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Research on Military/Veteran Families

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Executive Summary

Background

Research on families of Canadian Armed Forces (CAF) members and Veterans is important given the role families play in supporting serving members and Veterans and the potential impacts military service can have on families. CAF recognizes the importance of families in supporting serving members in their mission, their satisfaction with military service and retention in the military. The mission of Veterans Affairs Canada (VAC) is “to provide exemplary, client-centred services and benefits that respond to the needs of Veterans, other clients and their families, in recognition of their services to Canada; and to keep the memory of their achievements and sacrifices alive for all Canadians.”

Recognizing the lack of research on Veteran families in Canada, the VAC Research Directorate undertook a series of consultations (Ogden and Lockhart, 2011) with more than 75 VAC staff and external experts to help set priorities for research related to family issues. Participants identified more than 25 research questions for possible investigation (see Appendix A for details). These questions fall into four main areas: the impacts of military service, the needs of Veteran families, protective or success factors, and effective interventions.

Objectives

This study has two objectives: 1) to inform the VAC Family Strategy, currently being developed; and 2) to inform further research on families and in particular the Life After Service Studies (LASS).

Method

The report is divided into three sections. The first examines the demographic composition of CAF military and Veteran families, the second section reviews more than 20 studies related to military and Veteran families conducted in Canada, and the third section reviews nine broader international military and Veteran population health studies focusing on families. Appendix A lists recommendations resulting from a few key studies while Appendix B outlines family well-being measures used in surveys.

Results

The majority of both CAF members and Veterans are married or have a partner and many have children under 18, with the composition of military/Veteran families reflecting their differing stages in life. Family relationships were found to be important to the well-being and life satisfaction of CAF members. With respect to Veterans, families were found to be particularly important for those suffering from service-related conditions. Low levels of social support and low income were found to be associated with difficult adjustment to civilian life.

A growing body of research has been focusing on a number of particular areas and revealing findings with respect to the impacts of deployments, service-related conditions and military service in general on families. For example, it was found that geographic moves and caring for members or Veterans with service-related conditions have negative impacts on spouses and/or children. The bulk of this work has focused on the families of serving personnel. Much less work has been conducted on Veteran families.

Canadian research has found the impacts of service-related conditions and military service in general on families include divorce, financial insecurity, stress, low life satisfaction, mental health problems, child behavioural issues, spousal career sacrifices, and lower spousal income. Recent research has focused on the role of interventions aimed at improving family resilience in mitigating the impacts of service-related conditions and military service in general. Little research has been done in Canada on Veteran families, although higher divorce rates were found among those released prior to 2003 and among those more recently released rates of difficult adjustment to civilian life were higher among those with low social support and low family income.

The reviewed international population health studies included findings on the impacts of deployments among the families of both serving members and Veterans, geographical moves on the children of serving members and caregiving on families of members and Veterans. A UK study found lower employment rates among Veteran spouses compared to the general population. Two Australian studies on the impacts of deployments had mixed findings. One on Vietnam Veterans found negative impacts related to deployment and the other on the more recent Timor-Leste deployment found no difference between those deployed and the era control group. However two additional studies on the impacts of deployment on families, one from the US and the other from the UK, have yet to be released.

The results of this literature review have implications for VAC's Family Strategy, currently being developed. The strategy will focus on transition from military to civilian life and challenges faced by Veteran families (especially of ill and injured Veterans) and detailing VAC's approach to address the needs of these families. The findings have shown that families are critical to the well-being of Veterans with service-related conditions, and that one of the challenges faced by families is supporting those Veterans. Research on Canadian Veterans and their caregivers identified gaps in supports, so this may be a good starting point for the Family Strategy. In terms of transition to civilian life, while the evidence points to important dimensions that could be addressed through a Family Strategy, further research is needed to identify target populations for supports and effective interventions. Lastly, the Department may need to examine its possible role in mitigating the general impacts of military service on families, such as in the areas of low income and spousal employment.

A few international population health family studies have been completed or are currently in progress. However, much of the research in Canada has been on specific topic areas (e.g., impacts on spousal employment) or on specific sub-groups of the family population, such as families of Veterans with service-related conditions. Little is known about both the positive and negative outcomes after military service for a broad

range of families. The Department should explore adding family-related content to the Veteran survey component and determine what additional information may be available on families via the Income Study component or through other types of record linkage studies. In the absence of a dedicated population-based study, qualitative research focusing on family members would provide valuable insights into the challenges they face and factors for success.

Conclusion

Important as they are to the well-being of military members and Veterans, families can face challenges. For example, one area in which families are clearly challenged is in supporting Veterans with service-related conditions. Despite the growing body of research in this area, knowledge gaps remain. For example, little is known about both the positive and negative impacts for a broad range of families. Qualitative research could explore these impacts, thereby informing both the Family Strategy and further cycles of LASS. Collecting more information on families within the Veteran survey as well as the Income Study or other record linkage studies should be explored.

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Introduction

While Veterans Affairs Canada (VAC) gleaned some insights on Veteran families through its Life After Service Studies (LASS) program of research (2010 and 2013) and through other studies of Canadian Armed Forces (CAF) members conducted by the Department of National Defence (DND), the evidence base remains limited. This report describes what is currently known about Canadian military and Veteran families, the Canadian evidence which exists or is being collected, and the methodology and findings of international studies related to military and Veteran families. This study has two objectives: 1) to inform the VAC Family Strategy, currently being developed; and 2) to inform further research on families and in particular planning for LASS 2016.

The Veterans' Family Strategy, currently under development, will focus on: transition from military to civilian life, challenges faced by Veteran families (especially of ill and injured Veterans), VAC's approach, and measuring success in addressing needs.

A common thesis in much of the literature is that the various factors related to military service -- such as deployment, family members' awareness of the potential danger to their parent or spouse, or career limitations for the non-serving spouse -- can have a negative impact on the family as a whole and on individual family members. In contrast, there has been virtually no work conducted on positive factors that may strengthen a family due to military service. Much of the work to date has focused on the United States military experience following the massive deployments to Iraq and Afghanistan and has considered the areas of spousal employment and income and the effects the deployment of a parent can have on a family. Very little work to date has focused on Veteran families.

Deployment of CAF personnel to Afghanistan has raised awareness in Canada about military families. While most of this attention has been focused on the families of serving personnel, VAC recognizes that if there are impacts on the military family, then issues may continue throughout the transition to civilian life and beyond. In addition, the transition experience itself may have an impact on the families of Canadian Veterans. Based on stakeholder input from groups such as the Vanier Institute, VAC is now developing a Family Strategy, with the Research Directorate contributing evidence to assess the extent of the family needs and inform the focus of the strategy.

Method

This report has three main sections. The first section describes the characteristics of the families of CAF members and Veterans, based on three main data sources: DND administrative data on serving personnel; data from the 2003 Canadian Community Health Survey which identified Veterans released prior to 2003; and data on more recently released Veterans and their families captured in LASS (2010 and 2013). The next section reviews the current and ongoing research in Canada on military and Veteran families. It draws primarily on unpublished literature from DND, abstracts

from the 2014 Canadian Military and Veterans Health Research Forum and VAC/DND requests for proposals for research (currently in progress). The third and final section synthesises findings on families from international military/Veteran population health studies. These studies were identified from a recent report prepared by VAC's Research Directorate (Thompson, Campbell and Pedlar, 2014). Two appendices provide additional detail. Appendix A lists recommendations resulting from a few key studies while Appendix B outlines family well-being measures used in surveys.

Results

Characteristics of Canadian Military and Veteran Families

The majority of both CAF members (60%) and Veterans (74%) are married and many (49% and 37%, respectively) have children under 18. Currently in Canada, there are about 68,000 Regular Force members, about 40,000 of whom have partners. There are more than 33,000 children under the age of 18 years in the care of Regular Force members. With respect to Veterans, there are almost 600,000 CAF Veterans (302,000 Regular Force and 269,000 Reserve Force), more than 400,000 of whom have partners¹. In relation to Regular Force Veterans who released more recently (56,000 since 1998, LASS 2013), there are an estimated 42,000 partners and 36,000 children under the age of 18. The majority (88%) of these Veterans reported being satisfied with their relationships with other family members².

The composition of Canadian military and Veteran families reflects their differing stages in life. Sixty percent (60%) of Regular Force members were married or in a common law relationship compared to 56% of Reserve Class A/B Veterans and 74% of Regular Force Veterans. Both members and Reserve Class A/B Veterans were younger than other groups of Veterans which explains their lower rates of being married or in a common law relationship. Also consistent with their younger age, members and Reserve Force Veterans had lower rates of divorce compared to other Veterans. Among Regular Force Veterans released prior to 2003, MacLean *et al* (2013) found a significantly higher rate of divorce than among other Canadians after adjusting for age and sex differences (11% vs. 7%) while Reserve Force Veterans were similar to other Canadians in this respect. Regular Force Veterans who released recently had about the same rate of divorce as those released prior to 2003; however, it is unknown how this rate compares to that of the general Canadian population of similar age and sex.

Almost half (49%) of Regular Force members had children under 18, with an average of 1.9 children. The majority (75%) of couples had children. However, many (20%) single members had children as well. The proportion with children was lower among Regular Force Veterans who were on average older. Among Regular Force Veterans (LASS 2013), less than half (37%) had children: 44% of married Veterans and 16% of single Veterans.

¹ As of March 2014 there were an estimated 599,200 CAF Veterans according to Canadian Community Health Survey 2003 data. Maclean *et al* (2013) examined this data and found a married/common law rate of 75%. This rate was assumed to remain the same.

² Source: Life After Service Studies, 2010 data table.

Overall, though, the average number of children among members and Veterans with children (1.9 And 1.8) was similar.

