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Strengthening Defence and veteran couple relationships through relationship education

Final report

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Glossary and abbreviations

Term	Description
ADF	Australian Defence Force
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
Current serving member	person currently serving in the ADF
Defence	Department of Defence
DMFS	Defence Member and Family Support (formally Defence Community Organisation)
DVA	Department of Veterans' Affairs
Ex-serving member	person who has previously served in the ADF
FORM Criteria	Framework for assessing and grading a body of evidence
IPV	Intimate partner violence
JBI	Joanna Briggs Institute
LGBTQ+	Lesbian, gay, bisexual, transgender and/or queer
MVP FG	Members, Veterans and Partners Focus Group
MWD(U)	Member with Dependents (Unaccompanied)
OECD	Organisation for Economic Co-operation and Development
Open Arms	Open Arms – Veterans & Families Counselling
PICO	Population, Intervention, Comparison, Outcome
PTSD	Post-traumatic stress disorder
REA	Rapid Evidence Assessment
Relationship education programs/interventions	programs designed to provide individuals and couples with the knowledge and skills required to build positive and lasting relationships, and prevent and minimise relationship distress
Stakeholder FG	Stakeholder Focus Group
UK	United Kingdom of Great Britain and Northern Ireland
US or USA	United States or United States of America
Veteran	person who has served at least one day of continuous full-time service in the ADF



Executive summary

Study aims and purpose

Current and ex-serving Australian Defence Force (ADF) members face a range of pressures that may affect their capacity to build and maintain strong relationships. Relationship education can be an effective early intervention for promoting strong relationships and preventing relationship deterioration and distress. Typically designed as an early intervention for new couples who are happy and satisfied with their relationship, relationship education aims to build the relational skills required to better navigate relational challenges when they do arise. These programs have previously been offered to newly married couples in Australia and have targeted couples expected to face additional strains due to their social or economic environments.

Drawing on a review of existing evidence and the lived experience of current and ex-serving ADF members and their partners, the aim of this project was to identify existing relationship education programs that could be suitable for current and ex-serving ADF members, and how they might be adapted to their specific needs. The project is the first step in identifying a relationship education program to be potentially tailored for current and ex-serving members and their partners by the Department of Veterans' Affairs (DVA) and the Department of Defence (Defence).

Study design

This project was conducted in three key stages:

1. a quick scoping review and stakeholder consultations to identify key relationship issues experienced by current and ex-serving members and to identify the existing services available to support their relationships
2. a Rapid Evidence Assessment (REA) to identify existing relationship education interventions available in Australia and internationally and assess evidence of their effectiveness
3. focus groups with stakeholders, current and ex-serving ADF members and/or their partners to obtain their views on existing programs and ideas on how they could be adapted to suit their specific needs.

Findings

Key relationship issues experienced by military and veteran couples

The following common relationship issues faced by current and ex-serving members and their partners were identified in the scoping review and stakeholder consultations:

- frequent separation of members and their partners due to members' absence on military deployments and training, and relationship readjustment issues when they return
- frequent relocation of members to new postings, which can require partners to disrupt their lives to accompany the member or choose to live separately for extended periods
- feelings of isolation and lack of intimacy and support due to time apart and/or relocation to areas where couples have few extended support networks

- fears and concerns around trust and relationship commitment
- impacts of member absence and relocation on partners' employment and domestic load, especially where couples share care of dependent children
- a belief that civilian partners are not sufficiently consulted in posting and deployment decisions and that members and partners do not sufficiently understand each other's experiences, which can cause resentment in relationships
- physical and mental health impacts of service on members, and associated issues such as substance abuse
- stress around transition and adjustment to civilian life, including financial stress, loss of identity and community (for members and partners), and role adjustment.

Existing services

- The military and veteran specific services currently provided to support couple relationships in Australia include one relationship education program (Building Better Relationships) and a larger range of therapeutic interventions including couples counselling.
- Preventative support for couples is a component of some military and veteran specific services (such as webinars for members and families on the challenges of military service life and the FamilySMART resilience programs), however 'couple relationships' are generally not the focus.
- Stakeholders consulted for this study believed that existing services were more focused on assisting those in crisis, rather than providing preventative supports.

Existing relationship education programs

- Through the REA, desktop review and stakeholder consultations undertaken for this study, we identified 33 relationship education programs in Australia or internationally. These include two additional programs previously delivered to military and veteran couples in Australia and other programs available for all Australian couples via Relationships Australia.
- Existing relationship education programs use two different evidence-based approaches to improving couple relationship quality.
- Curriculum-based programs focus on training couples in key relationship skills such as positive communication, conflict management and positive expression of affection. These are generally targeted at well-functioning couples and are considered universal primary prevention.
- In programs that have an assessment and feedback approach, couples are assessed on their relationship strengths and concerns and receive feedback from a therapist to address these. They are generally targeted at couples experiencing minor issues and who do not require extensive couples therapy (secondary prevention).
- While relationship education is not typically targeted at couples in crisis, one of the assessment and feedback programs identified in this review (Marriage Check-Up in Integrated Care) was described in the literature as being suitable for couples on a broad spectrum from 'relationally satisfied to severely distressed' and therefore situated between primary prevention and tertiary therapy.
- Curriculum-based programs usually involve between 8 and 12 hours of content delivered once a week or intensively over 2 days. They can be delivered face-to-face in a group setting, online in a group setting, or privately in one's own time via self-directed learning (online or book/manual).

- Programs using assessment and feedback approaches are usually shorter and can be delivered face-to-face or online and over the phone (e.g. online assessment with feedback and coaching over the phone).
- Assessment and feedback-based programs, such as Marriage Check-up, could be offered as an alternative for military and veteran couples who don't have the time for curriculum-based programs regardless of whether they present with issues, given evidence they can improve outcomes for couples on a broad spectrum (from relationally satisfied to severely distressed).

Effectiveness of relationship education

- The REA assessed evidence on the effectiveness of 22 relationship education programs that had published evaluations during the review period. The REA examined whether: the program improved couple relationship quality; the findings were generalisable to Australian current and ex-serving members and their partners; the findings were applicable findings to the Australian context.
- There was sufficient evidence to determine effectiveness in improving couple outcomes and applicability to the Australian context for 8 programs. Among these, 4 were deemed promising for delivery to current and ex-serving ADF members and their partners:
 - Elevate
 - ePREP
 - Marriage Checkup in Integrated Primary Care
 - OurRelationship.
- All 4 programs were US programs that have been adapted for and/or tested with a US military population. While there are several programs already adapted for or delivered to Australian military and veteran couples, there was insufficient evidence on any of these programs to assess their effectiveness.
- The 4 promising programs varied in their approach, curricula/topics covered and delivery characteristics. Two were curriculum-based, one was a short 'assessment and feedback' program and the fourth program combined elements of both these approaches.
- All 4 programs have been found to lead to significant improvements in one or more couple outcomes. Given differences in research design, target populations and outcomes measured, it was difficult to compare outcomes from these programs to draw conclusions about their relative effectiveness.
- The findings from the REA and broader evidence suggest that relationship education programs generally lead to moderate short-term improvements in couple communication and small to moderate improvements in relationship satisfaction – the 2 most commonly assessed outcomes of relationship education.
- Of the 4 promising programs identified, evaluations of the curriculum-based programs generally reported larger improvements in communication skills. All programs reported significant improvements in relationship satisfaction. On balance, hybrid programs, which combined elements of both approaches, reported the largest improvements across measures.

