan and Iraq gave him major anger problems. I went on this course run by two ex-Army guys, and they explained to me about PTSD and how to help him...*

I felt some of his behaviour was his nature and some was his frustration at not getting a promotion and his inability to make things better in Iraq and Afghanistan and dealing with crap equipment and the people he worked with." (WSIP05, RAF officer, female)

PMIEs were highlighted by a minority of largely Northern Irish adult children in relation to their own health and wellbeing. This related to either their father's involvement in contested military operations in Northern Ireland or because of the lack of perceived support for their parent from the military.

"I class myself as a proud Irish man and having to keep what I found a shameful secret and that didn't sit well with me. I felt it was morally wrong for the British Army to be in Ireland. I felt it was morally wrong of my dad to be in the British Army. I felt it was wrong of him to put us, his family, in the situation that he did, losing our house, having to move around, losing friends, feeling ashamed of my dad and myself, feeling like a traitor to my country and my community and my background, the fear and having to keep secrets that were a matter of life and death, living like a double agent, having to move to England, feeling hated by the people around me in England for being Irish. There are no two ways about it, it was all wrong, all of it." (NAC04, Army NCO, male)

"The Army didn't show any kind of respect for what we endured. The way that Mum would have been spoken to and treated…they didn't take the fact that she had children into consideration at all. They pushed and pushed her. She was caught up in stuff and couldn't talk about it. She might have been there with us in person, but she wasn't there emotionally for us, and we couldn't complain because she was struggling to survive day to day as a soldier in the Troubles. Then when the Army was done with her, they dumped her...I'm left feeling that all the sacrifices she made and the childhoods of fear that we are still living with today, how was that worth it? I feel resentment for the Army who abandoned my mum." (NAC01, Army other ranks, female)

The impact of veteran PTSD on family members

Partners and adult children described various impacts that veteran PTSD symptoms had on their own health and wellbeing, from caring responsibilities and emotional wellbeing. This included the adaptation made to their day-to-day lives to support their veteran family member.

Caring responsibilities

Partners of veterans who described caring for veterans with severe PTSD symptoms explained how supporting their partner during times of crisis often required intense management and support of the veteran. This included supporting basic self-care activities, helping de-escalate states of arousal, managing triggers and the side-effects of medications, all whilst balancing the everyday demands of managing the family home and other responsibilities.

"He goes through periods where he barely speaks or even gets out of bed. And I'm trying to work. I try to put in a routine during the week. Things like encouraging him to get up, to have a shower. When he's bad he doesn't even care for himself or eating. So, I have to cook food or have snacks in when I'm at work…the caring elements of it are more and more… it does sound very one-sided but when I'm feeling bad, he will also care for me if he has the capacity." (ESIP07, Army other ranks, female)

"I had to anticipate the triggers. So loud noises would set him off and I was constantly living in a state of tense anticipation…he's very easily triggered, like a car backfiring or fireworks. I feel the trigger almost as much as [husband] because I'm dealing with it….it impacts my entire life. Like any time, he goes out by himself I'm worried he'll be triggered by something and I'm not there to help him. And so, I worry the while time he's away. Then there's the medication that he is on is very strong. So, a few times he's fallen asleep in a park, and I haven't been able to get a hold of him. I've been very worried. I'm always on edge and

The caring responsibilities performed by family members were heightened during times of crisis. This could involve lengthy periods of emotional support for veterans to reach a place of relative calm within the family or aiding veterans to process more acute and violent episodes of PTSD they had experienced at potential risk to themselves.

"I helped him. We talked in the middle of the night. I was there when he was screaming and we talked, even though I had to get up for work the next day. I made him talk. I was there for him. I worked with his moods. I don't know if that was the right way to deal with things. But we have got to the stage now and it took [more than twenty] years, but I can cope with it now. Now he is not as bad as he was. The physical pain has now taken over from the mental trauma. But it doesn't help his mental state but it's a different kind of depression. He still has his withdrawal times, but they are less and less." (NSIP04, Army NCO, female)

"There were thunderstorms…he was in the middle of the shop, and he couldn't move. For him, it was like bombs going off and he absolutely just froze…he had got himself really worked up by this stage. He came into the hotel room, and he was like a monster… he hit me in the back of the head, and he's got no recollection of it. He ended up being arrested for assault on me. The aftermath was me having to explain why he was waking up in a police cell as he has no recollection of it or what he had done. Then he goes back into himself again and he's depressed. He won't get out of bed. He just lies there. He can't sleep and he just lay in bed for three weeks." (WSIP01, Army other rank, female)

Caring restrictions on employment

Partners and adult children involved in caring for veterans with PTSD explained how these responsibilities often limited their ability to engage in employment. Carers described having to stop work or turn down employment opportunities due to the unpredictable nature of veteran PTSD symptoms or the inability of employers to provide flexible working conditions that allowed them to provide care to the veteran. Some participants discussed multiple caring responsibilities and the impact of this not only on employment but on partner stress and wellbeing.

"I can't do as much [work] as I would like to because of [husband's] needs and he is my priority. And people that I work with, and my family and friends don't understand the gravity of the situation and that it can be a matter of life and death when I don't know where he is or when something sets him off. You can't convey it to them. They see him as a Royal Marine who can take care of himself. They don't understand, not properly. And then I also want to protect his privacy as well and sometimes it's not even appropriate to divulge the full details." (WSIP03, Navy NCO, female)

"Neither of us work, him because of his PTSD and me because I am his full-time carer and the carer for my children who have complex needs…I look after everyone. I do all the jobs, look after the kids, do the cooking and cleaning and look after the finances. My husband just isn't capable anymore. He can't deal with stress. Everything falls to me to take care of. And I struggle to do it all myself and sometimes I have to cut corners and just do barely enough to get by. I home school the kids and I look after my husband and that's about it." (SSIP01, Army NCO, female)

The impact of caring on employment was heightened for participants in Northern Ireland, who also felt the need to obscure the veteran's military status due to ongoing security concerns to protect the family.

"I still feel the legacy of the secrecy today though and I find it difficult to talk about what my mum did. It is still really difficult to be open with people because you're not sure how they will react. I'd be very cautious. When I was working there were times when I had to lie [about mother's military Service]. I also had to reduce my hours because Mum needed hospital appointments and psychiatry appointments…there is only so many times that you can say your family needs you before people start asking questions…I had to tell my managers in the end. Eventually, I had to then reduce my hours to look after her." (NAC01, Army other ranks, female)

Shielding from unpredictability

Partners played a key role in shielding the family from the impact of veteran PTSD symptoms. Partners described bearing the brunt of PTSD symptoms as being difficult and reflected on the need to moderate the veteran's mood and behaviours during times of greater symptom severity. Shielding children from inappropriately militarised parenting from

the veteran was reported as were safeguarding concerns regarding their children and the mental health of the veteran.

> *"[He would be] fine one minute, all smiles and then suddenly it was like World War 3 in the house. I could have had something come flying past me out of the blue. It was like walking on eggshells around him. He wasn't physically violent to me or the boys, but he would have given the boys a smack on the legs for being bold. It was like the Army had taken over his brain. The kids had to have their room, their wardrobe like it is in an Army barracks…I wasn't afraid of him but sometimes when you aren't expecting it, he would have made me jump. And a few times I would have had to tell him that's enough when he was being too firm with the boys." (NSIP06, Army NCO, female)*

> *"And last year the children ended up on the child protection register because of his mental health. Even then, they did nothing to support. So yeah, that's really difficult." (WSIP01, Army other rank, female)*

Some partners reported how younger children were able to demonstrate understanding of the need to regularly change or adjust plans for their parent veteran to aid and manage their symptoms. However, this was often because it was normalised by the non-veteran parent.

> *"[The children] don't know any different. It's just Daddy. They kind of accept it when I say, 'Daddy isn't well. He's going to stay at home today and we'll go off and do something'. They accept that. But it is really difficult because when we plan to do something, I've got to plan for him coming but quite often he won't, because he can't handle new people. He's constantly on alert. He gets really, really anxious to the point where he will put himself in the bedroom and that's where he'll stay until we come back." (WSIP01, Army other rank, female)*

The performance of additional emotional labour in managing veterans' symptoms, alongside multiple caring and household responsibilities, could have negative impacts on the health and wellbeing of carers. The lack of support for this participant to seek out their own needs was clearly communicated, as was the influence upon their own mental health and social connections.

> *"[It's] really hard. It's exhausting…the kids and I have to walk around on eggshells because my husband gets so angry at everything. He completely withdraws for days on end…I have to take care of everything. I run the house and am just constantly seeing to everyone's needs. I feel anxious a lot and very lonely and isolated." (SSIP01, Army NCO, female)*

Emotional wellbeing of family members

Partners and adult children described various impacts that veteran PTSD symptoms had on their own emotional wellbeing, self-worth/sense of self, employment opportunities, and the adaptions they made to a family environment which could sometimes be emotionally volatile.

Partner identity & self-worth

The focused care of veterans described by family members could take place over many years and required a great deal of mental input from partners in particular. Some partners reported that the continued and intensive focus upon the health and wellbeing of the veteran over and above their own could have implications for their identity and led to partners mourning the loss of an equal relationship and sense of independence.

> *"It's very isolating. It continually comes back to the veteran and his needs and it's so easy to lose yourself in that. It makes you feel that his needs are the more important than yours because he is the one who served and so he is more important than me. I feel that before the PTSD, we were an equal partnership, and I was a person with an identity in my own right. Now I feel that I have lost that identity, and I am more his carer than his equal partner in this relationship. It seeps into every aspect of your life." (WSIP03, Navy NCO, female)*

> *"Our relationship changed from a couple's partnership to me becoming his carer… my mental health was poor and I qualified for PIP and get about £65 per week [carer's allowance]… I think I've forgotten how to have fun and I've definitely become more cynical. I don't actually feel like I exist in terms of being important or having needs of my own." (WSIP04, Army other ranks, female)*

Despite the difficulties managing work and caring, some partners explained how they had made deliberate decisions to continue fulltime employment to support their own mental health and wellbeing. Employment was reportedly an opportunity for partners to seek and develop alternative identities outside of their home life which helped mitigate some of the impacts of caring for veterans with PTSD.

> *"I work full time still because although I love him dearly, I can't stick being with him full time at home because I would just get down myself. I can now feel very irritated by it and find it difficult. And because his mobility is bad and he's tired all the time, we can't go out. So, he's basically housebound. And he doesn't want to go out…I know he loves me, but I feel the relationship has been very uneven over the years because I've done all the work…I've always been giving in this relationship rather than given to." (NSIP04, Army NCO, female)*

> *"When he was so bad, I felt like I had lost my identity and it kind of stripped away my self-worth and I had very low self-esteem. I still have but I can disguise it well. I'm good at hiding it. Working [at charity] has really helped me a lot because I know how capable I am. I went up the ranks in my nursing career, so I know I'm capable but inside I feel worthless. The loss of identity was a big thing for me for years. And I firmly believe that was caused by him channelling his PTSD towards me. He made me feel like it was all my fault." (NSIP04, Army NCO, female)*

Symptoms of veteran PTSD as described by partners included not only the unpredictability of symptoms, but specific symptoms such as emotional withdrawal and dismissiveness. These experiences were reported to be particularly unsettling for partners, particularly when considering their perceived value within the relationship.

"When you go home you don't know what you are going home to. Are they going to start ranting and raving at you and saying you did this, and you did that and blaming you for everything? Or are they going to be totally withdrawn and not even acknowledge you are even there? See when that happens time, after time, after time? That diminishes you so badly. But when you feel like you are not being cherished and loved in a relationship, you start to feel worthless. I've not lovable." (NSIP04, Army NCO, female)

"During the withdrawn periods he would just have made meals for himself and not made for me. It was as if he was cutting me out of his life. That took a long time to get used to. Can you imagine the impact that has on me inside? I'm not worth anything because he's ignoring me, and it just wears you down. And you don't realise it at the time. You think you can brush it off…I had terrible stomach churning going into the house because I didn't know how I was going to find him. Sitting in silence for the whole evening, going to bed in silence, leaving the house for work in silence…I was tiptoeing around him so as not to make him any worse and blaming myself." (NSIP04, Army NCO, female)

Emotional impacts on children

Some adult children described their responses to veteran PTSD symptoms as more minor emotional concerns such as worry or concern in response to anger or irritability and desire to keep the peace. They reported developing a fearful awareness of maintaining distance from the veteran until their symptoms had reduced or disappeared.

"At the time he was quite angry. And at times his mood was not great. So, there was at times, we would sort of try and not make that worse, make how he was feeling worse. So, trying to keep things on an even keel. So, it does affect you in that way and if he had been able to get some sort of support around that it would have made things better for him and better for us…we would just sort of try and stay out of the way [laughs] and just wait for it to sort of blow over…I do remember feeling a little bit worried at times. But you know that was just the way it was. Just keep quiet and keep out of the way and wait for him to calm down." (SAC01, Army officer, female)

For others, the anger expressed by the veteran due to PTSD or injuries sustained during Service were more difficult to process as a child and were described as leading to fear of the veteran and elevated stress responses. While none of the participants noted physical violence, exhibitions of anger or irritability were upsetting and memorable for adult children, even at the time of interview. Participants reported particular challenges when they were older adolescents, especially if there was an implicit sense that that child should also have caring responsibilities for the veteran. One participant, for instance, described how family difficulties surrounding his father's symptoms of PTSD and other issues contributed to a feeling of losing control, which he attempted to regain by self-harming.

"A little tiny thing could go wrong, and he wouldn't be able to handle it. His temper would then be like explosive. Like if he was looking for something and couldn't find it, the frustration would explode out of him, just pure anger… he was never violent or anything. He would just shout and rant about it for a while...because it would come out of nowhere it would make you feel nervous...it kind of makes your fight or flight reactions kick in and then he calms down, but your fight or flight reaction is still up high." (NAC05, Army NCO, female)

"I remember feeling overwhelmed. I felt that my family was breaking down and I felt that I had no control over it. I knew my dad wasn't ok. Sometimes he would leave the house late at night and then I would hear that he had left, and I'd sit up worrying that he wasn't going to come back. Or that he was going to do something stupid…I remember all my feelings would build up and up and [self-harming] was the only way I could release it. It was like hurting myself relieved the way I was feeling…it seemed my life was falling apart and there was nothing I could do to stop it or to fix anything." (EAC06, Army NCO, female)

Intergenerational trauma - the legacy of childhood experiences

While only mentioned by a few adult child participants, some hypothesised about the connections between the traumatic experiences of their loved ones and their own wellbeing/ mental health. In this regard, this theme refers to the intergenerational legacies of trauma as perceived by participants.

"My missus says she can see the effect my upbring has had on me. I have had ups and downs and I have had nightmares. I had nightmares for six months after he tried to kill himself…I have nightmares about the things that happened when I was a kid, car bombs going off and stuff. I know that my dad being in the Army in the Troubles has had a big impact on his mental health and in turn has had a big impact on my mental health. It seems that it is also affecting my own kids too as we clash a lot, and they think I'm too strict and controlling. So, the effects are generational, and they are massive for the entire family." (NAC03, Army NCO, male)

"Dad comes from a military family and his dad has issues with PTSD. My dad has been affected by that and so has the rest of the family." (WAC07, RAF NCO, female)

Some adult children linked their current problems to being a child of a father with PTSD. Although these experiences happened many decades ago, adult children perceived long-term implications for their emotional wellbeing, particularly in relation to anxiety. For some adult children, their hypersensitivity to conflict or tension to monitor their father's mood and avoid escalating behaviour or triggers was perceived as negatively impacting their ability to be assertive about their own needs within their adult relationships.

"I was just worried about him. I think seeing him struggle with his mental health was the worst part for me. I have my own mental health issues too. I am a nervous person and I worry about stuff. I get stressed out easily. I don't know if it stems from my dad being in the RAF or not. My boyfriend is forever telling me to calm down. I get nervous and as soon as something goes wrong, I go into panic mode. I get stressed over money. I've never had a lot of money. My mum has a bit of a gambling problem and I get stressed a lot about that. I remember having to buy food for my sisters and send money because my mum had gambled it. My dad doesn't know about it." (EAC09, RAF officer, male)

"I hate confrontations to this day and tend to shy away from conflict instead of dealing with it head on. I suffer from anxiety myself and maybe that's because of the way he was…my partner understands the issues with Dad. He's very patient…he knows I don't like arguing and he knows I'm nervous and why… the only real impact is his mental health and how it has affected my mental health and made me a very nervous person." (SAC05, Army officer, female)

Summary of findings relating to probable PTSD

- Approximately 20% of veterans and partners were classed as having probable PTSD, while 23.0% of adult children were classed as having probable PTSD.
- Significantly more veterans in Northern Ireland were classed as having probable PTSD compared to veterans in England. No other significant differences were found by nation for any of the cohort groups.
- Psychosocial determinants of probable PTSD differed across the groups. Risk factors included:
  - Veterans who were not in a relationship, who discharged for reasons other than end of contract, and lower ranks.
  - Veterans who may have struggled post-Service such as those who were economically inactive, possibly due to poor mental health, with lower qualifications and those working in lower skilled occupations.
  - Partners of veterans of lower ranks and who discharged for reasons other than end of contract.
- Probable PTSD was less likely among older veterans and RAF veterans.
- Qualitative findings focused on the impact of veteran PTSD on family members, especially when caring responsibilities arose. Caring could limit employability, although some partners took great pains to retain their employment to maintain a separate identity. Caring also involved shielding other family members, especially children from PTSD symptoms in times of crisis, and maintaining family relationships through a series of different approaches.

- Partners and adult children explained how PTSD and caring could impact their identity and self-worth, especially where they had to take on caring responsibilities.
- Adult children and partners both described the impact of parental PTSD on children. This ranged from minor issues to more difficult emotional responses, as well as influencing future romantic and platonic relationships.
- Although only mentioned by a few participants, intergenerational trauma was described in relation to participants understanding how their own trauma experiences intersected with that of the veteran and of earlier generations.