The rate of low income among Regular Force members (most with families) in the year prior to release was slightly higher after release (5% compared to 8% [LASS, 2013]). Reserve A/B Veterans had the highest rate of low income (12%), however, they were also the youngest group of Veterans and it is known that low income rates decline with age. While Veteran families have been found to have half the rate of low income of comparable Canadians (Thompson *et al*, 2011 and 2014), having more children has been associated with greater odds of experiencing persistent low income among Regular Force Veterans (MacLean & Poirier, 2012). Other risk factors for persistent low income were being released as a recruit, involuntarily, or with shorter service. Prior to release, members' income accounted for almost 70% of household income. Post release, families rely less on the income of the Veteran (65% compared to 69% prior to release) and more on that of other family members. Families of Reserve Veterans rely more on the incomes of other family members than the families of Regular Force Veterans.

Table 1: Canadian Military and Veteran Family Composition and Income

Members and Veterans by Release Era	Military	Veterans					
	HMRS 2012 ¹	CCHS 2003 ²		LASS 2010 ³	LASS 2013 ⁴		
	Regular Force	Regular Force	Reserve Force	Regular Force	Regular Force	Reserves Class C	Reserves Class A/B
Mean Age	36	53	48	46	44	40	31
Member/Veteran Population	67,700	302,000	269,000	32,000	56,100	3,500	16,700
Married/common law	40,500	230,000	196,000	24,100	41,500	2,000	12,000
% Married/Common Law	60%	76%	73%	76%	74%	72%	56%
% Separated/Divorced	6%	11%	9%	9%	10%	6%	5%F
% Single, never married	33%	n.a.	n.a.	15%	16%	22%	39%
Veterans/Members with Children	33,500	n.a.	n.a.	12,360	20,300	1,600	5,600
% With Children	49%	n.a.	n.a.	39%	37%	46%	34%
# of Children	63,650	n.a.	n.a.	21,500	36,100	2,900	9,300
Ave # of Children among those with children	1.9	n.a.	n.a.	1.7	1.8	1.9	1.7
% of Couples with Children	75%	n.a.	n.a.	46%	44%	57%	50%
% of Singles with Children	20%	n.a.	n.a.	18%	16%	19%	14%
% Low Income ⁶	5%	5%	3%	6%	8%	8%	12%
% Member/Veteran Share of Household Income ⁶	69%	n.a.	n.a.	66%	65%	54%	

Notes: n.a. not available

F Sample size less than 30. Estimate considered unreliable.

1. Source: DND's Human Resources Management Information System (HRMS) provided by Director General Military Personnel Research and Analysis.

2. Source: MacLean et al (2013). Well-being of Canadian Armed Forces Veterans: Canadian Community Health Survey 2003. After certain exclusions the study represented 571,000 CAF Veterans. CCHS 2003 represented CAF Veterans released prior to 2003 (N=590,500).

3. Source: Thompson et al (2011), Survey on Transition to Civilian Life, Life After Service Studies 2010. Included Veterans released from 1998 to 2007.

4. Thompson et al (2014), Survey on Transition to Civilian Life, Life After Service Studies, 2013. Includes Regular Force released from 1998 to 2012, Reserve Class A/B and Class C released from 2003 to 2012. MacLean et al (2014). Pre- and Post-Release Income: Life After Service Studies.

5. Percentage of total members or Veterans with children under 18 including single members or Veterans with children.

6. Source: LASS Income Study 2010 and 2013 and CCHS 2003. LASS used the Statistics Canada Low Income Measure and the CCHS 2003 used a similar measure of low household income. Both measures adjust for family size. For the Veterans share of family income the remainder of household income includes spousal as well as other household member income.

Canadian Research on Military and Veteran Families

DND has conducted several large scale studies on CAF military families over the past two decades. In addition, there have been several Canadian studies on the subject of Veteran families or on the topic of Veterans with implications for families. However, only one of these studies, focused on caregivers, involved interviews with the families of CAF Veterans. The rest are largely reviews of existing evidence. Interest in researching the families of military members and Veterans in Canada is growing. At the 2014 Canadian Military and Veterans Health Research Forum, there was a knowledge exchange workshop as well as five presentations or posters related to families of members or Veterans, three of which involved families of CAF members. As well, there are a number of research projects currently in progress relating to families of ill or injured CAF members/Veterans.

CAF Members/Families

Among CAF members, family relationships were found to be important to member life satisfaction (Pépin, Sudom & Dunn, 2006). Pépin, Sudom & Dunn (2006) found that while personal and work satisfaction were the most important factors contributing to life satisfaction among military members, satisfaction with family relationships was also a significant factor, particularly among married members. However, some families do have problems. Sudom and Dursun (2006), through focus groups and interviews with military service providers and supervisors, identified a number of problems and issues affecting military families including family violence, which was the subject of one of the main research questions, and groups perceived to be more likely to experience problems. However, they also identified positive and negative aspects of military life and important individual and social factors leading to healthy, resilient families.

The family impacts of military service in general include spousal career sacrifices (Dunn, Urban & Wang, 2011), lower spousal employment income (Truscott, 1995; Dunn, Urban & Wang, 2010), and mental health problems among spouses (Dursun & Sudom, 2009; Sudom, 2010).

In recognition of the increasing tempo of operations in CAF, Sudom and Eyvindson (2008) reviewed the literature on the impacts of deployment on military personnel and their families. One year later, Dursun & Sudom (2009) surveyed more than 1,600 spouses and found that while most families were doing well, the demands of military service (e.g., deployments) can have negative impacts on families. This included higher levels of depression among those whose CAF partners were currently deployed compared to those who were preparing for deployment or had recently returned. The 2008 Quality of Life Survey of more than 2,000 spouses found that they had higher diagnosed rates of common mental health conditions, including depression (18% vs. 6%) and anxiety disorders (12% vs. 3%), compared to their military members (Sudom, 2010). Spouses also reported being impacted by their partner's mental health conditions. The most common fear was the breakdown of the relationship with their

partner or between their partner and other family members. Many were also fearful of triggering symptoms in their partner.

Recognizing that spousal employment has a significant influence on the commitment, job performance, readiness, and retention of military personnel, DND's Director General Military Personnel Research and Analysis (DGMPRA) initiated the three-phase Spousal/Partner Employment/Income (SPEI) Project, conducted from 2008 to 2011. Phase one was a literature review designed to inform data collection for the second and third phases of the project (Coulthard and Dunn, 2009). Phase two used Census 2006 data to examine spousal income and found that CAF spouses earned an average of \$5,063 less than other civilians, \$10,349 less than police and \$13,757 less than federal public servant spouses (Dunn, Urban & Wang, 2010). Based on 1981, 1986 and 1991 Census data, Truscott (1995) also found lower employment earnings among military spouses compared to federal government employee spouses. Phase three of the project compared the results of the 2008 Quality of Life Survey of Spouses to the Your Say Survey from the same year (Dunn, Urban & Wang, 2011). This analysis revealed that the majority of spouses were employed and in occupations that generally fit their educational or prior employment backgrounds. While spouses indicated that economics (e.g., paying bills and covering expenses) were motivating them to work, CAF personnel believed their spouses were working for their own personal fulfilment. In the case of spouses who were "not in the labour force," both spouses and CAF personnel indicated that this was mainly because families made a personal choice for the spouse to stay at home and raise children.

Veterans and Their Families

There have been several Canadian studies on the subject of Veteran families or on the topic of Veterans with implications for families. Only one of these studies, which was related to caregivers, involved interviews with the families of CAF Veterans.

In line with the findings for military families, family support was found to be particularly important to Veterans suffering from service-related conditions (VAC New Veterans Charter Evaluation Phase II, 2010; Fast, Yacyshyn & Keating, 2008). Fast, Yacyshyn & Keating (2008) conducted a study based on telephone interviews with 142 Veterans, aged 19 to 65, with a high level of service-related disability assessment (78% to 100%) and 115 of their main supporters (mainly spouses). This Veteran group accounted for 4% of VAC disability clients in this age group. High proportions of supporters reported financial insecurity, stressful lives and low levels of life satisfaction. The report included eight recommendations: four related to approaches and principles in providing services to families of Veterans with high levels of disabilities and four related to areas of greatest need (see Appendix A for details).

The New Veterans Charter (NVC), implemented in 2006, was designed to assist CAF members, Veterans and their families with their transition to civilian life. The suite of programs under the NVC includes a lump-sum disability award, rehabilitation, financial benefits, health benefits, and career transition assistance. A key component of the New Veterans Charter was to expand services and benefits available to families of seriously

injured Veterans. During 2009 and 2010, the NVC was evaluated in three phases. Phase II addressed outreach issues, noting that when a Veteran has transitioning issues, the impact can be profound on the family and its functioning and that families are often instrumental in having the Veteran seek assistance. In terms of transition to civilian life, it was found that few spouses/partners attend the Transition Interview, despite being invited to attend. The importance of spousal attendance at the Transition Interview, especially for members with OSIs, was noted by staff. Beyond transition, it was found that outreach efforts did not target previously released members and families. The report included two recommendations both related to improving access to the benefits and services the Department provides to families (see Appendix A).

Fikretoglu (2008) conducted a literature review on the impact of Veterans' OSIs on family members and found that OSIs can adversely impact Veterans' families in a variety of domains: increased mental health problems in spouses; increased caregiver burden for spouses; problems in marital adjustment; increased divorce rates; increased physical and verbal aggression against partners; and adverse impacts on children's behavioral and psychological adjustment. However, the author noted that the existing literature was almost exclusively devoted to the impact of Post-traumatic Stress Disorder (PTSD), in spite of the higher prevalence of other OSIs such as depression and substance abuse, and the overlap of symptoms across OSI diagnoses. Of the 37 papers included in the review, only one examined the families of Canadian Veterans (Stretch, 1991).

Post-Korean War Veterans, identified in the 2003 Canadian Community Health Survey, were examined by MacLean *et al* (2013). It was found that after adjusting for age and sex differences, Regular Force Veterans had a significantly higher rate of divorce than other Canadians (11% vs. 7%), while Reserve Force Veterans were similar to other Canadians in this respect. This study also found that low income rates were lower among CAF Veterans compared to other Canadians.