Programs preferred by focus group participants

- Few participants in this study identified a preference for any specific relationship education program deemed promising in the REA.

- Participants identified advantages and disadvantages with the different programs and felt that the most suitable program would depend on a couple's circumstances and specific needs.
- In terms of content that was important to military and veteran couples, participants agreed that relationship education programs provided to this cohort should cover communication skills/training and expectations management. They also felt that the content should be adapted to cover ADF-specific information and examples (e.g. expectations and communication surrounding deployment).

Targeting relationship education

- Participants identified the intervention points for targeted relationship education. These included:
 - early in a member or partner's experience with military life to provide them with skills to navigate military challenges
 - prior to postings and deployments
 - prior to or shortly after military to civilian transition.
- Other life course stress points identified for current and/or ex-serving members and their partners were:
 - when couples first have children
 - when children transition into the teenage years
 - the transition to the empty-nester years.
- The study also identified specific socio-demographic subgroups with additional support needs who may benefit from relationship education while serving or following transition, these included:
 - young couples, dual-serving couples
 - step and blended families
 - couples with children or a child with special needs
 - couples where a member was transitioning out of service for medical reasons.
- Stakeholders felt there would be benefit in offering some form of relationship education to young ADF members who are still single, as well current and ex-serving members who are in a relationship, to ensure members commence relationships on a strong footing.
- Participants suggested it would be valuable to include some form of relationship education in the routine training regime of all military personnel (with specific training points suggested such as ab-initio and pre-deployment training).
- While much participant discussion focused on the value of relationship education being offered early in a relationship or military career, consistent with an early intervention focus, participants also emphasised the value and importance of offering relationship education to veterans and at the point (or shortly after) service transition, as this can be a challenging time for members and their partners, and may interact with other life transitions (such as having children).
- Evidence suggests that couples who have previously completed relationship education are likely to benefit from repeat interventions to refresh and reinforce learnings, and service transition would be a timely point to offer and reinforce this.

Delivery characteristics


- Most participants believed that programs with different lengths and delivery formats were needed for different couples, depending on their circumstances and needs. This is consistent with previous research suggesting that decisions regarding the delivery format and dose of relationship education should be based on who is being served, viability of methods in a specific setting and resources.
- Participants in this study noted that some military and veteran couples would be unlikely to volunteer for lengthy curriculum-based training and that shorter programs or those with a modular approach (where they only complete specific modules of interest) would be more appealing to them.
- Most said that providing some option to participate online was important as many military couples would have difficulty attending face-to-face. However, stakeholders preferred a face-to-face approach for high-risk couples so they could monitor their responses and dynamics.
- Participants noted that group programs provided peer-to-peer interaction and the benefit of learning from others' experiences. However, they suggested that some couples would be reluctant to participate in group programs and believed that programs that couples are able to complete privately with a therapist/educator and/or via self-directed learning were also needed.
- Focus group participants believed that the person or organisation that delivers the program must have a good understanding of family life in the military but must also be seen as separate and independent from Defence/DVA. Some suggested that people with lived experience such as veterans could be trained to deliver these programs.

Barriers to attendance

- A range of barriers were identified that may prevent current and ex-serving ADF members and their partners attending relationship education programs including:
 - lack of awareness about program availability or eligibility
 - lack of perceived value/need
 - lack of time due to work or child care responsibilities
 - belief that relationship education is only for couples experiencing difficulties
 - reluctance to seek support and/or fear that it would impact the member's career.
- A range of solutions were provided to these challenges including:
 - promoting these programs direct to the partners as well as members and veterans
 - provision of free child care during program participation
 - support to complete the program during or after work hours
 - promotion and endorsement from chain of command
 - ability to self-refer (rather than having to go through one of the Defence or veteran organisations, their chain of command or any other group).

Conclusions

- This research confirms the value in providing relationship education to military and veteran couples and adapting it to cover their specific experiences. Relative to other social programs, relationship education programs have an extensive evidence base and have



been tested in many randomised control trials over many years (predominantly in the USA). The studies typically report small to moderate improvements in a range of couple outcomes, with these improvements being larger for couples facing minor issues or at greater risk of relationship challenges due to personal characteristics or social context.


- The REA found 4 programs that have been successfully adapted and delivered to military couples in the USA and that are promising for delivery in the ADF context. As the 4 promising programs are designed for a variety of contexts (e.g. happy couples vs those experiencing minor issues), and have varied lengths and formats, their relative effectiveness with current and ex-serving ADF member couples will likely depend on the couple's specific circumstances and needs. When selecting one or more suitable program, it is important to consider which subgroups are a priority focus and/or the viability of delivering more than one program.
- On balance, the evidence base was strongest for the hybrid program OurRelationship, which combined couple relationship assessment and feedback with curriculum-based training. Participants also strongly endorsed the value of both these approaches to military and veteran couples. If a single program is selected, this provides strong grounds for considering this option. Alternatively, a modularised program could be developed that combines couple assessment and feedback with select curriculum components for those who have less time and/or education needs (selection of curricula could be informed by the couple assessment).
- There was insufficient existing evidence to assess the effectiveness of the programs currently or previously provided to military and veteran couples in Australia (using the standards of the REA). However, these programs have similar characteristics, and draw on similar evidence approaches, to the curriculum-based US programs, suggesting they are likely to lead to some similar improvements in couple outcomes with this cohort.

Next steps

Next steps are to select one or more programs for trialling with military and veteran couples. In doing so, the findings of this research should be considered in light of existing service delivery options, priorities and needs. Important considerations include:

- which subgroups in the military and veteran population are a priority focus, as this is important for determining the most appropriate program/s
- the viability of trialling more than one program to cater to different couples' needs and experiences, and to test and compare outcomes from different programs
- the accessibility and adaptability of the identified programs to the Australian context, drawing on more detailed program documentation
- the feasibility of accessing and delivering specific programs, considering factors such as cost and facilitator training needs
- alignment of selected programs and initiatives with existing departmental strategies designed to support and protect members and their families.

Once it has been determined which programs are most suitable to deliver, we propose that considerations be made to co-design any program adaptations with input from the Defence and veteran communities. We suggest that consideration be made to delivering and rigorously evaluating more than one relationship education program, to compare their relative effectiveness for military and veteran couples and different subgroups within this population group.