Anxiety & depression

Survey findings on probable anxiety & depression

Probable anxiety & depression by cohort group and nation

Overall rates of probable anxiety and depression for each cohort group and by nation are shown in Figure 7 and Figure 8. Nearly a quarter of veterans were classed as having probable anxiety (24.4%) and almost a third were classed as having probable depression (32.4%). Findings were similar for adult children (anxiety 23.0%, depression 30.1%) – however, caution should be applied given the small number of cases in this group. Among partners, just over a fifth were classed as having probable anxiety (21.5%) and just over a quarter for probable depression (26.2%).

When looking between nations, probable anxiety was significantly higher among veterans from Wales compared to England ($p<0.05$) but there were no differences for probable depression. Despite variation in the percentage of partners and adult children classed as having probable depression and anxiety by nation, no significant differences were found for either outcome.

Figure 7: Probable anxiety among cohort groups, total and by nation

(Tot = Total; E = England; S = Scotland; W = Wales; NI = Northern Ireland

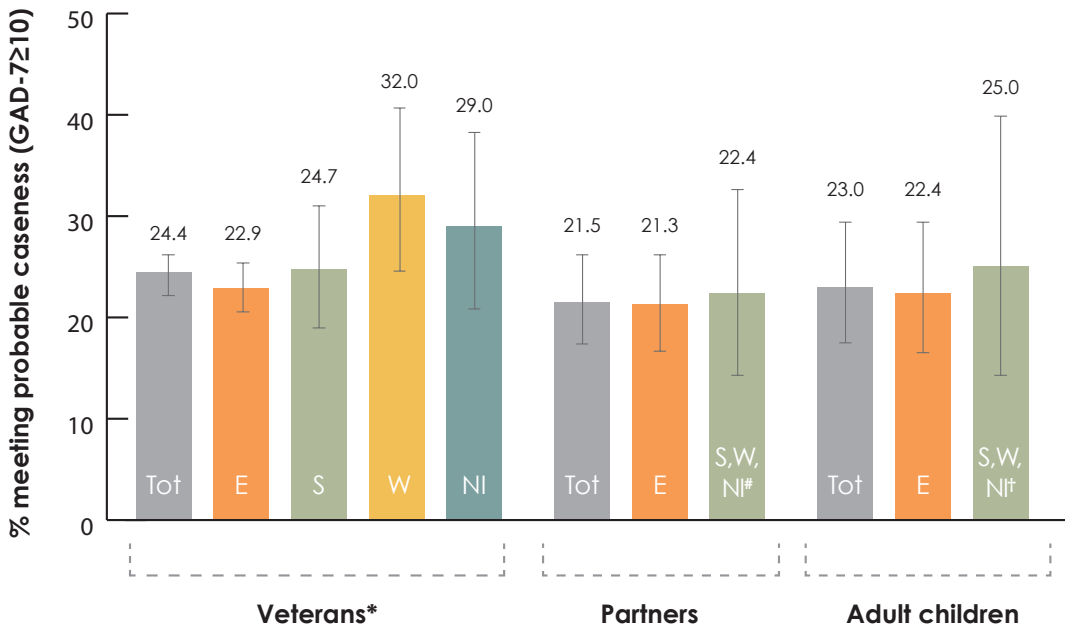
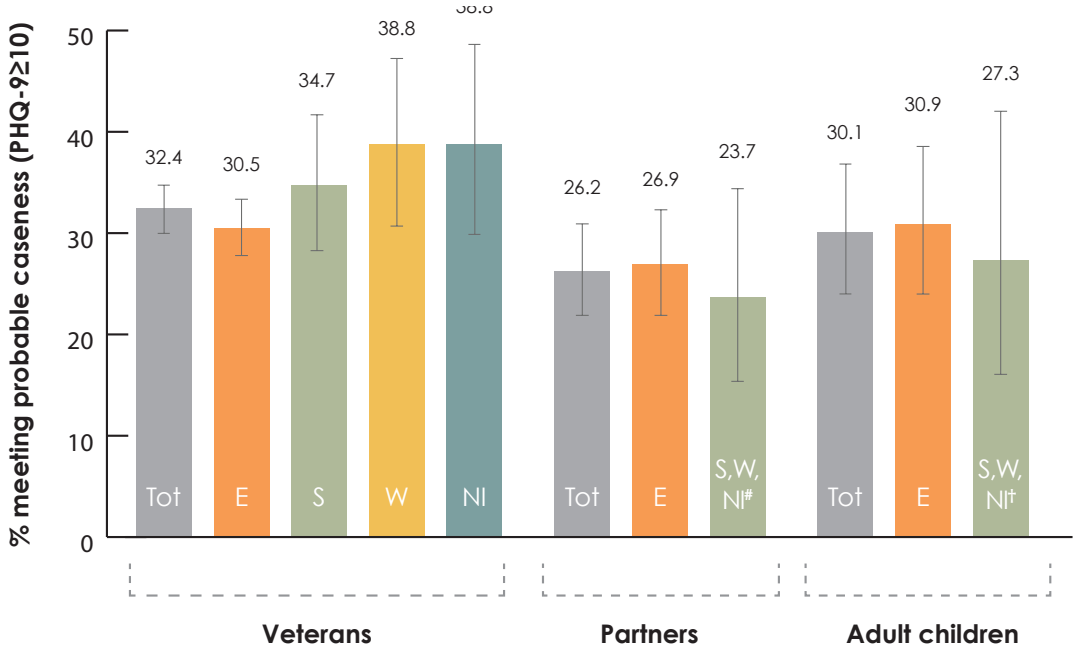


Figure 8: Probable depression among cohort groups, total and by nation

(Tot = Total; E = England; S = Scotland; W = Wales; NI = Northern Ireland



#=N<20 †=N<15.

*Significant differences by nation *p<0.05 **p<0.001 ***p<0.001.*

Psychosocial determinants of probable anxiety & depression among partners

After adjusting for socio-demographic and military factors, partners of veterans of other ranks were nearly three times as likely to be classed as having probable anxiety compared to partners of NCO or officer ranked veterans while older partners were less likely compared to younger partners (Table 4). No other factors were significantly associated with probable anxiety among partners.

After adjusting for age, partners in intermediate occupations were nearly twice as likely to be classed as having probable depression compared to those in higher managerial occupations after adjusting for age (Table 4). Improved financial situation was also associated with lower depression among partners after adjusting for age. Another model looked at rank rather than socioeconomic classification and found partners of veterans of other ranks were 3.5 times more likely to meet criteria for probable depression than the partners of officers or NCOs.

Psychosocial determinants of probable anxiety & depression among adult children

After adjusting for socio-demographic and military factors associated with probable anxiety, adult children of veterans from other ranks were more than 2.5 times likely to be classed as having probable anxiety compared to the children of NCOs or officers (Table 4). In another model, adult children in intermediate, routine, or manual occupations were twice as likely to be classed as having probable anxiety compared to those working in higher managerial occupations.

Similarly, adult children with intermediate, routine, or manual occupations were 2.8 times more likely to be classed as having probable depression compared to those in higher managerial occupations after adjusting for socio-demographic and military factors (Table 4).

Table 4: Psychosocial determinants of probable anxiety and depression among veterans, partners, and adult children

	Veterans	Partners	Adult children
Anxiety	↑ Not in relationship ↑ Other form of discharge	↑ Other ranks	↑ Other ranks OR ↑ Intermediate/routine/ manual occupations
	↓ Increasing age (years) ↓ Doing well financially ↓ RAF veterans	↓ Increasing age (years) ↓ Doing well financially*	- ↓ Men*
Depression	↑ Not in relationship ↑ Intermediate occupations ↑ Routine / manual occupations ↑ Other ranks ↑ Other form of discharge	↑ Other ranks OR ↑ Intermediate/routine/ manual occupations	↑ Intermediate/routine/ manual occupations
	↓ Increasing age (years) ↓ Doing well financially ↓ Living in village/rural area ↓ RAF veterans	↓ Increasing age (years) ↓ Doing well financially*	↓ Doing well financially*

**Not adjusted in models due to low numbers.*

Psychosocial determinants of probable anxiety & depression among veterans

After adjusting for socio-demographics and military factors associated with probable anxiety, veterans who were not in a relationship were 1.7 times more likely to be classed as having probable anxiety compared to those in a relationship (Table 4). Veterans who reported leaving the military through other forms of discharge (e.g., medical) were also 1.7 times more likely to be classed as having probable anxiety. Probable anxiety decreased with increasing age and was less likely among veterans that were doing well financially and those who served in the RAF compared to those 'getting by' or 'struggling' and those who served in the Army.

Veterans who were not in a relationship were approximately twice as likely to be classed as having probable depression compared to those in a relationship after adjusting for other significant factors (Table 4). Veterans reporting discharge other than usual end of term were nearly 1.7 times more likely to be classed as having probable depression as were veterans of other rank compared to officer rank. As with probable anxiety, probable depression was less likely among those who reported doing well financially and RAF veterans compared to those 'getting by' or 'struggling' or Army veterans, respectively. Living in a village or rural area was associated with reduced probable depression as was increasing age.

Interview findings relating to probable depression & anxiety

During the interviews, discussion of depression by family members mostly centred on veterans' post-Service experiences and partners' mental health during their time in the military community. Experiences relating to symptoms of depression and anxiety included coping with military life, secrecy and security, and adjusting to post-Service life by veterans and provide additional understanding of some of the influences on the psychosocial health of veteran families.

Coping with military life

Both partners and adult children discussed difficulties coping with aspects of military life and felt that this impacted their health and wellbeing while part of the serving community. During Service, the frequent absences of military personnel could be difficult for partners to manage, especially at key times like the arrival of a new child. A lack of support for postnatal depression was discussed by one partner.

> *"He must have been [deployed] for at least two and a half years. And when I had [youngest child], [veteran] went away on deployment and was away for 8 months. It was a challenging time, I had a new baby. I was extremely tired. We have moved house in the same time...then he came home and then he was away again in a couple of months, and back after two months and then away again. And then I did hit a brick wall and had a period of depression… I knew what was wrong with me. I was just shattered. I was exhausted and tired." (ESIP04, NCO, female)*

> *"Wives were not supported at all. I didn't know about post-natal depression which I had after the birth of our first child. I went to the doctor and described how I was feeling and the male doctor, he said I had flu. I told him how I was feeling again, and he offered me tranquilizers which I declined." (SSIP02, RAF officer, female)*

Some partners expressed how their role of mother, wife, and carer could be in direct competition with the 'greedy' nature of the military and led to poor health and wellbeing, with some symptoms severe enough to require medication.

> *"We struggled for about four years to get him help [for PTSD]… I had depression and had to go on medication. I had to have counselling… but I felt everything was a temporary solution until we got the family therapy which, touch wood, has really helped and things haven't gone back to how they were." (ESIP08, Army NCO, female)*

> *"[I'm] very self-sufficient. I'm resilient. I [love] mothering and love to take care of people. But definitely my finances and mental health were greatly impacted upon. I always felt secondary to the military as that was the most important thing to him. Queen and country as he put it always came first. He put me through a very bad time [tearful]. Being rejected time and time again for the Army really does have an impact on you." (WSIP05, RAF officer, female)*

Such difficulties didn't necessarily resolve after leaving Service, with partners describing how the hectic nature of their lives carried over from their time as a 'military wife'.

"Anxiety. And I feel like I'm on autopilot most of the time. Going to work, looking after the children but in terms of illness, I don't really get poorly. And then, even if I am, I don't have time to get poorly [laughs]." (WSIP01, Army other rank, female)

Some adult children discussed the inability of their non-serving parent to cope with the absence of their serving parent. This was reported to impact the relationship adult children had with their mother at the time. Descriptions of taking on a range of adult responsibilities within the family home due to the inability of their mother to manage as largely a sole parent were also given.

"I saw my mum struggle a lot and that really impacted upon me as a child because it made her relationship with me a bit disjointed. My dad used to go away a lot and I remember being very excited when he came back. I had a very good relationship with my dad. So, when he came back, and I remember now that excitement when he came back." (WAC05, RAF NCO, male)

"I think I've had to grow up quite quickly. I used to have to help her a lot. Like get lunch ready, help look after my sisters. Help them with their homework and stuff. And I remember my dad telling me I was the man of the house. Mum was a care assistant and has done cleaning jobs too. I feel sorry for her because every time we moved, she didn't have any of her family to help her. She didn't have a support network apart from the friends and neighbours on the base." (EAC09, RAF officer, male)

Adult child descriptions of their own health and wellbeing were not as evident in the interviews. There were expressions of social anxiety in new environment, as well as stress and worry about being able to appropriately live up to the highly militarised expectations of their serving parent but these tended to be presented as minor issues despite descriptions of physical violence.

"I went to kindergarten in Germany and two primary schools in the UK. I remember the first day. It was a school trip. I had to get on a bus with 30-odd kids. I had no idea who they were. So that made me quite anxious. I didn't have time to settle in and get to know people. I was just chucked in." (WAC09, Army NCO, female)

"The military things rub off on you, like being organized. At times it was difficult. The hoovering was excessive (laughs). I always had to have my kits and stuff spotlessly clean…it made me feel anxious. Not that I was scared of [Dad] or anything. But I'd rather upset my mum than him and the outcomes would be more severe from him. He wasn't physically violent, but we did get a slap from time to time but it did me no harm. I think, looking back it made me think before I acted so it was a good thing." (EAC03, Navy NCO, male)

Only two adult children described symptoms of mental health problems during their childhood or adulthood. For one, this stemmed from bullying during their fathers' infrequent absences and their reluctance to discuss this issue with their family at home due to the perception they were responsible for the family during their father's absence. For adult children in Northern Ireland, their current experiences of anxiety were linked to concerns about their father's safety, as well as own experiences, during the Troubles.

"He wasn't away regularly. Only a couple of trips and I found them difficult. I was the only boy and there are certain things you don't want to talk about to your mother or sisters…I also had this mentality that I'm the man of the house and I will look after my mum and sisters. So, for an eight-year-old boy, that was quite stressful and quite draining. He was away a lot more in my teenage years and I found that very hard…if I'm honest there were times when I felt quite depressed and quite low. Quite isolated. I was bullied quite a lot when I was younger…[when he was away] you couldn't tell him the extent of the problem and the effect it was having on you. You wanted to enjoy the time when he was there and not worry about him leaving or him worrying that you will be ok." (EAC04, RAF NCO, male)

"I suffer in terms of my own mental health. I have to take antidepressants to help me with the anxiety. I have had counselling which helped a bit. I just got that through my GP.

The counselling has helped me to talk about stuff that happened, not just the stuff about being worried about Dad and our safety, but also things that I saw…I remember [a] soldier charging at us and herding us like cattle with their guns. One of them hit my younger brother who was about 5 at the time…my brother was left with a big gash on his head, and we had to go to hospital to get him stitched. I'll never forget that." (NAC07, Army NCO, male)

Incidents of self-harm were also discussed by some adult children.

"When I came to England, things just really went downhill. I started cutting myself. I started missing school and it wasn't until things got really bad that the education welfare officer got involved and they were just threatening rather than offering help. It was like 'If you don't come to school, your dad's going to go to prison'. Or he's going to get fined and all this. No-one actually wanted to know what the problem actually was. When we was in the Army everyone knew what the problem was and everyone was there to support you without you even having to ask." (EAC01, Army NCO, female)

Secrecy and security

A specific experience described by adult children who lived in Northern Ireland during the veterans' Service were stringent requirements for secrecy about the role of the veteran and heightened awareness about security issues. Adult children explained how this caused anxiety for some as a young child due to the pressure of keeping such a vital secret, extending into adulthood for one participant.

"From an early age we had it drummed into us that we weren't allowed to tell anyone that Dad was a soldier because it would put him in danger. If the wrong person found out he could get killed? So, you can imagine what that does to a young child, the anxiety it causes. We were always very security conscious. Mum and Dad always checked under the car before they got in. As we got older, we started to do that too. Also, little things like you couldn't hang Dad's uniform out on the line, not even his socks… he worked part time in a [factory] and so that was what we told people when they asked what he did for a job." (NAC07, Army NCO, male)

"I remember from a very young age, feeling afraid and anxious. When I went to school it was drummed into me by my parents that I wasn't allowed to tell anyone that Dad was in the Army…telling a five-year-old that Daddy would be in danger if you tell anyone he's a soldier puts a lot of pressure on a child as you can imagine. The pressure of knowing that you might be responsible for him being killed if you accidentally let it slip that he was a soldier…I just remember that from a very young age I always had this feeling of being afraid, not safe. I grew up as an anxious child and I think that has followed through into adult life. I suffer from anxiety and take antidepressants. The feeling of anxiety is there almost constantly, even when there is nothing to be worried about, I have this constant feeling of impending doom." (NAC06, Army NCO, female)

Another participant explained how these security behaviours were viewed as normal at the time but had changed their meaning as they had grown up and when participants understood more of the potential danger to the veteran, and themselves, at the time.

"Every day when we left the house for school, we had to check under the car…check the wheels of the car for explosives. And I just didn't know that other people didn't do that. It was my normal. As a child you just get on with it. It isn't until you start to look back on that as an adult that the full horror hits you. It's not just the serving person, the whole family had to live like that. (NAC01, Army other rank, female)

"I remember Dad checking under the car every time he left the house to check for bombs. As I got older, I realised how dangerous it was for him and I remember worrying about him a lot. And then seeing things on the news. When an explosion happened, we would be waiting for Daddy to come through the door. We didn't have mobile phones back then so no way to check if he was ok. So, we would have had to wait for hours to find out if he was safe…we had to wait for him to walk in the door. And I

remember feeling relieved when he came home but thinking that was somebody else's Daddy that was killed. I felt guilty for feeling relieved that it wasn't him." (NAC02, Army NCO, female)

Adjusting to post-Service life

Depression was more commonly discussed by partners and adult children in reference to veteran wellbeing after leaving Service. A few participants discussed a change in the personality of the veteran after leaving, as well as the difficulties in supporting someone who has trouble expressing their emotions, possibly due to the more stoic culture of the military.