LASS includes a survey and a tax record linkage study of recently released Veterans (1998 to 2012). Two cycles of these studies (2010 and 2013) collected information on marital status, number of children under 18, household income, and Veteran share of family income among recently released Veterans. LASS found that multidimensional factors impact Veteran adjustment to civilian life with social support and household income being important dimensions. One-quarter of recently released Regular Force Veterans reported a difficult adjustment to civilian life and those with low social support and low income had higher rates of difficult adjustment (MacLean *et al*, 2014). Multivariable regression analyses showed that lower rank as well as medical, involuntary, mid-career, or Army release were associated with difficult adjustment, whereas sex, marital status, and number of deployments were not. Low income is measured taking into account the family size. In both the 2010 and 2013 surveys, Veteran families were found to have half the rate of low income of comparable Canadians (Van Til *et al*, 2014). However, having more children was associated with greater odds of experiencing persistent low income among Regular Force Veterans (MacLean, Sweet and Poirier, 2012). Other risk factors for persistent low income were being released as a recruit, involuntarily, or with shorter service.

Canadian Military and Veteran Health Research Forum 2014

Interest in research on the families of military members and Veterans in Canada is growing. At the 2014 Canadian Military and Veteran Health Research Forum, there were a number of presentations or posters focused on this area, some of which were qualitative in nature. In addition, a pre-conference knowledge translation session focused on challenges and resilience issues faced by military families.

Three studies were qualitative, involving interviews with the families of CAF members. Both Harrington (2014) and Coulthard & Wright (2014) examined the family impact of the loss of a member. Harrington (2014) interviewed parents and sibling and described findings in three core areas: finding meaning; the role and functions of symbology and ritual; and how trauma was intertwined with grief. Coulthard & Wright (2014) focused largely on the CAF's HOPE (Helping Our Peers by Providing Empathy) program. They identified the needs of bereaved military families, examined whether they were being served by the organization and, if not, identified areas where greater support could be provided. A third study examined resilience-related resources for children who have a parent coping with a service-related illness: Hachey (2014) described available resilience-related resources as well as service gaps for children who have a parent coping with a service-related illness. In particular, the study provided a perspective from both parents and subject matter experts from select bases across Canada.

Another two studies were literature reviews. The first was a scoping review on the impact of military life on families and children, and discussed strategies to improve family resiliency and interventions to address the impacts (Cramm, Aiken & McColl, 2014). The second study examined the impact of PTSD and other distress symptoms on children (Stelnicki & Schwartz, 2014). In the former, preliminary analysis suggested that the impact of parental deployment on the mental health of children was increasingly recognized as a consideration. Strategies to develop resilience within military families were emphasized, with numerous local initiatives having emerged in an effort to tackle these complex issues. Mental health issues experienced by military children were also emphasized, including those impacting the social, academic, and behavioural domains. Stelnicki & Schwartz (2014) found support for increased externalizing problems (e.g., attention and behavioural problems) and internalizing problems (e.g., depression, anxiety), while noting that none of the extant literature explores the effect of PTSD on Canadian military families and their children.

Finally, the knowledge translation session included presentations from academics, as well as DND and VAC researchers, on contemporary research on military families that spanned a number of topics, including barriers to accessing primary care, transition to civilian life, and intergenerational PTSD. It also provided a forum for participants of the session to discuss their experiences and exchange ideas regarding research challenges and gaps. Not surprisingly, a major theme emerging from the session was the need to enhance research on military families.

Studies in Progress

Four research projects relating to families of ill or injured members/Veterans with a focus on OSIs are currently in progress. A literature review being led by VAC was recently contracted out to the Canadian Institute for Military and Veteran Health Research. This review will document the literature on the impacts of OSIs on families and identify current services available for military and Veteran families in Canada and abroad, to be completed in March 2015. Beginning in 2015-2016, VAC will be undertaking a two-year research project to better understand the linkages between OSIs and family mental health. This qualitative research will focus on the mental health of families of Veterans with OSI as they transition from military to civilian life and identify both the challenge areas and strengths of Veteran families. The project will include research to consider the effectiveness of potential interventions to support family mental health. Meanwhile, DND has contracted out a literature review to examine family characteristics associated with well-being among military personnel and Veterans with a mental health problem. Also expected to be completed in March 2015, this review will focus on, but not be limited to, military populations. The fourth study proposes to follow ill and injured CAF members and their families over time and may include following members after release. A pilot study and a feasibility study are currently being conducted in preparation for this work.

Table 2: Canadian Literature on Military and Veteran Families

Author, Yr. Published	Study Design	Study Population	Key Findings
Studies of CAF Members/Families			
<i>"Military Spousal Employment and Loss of Income",</i> Truscott, 1995	Based on 1981, 1986 and 1991 Statistics Canada Census data on spousal income and employment	Spouses of CAF members	Despite comparable labour-force participation rates, the average spousal employment income of CAF personnel was substantially lower than for Federal Public Service spouses (by approximately \$12,500 in 1981, \$13,800 in 1986 and \$14,800 in 1991). Military families were also found to have lower incomes.
<i>"Your Say: Quality of Life 2005 Findings",</i> Pépin, Sudom & Dunn, 2006	Your Say QOL Survey 2004 and 2005 Examined satisfaction with family relationships and life satisfaction of member	R=3,091 members RR=51-52% (see Appendix B for potential measures for LASS 2016)	Satisfaction with oneself was the best predictor of global life satisfaction for all members. Beyond the self, marital circumstances influenced the different combinations of life domains that contributed to global QOL. Work is an important aspect of global quality of life for all members, and particularly for non-married individuals. Even for married members, satisfaction with work accounted for more of the variation in global QOL than satisfaction with their family relationships. Married members' QOL generally involved domains that consider family needs such as housing, marriage/ partnership, immediate work environment (e.g., work hours and postings), and leisure time. QOL of non-married members is typically derived from more individualistic life domains such as career advancement and friendships.
<i>"The Relationship Study: Qualitative Findings",</i> Sudom and Dursun, 2006	Focus groups and interviews	Military service providers and members in supervisory roles at 8 bases/wings/ units across Canada	A number of problems and issues affecting military families were identified, including drug and alcohol abuse, infidelity, financial issues, and peer pressure. However, both positive and negative aspects of military life were identified. It was cited that healthy, resilient families were a result of important individual and social factors, such as problem solving skills and communication, as well as positive

Author, Yr. Published	Study Design	Study Population	Key Findings
			attitudes toward the military. Younger and more junior-ranking members were perceived as being most likely to experience problems. A commonly cited issue was the larger number of members entering at a later stage in life, already having kids, and having needs and issues their peers at similar ranks do not have. The estimated frequency of family violence varies greatly depending on the location and the occupational function of the individual interviewed.
<i>“Effects of Personnel Tempo on Military Members, Their Families, and the Organization: An Annotated Bibliography”, Sudom & Eyvindson, 2008</i>	Literature review	The effects of personnel tempo (including optempo or the pace of military operations, time away, and workload) on important individual, family, and organizational outcomes using various data sources (e.g., databases such as PsycInfo)	With high intensity deployments like the current one in Afghanistan, issues of perstempo will become increasingly important. The impacts of perstempo on military personnel, their families, and military organizations will become increasingly evident. Learning from past research is an important step in identifying the costs and benefits of operating in a high perstempo environment, so that areas for intervention to enhance the well-being of military members and their families can be targeted.
<i>“Impacts of Military Life on Families: Results from the Perstempo Survey of Canadian Forces Spouses,” Dursun & Sudom, 2009</i>	Paper-based survey on the effects of personnel tempo on CAF members, their families, and the organization, 2005/06.	n= 7,000 spouses/partners R= 1,661 RR=24%	The majority of respondents were supportive of their CAF spouse/partner’s career. However, although most of the respondents were employed and satisfied with their family income, many felt that they had made career sacrifices or that their career had been negatively impacted by their partner’s military service. Levels of reported stress varied across the deployment cycle, and were highest among those whose CAF spouse/partner was currently deployed. Overall, respondents reported high levels of mastery, self-esteem, active coping strategies, and support from their CAF spouse/partner. In general, individual and family health and well-being were relatively high, and remained consistent across the stages of deployment. However, respondents whose CAF spouse/partner was currently deployed indicated higher levels of depression compared to those who were preparing for a deployment or whose CAF spouse/partner had recently returned. Stress associated with the CAF partner’s military service was reported to be one of the main contributors to illness among those diagnosed with a psychological disorder such as depression.
<i>“Quality of life among Military Families: Results from the 2008-09 Survey of Canadian Forces Spouses”, Sudom, 2010</i>	Paper-based survey on the Quality of Life of Spouses, 2008	n= 10,592 spouses or partners R=2,084 RR=21% (see Appendix B for potential measures for	Descriptive data on time away, postings, and deployment experiences were reported. Across the stages of deployment, respondents’ positive feelings of pride and being in control increased from the pre-deployment to the deployment and post-deployment phase, whereas negative feelings of sadness, frustration, anxiety, apprehension, resentment, anger, and guilt decreased. Almost half of the respondents reported using at least one CAF/DND