Finally, while other interventions or activities designed to support current and ex-serving ADF members and their partners were not the focus of this review, the findings indicate that there is an ongoing need and role for other supports and interventions (such as couple counselling, family support programs and crisis support services) and that some of these provide useful referral points for relationship education. However, as some of the other services overlap with the aims or content of relationship education (e.g. webinars providing families with tips, strategies and resources on topics such as maintaining healthy relationships), future research should also consider the set of funded services as a whole to inform ongoing decisions about priorities and needs.

1. Introduction

1.1. Context and overview

Previous research shows that military service life, and the transition from military to civilian life, can put unique strain on the couple relationships of current and ex-serving ADF members and their partners. This may affect their capacity to build strong relationships and make them more vulnerable to separation and divorce¹ Healthy and supportive relationships are also a known protective factor for veteran mental health and wellbeing, as for all Australians (Stanley et al., 2022). Supports and services that protect and strengthen the relationships of current and ex-serving personnel may therefore be beneficial.

Although there are existing services and supports for current and ex-serving ADF members who are experiencing relationship issues, there are few preventative relationship interventions designed to prepare them to adequately manage the challenges couples face through service life or transition. Relationship education is one program type that has been designed to help people develop and maintain strong relationships and prevent relationship distress and deterioration. This project aimed to identify existing relationship education programs with an established evidence base that would be suitable to deliver to current and ex-serving ADF members and their partners and to explore how these interventions could be adapted to suit their specific needs.


1.2. What is relationship education?

Couple relationship interventions generally belong to one of two types: (a) interventions designed to alleviate an acute state of relationship distress, usually in a clinical context; and (b) interventions designed to prevent relationship distress and otherwise enhance relationship satisfaction and communication, usually outside of clinical settings (Bradbury & Bodenmann, 2020). The former has typically been called couple counselling or couple therapy. The latter has been known by different names including preventative relationship interventions or relationship education programs or interventions. The focus of this study is on these preventative relationship interventions, and for the sake of consistency we use the terms 'relationship education' to refer to all such interventions and programs.

Relationship education programs are programs designed to provide individuals and couples with the knowledge and skills required to build positive and lasting relationships (Hunter & Commerford, 2015). They are distinct from relationship supports such as counselling, where individual counsellors (and related professionals) support couples (sometimes individually) to address specific issues or problems they face. Relationship education programs and counselling have similar and overlapping aims – such as improving relationship satisfaction and stability. However, they are different interventions, and counselling is more often targeted to those experiencing specific relationship problems and/or high levels of distress, rather than as a general or preventative measure.

In Australia, a commonly known form of relationship education is pre-marriage education, which many couples (up to a third, according to Hunter & Commerford, 2015) attend before getting married. Relationship education can also be provided as part of other programs designed to

¹ Research from the USA and UK has found military experiences such as deployment and combat exposure to be associated with decreased marital satisfaction, relationship instability and relationship breakdown (Foran et al; 2013; Karney & Trail, 2017); and that divorce rates are higher in the 2 years following exit from service (Centre for Social Justice, 2016). See chapter 2 for detailed discussion of research.



support couples navigate particular life phases or stressors such as becoming parents (e.g. attached to antenatal classes and parenting programs). Additionally, 'preventative' relationship education programs for couples can variously target those who are happy and in the early stages of a relationship or longer term couples at greater risk of distress and separation or divorce (Hunter & Commerford, 2015).

Relationship education programs can be provided to single people as well as those in couple relationships. For example, programs now exist to support young people to navigate healthy relationships and to support those undergoing separation and divorce to effectively coparent (Hunter & Commerford, 2015; Stanley et al., 2020).

The focus of this study was on programs that have been designed for couples. Although the majority of existing research has been undertaken with married mixed-sex couples (Markman et al., 2022), this study has a wider focus and included couples who are married or unmarried, those who live together or separately, and both mixed-sex and same-sex couples.

Relationship education approaches

Couple relationship education programs are often characterised by an educational format focused on increasing participants' knowledge of the factors that underpin successful relationships and practising relational skills (Bradbury & Bodenmann, 2020; Hunter & Commerford, 2015). However, previous scholars (Halford et al., 2010; Hunter & Commerford, 2015) have distinguished 2 different evidence-based approaches to relationship education, with some programs combining elements of each:

- *Curriculum-based approaches*: 'Curriculum based' couples relationship education is often referred to as the skills training approach because it focuses on training couples in key relationship skills such as positive communication, conflict management and positive expression of affection (Halford et al., 2010). These programs are typically designed for couples who are currently satisfied with their relationship (primary prevention).
- *Assessment with feedback approaches*: These usually comprise inventory-based couple assessments followed by a feedback session with a relationship educator who informs the couple of their current relationship strengths and weaknesses and may coach them on addressing issues (Halford et al., 2010). These programs are often targeted to couples experiencing minor issues (secondary prevention).

The early curriculum-based programs were typically group-based programs delivered face-to-face to newly married or soon to be married couples. Over time, many variations have been developed to cater to different participant circumstances, needs and contexts. This has led to variations in program content and delivery characteristics, with many adapted programs now having options for self-directed learning (e.g. workbooks or online modules) and programs designed for different target groups.

1.3. Aims and purpose

This research had the following aims:

- Identify the specific relationship challenges faced by current and ex-serving military personnel, and the supports needed to address these challenges.
- Review the preventative/education relationship supports and interventions that currently exist for current and ex-serving members and the general population, and the evidence base for these interventions.

- Identify which preventative/education relationship interventions are best suited to address veteran needs, and how to tailor the content for current and ex-serving ADF members and their partners.

The purpose of the research was to:

- inform knowledge on the types of relationship interventions DVA and/or Defence should consider providing for current and ex-serving members and their partners
- assist with tailoring or developing an appropriate early intervention/relationship education program.

1.4. Study design

This project included 5 key research activities designed to address 5 research questions adapted from the research aims. The project received ethics clearance from the Departments of Defence and Veterans' Affairs Human Research Ethics Committee (protocol number: 462-22).

A summary of the activities used to address the questions is provided in Table 1. Details of the approach to each activity are outlined further below.


Table 1: Summary of research questions and corresponding research activities

Research question	Research activities
What are the primary relationship challenges faced by current and ex-serving ADF couples?	Quick scoping review, stakeholder consultations
What kinds of supports and/or interventions are needed to strengthen and protect current and ex-serving ADF couple relationships?	Desktop review, stakeholder consultations
What couple relationship education interventions currently exist?	Rapid evidence assessment, stakeholder consultations
Which couple relationship education programs could be tailored for the current and ex-serving member community?	Rapid evidence assessment
How should relationship interventions be tailored to address the specific needs of current and ex-serving ADF couples?	Focus groups

Quick scoping review

A quick scoping review was undertaken to collate existing evidence on the primary relationship challenges faced by current and ex-serving military couples. The quick scoping review was intended to collate and synthesise the available research on relationship challenges and was undertaken in 2 phases, commencing with a scoping of known literature followed by a systematic search of the academic literature. The scoping of known literature largely included Australian research, predominantly grey literature published by DVA and Defence, together with some key international literature. The second phase of the review used some of the search methods developed for systematic reviews – such as strict inclusion and exclusion criteria for material to be reviewed – but placed explicit limits on the breadth and scope of the literature search.