"For me it's very, very frustrating because she was a happy person, the centre of attention. Everyone wanted to know her and to talk to her and have a good laugh. Now she doesn't want to do anything." (ESIP01, RAF NCO, male)

"My dad had depression and anxiety and that affected me because I did a lot of caring in the house and looking after him…men who served tend to not be very in touch with their emotions. They tend not to show emotions. They hide things and bottle things up and that has an impact on the entire family because he won't talk about things. He's closed off. He's emotionally detached with me especially when I was a child. I got my affection from my mum. Dad was there for more practical things." (WAC07, RAF NCO, female)

Some participants discussed how they believed their veteran family member had experienced a loss of purpose or value on leaving Service that they were not able to find in civilian life or employment. This could be particularly jarring for households that had grown accustomed to the absence of the veteran present due to military-related duties.

"I think he found it difficult to adjust to civilian life. He hated where we lived so that was difficult...I think he found working in a civilian environment with civilians quite difficult to adjust to. He also missed the camaraderie and the social side of military life…at the time I don't really think I noticed… they did argue more after he left. They hadn't lived together full time for such a long time, and we had our own routines, and he came alone and disrupted it all… if my dad was honest, he struggled with his mental health, but I don't think he'd ever admit that. I think he was depressed and so was my mum actually." (EAC05, RAF NCO, female)

"The first year [after leaving] was awful. He was probably quite low…the words 'I'm depressed' would never have come out of my dad 's mouth. So, it was more the pressure on me and my mum while he was finding it hard, so were we. We had to tiptoe around and that was hard to get used to from being used to this relaxed and cheerful girly house to having this grumpy man living there." (WAC02, Navy NCO, female)

Some family members described veterans channelling post-Service difficulties as irritability or anger towards their family members. This appeared to reverse when veterans were able to focus on new pursuits and find or create new spaces to belong.

"He didn't want to leave. He didn't know anything other than the Army and he couldn't cope when he had to leave. Leaving was a terrible experience…he is never happy anymore, just sits about the place since he left, being angry all the time. He can go from zero to 20 in seconds flat in terms of his anger. Noises trigger him mostly. The kids and I have to walk around on eggshells not to set him off." (SSIP01, Army NCO, female)

"It didn't manifest itself in an obvious way. For quite a long time, I lived with someone who stood under a very dark cloud. It would come out in terms of irritability, but he came out of it himself. The problem with military men is that they put everything into their career. So that when they come out at the other end there is a big void and it's knowing how to fill that void. It wasn't difficult for him because he has so many hobbies and interests." (EAC10, RAF officer, female)

Summary of findings relating to probable anxiety & depression

- Approximately a quarter of veterans and adult children were classed as having probable anxiety while approximately a third were classed as having probable depression. Rates were slightly lower for partners, with just over a fifth were classed as having probable anxiety and just over a quarter having probable depression.

- Probable anxiety was significantly higher among veterans from Wales compared to England but there were no significant differences in probable depression by nation for any of the three groups.
- Probable anxiety and depression varied among groups:

  Among veterans:
  - Probable anxiety and depression were both more likely among veterans who were not in a relationship and those reporting leaving Service for reasons other than usual end of term.
  - Older veterans, those of officer rank, those living in villages or rural areas, those doing well financially, and veterans who had served in the RAF were less likely to be classed as having either outcome.

Among partners:
- Probable anxiety was more likely among partners in relationships with veterans of lower ranks compared to partners of NCO or officer veterans while probable depression was 3.5 times more likely among partners of veterans who served in other ranks.
- Probable depression among partners was nearly twice as likely among partners in intermediate, routine, or manual occupations compared to those in higher managerial or professional occupations.

Among adult children:
- Probable anxiety was more likely among those in intermediate, routine, or manual occupations or among the children of lower ranked veterans

compared to those in higher managerial or professional occupations and NCO or officer ranked veterans.

- Probable depression more likely among those adult children with intermediate, routine, or manual occupations.
- Interviews highlighted the difficulties some partners had coping with military life and the frequent absence of military personnel, which was also noted by adult children.
- There was little discussion of anxiety and depression by adult children in relation to their own mental health. Secrecy and security were additional stressors described by adult children who had lived in Northern Ireland during the Troubles that could have ongoing impact on belonging in their later lives.
- Post-Service adjustment related largely to how veterans coped with life after Service. The influence on family ranged from depression among veterans or a loss of purpose and value, to anger and irritability towards family members.

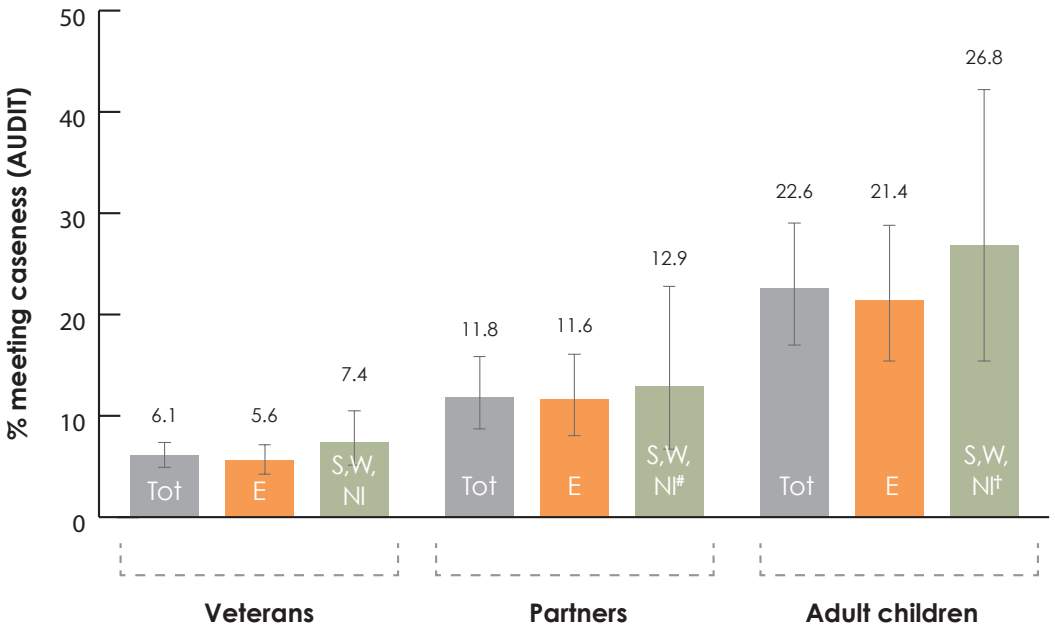
Alcohol misuse

Survey findings on alcohol

Alcohol misuse by cohort group and by nation

Overall, a total of 6.1% of veterans were classed as misusing alcohol (AUDIT≥16) (Figure 9). Rates were higher for partners (11.8%) and particularly for adult children (22.6%) using the lower recommended cut-off (AUDIT≥8). Alcohol misuse rates did not vary significantly between England and the other UK nations for any of the three cohort groups.

Figure 9: Alcohol misuse for each cohort group and by nation
(Tot = Total; E = England; S = Scotland; W = Wales; NI = Northern Ireland



Based on AUDIT≥16 for veterans and AUDIT≥8 for partners and adult children. #N<10 †=N<15.

*Significant differences by nation *p<0.05 **p<0.001 ***p<0.001*

Psychosocial determinants of alcohol misuse among partners, adult children, and veterans

Overall, few psychosocial factors were found to be associated with alcohol misuse across the three cohort groups. Alcohol misuse among partners and adult children was examined using AUDIT scores. No significant associations were found with partner or adult child AUDIT scores. After adjusting for other significant factors, only age was linked with alcohol misuse among veterans, with misuse decreasing significantly among older veterans.

Interview findings relating to alcohol use

Despite indications of higher rates of alcohol misuse among the survey sample, few participants discussed alcohol in relation to the health and wellbeing of their family during interviews. This may be because of greater acceptance of high alcohol intake within the UK more generally or a greater cultural acceptance among family members who were exposed to the ways in which the military use alcohol while their parent or partner was in Service. Three themes were created - alcohol as a coping mechanism and the military community as a protective environment for adolescents and children.

Alcohol as a coping mechanism

Both adult children and partners explained how some veterans used alcohol as a means of coping with some of the experiences they had had while in Service and to dissociate from difficult military-related events they were unable to process and move past.

> *"He was also shown photos from other soldiers who had just returned from a tour of duty in Iraq, basically showing [distressing images]. And he thought, if these are the people I'm supposed to trust and they can do this, what the hell am I doing? I'm surrounded by mad men. And then he started drinking heavily and just going into this cycle of not wanting to spend any time around them. It had a really bad impact on his mental health, so he bought himself out." (ESIP07, Army other rank, female)*

> *"I was seeing him almost a year before I told anyone in work [MOD] that I was seeing him. They were really surprised because he was a hardened drinker…he's been to the Falklands, and he has seen things there and I think it's no wonder he's the way he is. Quite a few of his colleagues have been killed as well. The Army has had an impact on him. For a long time, he drank but not now… I would say that he's a functioning alcoholic in the Army. They played hard and drank hard and that was the Army culture." (NSIP07, Army NCO, female)*

In some narratives, the link between experiences in combat and alcohol was reported to have resulted in violence within the family home and relationship breakdown that were reported to have short- and long-term impacts on adult children.

> *"My mum and dad would have argued a lot, usually when they had been drinking. It wasn't all the time though. But I remember times when they did. They would be arguing and then my dad would clear off to the mess and my mum would be kicking off in the house. I have went through therapy and counselling as an adult to talk about it… I just remember the shouting and wanting to get out of there." (WAC03, Army NCO, male)*

> *"I think his time in [World War 2] and all the terrible things he did and saw had a big impact on him and I remember him as a violent alcoholic. My mum kicked him out of the family home when I was [under 10]. She had had enough of him by that stage. It wrecked their marriage...I can't really remember but I was told it had a bad impact on me at the time." (NAC08, RAF officer, male)*

Most partners also did not discuss their own alcohol intake, either when part of the serving community or post-Service. However, reference was made to potential influences on alcohol intake among other partners, such as loneliness or boredom and a cultural acceptance of high alcohol use within the military at certain events.

> *"There were periods of loneliness. I'm a resilient person and so I don't think I ever had depression or anything. I do know of other spouses who turned to alcohol because of loneliness and not having anything fulfilling to do." (SSIP05, NCO, female)*

The military community as a protective environment for children and adolescents

Although a minor theme, a small number of participants described how the strict discipline inherent within the military and resulting 'militarized' parenting as well as strong community bonds could be beneficial in keeping children and young people away from alcohol and drugs at formative ages and creating strong moral boundaries.

> *"My kids were sheltered away from drugs, alcohol and all the bad stuff. They could go out and play safely, knock on a neighbour's door. I could ask for support from the other wives, ask for a cup of sugar if I needed it. They got a good education in the schools abroad too. My kids have [done] brilliantly." (ESIP09, Army NCO, female)*

> *"I'd say I've also been brought up in a strict environment and wasn't allowed out to drink when I was 16 or 17 like my friends were. And now I definitely won't do something that is illegal. My father's experience in a strict regiment has rubbed off on me. So, I would have a set of principle that I wouldn't be easily moved from." (SAC02, Army officer, female)*

Summary of findings on alcohol misuse

- 22.6% of adult children, 11.8% of partners and 6.1% of veterans were classed as misusing alcohol.
- Alcohol misuse did not differ by nation for any of the cohort groups.
- Few psychosocial factors were found to be associated with alcohol misuse among veterans, partners, or adult children.
- Interview findings suggest alcohol may be used by both military personnel, veterans, and partners as a method of coping with the stressors of military life such as combat exposure and loneliness.
- Despite this, the military community was seen by a small number of participants as a protective environment for young people, limiting or restricting their access to drugs and alcohol.

3. Wellbeing & social support

As well as mental health outcomes, UKVFS examined wellbeing and social support among veterans, partners, and adult children. As with mental health, estimated rates of wellbeing among veteran families are provided, and differences by nation and key psychosocial determinants identified. Interview findings help contextualise the survey findings to deepen understanding of experiences of wellbeing among veteran families.

Survey findings on wellbeing and social support

Subjective wellbeing

Subjective wellbeing among partners, adult children, and veterans by nation

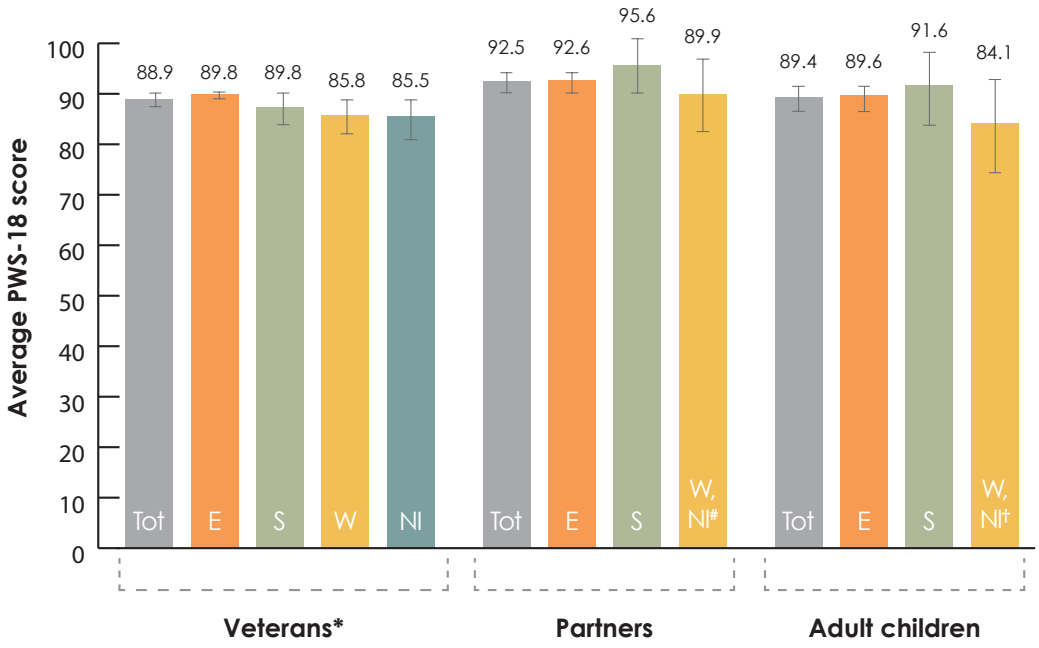
Partners reported the highest subjective wellbeing scores (M=92.5, SD=16.4; Figure 10), followed by adult children (M=89.4, SD=16.1) and veterans (M=88.9, SD=18.4). All three groups average scores were at the higher range of the scale, suggesting greater psychological wellbeing across veteran families regardless of country. Veterans in Wales (M=85.8, SD=18.6) and Northern Ireland (M=85.5, SD=17.7) reported significantly lower subjective wellbeing mean scores than veterans in England (M=89.8, SD=18.2). There were no significant differences by nation for partners or adult children. Direct comparisons with the general population cannot be made as the measure used in UKVFS is not used in other studies. However UK figures indicate 5.1% of UK adults rate their life satisfaction as low and 8.2% rate their happiness the previous day as low, suggesting high assessment of life satisfaction and happiness in the general population [13], also reflected among veteran families.

Psychosocial determinants of subjective wellbeing among partners, adult children, and veterans

Among partners, doing well financially and being the partner of a RAF veteran was associated with increased subjective wellbeing while working in intermediate occupations and being the partner of lower ranked veterans was associated with decreased wellbeing (Table 5). Among adult children, doing well financially was associated with increased wellbeing.

Figure 10: Average subjective wellbeing score by cohort group and nation

(Tot = Total; E = England; S = Scotland; W = Wales; NI = Northern Ireland



#=N<20 †=N<15.

*Significant differences by nation *p<0.05 **p<0.001 ***p<0.001.*

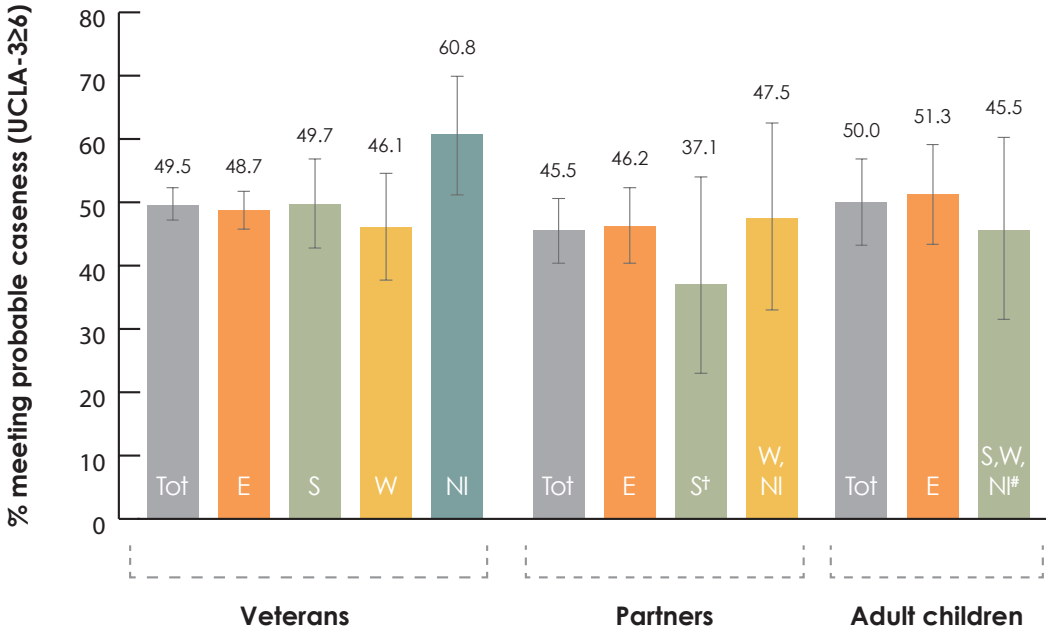
For veterans, increased subjective wellbeing was associated with older age and doing well financially (Table 5). Significant decreases in subjective wellbeing were found among veterans who were not in a relationship, had lower or no qualifications, worked in routine/manual occupations, had a lower rank on leaving Service, and who were discharged for 'other' reasons.