Author, Yr. Published	Study Design	Study Population	Key Findings
		LASS 2016)	<p>service during deployment. Of those who did not use any services, most reported that they had no need, while a smaller percentage reported that they were not aware of services or that the type of service they needed was not available. Only 5% of the respondents used post-deployment CAF/DND services. Of those who did not use any post-deployment services, almost one-quarter were not aware that services were available. Approximately one-fifth of the respondents had been diagnosed with depression at some point in their military partner's career in the CAF. For the military member, the most common diagnosis was for depression as well, although the rate was considerably lower than that of the spouses. Overall, respondents were very supportive of their military partner's CAF service. Most respondents preferred that deployments remain at a length of six months with Home Leave Travel Allowance (HLTA). Similar to time away for deployment, most spouses preferred that total time away in a 12-month period be no more than six months. Finally, more than half of the respondents felt that military personnel should have no more than one six-month deployment in any three-year period.</p> <p>Spouses were found to have higher rates of diagnosis of most mental health conditions. The most common condition was depression which was much more prevalent in spouses (18%) compared to members (6%). Spouses also had higher rates of diagnosis of anxiety disorders (12% versus 3%) and other stress-related physical or psychological problem (9% versus 5%). Only rates of PTSD were higher among the member (2% versus 4%).</p>
<i>"Canadian Forces Spousal/ Partner Employment and Income Project: Research Framework and Methodology",</i> Coulthard & Dunn, 2009	Spousal/ Partner Employment and Income (SPEI) project 2008-2011 Literature review	Phase one: literature review of key issues associated with the employment status/income of spouses of CAF personnel	It was determined that three major components needed to be explored for the purposes of the SPEI: (1) key factors related to employment and income (demographic information); (2) consequences for CAF spouses (income and employment experiences); and (3) organizational consequences (CAF personnel decisions, retention, etc.). Important research variables that needed to be included in any future survey administrations and analyses were identified. Some of these included: (1) education, (2) age, (3) children, (4) impact of regional mobility, (5) reasons for working or not working, and (6) satisfaction with labour market opportunities.
<i>"Spousal/Partner Project: How Do Canadian Forces Spouses Compare?,"</i> Dunn, Urban, & Wang, 2010	Spousal/ Partner Employment and Income (SPEI) project 2008-2011 2006 long-form Census data	Phase two: What is the employment status and income of CAF spouses' vis-à-vis comparable groups? N=30,670 female spouses	There were statistically significant differences in the socio-demographic characteristics of CAF spouses compared to spouses in non-military families. Even when controlling for key socio-demographics variables (e.g., age, education, etc.), group membership had an impact on spousal employment income. Specifically, being a CAF spouse (whether NCM or Officer) resulted in lower employment income compared to spouses in non-military families. When examining employment income, it was found that CAF spouses earned \$5,063 less than

Author, Yr. Published	Study Design	Study Population	Key Findings
		of male CAF members	other civilians, \$10,349 less than police and \$13,757 less than federal public servant spouses.
<i>“Spousal/Partner Employment and Income (SPEI) Project: Phase Three Findings and Final Report,”</i> Dunn, Urban, & Wang, 2011	Spousal/ Partner Employment and Income (SPEI) project 2008-2011 2008 Quality of Life Survey of Spouses and Your Say Survey of members	Phase three: How do aspects of military life impact the employment status and income of CAF spouses? R=1,500 spouses or partners R=572 members	The majority of spouses were employed and working in professional or administrative/clerical types of employment that generally fit their educational or prior employment backgrounds. While spouses had to make employment or career sacrifices because of their military partner’s career, they were being supported by their military partners when it came to their employment and career aspirations. While spouses indicated that economics (e.g., paying bills and covering expenses) were motivating them to work, CAF personnel believed their spouses were working for their own personal fulfillment. In the case of unemployed spouses or those “not in the labour force,” both spouses and CAF personnel indicated that this was mainly because families have made a personal choice for the spouse to stay at home and raise children.
Studies of Veterans and Their Families			
<i>“Wounded Veterans, Wounded Families”,</i> Fast, Yacyshyn & Keating, 2008	Telephone survey in 2007, with VAC clients with high disability assessments and their main supporters.	CAF Disability Benefit clients = 28,500 aged 19 to 65 N=1,059 Veterans aged 19 to 65 with a VAC service-related disability assessment of 78% and 100% total body impairment (4% of disability benefit clients). R=142 Veterans R=115 of their main supporters (94% spouses)	The survey included questions about health and functional status, duration of disability, type and amount of support provided/received, and impact of support on self and family. Families suffered as a result of the service-related disabilities of the Veteran. Supporters of these Veterans with high levels of disability were far more likely than the general population of caregivers to have reported almost every one of the major categories of economic and non-economic consequences of care. As a result, high proportions of supporters reported financial insecurity, stressful lives and low levels of life satisfaction. They worried about their ability to sustain care for the Veteran. And they worried about their families whose lives have been changed profoundly (see Appendix A for the author recommendations).
<i>“The Impact of Operational Stress Injuries on Veterans’ Families,”</i> Fikretoglu, 2008	Search included PTSD and depression and the impact on Veterans’ families	Over 300 abstracts identified, about 50 were relevant and 37 were included in the review.	The existing literature review on the impact of Veterans’ OSIs on the family seemed to be almost exclusively devoted to the impact of PTSD. This was in spite of the higher prevalence of other OSIs such as depression and substance abuse, and the overlap of symptoms across OSI diagnoses. Existing literature on the impact of Veterans’ PTSD has found: <ul style="list-style-type: none"> • increased mental health problems in spouses; • increased caregiver burden for spouses; • problems in marital adjustment; • increased divorce rates; • increased physical and verbal aggression against partners; • adverse impacts on their children’s behavioral and psychological adjustment.

Author, Yr. Published	Study Design	Study Population	Key Findings
			Only one study examined families of Canadian Veterans (Stretch 1991).
<i>“New Veterans Charter Evaluation Phase II,”</i> VAC, 2010	Phase II – key informant interviews, discussions with Client Advisory Groups, focus groups with clients (included 2 groups with spouses or survivors of veterans), documentation review and data analysis	Phase II: outreach, the application process and service delivery framework	<p>Transition Interviews and the functioning of Integrated Personnel Support Centres were identified as effective methods of reaching out to releasing members. However, there remained gaps in these activities and they did not address the outreach needs of previously released members and families. The report noted that when a Veteran has transitioning issues, the impact on the family and its functioning could be profound and that families were often instrumental in having the Veteran seek assistance.</p> <p>Spouses/partners are invited to attend the Transition Interview. Unfortunately, due to a number of factors such as child/work responsibilities and military culture, few spouses/partners participated in the interview. The importance of spousal attendance at the Transition Interview, especially for members with OSIs, was recognized and in these situations, staff made an additional effort to encourage spousal attendance.</p>
<i>“Predictors of Persistent Low Income,”</i> MacLean, Sweet & Poirier, 2012	LASS: Income Tax Data Linkage, 2010	N= 36,638 Regular Force Veterans released from 1998 to 2007 n= 19,305 Veterans after certain exclusions	Of this population, 300 or 1.6% experienced persistent low income (low income in each of the first three years post-release). Having more children was associated with greater odds of experiencing persistent low income among Regular Force Veterans. Other risk factors for persistent low income were being released as a recruit, involuntarily or with shorter service.
<i>“Well-Being of Canadian Forces Veterans: Canadian Community Health Survey 2003,”</i> MacLean et al, 2013	Canadian Community Health Survey, 2003	CCHS 2003 N=26.6 million Canadians n=135,573 This study included n = 3,142 CAF Veterans and n = 105,467 other Canadians as a comparison group	After adjusting for age and sex differences, Regular Force Veterans had a significantly higher rate of divorce than other Canadians (11% vs. 7%) while Reserve Force Veterans were similar to other Canadians in this respect. The rate of low income among CAF Veterans was almost half that of other Canadians, 4% compared to 7%. The low income rate was lower for both Regular (5%) and Reserve Force Veterans (3%). The rate of low income among both male (4%) and female (5%) CAF Veterans was lower than that of other Canadians (7% and 11%).
<i>“2013 Synthesis of Life After Service Studies,”</i> Van Til et al, 2014	LASS: Survey and Income Tax Data Linkage, 2010 and 2013	Survey 2010 N=32,015 Regular Force Veterans R=3,154 RR=71%	LASS collects information on marital status, number of children under 18, household income, and Veteran share of family income. Low income is measured taking into account the family size. In both the 2010 and 2013 surveys, Veteran families were found to have half the rate of low income of comparable Canadians.
<i>“Post-military Adjustment to Civilian Life: Potential Risks and Protective Factors,”</i> MacLean et al, 2014	LASS: Survey, 2010	N=32,015 Regular Force Veterans R=3,154 RR=71%	Post-military adjustment to civilian life appears to have multidimensional factors, suggesting the need for multi-disciplinary collaboration between service providers to mitigate difficult transition. Potential risk and protective factors identified can inform interventions, outreach strategies, and screening activities. The rate of reporting a difficult adjustment to civilian life was 25%. Those with low

Author, Yr. Published	Study Design	Study Population	Key Findings
			social support had significantly higher rates of difficult adjustment (43%) and those with moderate to high social support had significantly lower rates (17%). Multivariable regression showed that lower rank as well as medical, involuntary, mid-career, or Army release were associated with difficult adjustment, whereas sex, marital status, and number of deployments were not.
Canadian Military and Veteran Health Research Forum			
<i>“CAF Service-related Illnesses and the Family: Therapeutic Programs Targeting Children’s Resilience,”</i> Hachey, 2014	Semi-structured interviews	n=14 parents n=22 subject matter experts (SMEs)	The study described available resilience-related resources and service needs for children who have a parent coping with a service-related illness. In particular, it provided a perspective from both parents and subject matter experts from select bases across Canada. Overall, the current study served as a platform for future studies examining educational resilience programs provided by Military Family Services.
<i>“Families of the Fallen: Lessons Learned and Implications for Policy and Practice,”</i> Harrington, 2014	Interviews (Loss of a member)	n= 15 adult family members (6 mothers; 4 fathers; 5 adult siblings; no spouses chose to participate) whose CAF family member died in combat service in Afghanistan.	Findings covered three core areas: finding meaning; the role and functions of symbology and ritual; and how trauma was intertwined with grief. This study has implications for clinical practice, including preventative practice and establishing core competencies for undertaking practice in this clinical field and can inform policy revision and enhancement.
<i>“A Scoping Review of Mental Health Risks and Needs of Children Growing Up in Canadian Military Families,”</i> Cramm, Aiken, & McColl, 2014	Literature review (Impact of military life on families and children)	220 peer-reviewed publications and government reports met the inclusion criteria	Preliminary analysis suggested that the impact of parental deployment on the mental health of children is increasingly recognized. Strategies to develop resilience within military families were emphasized, and numerous local initiatives have emerged in an effort to tackle these complex issues. Military children appeared to experience mental health issues that could impact social, academic, and behavioural domains.
<i>“Community of Support: Families of Fallen Military Members,”</i> Coulthard & Wright, 2014	Semi-structured interviews (Loss of a member)	n=39 individuals who had lost a military family member, including those who receive support from the HOPE program and trained HOPE volunteers	The CAF have established a program called, Helping Our Peers by Providing Empathy (HOPE), which aims to provide social support assistance to families that are affected by the loss of a service member by matching them with trained peer volunteers, who have themselves lost a service member in their family. This study helped identify the needs of bereaved military families and examined whether they are being served by the organization. If not, areas where greater support could be provided were identified. The findings served to enable a more appropriate targeting and delivery of support services, inform senior leaders of the effectiveness of the HOPE program, and generate recommendations for improvement to the program.
<i>“The Impact of Canadian Military Parents’ PTSD on the Developing</i>	Literature review (Impact of PTSD and distress	Peer-reviewed articles published between 2004	Very little research has been conducted in the past decade examining the impact of PTSD or distress symptoms in returning service members on their school-aged children. The resulting review found