The literature search was limited to literature published between 2012 and 2022 and from Organisation for Economic Co-operation and Development (OECD) countries. The literature search systematically gathered potentially relevant literature by developing a list of relevant subject headings and search terms and applying these to a literature search of major academic databases. A combined list of references was loaded onto Rayyan, review screening software. An abstract review was undertaken by 2 reviewers, and full-text screening and data extraction were combined into a single stage, which was also undertaken by 2 reviewers. Data were



extracted into a customised extraction table in MS Excel. Findings were presented in detail in the literature review report (Smart et al., 2022) and are summarised in chapter 3.

Desktop review

A quick desktop review was undertaken to identify existing supports provided to current and ex-serving ADF members and their partners (relationship education programs and other supports for couples). Key government (state and national) and ex-service organisation websites were searched for published information about relationship services and supports. The websites were reviewed for information about existing relationship education interventions and any other services or supports that included a relationship support component such as helplines, training, counselling, spiritual support, social support and services for victim-survivors of intimate partner violence. This search focused on services specifically for current and former serving ADF members and their partners and did not include relationship services and supports more broadly available to the civilian community.

The findings of the quick scoping review informed the subsequent phases of the project and are summarised in chapter 4.

Consultations with stakeholders

Consultation was undertaken with advocacy groups, and Defence and DVA stakeholders who are involved in funding or delivering support services to current and ex-serving ADF members and their partners to:

- obtain their views on the primary relationship challenges faced by current and ex-serving ADF members and their partners
- confirm what existing relationship supports are provided to current and ex-serving ADF members and their partners
- obtain their views on what additional relationship services and supports are needed.


The following stakeholder groups were included in the consultations:

- Open Arms – Veterans & Families Counselling (Open Arms)
- Defence Member and Family Support, Department of Defence (DMFS)
- Defence Families of Australia (DFA)
- Relationships Australia
- other relevant Defence and DVA business areas or stakeholders (e.g. Defence Chaplains).

Stakeholder views on the primary relationship challenges faced by current and ex-serving ADF members and their partners, and how they compare to findings from the quick scoping review literature, are presented in chapter 3. Stakeholder views on other services and supports needed, and how relationship education programs could fit with existing services for current and ex-serving ADF members and their partners, are presented throughout this report.

Rapid Evidence Assessment

A Rapid Evidence Assessment (REA) was conducted to locate and synthesise evidence on the effectiveness of existing relationship education interventions for both civilian and military/veteran couples. An REA, or rapid review, is a form of knowledge synthesis for which the steps of a systematic review are streamlined or accelerated to produce evidence in a shortened time frame (Tricco et al., 2017). The REA was conducted following the DVA guidelines (Varker et al., 2014) as well as international best practice guidelines for conducting



rapid reviews (Tricco et al., 2017). The questions addressed in the REA were defined using a Population, Intervention, Comparison, Outcome (PICO) framework (details in Appendix B).

Two separate search processes were conducted to identify relevant studies. One included evaluations of relationship education programs designed for or tested with military or veteran populations (from Australia and other OECD countries). The other included evaluations of relationship education programs delivered to any population but applied stricter criteria to the types of studies included (it needed to be a Level-II (RCT) study or above). The search covered studies published between January 2012 and July 2022. Studies were only included if they reported on one or more of the following outcomes: changes in relationship satisfaction, quality, strength, stability, communication, interaction, connection, conflict resolution or violence prevention. For relationship education programs delivered to military and veteran populations, studies were also included if they only reported on client satisfaction, acceptability or other process evaluation measures.

Twenty-eight studies were assessed as meeting the inclusion criteria. Of these, 23 were from the USA and 2 were from Australia. The 28 studies represented evidence on 22 different relationship education interventions. Nine of these were either developed for or tested with military or veteran couples, and there was analysis of evidence of effectiveness of a further 2 studies with a military cohort.


Each study was appraised for rigour, and programs where one or more high quality study was published in the review period were then assessed using 5 criteria: the strength of evidence, direction of evidence, consistency of the evidence, generalisability of evidence and applicability of the evidence to the Australian military context (details in Appendix A). Based on this assessment, each program was ranked in 1 of 4 categories: 'supported', 'promising', 'unknown' or 'not supported for delivery in an ADF context'. Table D1 presents a summary of the results. Detailed information on the methodology and findings for the REA are included in the literature review report (Smart et al., 2022). Key findings are summarised in chapter 3.

Focus groups

The final phase of data collection for this project involved a series of focus groups with policy and practice professionals (stakeholders), current and ex-serving ADF members, and partners or former partners of current or ex-serving ADF members to obtain their views on the suitability of couple relationship education programs for their communities and how they could be adapted and delivered for them. Six focus groups were completed with 45 people. This including 2 focus groups with a total of 18 stakeholders (14 women and 4 men) and 4 focus groups with a total of 8 current and 5 ex-serving members (6 women and 7 men) and 14 civilian partners or former partners (all women who had never served). Of the 13 current and ex-serving members, 8 were or had been part of a dual serving couple, and 5 were or had been in relationship with a civilian partner.

Invitations to participate in the stakeholder focus groups were extended to all the organisations included in early consultations, and some additional organisations that provide services to current and/or ex-serving members and their partners. The Australian Institute of Family Studies (AIFS) worked with each organisation to recruit professionals working in a variety of roles (e.g. couple or relationship therapists and community and peer workers), and to ensure that, to the extent possible, their participation in focus groups remained confidential.²

² For those invited to participate in a focus group in a professional capacity (i.e. as a relationship services professional), the research team shared no information with their organisation about whether they agreed to participate. While we ask all participants in the focus group to respect each other's information, it is possible that something may be shared outside of the group by another participant.



To recruit participants for the focus groups with current and ex-serving ADF members and their partners, we advertised in a range of forums that target or reach current and ex-serving members and their partners including DMFS and DFA websites, social media, newsletters and veteran advocacy organisations/bodies and support services established for, or used by, this cohort (such as Open Arms). The study was also promoted via the AIFS website, social media and newsletters. Promotional materials provided information about the study and contact details for the project team, and prospective participants were asked to contact the team to express interest in participating.

A member of the project team then contacted each prospective participant to assess their eligibility. Prospective participants for the member, veteran and partner focus groups were screened prior to being placed in a focus group to ensure that the study included people with a broad range of experiences, and that focus groups could be constructed in a way that maximised their effectiveness and safety for participants. To this end, individuals were screened out (not eligible) if they were experiencing significant relationship issues or very high levels of psychological distress.