Table 5: Psychosocial determinants of subjective wellbeing among partners, adult children, and veterans

Veterans	Partners	Adult children
↑ Increasing age (years) ↑ Doing well financially	↑ Doing well financially ↑ RAF veteran	↑ Doing well financially
↓ Not in a relationship ↓ Lower qualifications ↓ Routine/manual occupations ↓ Other rank ↓ Other form of discharge	↓ Intermediate occupations ↓ Other ranks	-

Figure 11: Loneliness by cohort group and nation

(Tot = Total; E = England; S = Scotland; W = Wales; NI = Northern Ireland



#=N<20 †=N<15.

*Significant differences by nation *p<0.05 **p<0.001 ***p<0.001.*

Loneliness and social support

Loneliness among partners, adult children, and veterans and by nation

Approximately 45-50% of partners, adult children, and veterans met cut-off levels for loneliness (Figure 11). This is higher than estimates of between 13 to 36% loneliness in the general population of the four nations of the UK [14-17] and among veterans during COVID [18]. Loneliness was significantly higher for veterans in Northern Ireland compared to those in England, but there no significant differences by nation for partners or adult children.

Psychosocial determinants of loneliness among partners, adult children, and veterans

Partners who were not in a relationship were twice as likely to meet cut-off levels for loneliness than those in a relationship, as were partners of veterans of lower ranks compared to the partners of officers and NCO (Table 6). Partners of RAF veterans and those reporting doing well financially were less likely to meet cut-off levels for loneliness.

Loneliness was twice as high among adult children who were not in a relationship compared to those who were and nearly 2.5 times higher among those working in intermediate, routine, and manual occupations (Table 6). Adult children who had a veteran parent who deployed on a combat mission since 2001 were nearly 3.4 times more likely to meet cut-off levels for loneliness.

After adjusting for socio-demographic and military variables, loneliness was nearly 3 times higher among veterans who were not in a relationship compared to those who were and was also significantly higher among those who were discharged for reasons other than end of contract (Table 6). Increasing age, doing well financially, and officer rank were protective factors against loneliness in veterans.

Social support among partners, adult children, and veterans and by nation

Most partners, adult children, and veterans were categorised as having high perceived social support and high satisfaction with their social support (Figure 12, Figure 13). There were only minor differences by nation in both social support outcomes for all three groups, with no significant differences noted.

Table 6: Psychosocial determinants of loneliness among partners, adult children, and veterans

Veterans	Partners	Adult children
↑ Not in a relationship ↑ Other form of discharge	↑ Not in a relationship ↑ Other ranks	↑ Not in a relationship ↑ Intermediate/Routine/ manual occupations ↑ Veteran combat deployment since 2001
↓ Increasing age (years) ↓ Doing well financially ↓ Officer rank	↓ Doing well financially ↓ RAF veteran	-

Figure 12: Perceived social support by cohort group and nation

(Tot = Total; E = England; S = Scotland; W = Wales; NI = Northern Ireland

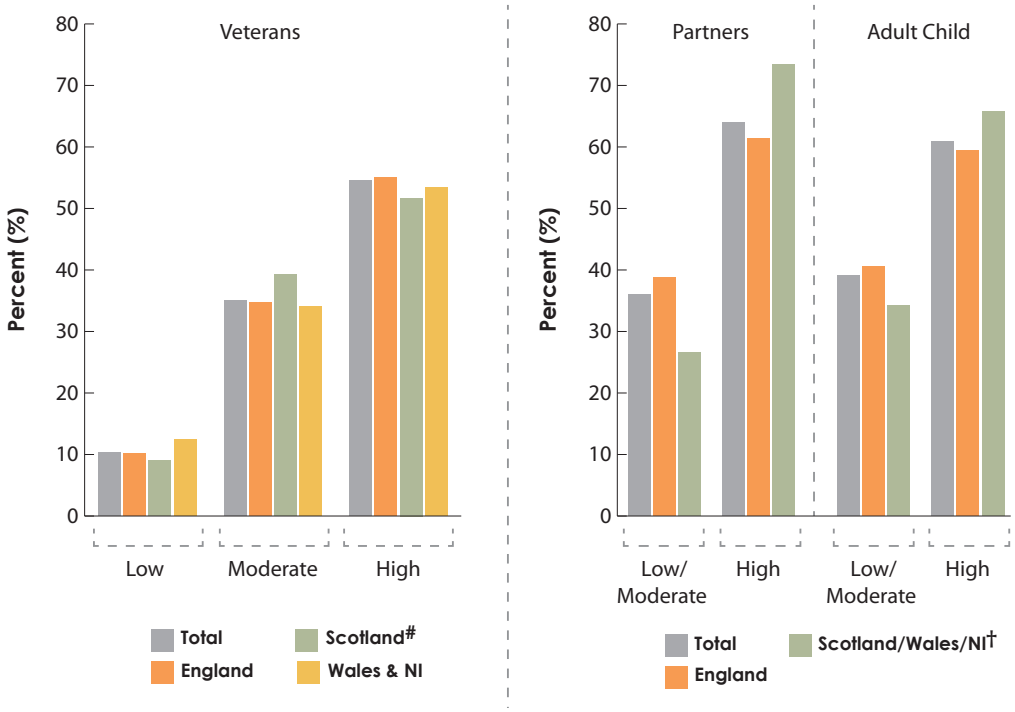
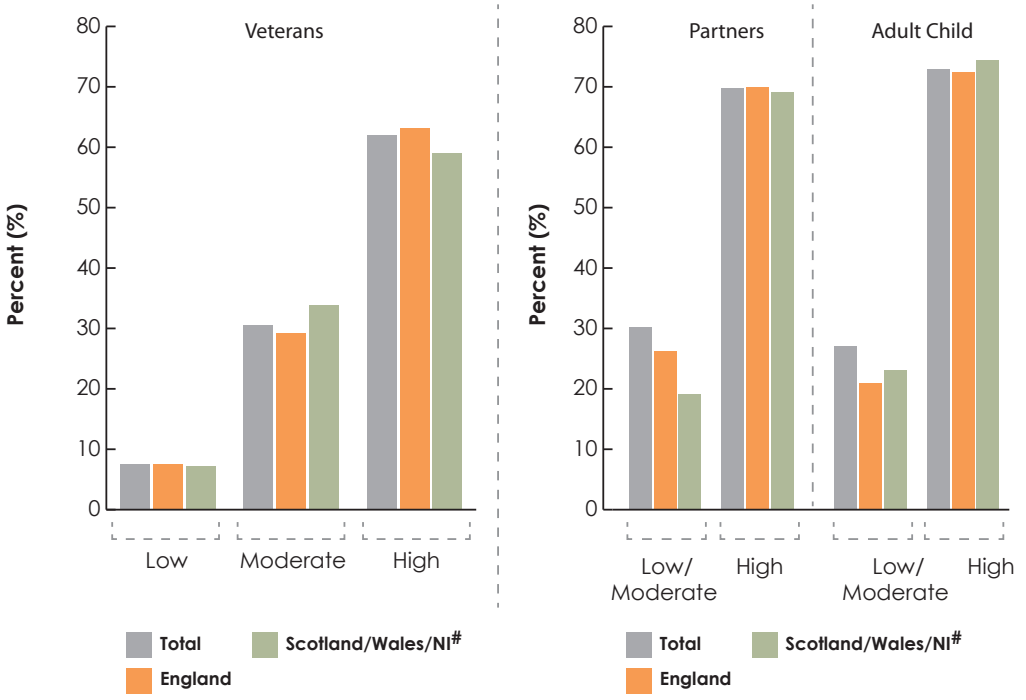


Figure 13: Perceived satisfaction with social support by cohort group and nation



#=N<20 †=N<15.

*Significant differences by nation *p<0.05 **p<0.001 ***p<0.001.*

Psychosocial determinants of social support among partners, adult children, and veterans

For partners, not being in a relationship and discharge of the veteran from Service for other reasons were associated with lower perceived social support (Table 7). Non-routine discharge of the veteran from Service was also associated with decreased satisfaction with social support among partners. Among adult children, increasing age decreased perceived support but doing well financially had a positive impact. Satisfaction with social support was lower among adult children who were economically inactive after adjusting for age.

Perceived social support among veterans was higher among those of officer rank and those who reported doing well financially (Table 7) but lower among those who were not in a relationship and those who had a non-routine form of discharge from Service.

Interview findings relating to wellbeing and social support

Findings from the interviews provide an additional insight into social support and wellbeing among UK veteran family members. Participants described experiences of social support within the military community, as well social support during transition and after Service. The latter experiences help explain the higher rates of loneliness highlighted in the survey findings, potentially as veteran families feel they may not have a natural community after leaving Service. Three themes were identified – support, community, and belonging, post-transition adjustment, and the impact of social support experiences on current relationships.

Table 7: Psychosocial determinants of social support and social support satisfaction among veterans, partners, and adult children

	Veterans	Partners	Adult children
Social support	↑ Doing well financially ↑ Officer rank	-	↑ Doing well financially
	↓ Not in a relationship ↓ Other form of discharge	↓ Not in a relationship ↓ Other form of discharge	↓ Increasing age (years)
Social support satisfaction	↑ Increasing age (years) ↑ Doing well financially	-	-
	↓ Women ↓ Not in a relationship ↓ Other form of discharge	↓ Other form of discharge	↓ Economic inactivity

NB higher scores indicate greater social support and greater satisfaction with social support.

Support, community, and belonging

Many participants described making friends in the military community, both during Service and post-transition, created an environment of mutual support and understanding which fostered feelings of belonging and connection. This included the support and camaraderie of friendships with other members of the military family community, a sense of us-and-them when comparing military friends and associates with those from the civilian world, alongside schisms by rank and gender and the impact of mobility of bonds and relationships.

Making friends in the military community

With many veteran families having lived behind the wire on military bases during their time in Service, socialising and making friends was described as largely occurring with other military families. Partner discussion of making friends in-Service related more to the necessity of making friends in order to have emotional or practical support available during the absence of military personnel during training or deployments.

> *"Yeah, we as children, we sort of played with, largely with other military families and I think that's where the majority of socialising happened. I think it was, in my memory… us going to parties or going round to play with other sort of civilian families. I think that was quite rare in my memory." (SAC01, Army officer, female)*

> *"We always had 'The Wives Club', which was particularly important when the men went away. It was quite stressful trying to be helpful, but I made some lovely friends during that time, who I am still very much in touch with. It really was a matter of making sure all the wives were okay. A lot of us had very small children and we were just trying to cope. It did make a tremendous bond." (ESIP05, Army officer, female)*

Military vs. civilian

Adult children explained how encounters with children from non-military families highlighted the differences in their experiences of daily life, from the absence or presence of the father in the family home, regular moves, and the acquisition of material belongings when mobility was not a frequent family event.

> *"Very occasionally my father was there for my birthday, and we would have a birthday party and people would come to the house… suddenly there's this very tall, very straight man whom none of them had ever seen and they are like 'Who's that?' So that was always a bit weird. And it was just as weird for me because whenever I went over to their houses and saw that their father was there and came home every night, at the same time." (SAC02, Army officer, female)*

> *"I think when you were moving schools all the time, you sank, or you swam. And every time we moved it seemed to be in the May time and I remember the big Army boxes coming in and my mum packing up. And you never really had much stuff. And when you went into other children's houses who were not in the Army, you noticed the difference straight away." (SAC03, Army NCO, female)*

More extreme examples of a lack of understanding from other civilians were expressed. Bullying was mentioned by one participant, while others explained how even as adults they felt they had to make the majority of friendly approaches to civilians as they didn't appreciate how childhood mobility may make adult children of veterans nervous about seeking out friends. This could be challenging even in extroverted or more confident participants.

> *"The kids got bullied at school because their dad was in the Army. We live in an area in Scotland where no one likes the Army. My eldest son got [attacked] in school because his dad was a soldier. I took them all out of school and now homeschool them which is exhausting." (SSIP01, Army NCO, female)*

> *"I think because of the way we grew up that I'm quite a confident person. I can talk to anyone. I think it was more people's lack of understanding of the life I had had and that I didn't know other people. I mean they wouldn't think 'Oh she's new to the area, let's make her feel welcome'. It was always me having to put that effort in. It did sometimes make me feel a little bit down that I had to push myself on to people… people didn't understand that I didn't have a friendship circle around me." (EAC06, Army NCO, female)*

Because of the veteran's previous occupation and the issues around security, adult child participants explained how the previously described concerns about secrecy and security bled into their social relationships as well. Several participants reported being made to lie about, or keep secret, their fathers' occupation by their parents. One adult child mentioned how such restrictions impacted their ability to make friends at school because it limited the social spaces where they were able to play with other children as well as the emotional space they were able to give to friendships.

> *"I remember my dad telling me to be careful and not to tell anyone that I had a dad who had been in the Army." (NAC05, Army NCO, female)*

> *"My friendships were badly impacted. I didn't really have any, well I had friends in school, but we were never allowed to have them over to the house for parties or to play because of the security risk, in case they saw something that identified Dad as a soldier. I'd go round to their house, and they had a normal Dad who worked in an office or something...I had a few friends at school but always held them at arms distance. I didn't really get too close to anyone. I was afraid to get too close in case it put the family in danger." (NAC07, Army NCO, male)*

Veterans were also described as finding it difficult to make friends post-transition by their family members. For female veterans in dual-serving couples, the loss of military colleagues was compounded by the restrictions of being akin to a sole parent whilst their partner still served. Other veterans were reported to have difficulties connecting with civilian colleagues in their post-military careers.

> *"Definitely support for my mum when she left the military. She had young children. It was frowned upon that she wanted a child to be honest. Her mental health took a huge dip. She felt it was unfair that she had to leave her dream job and her husband got to continue on with his career. Not only that, but he got to go out and socialise with the lads too while she was stuck at home. It was so unfair…[she had one friend] that I remember, a friend, but she mostly just stayed at home." (WAC05, RAF NCO, male)*

> *"He did preparation courses before he left to prepare him for civilian life…he now works for a company in the quality assurance side of things. He's very well driven and likes to throw himself into whatever he does. He likes structure and his current job is structured too but not as much as the RAF. I think he struggled with making friends in work. In the RAF he had lots of friends and used to go out for drinks with his RAF friends. I don't think he has made similar friendships in civilian life." (EAC09, RAF officer, male)*

Mobility

Mobility and frequent moves during time in the military community was a commonly discussed issue, particularly for adult children. Friendships were described as transient in nature, being made quickly and loosely, with little time to develop a long-standing social network before the next move.

> *"You make friends, and you make friends fast. But then when you move, the friends don't seem to go with you. You never seem to move and then meet your friends at the next school. You always seem to be in a different group at the next one. So, you might not meet people for a long, long time and then you might meet them again years later and remember them. So that's a bit weird for me, to keep friendships going. It's easier now that we have the Internet." (SAC02, Army officer, female)*

> *"Looking back, I probably didn't develop in terms of relationships very well. I never had close friends growing up. My friends were very transitional, they would come and go. Then when I came home to Scotland, I didn't know anybody at all. So, I had to start and make friends in a school where all the kids had known each other from about the age of 4...I settled in after a while." (SSIP09, Army officer, male)*

The timings of moves could be particularly challenging for older children and young adolescents due to the importance of social contacts at this age. The child's individual personality could also affect how they managed relocations.

> *"Probably the hardest part for me was leaving that high school to go to Glasgow to join another high school. That was my most difficult memories – moving schools. I met [name of*

best friend] when I was in primary school, and we were the best of pals and then I came back, and we got back together and then I had to move again. So that was really hard." (SAC03, Army NCO, female)

"I mean I don't make friends that easily. I also found it more difficult than my sisters to make friends again…I always found that difficult because I'm quite nervous in social situations. So that was hard. It just took a lot of time. My sisters made friends quickly, but it took me much longer. My sisters are very social and make friends very quickly…after a few times of moving I think I learned how to make it a bit easier. I tried to get excited about moving to the new place each time." (EAC09, RAF officer, male)

Rank & gender

Although the benefits of creating friendships within the military community were clear from participant narratives, building relationships within the community could be more difficult for some partners due to the application of the military rank hierarchy to the family members of serving personnel. Even post-Service, an awareness of rank differences was noted, although this was more positively centred around a common understanding of military experiences than separation by rank.

"There is nothing more bitchier than Army wives, anywhere on the planet. The arguments that went on and depending on the rank of your husband, there was this culture that you could boss the other women around if your husband was an officer…my dad was a big boss, a sergeant major, a big cheese and had to be hugely respected in the regiment but my mother was always really lovely to the other wives, regardless of their husband's rank at all. That didn't matter to her." (SAC03, Army NCO, female)

"The rest of the regiment was very supportive, but it was very hierarchical. The Army wives of officers were there to support the more junior wives… it was an unwritten rule that the wives took on the status of their husband's rank and seemed to exercise authority over the more junior ranks' wives. And even now if I go to something, yeah you can sit and talk to the other Army veterans and their wives and you have this common point of reference that reflects the former rank held." (SAC02, Army officer, female)

The experiences of male partners were also reflected in our interviews. One described being on the receiving end of exclusionary behaviours from female partners within the military community. This had strong impacts on his sense of belonging and support from the wider Service long after his own, and his wife's Service had ended.

"If you are a male spouse on a [base], you are excluded from every aspect of life effectively… you are blanked if you go into the quote, unquote wives' club, or the families' club…it's all women spouses, rarely a male spouse to be seen. And that can be quite disconcerting. You don't get invited. You don't get invitations…I was the only male spouse among 30 or 40 women and I felt uncomfortable as soon as I arrived…the women were so unfriendly towards me, hostile even… no matter how robust you are, the social isolation, being ignored and cut off, the open hostility, with little or no support from the Airforce, [it's] just awful…the feelings of hurt intensify as time goes on." (SSIP06, RAF officer, male)

Belonging

Partners and adult children spoke about the sense of belonging they felt in being a member of the military community. This involved familial feelings regarding the wider local military community during Service , but also times of loneliness and isolation, especially during deployment and because of multiple relocations.