Author, Yr. Published	Study Design	Study Population	Key Findings
<i>Child: A Literature Review of the Social, Emotional, and Behavioural Outcomes in School-age Children</i> , Stelnicki & Schwartz, 2014	symptoms of members on families and children)	and 2014 and included a sample with a military parent experiencing PTSD and a school-age child (ages 5-18)	support for increased externalizing problems (e.g., attention and behavioural problems) and internalizing problems (e.g., depression, anxiety). Further, it was notable that none of the extant literature explored the effect of PTSD on Canadian military families and their children.
<i>“Military Families: Challenges and Resilience Issues,”</i> Skomorovsky, 2014	Knowledge transfer session	n.a.	The goals of the workshop were: 1) to discuss contemporary research in the area of military families – the main stressors related to military life as well as the coping methods and resilience of military family members; and 2) to outline the gaps in military family research and to discuss future research directions. Presentation topics and participant discussions focused on barriers to accessing primary care, transition to civilian life, and intergenerational PTSD. A major theme emerging from discussions was the need to enhance research on military and Veteran families.
Studies in Progress			
Veterans with OSIs and impact on mental health of families, 2015 VAC (Request for Proposal)	Literature review	n.a.	This review will document the literature on the impacts of OSIs on families and identify current services available for military and Veteran families in Canada and abroad, to be completed in March 2015.
Qualitative research to understand the linkages between OSIs and Family Mental Health Contract through Canadian Institute for Military and Veteran Health Research	Qualitative research Two phases: 1) Development ii) Research study	n.a.	The intent of this two-year research project, beginning in 2015-16, is to identify both the challenge areas and strengths of Veteran families. Specifically, it is designed to better understand the linkages between OSIs and family mental health. This qualitative research will focus on the mental health of families of Veterans with OSI as they transition from military to civilian life. It will include research to consider the effectiveness of potential interventions to support family mental health.
Family Characteristics Associated with Well-being, 2015 DND (Request for Proposal)	Literature review	n.a.	The aim of this literature review is to identify key family characteristics associated with well-being in military personnel and Veterans with a mental health problem. The review will focus on, but not be limited to military populations.
Study of ill and injured CAF members and their Families, DND (possibly VAC as well)	Possible longitudinal survey	n.a.	The proposed research would consist of a longitudinal study that would involve surveying military personnel who are releasing for medical reasons, as well as their family members, at multiple points from the time of their release onwards. The goal is to better understand their experiences in the transition process. Specifically, the study will examine the impact of the member's illness or injury on the well-being of their family members (primarily spouses) as well as the role of support provided by family members in CAF members' recovery and well-being. Ultimately, the goal is to identify needs that could be addressed through programs and policies. Currently, a pilot study is being conducted to inform the development of the

Author, Yr. Published	Study Design	Study Population	Key Findings
			full study. A feasibility study is also being conducted by Statistics Canada to identify the best approach for research of this type.

N=population n= sample R=Respondents RR=Response Rate
n.a. not available or not applicable

International Population Health Studies

A review of international population health studies emphasized findings on the impacts of deployments on the families of both serving members and Veteran, geographical moves on the children of serving members, and caregiving on families of serving members and Veterans. Employment among Veteran families was also examined.

Four studies focus on the effects of deployment in general or of a particular deployment. The Australian Department of Veterans Affairs has conducted two studies of particular deployments. The first focused on the families of Veterans who served in Vietnam (2014) and the other included families of those who served in Timor-Leste (2012). With respect to the former, the study showed that sons and daughters born to Vietnam Veterans are leading healthy and productive lives; nevertheless, they are more likely to have emotional, physical and social issues than offspring of same-era Veterans who did not serve in Vietnam. On the other hand, children and spouses of those who deployed to Timor-Leste were no more likely to experience physical, mental or family ill-health than an era control group. In fact, the majority fell within the normal or healthy range with respect to smoking, alcohol consumption, pregnancy outcomes, and child behaviours.

The other two studies on the impacts of deployment on families -- one in the United States and the other in the United Kingdom -- have yet to be released. As part of its Millenium Cohort Study, the US Department of Defense is studying families of serving military personnel, with results expected in 2015. In particular, the study is designed to determine if and how deployment experiences and readjustment issues impact family health and well-being. Researchers will also examine the impact of relationship quality on the physical and psychological health of service members, their spouses and children. Finally, the UK Centre for Military Research is conducting a follow-up survey to its 2003 Iraq Cohort Study, which will cover both positive and negative impacts of deployments. Results of this work are also expected in 2015.

Military family caregivers play an essential role in caring for injured or wounded service members and Veterans. Studies have shown, though, that playing this role can impose a substantial physical, emotional, and financial toll on caregivers. For example, Ramchand *et al* (RAND, 2014) found that improving military caregivers' well-being and ensuring their continued ability to provide care will require multifaceted approaches to reduce the burdens caregiving may create and to bolster their ability to serve as caregivers more effectively. Given the systematic differences among military caregiver groups, it is also important that tailored approaches meet the unique needs and characteristics of post-9/11 caregivers (recommendations from this report are included in Appendix A). Also, the Australian Department of Veterans Affairs (2008) conducted a survey of Veterans, war widows and their caregivers. This study found that 28% of

younger Veterans (receiving benefits under the Safety Rehabilitation and Compensation Act [SCRA]) reported having a caregiver, with the vast majority (91%) of them identifying their spouse or partner as their caregiver. The three main types of additional assistance considered the most useful by SCRA client caregivers were garden maintenance (56%), home maintenance repairs (55%) and housework assistance (40%).

New postings can be stressful for the spouses and children of military personnel. The US Department of Defense conducted a retrospective cohort study (2014) to determine the effects of geographic moves on children’s mental healthcare use. For families that moved in 2008, compared to families that did not, the study found that younger children (6-11 years) had higher odds of mental health outpatient visits while older children (12-17 years) had higher odds of mental health outpatient visits, psychiatric hospitalizations and emergency psychiatric visits. In other words, children with a geographic move in the previous year were more likely to have mental health encounters than those who did not move.

Researchers in the UK, on behalf of the Royal British Legion, conducted a household survey of the ex-service community, and found that working-age households reported a number of distinct difficulties, particularly related to illness and disability, isolation, employment and material deprivation. Results related to employment are particularly relevant to VAC. Dependants (i.e. spouses) were less likely to be employed full-time than Veterans. Compared to the general population (between 16 and 64 years), Veterans and dependants were less likely to be employed, more likely to be unemployed and more likely to be economically inactive.

Table 3: International Population Health Studies on Military and Veteran Families

Author, Yr. Published	Study Design	Study Population	Key Findings
Australia			
<i>“Vietnam Veterans’ Family Study”</i> , Australia DVA, 2014	Cross-sectional survey (mainly mail) Includes study group (Vietnam Veterans) and controls (Vietnam era)	N=60,000 deployed 1962-75 R=2,200 sons and daughters (1,509 Vietnam Veteran and 691 era controls) RR=62% (see Appendix B for potential measures for LASS 2016)	The majority of sons and daughters born to Vietnam veterans were leading healthy and productive lives. However, the analysis found that the families of Australia’s Vietnam veterans were more likely to have considerable emotional, physical, and social issues when compared to families of those who served in that era but did not deploy to Vietnam.
<i>“Timor-Leste Family Study,”</i> Australia DVA, 2012	Cross-sectional survey (mainly online) Includes study group (Deployed to Timor-Leste) and controls (Timor-Leste era)	N=27,000 deployed 1990-2010 R=1,332 partners and ex-partners RR=37% VFR =346	On all measures of physical, mental and social health, the partners and children of Timor-Leste Veterans were no more likely than those in the comparison group (era control group) to experience physical, mental or family ill-health. In addition, the majority of individuals had results that fell within the normal or healthy range in relation to measures of smoking, alcohol consumption, pregnancy outcomes, and child behaviours.