Each focus group included between 5 and 9 participants and was between 1.5 and 2 hours in length. At the focus groups, AIFS researchers presented information on relationship education programs and obtained participant views on:

- the suitability of the different couple relationship education programs for current and ex-serving members and their partners
- potential/perceived barriers to accessing these services
- adaptations required to tailor existing preventative/education relationship interventions to meet the needs of current and ex-serving members and their partners (e.g. what essential elements should be included, when and who they should be targeted towards, and what options there are to recruit and effectively engage the target populations in these programs, including the mode of delivery)
- what other types of relationship services/supports are currently used and how relationship education programs might fit in the broader landscape of services for current and ex-serving ADF members and their partners.

The focus groups were conducted online using Microsoft Teams, audio recorded and transcribed, and the themes analysed in NVivo.

1.5. Report outline

- Chapter 2 outlines the key challenges faced by current and ex-serving ADF members and their partners based on the findings of scoping and desktop reviews and the stakeholder consultations.
- Chapter 3 describes the services and supports currently provided to current and ex-serving ADF members and their families that either focus on or include some specific support for couple relationships. It then describes the relationship education programs currently available in Australia and internationally and outlines any evidence of their effectiveness and their likely suitability for current and ex-serving ADF members and their partners.
- Chapter 4 presents stakeholder, member, veteran and partner perspectives on the potential benefits of, and the need for, relationship education for current and ex-serving ADF members and their partners. It also outlines their views on which groups of current and ex-serving ADF members and their partners might benefit the most from relationship education, and how relationship education might best fit with existing services and supports.



- Chapter 5 examines focus group participants' preferred approaches to relationship education for current and ex-serving ADF members and their partners.
- Chapter 6 presents focus group participants' views on how relationship education programs should be delivered to current and ex-serving ADF members and their partners – including who they believe is best suited to deliver them to their communities (i.e. preferred delivery characteristics).
- Chapter 7 explores potential barriers and facilitators to current and ex-serving ADF members and/or their partners attending relationship education programs. It unpacks both the findings from the stakeholder consultations on barriers and the views of focus group participants on potential barriers and facilitators.
- Chapter 8 summarises the key findings from this research and their implications for the selection of programs for current and ex-serving members and their partners. It provides some suggested next steps, including how DVA can use this evidence to inform decisions about program selection, and the importance of evaluating the success of programs they might fund and deliver.

2. Relationship challenges

In this chapter, we outline the primary relationship challenges faced by current and ex-serving ADF members and their partners that were identified in the quick scoping review, stakeholder consultations and focus groups.

Key points:

- Key relationship challenges faced by current and ex-serving ADF members result from the frequency of service-related relocations, the frequent separation of members from their partners due to operational deployments and/or unaccompanied postings, and the physical and mental health impacts of service on members.
- These aspects of military service impact couple relationships in a range of areas including feelings of intimacy, connection and support, concerns about trust, commitment, and fidelity, and communication styles and needs.
- These impacts can be exacerbated when military service transitions and pressures interact with significant individual and couple life stages.

2.1. Military-related challenges for couples

Evidence suggests most military couples are in happy and satisfying relationships, and that military service can have some positive impacts on relationship quality and satisfaction (Daraganova et al., 2018). Military service provides financial benefits for members and their families, can facilitate the development of friendships and community supports, and the development of couple strength and resilience through surviving military challenges (Daraganova et al., 2018; Kritikos et al., 2020). However, there are a range of pressures associated with military service that can be challenging for couples (Hughes, 2021). This section describes the key aspects of military life that impact the relationships of current and ex-serving members and their partners, and how these interact with significant individual and couple life stages such as becoming parents.


Residential relocation

The high frequency of residential relocations is often cited in the literature as a challenge for current and ex-serving members and their partners and was also raised in the stakeholder consultations. Previous Australian research reported that 62.6% of ADF families had moved 3 or more times, with some partners reporting they had moved 7 or more times because of their partner's military service (Daraganova et al., 2018). The stakeholder consultations identified some benefits to relocation, including new opportunities and experiences, the expansion of social networks and the chance for a fresh start. However, the high frequency of relocations was most often described as very challenging for couples.

Previous research (Atkins et al, 2017; Daraganova et al., 2018; Selous et al., 2020; Tan, 2020; Walker et al., 2020) has found that the stress and challenges of relocation results from several factors:

- a loss of social and support networks
- disruptions to the employment of civilian partners
- for couples with children, disruptions to children's care and schooling.

Frequent relocation is noted as being especially difficult for families with children. The stakeholder consultations suggested that families with children were choosing to be categorised



as ‘member with dependents unaccompanied’ (MWD(U)) to limit the impact on children’s schooling, particularly in the later secondary years. However, some stakeholders noted that relocation could also be challenging for couples without children as they often had less opportunities to build community connections through children’s schooling and activities. In previous research, the lack of arranged social activities for those without children has also been raised by civilian partners of ADF members who felt isolated or unsupported following service-related relocations (Tan, 2020).

As reflected in international research, frequent moves disrupt the social connections and support networks of military couples (Walker et al., 2020). The subsequent loss of support and the resulting isolation has been associated with marital instability in the US military population (Pflieger et al 2022). Frequent relocations can result in a strain on individuals and their relationships, and participants at the consultations and focus groups noted that this can reduce their social networks and leave individuals more vulnerable to intimate partner violence including coercive control. Isolation was also described as a particular risk for civilian partners. Consequently, civilian partners in the focus groups often shared their own experiences of feeling alone when members were away on duty.

Partners’ employment


Australian and international research has identified the impact of military life on civilian partners’ employment and careers (Daraganova et al., 2018; Selous et al., 2020; Tan, 2020). A government inquiry in the UK reported that while employment rates of military partners were relatively high, many were not in employment commensurate with their education, skills and qualifications (Walker et al., 2020). While employment rates are fairly high for civilian partners of ADF personnel – 79% employed and 8% seeking employment, (Roy Morgan, 2020) – partners nonetheless report a range of negative impacts on their careers due to military life.

These include the challenge of re-establishing suitable employment following a relocation and the need to make compromises in their career due to frequent member absences – e.g. periods without work, accepting jobs outside their field or profession, roles with less responsibility, fewer hours, lower pay and jobs they are over-qualified for (Tan, 2020). While Australian studies have mixed findings on the association between civilian partner employment status and wellbeing (Daraganova et al., 2018), a large study on military families in the USA found an association between partners who are unemployed and seeking work and higher rates of marital instability (Pflieger et al., 2022).

The challenge for civilian partners of maintaining employment was a key issue raised by participants in the stakeholder consultations and focus groups. As found in previous research (Hughes et al., 2022), partners often believe that military life requires couples to prioritise the ADF member’s job and that this challenges and/or hinders the partner’s career – sometimes causing resentment and instability within their relationships (see further discussion of resentment in section 2.2). Focus group participants who were current and ex-serving members or their partners also talked about the importance of members learning how to communicate with their partners about posting plans and to consider their partners in decision making (also discussed further below).