A sense of family during Service

Although there could be challenges, connection to other military families was reported by both adult children and partners to result in a strong sense of belonging and place during the veteran's Service. Adult children who had lived on military bases as children or near other military families described the sense of community and unity similar to kinship they experienced at the time. Reflections on childhood were generally positive, with a sense of physical and emotional safety and security from the presence, support, and understanding provided by other families with shared experiences and the military infrastructure surrounding them.

"It was a happy time growing up. I enjoyed living on the base. Everyone looked out for each other and with it being naval houses, if anything went wrong, like if a window was broken there was the caretaker, and he came along and sorted it out. So, I knew my mum didn't have any worries or stresses like that." (WAC02, Navy NCO, female)

"It was just like one big family. Even though we moved around a lot, a lot of the kids in my school moved with us, 'cos they were in the same regiment. So, although we were moving to somewhere new there was still people we knew. I absolutely loved schools and everything like that. I had lots of opportunities of doing all sorts of clubs and activities, probably more than a kid in a normal civilian life. It just seemed like one big family…we just felt safe, and it was just a big community where everyone relied and depended on everyone." (EAC01, Army NCO, female)

The sense of belonging stemmed in part from a shared understanding of the broad nature of military life as well as specific experiences such as separation. This was in contrast to their lives outside the military community.

"We always lived around Army quarters. So, your next-door neighbour was in the Army too. So, you were never on your own…what was hard was when your dad got posted for 6 months on end. And technology was different back then. We would send blueys and have to wait for it to get there and then for him to write home…we would have school events and he would always be missing. But we were all going through it together, so you didn't feel isolated at all." (WSIP08, Army NCO, female)

"When everyone is in the same boat. They know each other. They share similar experiences and have similar needs and help each other and look after each other… I knew everyone who lived around me. I could play out in the street until 8 o'clock at night and my mum didn't worry about me. I couldn't do that now…when I was little and I needed the tyre pumped up on my bike, I knew who to go to. I knew to go and see Dave and he would sort it for me. Now Google is my best friend if I need anything." (WAC08, Army NCO, female)

Differences between postings, particularly those in England versus those in Germany, were noted that could challenge this notion of belonging or place. Partners and adult children provided insights into the experiences of overseas postings that differ in their assessment of the connection available from other military families

"It was a community. It was the feeling of belonging. When we were in England we were always mixed in with civilians and we just felt like outsiders. And in Germany we were all in the Army. We all knew each other. We were all in the same boat, so to speak… when we were in England, because we were mixed in with civilians, the only time I'd see my friends who moved with me was at school because we were so far apart. So, the isolation in England and the community spirit in Germany were polar opposites of each other. They were worlds apart." (EAC01, Army NCO, female)

"I had a close group of friends in Germany, but we get posted every two and a half years and most times you never see them again. I didn't have the same support in the UK as in Germany. In Germany most wives don't work and are together for most of the time…in the UK it's a normal estate and I would be working all day so didn't get to meet people as much. You go to work and do your own thing and it's lonely. My friends when I came back were the people I worked with and not connected to the military. It's different and they didn't have the shared experience that I had." (WSIP09, RAF NCO, female)

Loneliness and an absence of closeness

Loneliness was explicitly mentioned by a few partners, particularly during pregnancy and maternity leave or when unable to work when posted overseas. Loneliness was also reported to arise from postings where families lacked nearby connections with other military families.

"I don't really have a social life. I used to go to aqua aerobics before I got too busy at work. I didn't do any baby groups when I was on maternity leave. It was just me and the baby. That was probably the loneliest time of my life." (WSIP08, Army NCO, female)

"We left the UK when my daughter was 3 and son 18 months old. Then we went to [Europe]. That was probably my hardest posting because I was totally isolated. There was no military housing. We lived in a rented house among the [local] community. There was no play parks. Basically, like the ghetto of [Europe]. I was in the house most of the time. I could drive but there was nowhere to drive to. I hated it. I was there for 6 months. Luckily, we got posted away again." (ESIP09, Army NCO, female)

Particularly common were descriptions of friendships 'with limits'. Participants explained having many temporary or transient social connections with others, with many such relationships established through employment. Few of these connections were described as close. Other partners explained how because of difficulties with establishing sound social connections, they had decided to seek social support from more reliable sources. Support could come from within their immediate family, who were able to alleviate loneliness through emotional and physical support during the absence of the veteran, or through deliberate choices to establish more stable connections outside the military sphere.

"I have hundreds of acquaintances, but I probably have 5 or 6 close friends. The others come in and out of my life. In work, I'd say I don't have friends. They are work acquaintances but not close friends at all… the Army life does that to you. You make friends and get on really well when you are with them, but you can leave them after that period is over…I think looking back it can make you feel a bit sad. But not really sad, it's just a part of life." (SSIP09, Army officer, male)

"I was really lonely. I couldn't drive…the other military wives who lived in the cul-de-sac with me were supportive, but they were [more] higher ranking to me. So, any of the functions that they went to I wasn't invited to. So [I] felt quite isolated. But in the UK, military life was quite good but that was because I had my mum just down the road for support. I was able to work part time…I was lucky that I had my mum. If I wasn't for her, I'd have found it very isolating." (ESIP09, Army NCO, female)

The impact of mobility on belonging

Adult child participants discussed how the frequent requirement to move due to the veteran's previous military roles made it more challenging for them to gain a sense of belonging within a location before the need to move again. The timing of military postings often meant arriving at civilian schools mid-term, when social groups had already established and there were a lack of other military families or children who understood their prior experiences and situations.

"I suppose that one of the main things was obviously a lot of moving around. And so, we didn't really stay in the same place for more than about three years. So, there was a lot of moving around with my dad's various postings. So having to move schools quite often and sort of finding it quite difficult to put down roots and sort of establish yourself in a community." (SAC01, Army officer, female)

"When I moved back to Wales and started school and it wasn't other military children around me. That was hard because Dad would be off on deployment, and it would just be my mum at the school events and all the other children had both their parents there… it was the feelings of being different from the other children around me that made it difficult, not so much the fact that Dad was away…. going to high school that was the hardest… there were no military children... I felt like an outsider and especially going from England to Wales too. I was like an alien." (WAC08, Army NCO, female)

For some, the culmination of mobility, a sense of being the 'outsider', and difficulties adjusting to the education system resulted in externalising behaviours and trouble at school. Sometimes these behaviours were described as a way of expressing or coping with distress. Others explained how mobility was just part of their life to be managed as best they could.

"I remember moving around a lot and I remember really hating having to leave my friends and move to a different school…I think about 5 [primary schools] in total…we moved every few years…when I moved to England it was in the middle of term and I not only had to contend with being the new kid because everyone had already made their little friend

groups, I also didn't have a clue about what they were studying. That was really upsetting for me. I started acting out, basically being a little shit, always getting into trouble for being cheeky to the teachers or getting into fights." (SAC06, RAF NCO, male)

"It doesn't bother me. It's just the way it is. And I know from other Army children they feel the same…sometimes I would get snide comments from people who have lived their whole life in the same place, like 'Oh how do you not know where you are from?' It makes you feel like they are quite narrowminded. It makes you feel like an interloper. People ask me who my parents are and want to know your generational background." (SAC02, Army officer, female)

While mostly discussed by adult children, partners also expressed similar sentiments of feeling out of place in some social settings.

"There are so many areas I don't fit into. Because you are transiting about the place, and you are never anywhere long enough to make real friends. Apart from friends that you make in the military. So, I have about 5 [friends] that are still alive that I made in the military. But [they live overseas]… they aren't people that I could pick up the phone and chat with. But [I have] very few real friends compared to people who have grown up together with and stayed in the same community with and have interests with like that." (ESIP03, RAF NCO, female)

Post-transition adjustment

Adjusting to the civilian world post-transition could mean adapting to both new opportunities and challenges. Some partners and adult children discussed their experiences of creating new connections post-Service, including proactively building a life within new communities. Challenges were reported, such as the 'shock' in adjusting to civilian institutional systems, difficulty making civilian friends, remaining in contact with military friends, and determining where is home now.

Creating new connections

Partners described being proactive and positive about connections they had made within civilian communities, taking advantage of multiple opportunities to establish connections and create a sense of permanence in their current location in a way that may have been impossible to do during the veteran's military Service.

"I've been very lucky. I have a very supportive Mum and Dad and three fantastic sisters. An amazing brother. Two amazing kids. I have got everything. I'm one of those happy people. I have a lot of friends and I'm chairman of the PTA at the school. A lot of good friends that I can rely on for anything that I need." (WSIP07, Navy other rank, female)

"We live in an amazing community. Although it's in the middle of nowhere, I feel like people are closer emotionally because they live further apart physically. So, there is the local pub, and everyone knows somebody that knows somebody that can do something when you need it. and I think the veteran world is a bit like that as well…I feel like I have come home to a lovely family and that support that I feel now is just there and it is such a nice feeling." (WSIP10, Navy NCO, female)

Transition was not always 'plain sailing' for family members. Some described it as a shock due to the perceived withdrawal of support available through the military and the military community and a sense of de-institutionalisation required to adapt to life 'outside' Service.

"You go from a really [supportive] community and when that ends, you are left stunned and helpless. You are kind of ghosted. It's a weird transition going from Army to civilian life. You have all your community support surround you one day and then it's gone. It's like it's there one day and you wake up next day to find some kind of apocalypse has happened. There's nothing to get you ready for civilian life you are just forgotten about. Once you are gone, you are gone. They don't check you are ok and if you are settling in. It's like being picked up and dropped off on a desert island. It's like coming out of prison." (WAC08, Army NCO, female)

"While she was in, things were fine. We'd be going out. We'd meet friends and everything else. She'd go out with her friends from work. We'd have people come over and stop. We'd go and visit people and things like that. But from the moment she left, things all sort of died off. The contact sort of dwindled away…now it's just seems to be just myself and my partner…it's affected her greatly… it's put her into a reclusive [space] because she's missing that military connection." (ESIP01, RAF NCO, male)

Some partners expressed uncertainty about how to develop and create new social connections with civilians now they were no longer part of the serving military community alongside an uncertainty about how much their civilian friends might know or understand of their military experiences.

"I have a very small family. There's my husband and I and my mum. My father passed away recently. I lost my younger brother and because I have moved around a lot with work, I don't have a lot of friends. So, for me it's my husband and my mum. I mean where do you even go to make friends when you are over 50 when all you have ever done is work? That for me would be a supportive thing. And then where do you get the confidence to go and be the new girl when you are over 50?" (ESIP03, RAF NCO, female)

"Most of my friends are my wife's friends. We have made friends in our new village, but they aren't military so have no military knowledge of the issues. They don't comprehend the issues." (SSIP06, RAF officer, male)

Other participants opted to maintain links with other military and veteran families after leaving Service. This helped to navigate issues of understanding and retain a sense of place, belonging, and support.

"I think the good side of things, it felt like we had an identity as a military family because certainly, while we were living on the Army bases, I did feel like, to my memory, being part of the community. And even after we left the physical place, most of my parents' friends were all military people. I've got loads of godparents and they are all military. And there was this kind of knowledge that if anything kind of happens they would look after us, and that kind of thing. But I suppose also, now that he has left, we are now a veteran family, but I just see us as a family. Veteran sounds strange to me." (SAC01, Army officer, female)

Some partners explained how the burden of caring for veterans with mental health problems and the continual focus on the veteran, over and above other family members, meant there was little time or energy for activities outside the home. This could limit their ability to create and maintain social connections with others.

"I haven't really got any friends anymore and less so since we got together. I used to love networking and had a lot of friends. I used to be forever out and about...I think it's down to shrinking horizons in my identity because I'm so focused on him. I'm exhausted doing things for him all the time, cooking for him, cleaning, sorting his appointments at the doctor and that kind of thing. Too busy to focus on myself I suppose." (WSIP04, Army other rank, female)

Where is home now?

Both adult children and partners reflected on where they felt they belonged now that they were no longer part of the serving military community. Some described positive experiences of settling into civilian life, citing positive attitudes, personality traits, and family support as helpful in navigating this change and feeling part of their local community.

"I live in a lovely community and a small street with lovely neighbours who I talk to on a regular basis, and they are lovely to me. I also found the gay and lesbian section of the RBL. I spoke to them, and they were very understanding but apart from that I am happy with the support from friends…to me family isn't necessarily blood relations, it's a feeling of being supported and loved. And that's how I feel in the community where I live. I feel very much part of the community family and I have everything I need in terms of support." (WSIP06, Navy officer, male)

Adult children described the positive and negative impacts of mobility on their development as a child and the perceived lack of understanding

among civilians who had not encountered a similar lifestyle. Together, these experiences contributed to an ongoing sense of 'otherness' and absence of place among participants, even many decades later as adults.

> *"People don't grasp what [being in the military community] is like and the difficulty of moving schools in the space of a few years and having to make new friends every time and the disruption that creates for a child… I meet people nowadays who have lived in the same area all their lives and their parents still live in the same house. I don't have that and don't know what it's like. So, I don't have shared experiences to the people around me anymore… it makes you feel like an outsider. I don't have a base. I don't have that identity the same as them." (WAC08, Army NCO, female)*

> *"My husband has only ever lived in the same place, went to one primary school, one secondary school and so he doesn't get how it feels...he just doesn't understand it…when I was a child and knowing that I would make friends and then leave makes me never fully settle anywhere… my parents tried when Dad retired to make a permanent home and make it feel like we belonged somewhere. But bless their hearts, I think they are trying to rewrite history in a way and that's impossible… none of us feel like we have a home as such. I've lived in my current home for 9 years and that's the longest I've ever lived anywhere, and it still doesn't feel like home, not really." (EAC07, Navy Officer, female)*

A fish out of water – the impact of social support experiences on current relationships

Experiences of disjointed social connections were believed by some participants to have long-lasting impacts on their ability to form and maintain platonic and romantic relationships in the years and decades since the veteran served. This included an ongoing sense of distance and separation from others and wariness and a lack of trust when forming new friendships.

Distance and separation

Both partners and adult children explained how frequent mobility and the perceived superficial nature of some friendships formed during multiple postings resulted in suppression of formation of deeper platonic or romantic relationships or limiting the size of their close social circle. This was often a deliberate strategy to prevent anticipated emotional hurt and anxiety on leaving.

> *"I was reserved when it came to forming close bonds with other children because I knew I would be moving again and would have to leave them. So, I tended not to get too close to anyone. I didn't do it consciously… it was a way to protect myself from the separation anxiety that I had experienced. And today as an adult I don't have that many friends…once I form a close bond, I find it really hard if I get separated. If a relationship is ended with me that is very hard to deal with." (WAC09, Army NCO, female)*

> *"It has impacted on friendships I suppose. How I make them. I have a small group of friends. I don't need loads of friends, just a few close friends. I don't feel lonely or anything." (WAC08, Army NCO, female)*

The sense of difference, uncertainty, and feeling like an outsider when relating to others was linked, particularly by adult child participants, to issues in connecting with other adults long after they and the veteran had left the Armed Forces community.

> *"You do feel like a fish out of water. I can't take part in a lot of conversations because I don't know what they are talking about. I've never seen it, I've never heard it. That wasn't my experience. Most people's parents had 9-5 jobs and my dad certainly didn't." (SAC02, Army officer, female)*

> *"We'd move about every three years. Sometimes your friends would move away. So even when you stayed in the same place, your friends would move on…I'd definitely say I didn't like [moving], and it was something that has followed me into adulthood…everyone else had normal friends that they had had since like nursery and primary school, and you were always like an outsider trying to fit into the group. So that's something that I have found quite hard for most of my life." (EAC06, Army NCO, female)*

Some participants explained how they still used the same techniques for making friendships that they had used as a child, jumping into new social

situations and quickly forming friendships. However, concerns that the impact of these approaches on the depth of the relationships and on repeatedly using the same strategies could leading to ongoing nervousness and uncertainty when making friends as adults.

> *"I reckon I also come across to other people as quite intense because you move around a lot as a military kid, and you tend to jump into friendships and then out again when it's time to leave. So, I'd say you probably fast track your friendships a bit… like if I meet someone and I like them, I treat them as if I've known them forever. And sometimes they are probably going 'Oh god, that's a bit intense' [laughs]." (EAC06, Army NCO, female)*

> *"In my 20s it was difficult to walk into new situations just because I was sick of it. But of course, you have to… I found that painfully difficult walking into a bar and having to make friends. I feel like my confidence drained out of me during my early teens and it's only really lately, in the past ten years or so, I have gotten it back somewhat because I don't really care anymore [laughs]." (EAC10, RAF officer, female)*

Others explained how they believed they had not experienced any negative long-term impacts from military life on their ability to form new friendships, with some describing developing particular skills as a result of having to quickly judge social situations and fit in.

> *"I didn't enjoy having to make new friends all the time but seeing new places and different things and different cultures and stuff, I did really enjoy that. And then when we moved back to the UK, I didn't find it hard that we had settled in the one place for so long." (EAC06, Army NCO, female)*

> *"I wouldn't say romantic relationships have been affected but friendships have, yes. Having to move around a lot and leaving friends behind. But in terms of skills and stuff, I'm the type of person who adapts easily to new situations. I just get on with life and be happy and not hang about for stuff to maybe happen. I grasp life." (EAC03, Navy NCO, male)*

Wariness and a lack of trust

Some adult child participants reported how they were wary or cautious about forming new social connections, opting to choose their friends 'quite wisely' (WAC07, RAF NCO, female). This was one of the impacts of family mobility in childhood, with adult children describing difficulty making/keeping new friends as they avoided letting other children get 'too close' emotionally.

> *"I think maybe that I'm hesitant [to make friends]. Unless I really know someone, chances are I wouldn't tell them a lot about myself. My best friend who I made friends with when I moved into secondary school. It took me a few years, but I made friends with her, and we have known each other a long time. But apart from her and my partner I don't really tell people much about myself. I keep a lot of things within the family. You don't know who you can trust." (EAC09, RAF officer, male)*

> *"The negative impacts on my wellbeing, were firstly relationships with friends. It made me lose my confidence with people. So disrupted friendships. I hold people at arm's length more than other people do." (EAC10, RAF officer, female)*

Participants holding this viewpoint attributed it to the constant separation from friends at younger ages, with the assumption that this may happen again even when participants where adults and living more stable lives. Experiences were believed to impact both romantic and platonic relationships.