Author, Yr. Published	Study Design	Study Population	Key Findings
		(see Appendix B for potential measures for LASS 2016)	
<i>“Survey of Veterans, War Widows and their Carers,”</i> Australia DVA, 2006	Survey including two questionnaires, one aimed at the Veteran and war widows (overall and SRCA clients*) and the other aimed at caregivers (overall and SRCA clients) *clients receiving incapacity payments under the Safety Rehabilitation and Compensation Act 1988 (SRCA)	Caregivers questionnaire: R= 247 carers of veterans or war widows and 89 carers of SRCA clients Fifth time survey conducted (last one conducted in 2003) Included younger Veterans for first time	This study found that 28% of younger Veterans (receiving benefits under the Safety Rehabilitation and Compensation Act [SCRA]) reported having a caregiver, with the vast majority (91%) identifying their partner or spouse as their caregiver. In line with the SRCA client age profile, their carers were also younger than those of veterans and war widows. Typically SRCA client carers were aged below 65 years (84%), with a small number aged 65 years or older (13%). The three main types of additional assistance considered the most useful by SCRA client caregivers were garden maintenance (56%), home maintenance repairs (55%) and housework assistance (40%).
The United Kingdom			
<i>“Children of Military Fathers,”</i> UK Kings Centre for Military Health Research, 2015	Follow-up survey (online) from 2003 Iraq Cohort Study	n=~10,000 (deployed and not deployed) Fathers with symptoms of PTSD R = ~1,000 children (half over 11 years old) R=~100	This study is looking at both the positive and negative impacts of military service on children and other family members. Results are expected in 2015.
<i>“A UK Household Survey Of The Ex-Service Community,”</i> The Royal British Legion, 2014	Nationally representative Omnibus Survey of UK adults.	N=20,700 UK adults were screened and, of those, 2,203 were eligible to take the survey. After certain exclusions R= 2,121 ex-service community (Veterans and their adult dependants)	Compared to the general population (between 16 and 64 years), the ex-service community (Veterans and dependants) were less likely to be employed, more likely to be unemployed and more likely to be economically inactive. Working-age veterans were far more likely to be employed full-time than dependants, who were instead more likely to be employed part-time work or inactive. Dependants (who were largely women) were more likely to be economically inactive than UK women. Compared to the general population (between 16 and 64 years), dependants were less likely to be employed (67% vs. 56%) and unemployed (5% vs. 3%) and more likely to be economically inactive (28% vs. 41%).
The United States			
<i>“Millenium Cohort Family Study,”</i> US Department of Defense, 2015	Follow-up every 3 years for 21 year Web-based questionnaire	N=62,500 military members (expect half to be married) n =~ 10,000 spouses and ex-	The study was designed to determine if and how deployment experiences and service member readjustment issues impact family health and well-being. The study will also explore the impact of relationship quality on the physical and psychological health of service members, their spouses and their children. Results expected to be

Author, Yr. Published	Study Design	Study Population	Key Findings
		spouses (5,000 member deployed and 5,000 member did not deploy)	released in 2015.
<i>“The Effect of Geographic Moves on Mental Healthcare Utilization in Children,”</i> Millegan, McLay & Engel, 2014	Retrospective cohort study, employing de-identified administrative records from the Military Health System (MHS) Medical Data Repository between Oct 1, 2006 and Sept 30, 2009	548,336 children aged 6-17 years; 179,486 (25%) children moved in 2008	Children aged 6-11 years with a geographic move had higher odds of mental health and outpatient visits. Children aged 12-17 years with a geographic move had higher odds of mental outpatient visits, psychiatric hospitalizations, and emergency psychiatric visits. Children with a geographic move in the previous year had increased odds of mental health encounters. Among adolescents, this increase extended to psychiatric hospitalizations and emergency visits.
<i>“Hidden Heroes: America’s Military Caregivers,”</i> RAND Corporation, 2014	1) Nationally representative survey of military caregivers 2) environmental scan of programs and other support resources relevant to the needs of military caregivers	1) N=41,163 US general population households n=28,164 that responded to the screener question to identify groups below R= 1,129 military caregivers; 1,828 civilian caregivers and 1,163 non-caregivers	This study examined the characteristics of caregivers, the burden of care that they shoulder, the array of services available to support them, and the gaps in those services. Military caregivers play an essential role in caring for injured or wounded service members and Veterans. This enables those for whom they are caring to live better quality lives and can result in faster and improved rehabilitation and recovery. Yet playing this role can impose a substantial physical, emotional, and financial toll on caregivers. Improving military caregivers’ well-being and ensuring their continued ability to provide care will require multifaceted approaches to reduce the burdens caregiving may create and to bolster their ability to serve as caregivers more effectively. Given the systematic differences among military caregiver groups, it is also important that tailored approaches meet the unique needs and characteristics of post-9/11 caregivers (see Appendix A for the author recommendations).

N=population n= sample R=Respondents RR=Response Rate

Discussion

This study provides direction in terms of addressing the needs of Veteran families and areas for potential future research. Central to the aim of this study is the importance of the role families play in enhancing the well-being of military personnel and Veterans, particularly those with service-related health conditions. While the link between family and well-being is not limited to the military and Veteran context, rather it is universal, this finding underscores the necessity of identifying and meeting the needs of family members.

There are significant gaps and limitations in the research on military and Veteran families, but the research does indicate that problems exist for at least some families. Many of the issues identified in the research are not fully unique to military or Veteran

families. When taken together, the link between family and well-being and the research findings on potential impacts for military and Veteran families points to the importance of VAC having a Family Strategy.

VAC previously identified research interest in four main areas: the impacts of military service, the needs of Veteran families, protective or success factors, and effective interventions. However, this study found that research to date has largely focused on the negative impacts of military service on spousal income, mental health, family relationships and spousal employment. Identifying both risk and protective factors through research on post-deployment adjustment and Veteran adjustment to civilian life is key to developing effective interventions. Key protective factors for families include adopting active coping strategies and the presence of strong social support networks. These are areas that could be addressed in the VAC Family Strategy.

Another gap is the lack of research about Canadian families of Veterans; of the limited amount of Canadian research available, most focuses on military families and in particular spouses. This leads to two challenges for VAC: 1) it is unclear whether the impacts of military service on families continues after leaving service; and 2) the degree to which international findings represent the experiences of Canadian Veteran families is unknown. Only one study included CAF Veteran families and it focused on only a small sub-set of the population (i.e., caregivers of Veterans aged 19 to 64 with VAC disability assessments of 78% to 100%). Thus, it accounted for a small proportion of VAC clients and an even smaller proportion of the families of the entire Veteran population.

While little is known about the broad population of Veteran families, it is likely that most do well. Some may still have challenges, in accordance with findings relating to CAF Veterans in transition to civilian life. As well, the extent of challenges experienced by families will likely differ depending on the particular impact being examined; e.g., younger Veterans are more likely to experience low income, while older Veterans are more likely to experience reductions in income post-release.

This study found little Canadian or international research on effective interventions for families experiencing difficulties. Such research, some of which is underway, would be especially helpful to inform VAC's Family Strategy. However, more recent research seems to be emphasizing enhancing protective factors and effective interventions. For example, in a scoping review, Cramm, Aiken & McColl (2014) identified strategies to improve family resiliency and interventions to address the impacts of military life on families, while Hachey (2014) examined CAF therapeutic programs targeting children's resilience. Also VAC has recently sent out a request for proposals through the Canadian Military and Veterans Health Research Institute on the impacts of military and Veteran OSIs on families. The aim is to identify current services available for military and Veteran families both in Canada and internationally, and to make recommendations for a future research proposal on the topic, including an examination of effective interventions. VAC will also be undertaking a two-year qualitative study to identify both the challenge areas and strengths of Veteran families and will include research to consider the effectiveness of potential interventions to support family mental health.

The international population health studies on impacts of deployments reviewed in this report, both from Australia, were inconsistent: there was evidence of impacts on families of Vietnam Veterans but not on those of Timor-Leste Veterans. Additional international studies of such impacts are due to be released in 2015. Two literature reviews were conducted by researchers in the UK prior to embarking on a study of the impact of deployment to Iraq or Afghanistan on military children. They suggested that future research on children include multi-informants (the deployed and non-deployed parent as well as professional caregivers such as teachers), examine the role of protective factors, such as resilience, and be based on longitudinal designs with large samples to improve the generalizability of results.

This report provides a number of implications for the Department's Family Strategy, which is currently under development. For example, it has been shown that one of the challenges faced by families is supporting Veterans with service-related conditions. Since families are important to the well-being of Veterans with service-related conditions, and these conditions have clear impacts on families, addressing gaps in supports may be a good starting point for the Family Strategy. In terms of transition to civilian life, while the evidence suggests important dimensions that could be addressed through the strategy, further research is needed to identify target populations for supports and effective interventions. As mentioned above, the strategy could also address protective factors for families, including active coping strategies and the presence of strong social support networks. Lastly, Canadian and international research has shown that military service can impact family income and spousal employment. The Department may wish to examine its role and options in mitigating these impacts.

The identified gaps in research provide an opportunity for VAC to focus some of its efforts in this area. The LASS governance committee along with Statistics Canada should examine options for collecting more data on Veteran families. For example, the Veteran survey could be enhanced to collect additional information on families. Further, the Income Study, as well as other record linkage studies, could be examined to determine what additional family information may be available. Qualitative research conducted in the interim would provide valuable insights into the challenges and success factors experienced by Veteran families. Also, international studies could be examined to determine the degree to which findings can be generalized to Canada.

Conclusion

Important as they are to the well-being of military members and Veterans, families can face challenges. For example, one area in which families are clearly challenged is in supporting Veterans with service-related conditions. Despite the growing body of research in this area, knowledge gaps remain. For example, little is known about both the positive and negative impacts for a broad range of families. Qualitative research could explore these impacts, thereby informing both the Family Strategy and further cycles of LASS. Collecting more information on families within the Veteran survey as well as the Income Study or other record linkage studies should be explored.