Absence, separation and isolation

Participants in the stakeholder consultations and the focus groups identified absence and separation as the biggest challenge experienced by military couples. This is also a frequently cited challenge in the literature – particularly from the USA, where issues around separation in



the context of deployment are discussed (Maguire et al., 2013). Maguire and colleagues (2013) reported that civilian army wives experienced loss and separation when their partners were away as well as in the lead-up to deployment when their partner was physically present but their attention was focused on their upcoming deployment. In one Australian study that focused on the consequences of deployment in Timor-Leste, partners reported missing their deployed partner and the challenge of not having them there for special occasions and having to run the house by themselves (McGuire et al., 2012).


In addition to deployment, ADF couples also experience separation during training exercises and short-term postings. For example, members of the Royal Australian Navy are likely to spend considerable time away from home (Roy Morgan, 2020). Participants in the stakeholder consultations and the focus groups explained that absences often required an at-home partner to navigate life alone and take on increased household responsibilities. They suggested that this posed a particular challenge for parents and resulted in members missing important life events such as developmental milestones of their children. The challenges for stay-at-home partners were also exacerbated by the disruption to family and social support networks caused by frequent relocations and often resulted in work overload, isolation and loneliness, which all have the potential to build resentment and/or tension within relationships. Some of these challenges can be mitigated by strong social networks or access to flexible and affordable child care (such as in-home nannies). However, these services are often not available in many locations or are financially out of reach for parents, with 40% of members requiring child care reporting their child care needs were only partially met, or not at all met, in the latest (2019) Defence Census (Roy Morgan, 2020).

The stakeholder consultations reported that as well as geographic separation, relationships were often challenged when serving members were home but were focused solely on their work rather than their family – a phenomenon that Maguire and colleagues (2013) refer to as being not psychologically present. While this could potentially be mitigated by positive communication, research on communication is complex and not all communication is helpful (see further discussion below in section 2.2). Stakeholders also noted that absences and separation could cause couples to delay discussing issues or concerns and that this could lead to further resentment and/or tension.

Current serving members and their partners are increasingly choosing to be classified as MWD(U), with the proportion of permanent ADF members in this arrangement increasing from 3.3% in 1999 to 7.8% in 2019 (Defence, 2020). While this can create stability for a partner and enable them to maintain employment and reduce potential disruption to a child's schooling, some stakeholders identified relationship risks associated with having so much time apart. One stakeholder noted that extended time apart could result in increased isolation for a civilian partner as others in their Defence community would likely move with a new posting. This issue was also highlighted by a UK Government inquiry (Walker et al., 2020), in which concerns were raised about issues of loneliness and isolation experienced by non-serving partners who were housed away from military bases and therefore away from the military community support.

Reunification

While absences and separation are often reported to be challenging, the reunification or reintegration of the ADF member back into the household afterward has also been shown to create challenges. The return of a member can create a complex emotional cycle for couples as they navigate the separation and reunification (Logan, 1987). This can be characterised by an initial sense of loss and loneliness when the serving member is away, a period of adjustment to absence, followed by anticipation of homecoming and challenges associated with reintegration



and adaption to new roles, which is particularly challenging for those with children (Daraganova et al., 2018; Lawrence Wood et al., 2014; Walker et al., 2020).

Reunification was frequently raised in the stakeholder consultations. Research with partners of deployed ADF members has identified the readjustment to life with a returned member as a common challenge (McGuire et al., 2012). A number of studies in the USA have also identified the disruption of routines and renegotiation of roles and responsibilities required by absence and reunification as a particular challenge (Karakurt, et al., 2013; Knoblock & Theiss, 2012; Messecar, 2017).

A longitudinal qualitative study conducted by Karakurt and colleagues (2013) found that during deployment individuals shifted away from partners for their social support and gradually went back to relying on partners following reunion. Additionally, they found that when a partner remains at home, they are often required to take on the roles and responsibilities of the absent partner (including parenting responsibilities). Subsequently, when the absent partner returns, the couple are required to undertake a range of adjustments including role negotiation and re-establishing interdependence between partners. This same study reported that reunification was more challenging for younger couples who had less experience with the separation/reunification cycles (Karakurt et al., 2013).


Participants in the stakeholder consultations reported that reunification could be very disruptive to a partner, particularly when the serving member had been away for an extended absence. This was often attributed to the civilian partner adapting to life without the serving member and becoming the sole manager of the household in their absence, which therefore required a role shift when the serving member returned. Stakeholders indicated that this issue was significant for all couples but was particularly challenging when the couple had children living at home. They explained that the challenge of re-negotiating roles was difficult for the serving member as they can return home and feel out of place as they no longer know the routines of the household and feel inadequate and unneeded.

Participants in the focus groups also raised this as one of the most significant relational challenges for military couples. They suggested that members often feel defensive or resentful if they have missed events and developments at home and their partner has not kept them up-to-date. Likewise, participants suggested that the partners who had stayed at home often felt resentful for what they perceived as a lack of support and understanding of their experience.

Participants in the focus groups elaborated on how important it was for couples to stay in touch and maintain some sense of a shared life while the member was away. They described how family members and routines inevitably changed while the member was away and suggested that it would be helpful for couples to have this challenge explained to them before the member is first deployed. They believed that this information could help to better manage expectations and enable the couple to find strategies for adapting to these changes when the member returned home.

Every time you come home, it's not the same and every time he goes away and when he comes back, he's not going to be the same. (Members, Veterans and Partners Focus Group (MVP FG))

I remember with my partner being away for 9 months, you're really holding onto this moment when they come back but actually, they're not really back when they come back and it takes a while for them to come back after they're physically present and **then they never really come back the same anyway**. I think for me, it would've really helped to understand a bit more about what that 'coming back'



part would look like ... you just get on with life whilst they're away and so your baby might be walking or you might've decided to take up a new hobby or something and then, all of a sudden, you've got to work out how they re-fit back in. (MVP FG)

A key point was when mine came back after 6 months and it was a Saturday morning and we'd had a routine so I picked up the baby, had the 3 year old, had the 6 year old and we're heading out the door because we did things and then I was halfway out the door and I went, 'Oh, bugger. Would you like to come with us?' and I think what you said there about that they're not really back, because a part of what we found was that they would go and – be it male or female – they would go and have their experiences whether it be good or bad and they would leave and the family would be at a certain point, so kids at certain ages, relationship at certain stages, they would then come back but things had changed and parenting things sometimes have changed. It's like, 'But we never used to do that.' It was like, 'Yeah, dude, you haven't been here for the last 6 months. That didn't work. This now works.' That change management I didn't really grasp. (MVP FG)

Finally, one participant suggested that reunification could be more challenging for couples that had 'idealised' their relationship while they were apart. They suggested that this could make it more difficult when the couple is reunited and realise that the reality of their relationship does not match their idealisation.


Entry into the military

Many stakeholders in the consultations noted that new recruits were vulnerable to relationship challenges, as they were often unprepared for the realities of military life; in particular, separation, reunification and residential relocations. While there is some discussion in the international literature around early marriage and divorce for military couples (Karney et al., 2012; Keeling, 2014), literature on the relationship challenges for newly enlisted members appears to be limited, particularly in Australia.