> *"I am very wary of letting people get too close to me, certainly through my 20s I was wary of making good friends because I guess my trust has been broken on more than one occasion and as a result I have always felt like an outsider, having to break into friend groups. So, I kind of float round in the periphery treading very carefully but trying to get in." (EAC10, RAF officer, female)*

> *"Moving around a lot meant that I didn't get to make proper friends because I was always having to leave them behind. I think that has made me wary of people and I still as an adult struggle to make friends. It was like what's the point in making friends? I'll be moving again soon. And as an adult I have had four long term relationships, but they seem to break down after about four or five years each time…I've never really had friends from school. I got so used to moving on I don't tend to stay with friends for long." (WAC03, Army NCO, male)*

Some reports reflected difficulties with their sense of trust in others, their internalised view of oneself, how they felt they were interpreted by others, relational anxieties, and potential attachment style.

> *"I tend to have trust issues and often wonder if people like me. I tend to worry that people are going to leave me… I think I come across confident at the start when I first meet someone because I have to be the one to put myself out there and make the effort. But then internally, I think I overthink and question the friendship a lot. Outwardly of course, I don't let on to people that I'm doing that." (EAC06, Army NCO, female)*

Some participants, not just in Northern Ireland, explained how their security and safety concerns limited their openness about being part of a veteran family. This impacted how honest they felt they could be and in relationships with others, with some reporting feeling they were concealing their histories from other people and, as a result, relied primarily upon family for support.

> *"The reality is that families who have had someone serve in the British Army have to keep that part of their identity hidden because the area in which we live in Scotland is a very unfriendly place for veterans… there is no veterans' clubs or legions…when you can't be yourself in the local community, you immediately feel isolated because the people around you don't have that shared knowledge and shared experiences that you do." (SSIP09, Army officer, male)*

"I think it did make it harder for me to trust people because you didn't know who you were talking to. You just kept a close family. We were lucky in that we had friends on both sides but there's good and bad on both those sides." (NAC02, Army NCO, female)

Summary of findings on wellbeing and social support

- Subjective wellbeing mean scores were high for all three groups, with significantly lower mean scores for veterans in Wales and Northern Ireland compared to those in England.
- Subjective wellbeing was:
  - Higher among older veterans, respondents who reported doing well financially, and the partners of RAF veterans.
  - Lower among veterans and partners with low educational qualifications, in lower skilled occupations or of lower rank, veterans who were not in a relationship, and veterans who were discharged for reasons other than the end of usual Service.
- Approximately half of veterans, partners, and adult children met cut-off levels for loneliness. However, most respondents reported high perceived social support and high satisfaction with their social support.
- Loneliness was higher among veterans in Northern Ireland compared to veterans in England. There were no differences in loneliness by nation for partners and adult children.
- Loneliness was:
  - Higher among veterans, partners and adult children who were not in a relationship.
  - Lower among veterans and partners who were doing well financially.
  - Other groups who may be at more risk of loneliness include veterans with non-routine forms of military discharge, partners of lower ranked veterans, adult children working in lower skilled occupations, and adult children of veterans who had a combat deployment since 2001.
- Perceived social support was:
  - Higher among veterans and adult children who were doing well financially.
  - Lower among veterans and partners who were not in a relationship and who had experienced non-routine discharge from Service and older adult children.
- Satisfaction with social support was:
  - Higher among older veterans and those who reported doing well financially.
  - Lower among female veterans, veterans who were not in a relationship, veterans and partners who experienced non-routine discharge from Service and adult children who are not working.
- The interviews highlighted a high level of perceived social support among the family members of veterans when personnel were still serving, which was highly valued by most participants.
- Mobility was believed to affect the ability of family members to create close relationships with others in the community, meaning that these tended to be superficial, although logistically and emotionally supportive. Some participants preferred to maintain a degree of separation from, or wariness about, others to mitigate against the emotional difficulties of leaving friendships when inevitably posted.
- Post-transition experiences were largely positive, although some participants felt stuck between communities – no longer military but not sufficiently 'civilian' to fit into every day life.
- Interview findings can help understand the discrepancy between high loneliness but high perceived social support.
  - Some partners and adult children described how navigating relationships with civilians after Service could be challenging due to the closeness and sense of belonging experienced when part of a serving military community.
  - Issues around security and secrecy were important for some adult children who had grown up in Northern Ireland, preventing them from feeling like they could fully integrate into civilian communities.
  - This could lead to a sense of distance and separation from civilians and wariness about sharing their experiences.

4. The psychological health and wellbeing of veteran-partner couples

This section uses survey data from veteran and partner couples identified through the referral pathway to understand the relationship between the psychological health of family members. Statistical methods are used to provide a profile of these couples, examine their psychological health and wellbeing outcomes, and explore the interactions between the health of partners and veterans.

The profile of UKVFS veteran-partner couples

Overall, the socio-demographic profile of the veteran-partner couples identified from the survey (n=74) (Table 8) was similar to the overall UKVFS sample. Most veterans were white men over 45 years of age while partners were largely women over the age of 45 years – all partners were white. All veterans and partners reported being in a relationship, although we cannot be sure they are in a relationship together as ex-partners were also included in the survey. Compared to the overall sample, veteran couples held higher educational qualifications and higher occupational social class and more were affiliated to the Army and non-commissioned officer ranks. There were some discrepancies in the reporting of the military characteristics between veterans and their partners. This was potentially because participants misremembered operations, were not aware of the different categorisations of deployments vs. training or other duties or formed relationship after veterans left Service.

Table 8: Socio-demographic and military profile of veteran-partner couples

Veterans were mostly:	Partners† were mostly:
• Male (95.9%)	• Female (91.9%)
• Over 45 years of age (86.5%)	• Over 45 years of age (82.4%)
• White (98.7%)	• White (100.0%)
• Parents (90.5%)	• Parent (90.5%)
• Higher level qualifications (79.2%)	• Higher level qualifications (73.6%)
• Higher managerial occupations (69.4%)	• Higher managerial occupations (66.2%)
• Economically active (59.5%)	• Economically active (55.4%)
• Doing well financially (44.6%)	• Doing well financially (43.2%)
• Living in town/village (85.1%)	• Living in town/village (85.1%)
• Army (63.5%)	• Army (63.5%)
• NCO (58.1%)	• NCO (50.0%)
• 2 or more deployments (71.8%)	• 2 or more deployments (79.3%)
• Recent deployment (56.1%)	• Recent deployment (52.2%)
• End of term discharge (56.8%)	• End of term discharge (66.2%)

**A-level, degree or higher*
NCO=Non-commissioned officer
† Military characteristics relate to the veteran, not to that of the partner.

Mental health outcomes among veteran-partner couples

Mental health outcomes among veteran-partner couples are shown in Table 9. Most veteran-partner couples were comprised of veterans and partners where neither was classed as having probable PTSD, anxiety, depression, or alcohol misuse. When these outcomes were identified, this was largely among couples where one of the members had the probable outcome rather than both.

Wellbeing & social support among veteran-partner couples

As with mental health, most veteran-partner couples did not meet cut-off levels for loneliness (UCLA-3) (Table 10). Among nearly a third of veteran-partners couples, both members reported high perceived social support and more than half expressed high satisfaction with their social support. Mean subjective wellbeing scores (PWS-18) were significantly different between veterans (M=92.7, SD=16.7) and their partners (M=96.8, SD=15.8, t(67=-1.91, p=0.060).

Table 9: Mental health outcomes among veteran-partners couples

Outcome categories	PTSD (PCL-5) % (n)	Anxiety (GAD) % (n)	Depression (PHQ-9) % (n)	Alcohol (AUDIT) % (n)
Neither	84.5 (60)	80.0 (56)	77.1 (54)	82.9 (58)
One or both†	15.5 (11)	20.0 (14)	22.9 (16)	17.4 (12)

**Based on PCL-C ≥38 for veterans and ≥33 for partners, AUDIT ≥16 for veterans and ≥8 for partners*
† Non-caseness outcome categories combined due to low N

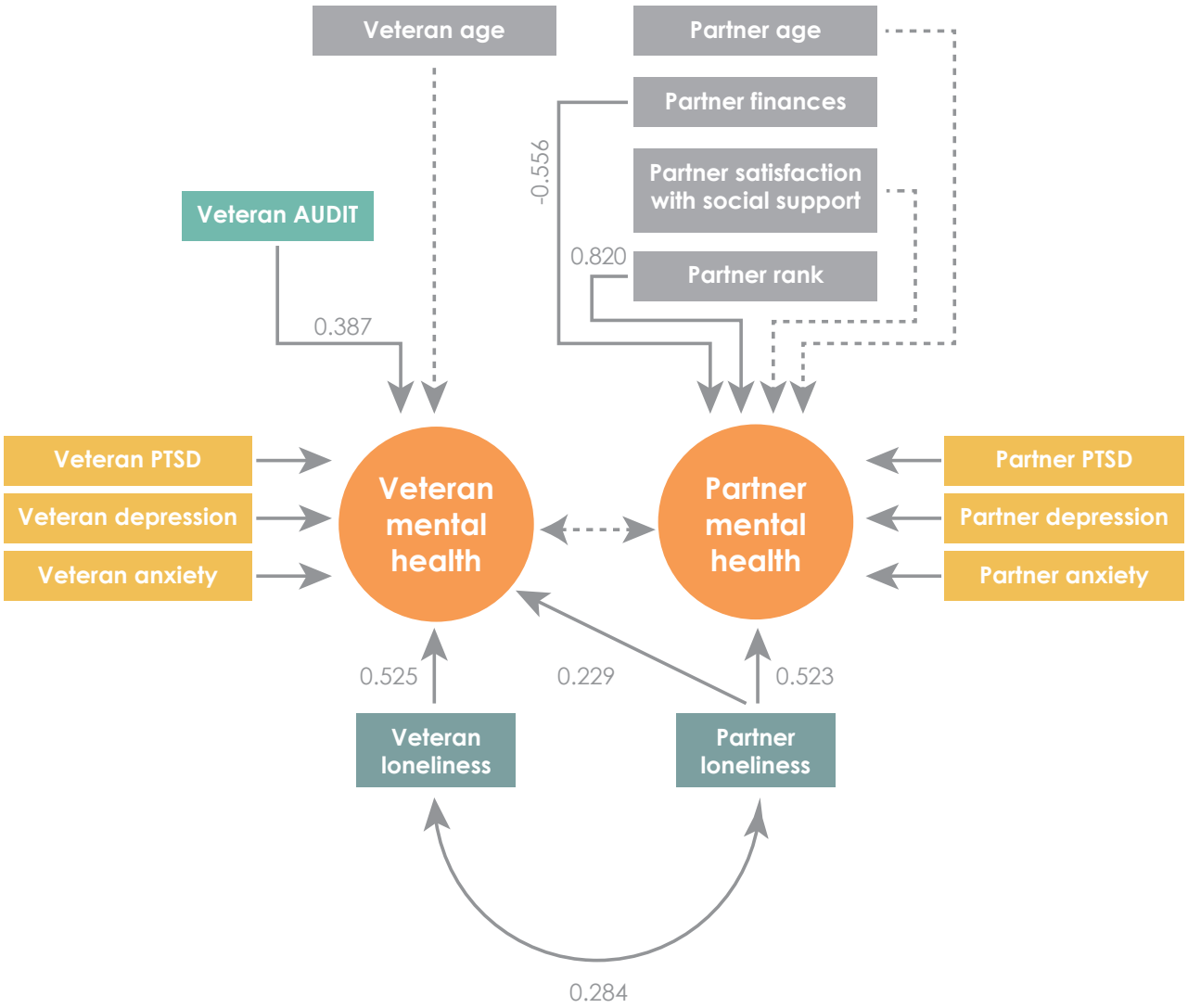
Table 10: Wellbeing outcomes among veteran-partner couples

Outcome categories	Loneliness (UCLA-3) % (n)	Outcome categories	Perceived social support (MSPSS) % (n)	Satisfaction with social support % (n)
Neither meet caseness	44.1 (30)	Both low/ moderate	14.6 (8)	7.1 (5)
Veteran OR partner meets caseness	38.2 (26)	Veteran OR partner high	52.7 (29)	37.1 (26)
Both meet caseness	17.7 (12)	Both high	32.7 (18)	55.7 (39)

Links between the health and wellbeing of veteran-partner couples

Significant findings from the analyses looking at the interaction of family member health, shown as bolded lines in Figure 14, found that loneliness was significantly associated with higher (i.e., poorer) mental health scores among both partners and veterans. Loneliness among couples was also important and may explain the association between the mental health of couple members (veterans and partners) – after adding veteran and partner loneliness into the model, the mental health scores of partners and veterans was no longer significantly

Figure 14: Results of analysis of veteran-partner couple mental health



N=63. Model fit indices - RMSEA=0.0689, 90% CI (0.000-0.109), p=0.249; CFI=0.950; TLI=0.947

associated (std. β=0.302, p=0.060) (see Table 12, Appendix 3 for further details). Partner loneliness was also associated with increased veteran mental health scores.

Among veterans, alcohol use was associated with veteran mental health but there was no cross-over impact on the mental health of partners. For partners, reporting doing well financially was associated with reduced mental health scores, while being the partner of a veteran of lower rank was associated with increased mental health scores.

Summary of the psychological health and wellbeing of veteran-partner couples

- Most veteran-partner couples contained individuals who were not classed as having probable PTSD, anxiety, depression, alcohol misuse, or loneliness.
- Nearly a third of couples reported high perceived social support and more than half expressed high satisfaction with their social support.
- Findings from the SEM, which looked at the relationship between the mental health of veterans and their partners, indicated there was no longer a significant association between the mental health scores of partners and veterans after including loneliness among couple members.
- Veteran mental health scores were significantly associated with veteran and partner loneliness and veteran alcohol misuse scores, while partner mental health scores were significantly associated with partner finances (doing well), veteran rank (lower rank), and partner loneliness.

Discussion

The findings from this report represents the largest study on the families of UK veterans conducted to date. Within this study, we were able to explore the health and wellbeing of veterans and family members across the four nations, identify psychosocial determinants of psychological health and wellbeing, and examine relationships between the health and wellbeing of veterans and their partners.

Most veteran families had good psychological health and wellbeing after military Service. While some caution is needed due to low numbers, the findings highlight areas where additional support may be needed. It appears there was a higher incidence of probable depression and anxiety among veterans, partners, and adult children when compared against that reported among the UK general population [19, 20] and prior research among veterans and military personnel [4]. Additionally, rates of probable PTSD and alcohol misuse among adult children were higher than found in the UK general population [19, 20]. Similar to other research, we found indications that transition stress [21] may be an important issue for the family members of veterans as well as for veterans. In the current study, more than three-quarters of partners and adult children reported at least one transition-related issue which was memorable some years and decades after transition. Such issues will undoubtedly continue to affect veteran families already in the civilian population, as well as those approaching transition in the coming years. Despite this, we found a strong sense of belonging and value placed by veteran families on their time as part of the serving military community and the desire for this to continue post-Service. Difficulties with mobility could impact on the sense of belonging, particularly for adult children as could concerns about security and safety for those who lived in Northern Ireland during the Troubles.

The psychological health of UK veteran families

Findings from the survey indicate that among partners, just over 10% were classed as having probable PTSD or misusing alcohol, increasing to around 22-23% among adult children. Rates varied from nearly 20% probable PTSD among veterans to fewer than 10% of veterans being classed as misusing alcohol. Rates of probable depression and anxiety were high for all three cohort groups, particularly for veterans and adult children, with between approximately 20-35% classed as having these outcomes. However, caution should be applied to findings relating to adult children due to the low number of respondents declaring this identity as those taking part may have particular experiences they wish to share (response bias). Mental health difficulties within veteran families were a prominent issue for partners and adult children during military to civilian transition, emerging as one of the top three issues for both groups.

Differences in psychological health outcomes were not evident for partners and adult children from different nations, although there were differences for veterans. Rates of probable PTSD among veterans from Northern Ireland were significantly higher compared to veterans in England, as found in prior research [22]. This increase is likely due to the history of conflict in Northern Ireland, as well as the fact that many Northern Irish veterans were 'deployed' in their home country and continue to experience a ongoing sense of threat to their safety given their veteran identity [23]. Probable anxiety was significantly higher among veterans from Wales compared to England, however, it is not clear why such a difference exists, and further research about Welsh veterans' experiences is needed. For instance, it is unclear whether this relates to the specific pre-enlistment or in-Service experiences of personnel living in Wales, or the provision of mental health supports in Wales post-Service.

Table 11: Comparisons of UKVFS veteran and partner mental health findings to prior research

	UKVFS	Stevelink et al [4] (UK veterans)	Armour et al [22] (NI veterans)	Gribble et al [24] (UK partners)
Veterans				
PTSD	19.6%	7.4%	36.8%	-
Depression	32.4%	21.5% CMD	39.9%	-
Anxiety	24.4%		32.3%	-
Alcohol misuse	6.1%	10.3%	-	-
Partners				
PTSD	12.7%	-	-	6.4%
Depression	26.2%	-	-	7.2%
Anxiety	-	-	-	-
Alcohol misuse	11.8%	-	-	15.4%

While the sample in this study is not representative of the ex-Service community as a whole, and caution should be applied given the number of adult child respondents in particular, findings suggest some aspects of the psychological health of veterans and partners may be poorer than the general population and previous studies of military populations (Table 11).

Probable PTSD, depression, and anxiety among veterans were higher than prior estimates among ex-serving personnel using a large military cohort, although similar elevations in rates of probable PTSD were also reported among ex-serving regulars with combat experience [4]. Rates of probable depression in veterans were comparable to previous research which found a third or more of Northern Irish veterans met criteria for these outcomes [22]. Among partners, UKVFS rates of both probable PTSD and depression were higher than previous estimates [24]. Alcohol misuse among UKVFS veterans and partners was slightly lower than previous estimates [4, 24]. Overall, these findings may reflect the particular sample who responded to the UKVFS survey but suggest some areas worthy of further exploration and potential support.