References

- Australian Department of Veterans' Affairs. *Vietnam Veterans' Family Study: A Study of Health and Social Issues in Vietnam Veteran Sons and Daughters*.
http://www.dva.gov.au/sites/default/files/files/consultation%20and%20grants/healthstudies/vvfs/vvfs_vol2.pdf
- Australia Department of Veterans' Affairs (2008). *Your Lives, Your Needs: Australian Veterans and War Widows*, 5th edition.
http://www.dva.gov.au/sites/default/files/files/health%20and%20wellbeing/researchdev/socialresearch/lives_needs2006.pdf
- Australia Department of Veterans' Affairs. (2012). *Timor-Leste Family Study*.
- Castel B, Warner R, Irwin T (2014). *Brief Coaching Skills for Spouses of OSI Veterans: A Post-traumatic Growth Approach*. Queen's University, University of Toronto, and Canadian Forces Joint Signal Regiment, Oral Presentation, Canadian Institute of Military and Veteran Health Research Forum 2014.
- Coulthard J & Dunn J (2009). *Canadian Forces Spousal/Partner Employment and Income Project: Research Framework and Methodology*. DGMPRA Technical Memorandum 2009-012.
- Coulthard J and Wright J (2014). *Community of Support: Families of Fallen Military Members*, Defence Research and Development Canada, Oral Presentation, Canadian Institute of Military and Veteran Health Research Forum 2014.
- Cramm H, Aiken A, and McColl MA (2014). *A Scoping Review of Mental Health Risks and Needs of Children Growing Up in Canadian Military Families*. Queen's University, Oral Presentation, Canadian Institute of Military and Veteran Health Research Forum 2014
- Dunn, J., Urban, S., & Wang, Z. (2010). *Spousal/Partner Project: How Do Canadian Forces Spouses Compare?* DGMPRA TM 2010-028. Ontario: Director General Military Personnel Research and Analysis, 2010.
- Dunn J, Urban S and Wang Z (2011). *Spousal/Partner Employment and Income (SPEI) Project: Phase Three Findings and Final Report*. DGMPRA TR 2011-001; Defence R&D Canada – DGMPRA; October 2011.
- Dursun S and Sudom K (2009). *Impacts of Military Life on Families: Results from the Perstempo Survey of Canadian Forces Spouses*. DGMPRA TR 2009-001; Defence R&D Canada –DGMPRA; November 2009.
- Fast, J., Yacyshyn, A., and Keating N (2008). *Wounded Veterans, Wounded Families*. Hidden Costs, Invisible Contributions Research Program, University of Alberta. 2008.

Fikretoglu D (2008). *The Impact of Operational Stress Injuries on Veterans' Families: A Review of Existing Research*. Veterans Affairs Canada. May 2008.

Hachey K (2014), *CAF Service-related Illnesses and the Family: Therapeutic Programs Targeting Children's Resilience*, Department of National Defence, Canada, Oral Presentation, Canadian Institute of Military and Veteran Health Research Forum 2014.

Harrington C. (2014). *Families of the Fallen: Lessons Learned and Implications for Policy and Practice*. Memorial University, Oral Presentation, Canadian Institute of Military and Veteran Health Research Forum 2014.

MacLean, M.B.; Sweet, J; Poirier, A. (2012). *Predictors of Persistent Low Income*. Life After Service Studies (LASS) Secondary Analysis (Release 11). Research Directorate, Veterans Affairs Canada, Charlottetown, April 2012.

MacLean MB, VanTil L, Kriger D, Sweet J, Poirier A, & Pedlar D (2013). *Well-Being of Canadian Forces Veterans: Canadian Community Health Survey 2003*. Veterans Affairs Canada, Research Directorate Technical Report. Charlottetown. May 2013.

MacLean, M.B., Van Til, L; Thompson, J.M.; Sweet, J.; Poirier, A.; Sudom, K.; Pedlar, D. (2014). *Postmilitary Adjustment to Civilian Life: Potential Risks and Protective Factors*. Physical Therapy. 94(8), August 2014.

MacLean MB, Campbell L, Van Til L, Poirier A, Sweet J, McKinnon K, Sudom K, Dursun S, Herron M, Pedlar D (2014). *Pre- and Post-Release Income: Life After Service Studies*. Charlottetown (PE): Veterans Affairs Canada, Research Directorate Technical Report; July 9, 2014.

Millegan J, McLay R & Engel C. 2014. The Effect of Geographic Moves on Mental Healthcare Utilization in Children. *Journal of Adolescent Health*, 55:2, pp. 276–280.

Ogden P & Lockhart W (2011). *Family Matters – Identification of Research Needs Relating to Families of Canadian Veterans*. Research Directorate Technical Report. Veterans Affairs Canada. Charlottetown. January 18, 2011.

Pépin K, Sudom KA & Dunn J (2006). *"Your Say": Quality of Life 2005 Findings*. DND DRDC, 2006.

Ramchand R, Tanielian T, Fisher MP, Vaughan CA, Trail TE, Epley C, Voorhies P, Robbins M, Robinson E, Ghosh-Dastidar B (2014). RAND. *Hidden Heroes: America's Military Caregivers*, 2014.

The Royal British Legion (2014). *A UK Household Survey Of The Ex-Service Community*. Prepared in partnership with Forces in Mind Trust.
<http://www.britishlegion.org.uk/media/4093841/2014householdsurveyreport.pdfv>

Stelnicki AM and Schwartz K D (2014). *The Impact of Canadian Military Parents' PTSD on the Developing Child: A Literature Review of the Social, Emotional, and*

Behavioural Outcomes in School-age Children, University of Calgary, Poster Presentation, Canadian Institute of Military and Veteran Health Research Forum 2014.

Stretch RH (1991). *Psychosocial Readjustment of Canadian Vietnam Veterans*. Journal of Consulting and Clinical Psychology 1991; 59:188-9.

Sudom K & Dursun S (2006). The Relationship Study: Qualitative Findings. Centre for Operational Research and Analysis Technical Report, DRDC, DND, December 2006.

Sudom K & Eyvindson JA (2008). *Effects of Personnel Tempo on Military Members, their Families, and the Organization: An Annotated Bibliography*, Centre for Operational Research and Analysis, Technical Memorandum, DRDC CORA TM 2008-049, November 2008.

Sudom K (2010). *Quality of Life among Military Families: Results from the 2008-2009 Survey of Canadian Forces Spouses*. Department of National Defence, Ottawa, Ontario, Canada.

Thompson JM, MacLean MB, Van Til L, Sudom K, Sweet J, Poirier A, Adams J, Horton V, Campbell C, Pedlar D (2011). *Survey on Transition to Civilian Life: Report on Regular Force Veterans*. Research Directorate, Veterans Affairs Canada, Charlottetown, and Director General Military Personnel Research and Analysis, Department of National Defence, Ottawa. January 4, 2011.

Thompson JM, Van Til L, Poirier A, Sweet J, McKinnon K, Sudom K, Dursun S, Pedlar D (2014). *Health and Well-Being of Canadian Armed Forces Veterans: Findings from the 2013 Life After Service Survey*. Charlottetown PE: Research Directorate, Veterans Affairs Canada. Research Directorate Technical Report. 03 July 2014.

Thompson JM, Campbell L, Pedlar D (2014). *Military Population Research Studies being Conducted in the Senior International Forum Countries Since 2000*. Charlottetown, PE, Canada: Report prepared by the Research Directorate of Veterans Affairs Canada for the SIF Research Subcommittee, Senior International Forum, 2014.

Truscott S (1995). *Military Spousal Employment and Loss of Income*. Operational Research and Analysis. Directorate of Social and Economic Analysis. ORA Project 712.

Van Til L, Macintosh S, Thompson JM, MacLean MB, Campbell L, Sudom K, Dursun S, Herron M, Pedlar D (2014). *2013 Synthesis of Life After Service Studies*. Charlottetown (PE): Veterans Affairs Canada, Research Directorate Synthesis Report; 3 July 2014.

Appendix A: Research Study Recommendations Related to Families

Study	Recommendations
<p>“Wounded Veterans, Wounded Families. Hidden Costs, Invisible Contributions Research Program”, Fast, Yacyshyn, and Keating, University of Alberta, 2008.</p>	<p>Approaches and principles in providing services to families of veterans with high levels of disabilities.</p> <ol style="list-style-type: none"> 1. Entitling families. Families have suffered as a result of service-related injuries of their Veteran family member. ‘Wounded families’ should be entitled to compensation just as are ‘Wounded Veterans’. Yet, many services to families of Veteran clients are derivative services; that is, families may derive benefits indirectly as a result of services provided to the Veteran. Because they are indirect, such approaches to serving families can be cumbersome and are not consistent with principles of entitlement. The department may wish to consider how to move quickly to support families given current program delivery and eligibility constraints; while working toward the goal of increasing direct entitlement of families. 2. Focusing on needs. High levels of economic, social and health needs of family members were evident in this study. A focus on needs of families would allow for specific targeting of services to families experiencing high needs flowing from the service-related injury/disability of the Veteran. Needs assessment protocols for main supporters and other key family members will be necessary to implement a needs-based approach to supporting families. 3. Beginning with spouses and children. In this study, spouses were the largest group of supporters. Their ability to be in the labour force, to stay connected to their own support networks, retain their health, and support their children, are critical to the stability of their families and to the care of the Veteran. We did not hear the voices of children of Veterans. However, reports from main caregivers suggest that their needs have been rendered invisible. 4. Using a ‘needs-based’ family lens to guide the implementation of the New Veterans Charter. In the last few years, the department has made great strides in updating and rethinking services for families of traditional Veterans. In the process of this realignment of services, VAC has moved toward a ‘needs-based’ philosophy of services. Such an approach, coupled with a view of families as entitled to services, will help alleviate the negative consequences experienced by families of Veterans of all ages who have high levels of disability. <p>Areas of greatest support needs of families.</p> <ol style="list-style-type: none"> 1. Economic needs. Employment impacts on spouses (and other main supporters) are high. Main supporters need assistance with maintaining or increasing their labour force engagement in order to support their families. Strategies to support labour force engagement might be direct (such as retraining or employment counseling) and indirect (such as providing caregiving assistance to free the main supporter to engage in the labour force). Since care is long-term, attention needs to be paid to strategies to assist families in developing adequate pension coverage to reduce their long-term employment-related economic costs. 2. Health needs. Main supporters experience high levels of physical and mental health problems as a result of their high levels of caregiving over long periods of time and of their distress related to the acquired disabilities of a family member. Strategies need to be developed to provide spouses with long term relief from caregiving, tailored to their needs. Mental health needs of caregivers and their children must be addressed directly (such as through access to family therapists, and other skilled family supports) and indirectly through health promotion (such as work with school counselors to increase their understanding of the needs of children of Veterans with acquired disabilities). 3. Social needs. Families are at risk of isolation and burn out because Veterans’ disabilities and care needs may preclude vacations or recreation, and make social contact difficult. Concerted effort to assist families in developing new strategies for social connections may reduce long term mental health problems of spouses and children. The department also might work with Veterans organizations to develop strategies to maximize their ability to be inclusive to younger Veterans with high levels of disabilities.