Some stakeholders noted that newly enlisted members and their partners can be overwhelmed by the experience of their first posting and relocation and are often unprepared for the impact this can have on their relationship. The stakeholders believed that new members and their partners can become uncertain on how to build a long-term relationship under the conditions of military life that they now find themselves in.

These challenges can be exacerbated when couples do not know where to seek support. Stakeholders in the consultations noted that neither newly enlisted members, nor their civilian partners, are likely to understand the Defence support system, and that this is often worse for the partners. Civilian partners were often described in the stakeholder consultations as being uninformed and/or excluded from Defence information, as they suggested that the information from Defence was generally directed to the serving member and rarely to civilian partners – therefore requiring the serving member to pass on the information. This information gap was described as being particularly significant when couples had not yet built networks with other Defence families and therefore did not have social connections that could build their knowledge of Defence life, systems and support.

The stakeholder consultations also identified that couples can experience additional strain when they are a recently formed couple who are also new to Defence. Some stakeholders suggested that couples may move in together and/or marry earlier than they would have otherwise to access the financial benefits and package of supports Defence provides to formally recognised



partners of Defence members (e.g. relocation support, housing allowance, separation allowance, reunion travel, medical and other services and support programs).³ This may create risks if couples have had little time to get to know each other and consider each other's level of commitment, compatibility, expectations and needs.

Deployment and combat experience

There is consistent research evidence that deployment and combat experience are negatively associated with relationship stability and satisfaction. Studies from the USA have found deployment and combat exposure to be associated with decreased marital satisfaction, relationship instability and the ending of relationships (Foran et al., 2013; Karney & Trail, 2017; Pflieger et al., 2022). While the research cannot be definitive about causality, 2 large studies have found an association between combat experience and increased relationship instability (Karney & Trail, 2017; Pflieger et al., 2022).

One US study has reported that the link between combat exposure and the intent to separate/divorce was strongest where couples had reported earlier marital distress (Foran et al., 2013). Foran and colleagues (2013) found that combat exposure increased the strength of the association between relationship distress and the likelihood of ending a relationship. Deployment type and experiences are also thought to contribute to reunification challenges for couples (Messecar, 2017). While most research has been undertaken with a male serving member and female civilian partner, a small study of current serving mothers in the USA found that, compared with non-deployed serving mothers, deployed mothers reported more conflicts with their partner around parenting and more custody battles with their former partners (Gewirtz et al., 2014). Finally, a large UK study found that deploying for more than 13 months in a 3-year period was associated with relationship difficulties (Keeling, 2014).

Australian research is more limited. A study of Australian Vietnam veterans found that those with combat experience reported lower relationship satisfaction, higher conflict and lower relationship quality when compared with other Vietnam-era Defence personnel who had no combat experience (Yu et al., 2021). However, a study of ADF members deployed in Timor-Leste reported no statistically significant association between deployment and relationship quality. Nevertheless, civilian partners who had experienced more deployments were more likely to report greater work–family conflict (McGuire et al., 2012).


Cultural issues and work stress spillover

Participants in the stakeholder consultations and the focus groups suggested that 'military culture' can cause, or exacerbate, challenges for couples. Stakeholders noted that military training, and military culture more broadly, encouraged ADF members to be solution focused, normalise an often aggressive 'orders and obedience' communication style and normalise extremely high levels of tidiness. Participants noted that this culture could clash with the culture at home, and that military communication styles often did not work in a family context. Some participants in the focus groups provided examples from their own experience:

[I said to him], 'I'm not in your ranks buddy, I'm your wife. Can you talk to me that way? Like, we don't give orders in this household.' – (MVP FG)

Participants also gave examples of how these cultural challenges can affect members' parenting styles by giving them unrealistic expectations that their children will follow orders,

³ To access these benefits, couples need to apply and provide evidence they are married or in a registered or de facto relationship.



which ultimately causes conflict within the couple relationships. Research in the USA has found that, compared to civilian parents, military parents have more authoritarian parenting styles that are consistent with a military culture of discipline and control (Speck & Riggs, 2016). Some participants in the stakeholder consultations also noted that military culture does not encourage discussion of military issues and this can drive a lack of communication within couples.

Stoicism and resistance to seeking support were other aspects of military culture that participants suggested can be unhelpful for couples. Submissions to the Royal Commission into Defence and Veteran Suicide (2022) have noted that military culture can discourage help seeking. This was also identified by a UK inquiry that suggested that military culture promoted self-sufficiency and stigmatised help-seeking behaviours (Walker et al., 2020).


Similarly, participants in the stakeholder consultations suggested that the pressures of the 'job' can 'spillover' into ADF members' relationships. Military service is accompanied by an increased risk of exposure to traumatic events and a very real risk of work-related injury or illness for ADF members, particularly during deployment to a conflict zone (Australian Institute of Health and Welfare [AIHW], 2018; Daraganova et al., 2018; Royal Commission into Defence and Veteran Suicide, 2022). A UK Government inquiry noted that partners of military members were often fearful of their partner being injured or dying (Walker et al., 2020).

Transition out of Defence

Participants in the stakeholder consultations suggested that transition out of the military had the potential to be challenging for couples. Transition can result in a loss of identity for the member or couple and it can change family circumstances, particularly in terms of finances. Similarly, they noted that transition can require a shift in relationship roles, particularly if the former serving member does not go into civilian employment immediately. Transition was also considered to have social impacts such as changes to the ex-serving member's relationship with their former unit members, and the couple's access to social activities on base ceasing. This is consistent with international research suggesting that leaving the military can trigger loneliness and social isolation (Walker et al., 2020).

Transition experiences for members and their partners vary widely. Australian research suggests that the transition experiences of families are influenced by the life circumstances of the ADF member and their family (Muir, 2018). Factors such as financial security and the quality of family relationships were found to contribute to the transition experience (Muir, 2018). In addition, transition experiences were impacted considerably by the nature of the transition. A planned transition was more likely to be a positive experience, while an unplanned transition – particularly a medical discharge – was more likely to be challenging for the serving member and their family (Muir, 2018).

Participants in the stakeholder consultations also identified the variation in transition experiences. They noted that transition could be challenging for couples if it was unplanned and/or the decision to transition had been made by the serving member without consultation with their partner. Mental health discharges were identified as particularly challenging for both the serving member and their partner, as the management of a mental health condition not only becomes a day-to-day challenge but the involuntary transition also impacts their future security and stability. While all transitions are likely to require a shift in the roles of the couple, medical discharges were identified by the stakeholder consultations as having the potential to be particularly destabilising for couples where the non-serving partner becomes a carer for the former serving member.