Understanding the psychological health of adult children is made more difficult due to the lack of research with this population [1]. There are also broader methodological issues about whether, and how, research can isolate and separate the impacts of exposure to the military on psychological health and wellbeing from difficult events that may occur during regular life. This is highlighted among Northern Irish participants who explicitly mention both the experiences of their military parent as well as their own exposures to potentially traumatic events. Despite the difficulties in determining a classic 'cause and effect', research does suggest that adult children of veterans may be at greater risk of anxiety, depression, alcohol/substance misuse, and probable PTSD [1]. Combined with findings from the UKVFS, this points towards an intergenerational element to adult child mental health which was highlighted by some of the interview participants.

Comparisons of our findings to general population estimates suggest adult children may have the poorest psychological health of the three cohort groups with higher levels of probable depression and anxiety and probable PTSD [20, 25]. Estimates of common mental disorders in the English adult general population are 17% - 30.1% of UKVFS adult children endorsed probable depression and 23.0% endorsed probable anxiety; 4.4% of the adult general population is estimated to meet criteria for probable PTSD compared to the 23.0% found among adult children in UKVFS; and while 19.7% of the adult general population met criteria for alcohol misuse, this was 22.6% for UKVFS adult children [20, 25]. Such comparisons must be treated with caution based on the number of, and potential biases in, the sample of adult children who responded. For example, the adult child cohort was largely female who generally report less alcohol use than men but poorer mental health including probable PTSD and common mental disorders. Increased levels of probable PTSD among younger age groups have been noted in community surveys and may account for higher rates within this sample [20].

Wellbeing and social support among UK veteran families

Loneliness is increasingly recognised as a major public health crisis, with implications for physical and mental health [26, 27]. Findings on wellbeing and social support suggest members of veteran families may be lonelier than the general population. In the current study, around half of veterans, partners, and adult children were identified as experiencing loneliness. This is higher than estimates of loneliness in the general population in England (22%), Scotland (36%), Northern Ireland (18%), and Wales (13%) [14-17] which were conducted at approximately the same time as the survey. Findings are also higher than other recent studies of veterans that were conducted during the pandemic [18]. Together, these comparisons suggest these differences do not just reflect the ongoing impact of the COVID-19 pandemic but may in fact represent a vulnerability in this population.

Despite reporting increased loneliness, subjective wellbeing was rated highly by all cohort groups

and perceived social support from friends, family, and partner and satisfaction with that support was high. This challenges research that suggests higher loneliness tends to be associated with lower perceived social support [28, 29]. The discrepancy between these outcomes may be explained through the interview findings that highlight the difficulties some family members reported regarding a sense of belonging and place among civilians after leaving the military community and the long-term influences of in-Service experiences such as frequent relocations and rank hierarchies on their ability and willingness to create and maintain new platonic and romantic relationships [30]. Other stressors on social support highlighted in the interview component include the impact of PTSD and caring roles on the ability to socialise, as well as reported as stressors during transition (see 3.2.1 Common issues during and after transition). These may form areas for potential intervention and focus.

There were no differences in wellbeing outcomes when comparing across nations. The exceptions were lower mean subjective wellbeing scores for veterans in Wales and Northern Ireland compared to those in England and increased loneliness among veterans in Northern Ireland compared to veterans in England. As with increased probable PTSD among veterans in Northern Ireland, these findings are likely due to legacy issues, such as security concerns, causing difficulties with community reintegration, further limiting socialisation and social support [31]. The interview findings support this hypothesis, with issues around security described by adult children from Northern Ireland. Social isolation and security issues were also key transition issues endorsed by adult children in Northern Ireland highlighting the need for additional focus and support for these veteran families in particular. Further research is needed to understand the context of subjective wellbeing among veterans in Wales.

Psychosocial determinants of psychological health and wellbeing

This study explored the impact of a range of socio-demographic and military factors on the psychological health and wellbeing of UK veteran families. Key risk factors for poorer psychological health and wellbeing included:

- not being in a relationship
- discharge from military Service for reasons other than end of contract
- lower veteran rank on discharge
- working in lower skilled occupations

Protective factors included:

- older age
- doing well financially
- being a RAF veteran, possibly due to differences in education

One of the main findings of this report is the link between non-routine forms of discharge from Service and a number of negative outcomes, not only for veterans. Probable PTSD, depression, and anxiety among veterans, veteran loneliness, lower subjective wellbeing among veterans, probable PTSD among partners, and poorer perceived social support among partners were all associated with non-routine discharge. While some non-routine discharges were for medical reasons, including mental health issues such as PTSD, the ongoing impact in the lives of veteran families is clear.

There are two potential explanations for this finding. The first relates to the financial standing of veteran families after non-routine discharge and its relation to either the reason for discharge (i.e., medical) and/or the impact of difficult transitions on the health and wellbeing of veteran families. Links between medical or unplanned discharge among veterans and increased hardship post-Service and reintegration difficulties have been shown in prior research [31, 32]. In addition, the interview section on finances provides some indication as to the struggles families may experience after unexpectedly leaving Service, including symptoms of depression and anxiety among veterans and partners attempting to adjust post-Service. Throughout the findings, we also see clear evidence of the link between doing well financially and better health and wellbeing - reduced risk of probable PTSD, depression, and anxiety among veterans, reduced loneliness among veterans and partners, greater subjective wellbeing, and improved perceptions of social support among veterans and adult children. As a cross-sectional study conducted at one point in time, it is not possible to understand the direction of this relationship but links between finances and health are well recognised and particularly topical during the current period of increased household expenses.

The second potential explanation for these findings, and particularly in relation to social support, is potential stigma and shame regarding sharing the reasons behind leaving Service. Findings relating to lower perceived social support among partners of veterans discharged in a non-routine manner

suggests a reluctance to engage with civilians and ex-serving communities alike, preventing the creation of social connections and reducing help-seeking [2]. This finding is particularly notable given how many supports for veteran families are offered through military or veteran charities. More research is needed on families who have experienced leaving Service for reasons other than end of contract, including those discharged for non-medical reasons, to better understand the impacts on their health and wellbeing, help-seeking, and social networks.

Other economic factors also appear to be related to veteran family health and wellbeing. Working in lower skilled occupations, being economically inactive, and lower rank, often a proxy for social economic status and education in military studies, were all associated with probable PTSD among veterans as in other research [32, 33]. Similar findings were evident among family members, with common mental health disorders among partners and adult children higher among those working in lower skilled occupations and lower ranks while subjective wellbeing and perceived social support were lower among these groups. Family member outcomes may not be linked to exposure to the military per se, as poorer mental health among lower skilled employees is a well-known field of research [34]. However, there is clear evidence of the impact of military life on partner employment and careers [35-37] and on the educational progression of children [38]. While more research is needed to understand how the in-Service experiences of partners and adult children impact on their post-Service employment, it is possible that fewer qualifications/limited work experience during the veterans Service, disjointed education, and disrupted patterns of work act to funnel family members into lower skilled, and lower paid, work post-Service, contributing to poorer mental health and wellbeing through financial stress and reduced workplace agency. This mixture of rank, occupation, and income may explain the protective nature of Service in the Royal Air Force compared to Army Service in relation to probable PTSD, depression, and anxiety among veterans. It has been noted that public perception of Royal Air Force personnel believes they tend to hold higher qualifications and work in higher paid occupations compared to other Service branches [39], with advanced qualifications and higher socioeconomic job roles having well established links with better health/mental health outcomes [40, 41].

Not being in a relationship was another key psychosocial determinant of the psychosocial health and wellbeing of UK veteran families, associated with probable PTSD, depression, and anxiety and lower subjective wellbeing among veterans. It may be possible that being single is related to these mental health disorders, with PTSD in particular often leading to crisis points within relationships due to the impact of symptoms on family life as well as caring responsibilities [42, 43]. Not being in a relationship was also linked with increased loneliness among all three groups and poorer perceived social support among veterans and adult children, which is not surprising given the companionship and day-to-day support received within romantic relationships.

Finally, we examined relationships between the health and wellbeing of family members with the UKVFS via the dyadic analyses of veteran-partner couples. These findings highlight the importance of loneliness in the health and wellbeing of veteran families and indicate that couples with greater loneliness, of lower rank, with more financial stress and great alcohol misuse among veterans may be more at risk of poorer mental health overall. We encourage research and services to consider veteran couples as a holistic unit rather than two separate and unrelated individuals and to explore ways to support those couples who may be more at risk.

Due to low numbers, some outcomes did not have any significant associations with the psychosocial determinants of psychological health examined in this report. This particularly affected examination of probable PTSD among adult children and alcohol misuse among all three groups. There was also little discussion of alcohol in the interviews. Future research should attempt to examine all outcomes in larger samples to provide more detail on the particular determinants of psychological health among veteran families in the UK and continue to explore alcohol use in this community.

Strengths, challenges, and limitations

There were several strengths associated with this research. The UKVFS represents one of the first studies into the psychosocial determinants of psychological health and wellbeing in UK veteran families across the four nations and is a vital contribution to the relatively sparse body of existing literature in this population [1]. The decision to use the unique referral number system resulted in linked participant data between family members which has facilitated analyses of dyads within the data to better understand veteran couples in the UK.

The results presented must be considered alongside the limitations of the study. Data reflects a traditional conceptualisation of family, with current and former partners, and adult children included. While this is likely to reflect most veteran families, it may be that other forms of family are missed but would benefit from more focused research on their experiences. While the interview findings reflect change over time as described by participants, the data from the survey was cross-sectional, meaning it can only present the outcomes and experiences of participants at the time of completion. Survey findings are based on the self-reports of participants and therefore carry risks of 'social desirability bias' [44], whereby a participant responds based on how they would like researchers to perceive them or because of potential stigma in reporting some experiences or outcomes.

Participants were not asked about their sexuality in either the survey or interview. This was done to prioritise the family unit over the type of family and to avoid potential distress for the participant due to any perceived or self-stigma. Most survey participants were white, which was expected as black and ethnic minorities (BAME) Armed Forces personnel are estimated to be only 9.7% of serving regular forces [45]. As a result, we are unable to make comparisons between LGBTQIA+ families and those that are heterosexual and/or cisgender and the experiences of BAME veterans/family members were not as prevalent in these data. Future research should focus on the narratives and outcomes of these groups to accurately identify influences on their health and wellbeing and reflect their lived experiences.

The veteran cohort was predominantly male, and the partner and adult child cohorts predominantly female. As above, this was expected for the veteran and partner cohorts but not for the adult children. It is possible that female adult children were more likely to engage with this research, as previous research has found female-identifying individuals more likely to participate in online research [46, 47]. It is also possible that male adult children were more likely to enter the Service themselves and thus did not self-identify as 'adult child of a veteran' but instead as 'veteran'. Finally, the small size of some sub-cohort/national groups and low number of cases for some outcomes meant statistical power for some analyses was lacking and it was not possible to include some factors in the analyses conducted. Where possible, findings are reported to indicate possible associations and suggest areas for future research.

The research team encountered several unique challenges while conducting the study. The COVID-19 pandemic and subsequent series of national lockdowns negatively impacted on in-person recruitment for the survey due to the cancelling of veteran/military centric meetings and events. The team adapted to this challenge by focusing on online recruitment through social media and targeted advertising, and by circulating digital recruitment materials through contact networks of veteran/military affiliated organisations. The online survey was hit by a 'bot swarm' in October 2022, a program designed to complete the survey hundreds of times per hour to gain the incentives offered to participants. Once noticed, the team immediately locked the survey and implemented a full range of security measures/anti-bot protocols to limit fraudulent responses. Unfortunately, this meant we were unable to post a direct survey link through social media, advertising, or on the study website without it being further exploited by bots. Instead, secure survey links were created and shared with closed veteran-associated social media groups and trusted contacts. Despite this challenge, we are confident that the data presented in this report is based on legitimate responses from veterans and their family members.

Conclusion

Overall, most veteran families appeared to have good psychological health and wellbeing after military Service. While caution must be applied to some findings due to small numbers, areas where the families of veterans may need additional support were identified - common mental disorders and loneliness, lower perceived social support, and probable PTSD and alcohol among adult children. Key psychosocial determinants of psychological health and wellbeing highlighted across groups included families where the veteran experienced non-routine discharge from Service, veterans, and family members not in a relationship, veterans and family members in lower skilled occupations, and veterans of lower rank and their families. Transition-related issues were reported by many family members of veterans, some which were memorable some years and decades after transition. Despite these issues, we found a strong sense of belonging and value placed by veteran families on their time as part of the serving military community and the desire for this to continue post-Service. Difficulties with mobility could impact on the sense of belonging, particularly for adult children as could concerns about security and safety for those who lived in Northern Ireland during the Troubles.

These findings provide the first overview of the psychological health and wellbeing of UK veterans and their family members, identified key psychosocial determinants of psychological health and wellbeing using mixed methodologies, and explored relationships between the health and wellbeing of veterans and their partners. The findings of the UKVFS reports provide useful guidance for ongoing research, policy, and practice in relation to support and understanding of the psychological health and wellbeing experiences of veteran families in the UK and we hope will open new avenues in these areas for the future.

Recommendations

These recommendations have been developed throughout the entirety of the UK Veterans Family Study and provide important evidence for the UK Armed Forces Families Strategy 2022-32[7] and Veterans' Strategy Action Plan 2022-2024.[8] Both strategies discuss the importance of families in supporting serving and ex-serving personnel during and after Service as well as the need to support family members alongside personnel and veterans.

Recommendations for specific policy streams, practice, research, and all stakeholders working with military personnel, veterans, and their families are provided below. In particular, we draw attention to the underlying principle that there is a shift to viewing and approaching veteran families as individuals with separate, although related needs, rather than focusing predominately on the needs of the veteran. We also encourage stakeholders to consider that recall and disclosure of military details among the family members of veterans may be unknown, withheld, or forgotten for a range of reasons which should be considered in outreach and engagement.

Recommendations for policy, practice, and research

Policy

MOD/OVA

- **Greater specificity in policies relating to the wellbeing of military and veteran families.** While current MOD and OVA policy describes and discusses the health and wellbeing of military and veteran families, there could be more concrete aims and objectives of policy in this area and what it seeks to support and change. Responsibility for certain outcomes should be clarified and defined with other policy sectors such as the NHS to aid in delivery of programmes stemming from policy.
- **Collate and/or develop best practice for engaging with families.** National and international sources should be consulted to identify how best to engage, and support partners and children of veterans through current and proposed family strategies. This should include consultation with family members themselves about what would work best for them. This may need substantial and creative outreach into civilian communities to engage with those families who are no longer in contact with the Armed Forces community and potential renaming of services to clarify eligibility for support.
- **Greater acknowledgement of multiple identities within the Armed Forces community.** Current policy relating to military personnel, veterans, and their families could give greater consideration to members of the Armed Forces community who have themselves served while also being the family members of serving and ex-serving personnel. This would prevent siloing people into rigid identities within services or policy and allow for greater diversity of experience to be reflected and supported.[9]
- **Increased focus on support for veteran families that experienced unexpected discharge from Service.** Given the findings relating to unexpected discharge from Service, including but not limited to, medical discharge, more focus should be given on ways to support those who have left Service before their usual contract was completed. This may include historical reasons for discharge that are no longer in place, such as pregnancy or marriage among older female veterans, those forced out of Service due to the ban on LGBTQIA+ personnel, or personnel who felt compelled to leave due to tensions between family responsibilities and military duties.

[7]*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1048269/UK_Armed_Forces_Families_Strategy_2022_to_2032.pdf*

[8]*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1103936/Veterans-Strategy-Action-Plan-2022-202*

[9]*See 'Who Am I? A Qualitative Exploration of The Identities of Spouses/Partners of UK Armed Forces Veterans' by Spikol et al, 2024, Journal of Military, Veteran and Family Health, 10 (2)*

- **Improved financial literacy of military personnel.** Given the impact of financial difficulties on the psychological health and wellbeing of veteran families and narratives of financial problems in the interviews, MOD should review its preparation of personnel and support for families in issues of financial management during and before leaving Service.

Public services (e.g., NHS, education, local authorities)

- **Consistent definitions of family members within and across public services.** To better understand the health needs of this population and enable provision of appropriate, tailored supports using data linkage consistent definitions of family members is needed across public services. This includes expansion of the Armed Forces marker being rolled out in NHS records to be included in other services as well.
- **Better NHS identification of military-connected family members.** Improvements in identification of the Armed Forces community would allow tracking of trends at primary and secondary care in terms of health and wellbeing outcomes across military Service and into civilian life. This includes separate markers for partners, children, veterans, and potentially other family members as well.
- **Increased evaluation, awareness of, and rollout of targeted services for veteran families.** Services for family members with mental health issues and specific health needs that may be impacted by the challenges of military Service, such as Op Community, should be evaluated and rolled out more widely. Online and face-to-face access should be freely available. Consideration should be given to the expansion of veteran-specific services within the NHS or supports provided within the third sector to provide more military-focused services for those wishing this insight from service providers.

Practice – military and veteran charities

- **Establishment of targeted support for veterans and families who have experienced unexpected discharge from Service.** Additional targeted provision of support for veteran families experiencing unexpected discharge from Service, including medical discharge but also other forms of induced departure from military Service. Such services should be evaluated to ensure rigour and economic robustness.
- **Development of alternative ways of identifying and connecting willing families into services.** Services, along with MOD and OVA, should identify ways of engaging families at the point of leaving Service without the need to signpost through personnel/veterans. This may need substantial and creative outreach into civilian communities to engage with those families who are no longer in contact with the Armed Forces community and potential renaming of services to clarify eligibility for support.
- **Review of public-facing information and materials to clarify eligibility for services.** Military and veteran charities providing support for veteran family members should conduct a review of public-facing information and materials to clarify eligibility for services and advertise available supports. Services should make it clear if they provide support or signposting for family as well as veterans.
- **Support the creation of social connections for veterans and their family members.** Ongoing programmes to be expanded or new services created to provide opportunities for veterans and their family members to share experiences and aid integration into civilian communities. This may help reduce loneliness among this population. Programmes should be dynamic and draw on creative, non-formal approaches.
- **Improved signposting for family members with mental health problems.** Given the preference for 'soft' supports identified in Report 2,[10] family members with symptoms of anxiety and/or depression could be signposted into military and veteran charities providing these forms of non-clinical services. This may also encourage help-seeking into formal services when required.
- **Interventions supporting family members' wellbeing.** Interventions specifically designed to aid family member health and wellbeing should be explored such as Combat Stress's Together programme[11] or MindKit, both developed to support family members of veterans living with PTSD.[12]

[10] *https://s31949.pcdn.co/wp-content/uploads/UKVFS-Report-2-v6c.pdf*

[11] *https://combatstress.org.uk/together-programme*

[12] *https://mindkit.ca*

- **Implementation of financial guidance, training, and support for veterans and their families.** Given the number of identified associations between financial status and health and wellbeing outcomes, additional focus on financial guidance, training, and support for veterans and their families should be implemented in current training and transition services. This should include increased awareness of current supports, such as The Royal British Legion's Benefits, Debt, and Money Advice services and crisis grants, and other supports provide by charities in the sector.