Study	Recommendations
	<p>4. Access to services. High levels of distress about service availability and access were evident among caregivers. It would be useful for the department to undertake an evaluation of how current and newly developed programs and services might best meet the needs of Veteran clients with high levels of disabilities and the needs of their families.</p>
<p>“Hidden Heroes: America’s Military Caregivers”, RAND Corporation, 2014</p>	<p>1. Empower Caregivers: Efforts are needed to help empower military caregivers. These should include ways to build their skills and confidences in caregiving, mitigate the potential stress and strain of caregiving, and raise public awareness of the caregivers’ value.</p> <ul style="list-style-type: none"> a. Provide high-quality education and training to help military caregivers understand their roles and teach them necessary skills. b. Help caregivers get health care coverage and use existing structured social support. c. Increase public awareness of the role, value, and consequences of military caregiving. <p>2. Create Caregiver-Friendly Environments: Creating contexts that acknowledge caregivers’ special needs and status will help them play their roles more effectively and balance the potentially competing demands of caregiving and their own work lives.</p> <ul style="list-style-type: none"> a. Promote work environments that support caregivers. Provide protection from discrimination and promote workplace adaptations. b. Health care environments catering to military and veteran recipients should make efforts to acknowledge caregivers as part of the health care team. <p>3. Fill Gaps in Programs: Programs relevant to the needs of military caregivers are typically focused on the service member or veteran, and only incidentally related to the caregiver’s role. In addition, we observed specific gaps in needed programs. Therefore, eligibility issues and specific programmatic needs should be addressed.</p> <ul style="list-style-type: none"> a. Ensure that caregivers are supported based on the tasks and duties they perform, rather than their relationship to the care recipient. b. Respite care should be made more widely available to military caregivers, and alternative respite strategies should be considered. <p>4. Plan for the Future: Ensuring the long-term well-being of caregivers and the agencies that aim to support them may each require efforts to plan strategically for the future, not only to serve the dynamic and evolving needs of current military caregivers, but also to anticipate the needs of future military caregivers in a changing political and fiscal environment.</p> <ul style="list-style-type: none"> a. Encourage caregivers to create financial and legal plans to ensure caregiving continuity for care recipients. b. Enable sustainability of programs by integrating and coordinating services across sectors and organizations through formal partnership arrangements. c. Foster caregiver health and well-being through access to high-quality services. d. Invest in research to document the evolving need for caregiving assistance among veterans and the long-term impact of caregiving on the caregivers.
<p>“New Veterans Charter Evaluation Phase II”, VAC, 2010</p>	<p>Recommendations specific to families:</p> <ul style="list-style-type: none"> 1. Review and reconcile the Department’s role in supporting the needs of families in relation to the services and benefits currently available; and 2. Prepare options as to whether to provide additional support for clients and families who cannot afford to access the Health Benefits Program.
<p>“Family Matters”, Ogden & Lockhart, VAC, 2011</p>	<p>Research themes:</p> <ul style="list-style-type: none"> 1. caregiving; <ul style="list-style-type: none"> a. What is the impact on the family of living with and caring for a Veteran with a serious illness or injury? b. Are the needs of caregivers of Veterans different from those of non-Veterans? c. Are the needs of elderly caregivers of elderly Veterans different from those of younger caregivers/Veterans? d. With respect to the elderly caregivers of elderly institutionalized Veterans, there is a need for research on how to deal with families experiencing anxiety

Study	Recommendations
	<p>and guilt; how to cope with hospitalization; how to cope with grief; how to prevent caregiver burnout; how to work with spouses who are developing cognitive impairments; and how to address family stress related to changes in levels of care.</p> <ol style="list-style-type: none"> 2. the impact of military service; <ol style="list-style-type: none"> a. What is the impact of living a military life on future generations, i.e., individual and societal costs? b. What up-front work regarding the long term impact of military service is needed to prevent future societal costs? c. What is the impact of leaving the military culture on family members and on family cohesion? d. What is the impact on families of living in an abusive or violent situation? 3. societal considerations and implications; <ol style="list-style-type: none"> a. What does research say about changing societal roles and expectations of family members as caregivers and providers of other supports, e.g., housekeeping? b. How do changes in the contemporary Canadian family impact on the need for supports and services for family members? c. What does research say about the social obligation to support caregivers? 4. best practices; <ol style="list-style-type: none"> a. What can be learned from families who demonstrate an incredible capacity to –hold it all together, and how can this information be used to help formulate strategies whereby change can be introduced in a positive way to influence family resiliency? b. Does research show that individuals who have good family supports achieve better outcomes? c. What are the best practices that VAC should adopt to make a positive difference in the lives of Veterans’ families? d. Are there models of non-clinical interventions that would help families ease into the transition to civilian life? 5. needs of former military families; <ol style="list-style-type: none"> a. What can VAC learn from DND about families on enlistment that can help predict what their needs may be on release? To understand the post-military interventions needed by Veterans’ families, it is necessary to understand who they are and what happens to them while in service. For example, what does research show about the health and other impacts of postings, deployments and frequent separations (e.g., training) on spouses and children that carry over to life after military service? b. What are the anticipated trajectories of today’s military families? c. What will the needs of today’s military families be in the future? d. What programs should be put in place today to support military family members who will become VAC’s future clients? e. Are there differences in the needs of families of former Regular Force members versus families of former Reservists? f. What are the financial needs of a family in transition? g. What benefits are available to families of serving members versus those available to families after release? h. Are there identified service gaps? 6. program scans; and <ol style="list-style-type: none"> a. What is the role of other government departments (federal and provincial), to provide service to Veterans’ families, and how does VAC fit into this framework? b. How does VAC compare with other countries in terms of supporting Veterans’ families? c. What can VAC learn from other countries who have adjusted their programs to respond to the needs of families, e.g., the US Veterans Administration

Study	Recommendations
	<p>provides a high level of service to Veterans' families.</p> <p>d. An historical overview of how the Department supported families in the past and how the approach evolved to the present day would be informative. For example, in the past, severely injured soldiers would have been cared for in institutions, but today they are being cared for largely by their families.</p> <p>7. recognition.</p> <p>a. What is the impact of recognition on families of Veterans?</p> <p>b. Does positive recognition help families cope?</p> <p>Although not an intended outcome of the consultation process, the majority of participants described gaps that they perceived in family programs and services:</p> <ol style="list-style-type: none"> 1. lack of mental health counselling; 2. lack of a continuum of care from what is provided during military service versus post-release; 3. lack of the family's direct access to services; 4. unmet needs of spouses, children, and parents of Veterans; 5. barriers to accessing civilian health care; and 6. lack of information/communications.
<p>"Spousal/Partner Employment and Income, Phase II" Dunn, Urban and Wang, 2011</p>	<p>Organizationally:</p> <ol style="list-style-type: none"> 1. continue to engage in enhancing inter-governmental employment opportunities for CAF spouses at the provincial and federal levels; 2. continue to examine and engage in the expeditious of the re-certification requirements or the transferring of qualifications required for spousal employment at the provincial level; 3. promote spousal post-secondary and accreditation training; 4. consider the employment status and income findings in this report if/when examining CAF compensation and benefits. <p>Further research:</p> <ol style="list-style-type: none"> 1. the impact of geographical location of CAF bases on spousal employment opportunities and employment income; 2. comparison of the employment status and income of CAF spouses posted internationally and Canadian foreign service spouses; 3. the degree of influence the military way of life (e.g., posting frequency) has on career selection; 4. the relationship between posting fatigue/burnout and spousal employment status, as well as CAF familial decisions for spouses to stay at home and raise children; 5. additional aspects of spousal employment such as career advance and pensionable earnings; 6. comparisons of the Statistics Canada 2006 long-form Census data to more current Statistics Canada data as it becomes available (e.g., the 2011 National Household Survey); 7. the impact of spousal employment on postings and/or promotional refusal, as well as personnel attrition; and 8. the change in family dynamics (e.g., single vs. dual incomes, balancing care of children and elders, etc.)

Appendix B: Family Well-being Survey Measures

Source	Members/Veterans	Spouses	Children
Canada			
Quality of Life of Spouses of members, 2008	Survey of Spouses and asked about Partner's PTSD Symptoms: 1 item	Psychological Well-being: 12 items, Depressive Symptoms: 9 items, Diagnosed Psychological Disorders: PTSD, depression, anxiety disorder, adjustment disorder, and any other stress-related physical or psychological problem, Suicidal Ideation: 1 items, Fear of Reporting Weakness: 1 item, Work-family Conflict: 6 items, Family Issues: 14 items, Confidence in the Spousal Relationship: 1 item, Support for the Member's Military Career: 4 items, Violence: 1 item, Impact of Partner's PTSD Symptoms: 1 item, Perceived Social Support: 8 items, Self-efficacy: 10 items, Coping: 28 items	Family Issues: 14 items Violence: 1 item
Quality of Life of Members "Your Say Survey", 2005 and 2008	Survey of members	Satisfaction with life domains: 1 item (marriage/partnership)	Satisfaction with life domains: 1 item (relationship with children)
Life After Service Survey, 2010	Survey of Veterans	Marital status: 1 item, Satisfaction with family relationships: 1 item, Low income: derived from Income module questions and family composition questions	Number of children under 18: 1 item
Life After Service Survey, 2013	Survey of Veterans	Marital status: 1 item, Low income: derived from Income module questions and family composition questions	Number of children under 18: 1 item
Australia			
Vietnam Veterans' Family Study, 2014	Survey of children		Mental health: 7 items, Pregnancy and birth defects of offspring: 5 items, Physical health:

Source	Members/Veterans	Spouses	Children
			12 items, Social functioning: 4 items, Economic well-being: 7 items
Timor-Leste	Survey of military personnel and Veterans and their partners.	Family Adaptability and Cohesion Evaluation Scale (FACES-IV): 42 items, Quality of Relationships Inventory (QRI): 25 items, Work-Family Conflict Scale (WFC): 22 items, Woman Abuse Screening Tool (WAST): 4 items	