Research

- **Key areas of research** identified from this report include:
  - Non-routine forms of discharge from military Service and the impact on veterans and their wider networks.
  - The experiences of veterans and their families in Wales and Northern Ireland, particularly in relation to PTSD and loneliness.
  - The experiences of the families of veterans who are from ethnic minority groups, the LGBTQIA+ community, and women.
  - The transition experiences of family members, including research understanding family member post-Service occupation and education outcomes.
  - Mental health and wellbeing among veteran families, especially PTSD, alcohol misuse among adult children and depression and anxiety.
  - Additional research to understand the discrepancy between elevated levels of loneliness among veterans, partners and adult children alongside high perceived social support and satisfaction with that support.
- **Data linkage.** Where possible, research in this area would benefit from linkage studies using data from public services such as education and the NHS that contains markers for Armed Forces community members.

All

- **Reframing the role of family.** Any research, provision of support, or services should move towards focusing on the family member in their own right rather than merely as a potential support for the veteran. Families containing veterans should be approached as individuals with separate, although related needs, rather than focusing predominately on the needs of the veteran. Such a shift should consider removal of language such as 'and their families' that ties families explicitly to veterans and centres the veteran experience. Reframing families should occur in tandem with approaches that seek to connect and foster trust among family members without the need for veteran signposting or awareness of family member attendance.
- **Identification of veteran family members.** Stakeholders should be aware that recall and disclosure of military details among the family members of veterans may be unknown, withheld, or forgotten. Family members may therefore 1) not identify as the family member of a veteran or 2) may not have the knowledge to understand eligibility for programmes, schemes, or studies where they relate to particular military operations. Greater inclusion or eligibility may need to be used to engage with and recruit family members as a result. Stakeholders should also be aware that ongoing security concerns among veteran families in Northern Ireland which may limit or prevent them from help-seeking.
- **Avoidance of blame.** Care should be taken during presentations of findings, preparation, and delivery of services, and in policy strategy to prevent blaming the veteran for any health or wellbeing issues that family members may be experiencing. This may aid in supporting veterans to inform family members of services that are available, preventing intentional or unintentional gatekeeping.

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APPENDICES

Appendices

Appendix 1: Quantitative items used in the UKVFS survey

Area Under study	Questions	Validated measures
Demographics	Socio-demographics of participant Military characteristics of veteran	-
Welfare & help seeking	Transition issues Barriers to help seeking	Military to Civilian Questionnaire (M2C-Q)
Trauma	Childhood trauma Lifetime trauma Secondary Traumatisation Combat disclosure Posttraumatic growth (PTG) Posttraumatic stress	Adverse Childhood Events (ACEQ-10) Stressful Life Events Screening Questionnaire (SLESQ) (+6 items from LEC-5) Combat Exposure Scale (CES) adapted for secondary traumatization Posttraumatic Growth Inventory – Short Form (PGTI-SF) PTSD Checklist for DSM-5 (+2 dissociation items adapted from CAPS-5)
Mental health	Anxiety Depression Suicidality Help-seeking attitudes Barriers to help-seeking Self-reported mental health Loneliness	Generalised Anxiety Disorder Assessment (GAD-7) Patient Health Questionnaire (PHQ-9) All items from the Ulster University Student Wellbeing Survey Attitudes Towards Seeking Professional Psychological Help – Short Form (ATTSPPH-SF) Adapted from Hoge et al. (2004), Britt et al. (2008) and Brown et al. (2011) UCLA 3-item Loneliness Scale
Physical health	Diet and exercise Injury, pain, and care-receiving Sleep Disordered eating Alcohol consumption Drinking motivation	Adapted from NHS guidelines for diet & exercise for adults Insomnia Severity Index (ISI) Sick Control One Fat Food (SCOFF) Alcohol Use Disorders Identification Test (AUDIT-10) Drinking Motivation Questionnaire (DMQ)
Resilience & coping	Resilience Coping Social support	Connor-Davidson Resilience Scale-10 (CDRS-10) Coping Flexibility Scale (CFS) Multidimensional Scale of Perceived Social Support (MSPSS)
Relationships	Adult attachment style Intimate partner violence Marital satisfaction Family expressiveness Caregiver identity Caregiver burden	The Relationship Questionnaire (TRQ) Adapted from the British Crime Survey (2011) Abbreviated Dyadic Adjustment Scale (ADAS) Family Expressiveness Questionnaire – Short Form (FEQ-SF) Caregiver Strain Index (CSI)

Appendix 2: Technical details of quantitative analyses

This appendix provides technical details about the analyses conducted on the quantitative UKVFS data. Missing data was imputed for AUDIT, PHQ-9, and PCL-5 measures for respondents missing 3 or less items on each measure.

Four main types of analysis were conducted, with most associations between outcomes and factors of interest reported as regressions:

1. **Percentages** – most findings in this report were described as the percentage and corresponding number of participants who reported a particular outcome. This was used to determine how many participants 'met caseness for', or were considered likely to have, the outcomes of interest.
2. **Means and standard deviations** – some of the measures used could not be categorised. Instead, they are described using the "mean and standard deviation", that is, the average score across the total (nation, or sub-group) with an indication of the extent to how much most of the scores around the average. Differences in means were tested using ANOVA.
3. **Chi-square and ANOVA** – these tests were used to identify initial associations between the variables of interest and outcomes, including differences by nation and outcomes by socio-demographic and military factors.
4. **Regressions** – regression models were used to determine whether certain variables were linked to outcomes of interest and how much they contributed to that outcome. For example, a regression model may examine several different health factors and determine that lack of exercise, poor diet, and alcohol use all contribute to diabetes risk. The model will also estimate the degree to which each factor contributes to that risk by either increasing or decreasing the odds of the outcome occurring.
    a. *Binary regressions* – most outcomes were analysed as binary outcomes, where respondents are assessed as either probable caseness or not based on validated score estimates. The findings from these regression analyses were reported as odds ratios (ORs), which explore how likely to is that an outcome will occur among certain groups. For example, how much more or less likely is alcohol misuse among female and male veterans.
    b. *Negative binomial regressions* – due to the low number of cases of probable PTSD and alcohol misuse among partners and adult children, negative binomial regressions were used to examine associations between measure scores and socio-demographics and military characteristics. This method is commonly used for analysing order count variables for samples that do not fit a normal distribution. Results are reported as incidence rate ratios (IRRs).
    c. *Linear regressions* – some outcomes could not be categorised (e.g., yes/no) and were treated as continuous variables (e.g., 1, 2, 3…). Others did not have sufficient cases to conduct binary regression analyses. In such instances, linear regressions were used which examine the change in scores across each variable – e.g., how does AUDIT score increase or decreases with each yearly increase in age? These analyses report standardised □ coefficients.
    d. *Adjusted regressions* – finally, adjusted multivariable regressions using the three techniques above as relevant were conducted to estimate how much each variable significantly associated with the outcome of interest contributed to the outcome of interest when considered together. Models were created as follows:
        i. Chi-square and ANOVA tests to identify initial associations between socio-demographic and military factors.
        ii. Univariable regressions to confirm associations with the outcome of interest.
        iii. Multivariable regressions constructed based on blocks of socio-demographic and military factors and where possible, combined.
        iv. All regressions are adjusted for age regardless of significance.

Appendix 3: Technical details of dyadic data analyses

This appendix details the steps taken to identify dyads for analysis and use advanced statistical methods to examine the relationship between the mental health of veterans and partners while accounting for the influence of socio-demographic, military, and wellbeing factors.

Identification of veteran-partner dyads

To identify veteran-partner dyads from the dataset, assumptions were made when extracting veteran-partner pairs from family groups – this included including only those who identified as a veteran and a partner as well as those pairs where both: 1) reported being in a relationship, 2) were of similar age, and 3) were resident in the same geographical location.

Construction of the SEM

To examine dyadic associations a actor-partner interdependence model was used. Mental health was conceptualised as a latent variable comprised of PTSD, PHQ, and anxiety measures. To create the SEM, the following steps were taken:

Construction of outcome

a. The outcome was determined to be a latent variable comprised of the composite mental health score of the total sum of PTSD (PCL-C), depression (PHQ-9), and anxiety (GAD-7) scores for each veteran and their spouse/partner.

Identification of actor and partner model effects

a. Using Stata [18], actor and partner effects were identified using tabulations and univariate regression analyses. Actor effects refer to the impact of veteran socio-demographics on veteran outcomes. Partner effects refer to the impact of veteran outcomes on partner outcomes and vice versa.
b. Variables examined included spouse/partner and veteran socio-demographic and military characteristics, spouse/partner and veteran alcohol misuse, and spouse/partner and veteran well-being outcomes.
c. Variables identified as significantly associated with composite mental health scores at $p<0.05$ in univariable regression analyses were combined in multivariable regression models to identify which variables were significantly associated with composite mental health scores for veterans and spouses/partners.
d. The models were first created by combining 1) all significantly associated veteran variables associated with composite mental health scores; 2) all significantly associated spouse/partner variables associated with composite mental health scores; and 3) combining all variables into one model.
e. Variables that were significantly associated at $p<0.10$ which were included in the SEM.

Model construction

a. A model was constructed based on the composite mental health scores for veterans and partners, with 'mental health' determined as the latent variables.
b. Confirmatory factor analyses of the factor loading of PCL-C, PHQ-9, and GAD-7 totals onto composite mental health scores were conducted for partners and veterans to check scores loaded onto the latent variables of mental health.
c. A baseline model testing the covariance between veteran and partner composite mental health scores was created.
d. Actor and partner effects for associations between veteran and partner composite mental health scores were examined in separate models.
   i. For spouses/partners:
   1. Actor variables were partner age, partner rank, partner financial situation, partner loneliness, and partner satisfaction with social support.
   2. Partner variables was veteran social support satisfaction only.
   3. Veteran social support satisfaction scores was excluded from the model to improve model fit.

   ii. For veterans
   1. Actor variables were veteran AUDIT score and veteran loneliness.
   2. Partner variables were spouse/partner loneliness only.

   iii. All models were adjusted for age regardless of significance.
e. The final model combined the baseline model along with variables identified as significantly associated with mental health in actor and partner models (Table 13, Figure 14) and was run to produce standardised SEM parameter estimates and standard errors.

i. A general analysis type with a maximum likelihood estimator was used.
ii. No listwise deletion was utilised to maximise data usage from the dataset.
iii. The final N of the model was 63 due to missing data.
iv. CFI, TLI and RMSEA were used as model fit indices.
v. Reported standardised SEM parameter estimates and standard errors are based on STDYX standardisation for continuous variables and STDY standardisation for binary variables.
vi. The model showed moderate fit to the data (RMSEA=0.069, 90% CI (0.000-0.109), p=0.330; CFI=0.949; TLI=0.946).

Table 12: SEM parameter estimates for veteran-partner dyad mental health

Relationship between veteran and partner mental health	Std. estimates (β)[a]	p value
Veteran mental health & partner mental health	0.302	0.060
Partner estimates		
Partner mental health measure factor loadings		
PCL-C	0.718	<0.001
GAD-7	0.749	<0.001
PHQ-9	0.901	<0.001
Socio-demographic & military factors		
Partner age (years)	-0.185	0.064
Partner reported veteran rank	0.820	0.007
Partner financial situation	-0.556	0.007
Partner mental health & wellbeing		
Partner loneliness scores (UCLA-3)	0.523	<0.001
Partner satisfaction with social support	0.168	0.089
Covariance between partner loneliness scores (UCLA-3) and veteran loneliness scores (UCLA-3)	0.284	0.014
Veteran estimates		
Veteran mental health measure factor loadings	Std. estimates (β)[a]	p value
PCL-C	0.821	<0.001
GAD-7	0.953	<0.001
PHQ-9	0.941	<0.001
Socio-demographic & military factors		
Veteran age (years)	0.100	0.318
Partner mental health & wellbeing		
Partner loneliness scores (UCLA-3)	0.229	0.016
Veteran mental health & wellbeing		
Veteran alcohol scores (AUDIT)	0.387	<0.001
Veteran loneliness scores (UCLA-3)	0.525	<0.001
Model fit statistics		
RMSEA (90% CI)	0.068 [0.000-0.109]	p = .249
CFI	0.950	
TLI	0.947	

Based on n=63 observations.
[a]SEM parameter estimates and standard errors based on STDYX standardisation for continuous variables and STDY standardisation for binary variables

Appendix 4: Qualitative interview schedules

Tell me about what it was like growing up in a military family	
Questions	**Probes**
Tell me about your relationship with the parent/s who served	• When s/he was serving, how strongly were you engaged on a daily basis? (e.g., meals, social activities, physical and emotional care) • How close would you say you were/ are?
Do you think your parent's military service had any impact on the household and family life when you were growing up?	• "Military service" refers to the veteran's trade/rank/ tours of duty/postings/deployments while serving. • If so, what impact? Positive, negative, both, none? • What were the impacts on housing, finances, social life? • How would you describe your household growing up? • What did you like / dislike about it?
During your time as a military family, did you access any services to help you with any issues? What supports did you / your family use at this time?	• Informal - Family, friends, neighbours • Military family services – welfare, HIVES, Fam Feds • Other services - faith organisations, community, services? • How did you find these services? Were there any issues accessing services? What worked? What could be improved? What supports did you not have that you would have liked?

What was life like for you after the military?	
Questions	**Probes**
Tell me about what it was like when your parent/s left the military	• What age were you? Where did you live? What was it like? What changed? What was it like living among civilians (if relevant)?
Were you aware of any supports/services your family used at the time?	• Informal - Family, friends, neighbours, • Military family services – welfare, HIVES, Fam Feds • Other services - faith organisations, community services? • How did you find these services? Were there any issues accessing services? What worked? What could be improved? What supports did you not have that you would have liked? • Would you have wanted support and from who?
Looking back, how did being in a military family impact upon your life as it is now? (positively as well as negatively)?	• Impacts on health and well-being? On choices your made to date? On opportunities available to you? • In relation to housing, employment/education, finance, health, life skills and knowledge, social integration, relationships, social network Career goals? Communication skills / problems solving / social skills? • What was the greatest impact?

What would you say are your needs (if any)? (Current and future)	
Questions	**Probes**
What would you say are your needs now?	• E.g., for your health and wellbeing, happiness, housing, employment/education, finance, health, life skills and knowledge, social integration, relationships, social network.
What do you think might be your needs in the future?	• E.g., for your health and wellbeing, happiness, housing, employment/education, finance, health, life skills and knowledge, social integration, relationships, social network.
What supports or services do you think would be of best help to you?	• E.g., Family, friends, neighbours, community organisations, faith organisations, military family services

Finally: Is there anything else that you haven't mentioned that has impacted your wellbeing that you would like to tell us about?

THANK YOU FOR YOUR TIME

What was it like for you having a spouse / partner in the military?	
Questions	**Probes**
Tell me about your relationship with your spouse / partner who served.	• When s/he was serving, how strongly were you engaged on a daily basis? (e.g., meals, social activities, physical and emotional care) • How would you describe the relationship? How do / did you feel about it?
How did your spouse / partner's military service impact the household and family life when you were together?	• "Military service" refers to the veteran's trade/rank/ tours of duty/postings/deployments while serving. • What were the impacts on housing, finances, social life? • How would you describe the household? • What did you like / dislike about it?
During your time as a military family, did you access any services to help you with any issues? What supports did you / your family use at this time?	• Informal - Family, friends, neighbours. • Military family services – Welfare, HIVES, Fam Feds • Other services - faith organisations, community services? • Were they helpful? Were there any issues accessing services? What could have been improved? What supports did you not have that you would have liked?

What was life like for you after the military?	
Questions	**Probes**
Tell me about what it was like when your parent/s left the military	• What age were you? Where did you live? What was it like? What changed? What was it like living among civilians (if relevant)?
Were you aware of any supports/services your family used at the time?	• Informal - Family, friends, neighbours, • Military family services – welfare, HIVES, Fam Feds • Other services - faith organisations, community services? • How did you find these services? Were there any issues accessing services? What worked? What could be improved? What supports did you not have that you would have liked? • Would you have wanted support and from who?
Looking back, how did being in a military family impact upon your life as it is now? (positively as well as negatively)?	• Impacts on health and well-being? On choices your made to date? On opportunities available to you? • In relation to housing, employment/education, finance, health, life skills and knowledge, social integration, relationships, social network Career goals? Communication skills / problems solving / social skills? • What was the greatest impact?

What would you say are your needs (if any)? *(Current and future)*	
Questions	**Probes**
What would you say are your needs now?	• E.g., for your health and wellbeing, happiness, housing, employment/education, finance, health, life skills and knowledge, social integration, relationships, social network
What do you think might be your needs in the future?	• E.g., for your health and wellbeing, happiness, housing, employment/education, finance, health, life skills and knowledge, social integration, relationships, social network.
What supports or services do you think would be of best help to you?	• E.g., Family, friends, neighbours, community organisations, faith organisations, military family services?

Finally: Is there anything else that you haven't mentioned that has impacted your wellbeing that you would like to tell us about?

THANK YOU FOR YOUR TIME