Some participants in the stakeholder consultations and focus groups suggested that marriage breakdown was more common post-transition. Although there is currently no Australian data on divorce rates for ex-serving ADF members, UK research has found that divorce rates are often higher in the 2 years following exit from the Armed Forces (Centre for Social Justice, 2016). Some argue that this is because there are a range of financial and other supports provided for military couples that fall away when members exit service, heightening the risk of relationship breakdown following service transition (Hogan & Seifert, 2010). In addition, research from the USA (Woodall et al., 2020) and Australia (Daraganova et al., 2018) has reported that ex-serving members and/or partners report lower relationship satisfaction than current serving members.

Children and parenting

Parenting can present a challenge for many couples and the birth of children is often associated with a decline in relationship satisfaction (Doss & Rhoades, 2017). Although children and parenting challenges are not unique to military life, factors associated with military life can exacerbate parenting difficulties and raise some additional concerns for parents. Concerns about the impact of military life on children's education were common for ADF members with dependent children (Tan, 2020). As noted, frequent relocations dislocate family and social support systems and disrupt child care arrangements and children's schooling. Similarly, during periods of absence while a serving member is away, the civilian partner is required to take sole responsibility for parenting.

Participants in the stakeholder consultations reported that the birth of children was a common time for military couples to experience relationship challenges. This is consistent with Australian research that has found that ADF couples with a child report lower relationship quality than those without children (Daraganova et al., 2018). Stakeholders also suggested that major transitions in the lives of families with children (such as children starting school or transitioning to high school or university) could be difficult for military couples. However, they noted that the experiences of parenting can vary depending on the rank of the serving member, with members of higher rank often having greater flexibility to accommodate parenting.

In research with military parents, those who have children with a disability or special needs persistently report additional challenges including difficulty accessing the professional services they need due to military relocations (Hughes et al., 2022; Roy Morgan, 2020). The Royal Commission into Defence and Veteran Suicide Interim Report (2022) noted this issue and suggested that parents of children with additional needs faced particular challenges parenting when a serving member was away. These parents commonly reported significant social isolation in addition to the challenges of meeting their families' and their own needs (Royal Commission into Defence and Veteran Suicide, 2022). This finding echoed those of a UK Government inquiry (Walker et al., 2020).

Participants in the stakeholder consultations and focus groups also noted that not having children can present challenges for some couples as it can be more difficult for them to create social networks in the Defence community, resulting in disconnection and isolation.

2.2. Relational challenges

This section summarises some of the key aspects of couple relationships that are affected by military service life and may be able to be addressed by relationship education.



Communication

Communication was raised as a key challenge for couples in the stakeholder consultations and is also a frequent topic in research with military couples. In a large study in the USA, Pflieger and colleagues (2022) identified that good quality communication could reduce the risk of marital instability. Participants in the stakeholder consultation suggested that Australian military couples needed support to understand what good quality communication looked like across periods of separation and being together. The need for effective communication skills to navigate the challenges of military life has been illustrated above in section 2.1.

Participants in the stakeholder consultations and focus groups frequently mentioned that maintaining communication during time apart was important. There is general agreement within the literature that couple connection during deployment can predict marital satisfaction and relationship quality (Allen et al., 2020; Meek et al., 2019). Further, communication during periods of deployment can operate as a risk or protective factor for challenges during reunification, depending on the quality of communication (Balderrama-Durbin et al., 2015; Mallonee et al., 2020). However, the type and frequency of communication are thought to impact relationship quality. A large US study found that a moderate amount of synchronous⁴ communication or a high amount of asynchronous communication between partners was associated with higher marital quality. In contrast, too little or too frequent synchronous communication was associated with poorer marital quality (Meek et al., 2019). Stakeholders noted that the frequency and quality of communication affected ADF members' relationships, and that there could be a particular lack of communication during training exercises.


As noted in the above discussion, military culture was described by some in the stakeholder consultations and focus groups as presenting a barrier to positive communication between couples. Some were of the view that military culture discouraged communication. One example provided of inadequate communication that can be harmful to relationships was when decisions were made by a serving member without sufficient discussion with their partner.

The final aspect of communication mentioned in the literature and the stakeholder consultations was the disclosure of military experiences. Some stakeholders noted that serving members (particularly younger and less experienced ones) were often not sure what they could discuss with their partner, and this could create a communication barrier. Australian research has found that while almost all ADF members had shared some information about their deployment experiences with their partner or family member, the majority of respondents had shared a minimal amount of information (Daraganova et al., 2018). Similarly, US research suggests that serving members are often unsure how much they can disclose and may be hesitant to burden their partner by sharing their combat experiences (Allen et al., 2020). The failure to share experiences has been found to decrease marital satisfaction (Allen et al., 2020), and disclosing combat experiences was found to be a protective factor for couple challenges during reunification (Balderrama-Durbin et al., 2015).

Trust and infidelity

In the stakeholder consultations, most participants noted that trust and infidelity were concerns for many military couples – particularly during periods of separation. They also reported that infidelity was an issue for which military couples commonly sought support. Research in the USA has found that infidelity is a key feature of relational uncertainty and was a driver leading people to seek support through online forums (Knobloch et al., 2018; Knobloch & Theiss, 2012).

⁴ Synchronous communication happens in real time; for example, talking on the phone or video calls, asynchronous communication is delayed; for example, communication via email or text message.



Although infidelity appears to be a common concern for military couples in both the USA and Australia, there is limited research that can identify the prevalence among military couples. A small study of married airmen in the US Air Force found that rates of infidelity during deployment were higher than those reported in the civilian population and noted that relationship distress was associated with the occurrence of infidelity (Balderrama-Durbin et al., 2017).

Resentment

The issue of resentment among military couples was a strong theme in the stakeholder consultations. Stakeholders reported that the requirement for a couple to prioritise the serving member's career over everything else could lead to resentment over time for the partner. This was echoed by a government review in the UK that reported civilian partners felt 'wedded' to the Armed Forces and that while this could be seen as a positive for some partners, for others this had come to be perceived as a negative (Walker et al., 2020). For these partners, the demands of military life had resulted in them feeling 'second best' (Walker et al., 2020).


Australian research reported that military service was perceived to have a negative impact on the psychological wellbeing of family members (Daraganova et al., 2018). The authors suggested that the reasons for this were likely to include concerns about the safety of the serving member while deployed, the pressures of frequent relocations, the challenges of sole parenting, impacts on the civilian partner's career and impacts on children's wellbeing. In particular, the study found that partners of ADF members commonly felt that they had made sacrifices to support their partner's career (Daraganova et al., 2018).

These concerns were described by participants in the stakeholder consultations as having the potential to result in resentment in couple relationships. They said that civilian partners can feel resentful about the sacrifices they had made to accommodate military life and this resentment could cause relationship difficulties and potentially lead to separation/divorce. Stakeholders described resentment as cumulative, occurring most commonly after repeated absences due to deployment or MWD(U) arrangements, particularly where the civilian partner had been required to raise children on their own and put their own career on hold. Some stakeholders also noted that partners can feel that the sacrifices they had made were taken for granted. Similarly, stakeholders suggested that repeated absences can cause a delay in discussing issues and concerns, which subsequently compounds feelings of resentment.

Mental health and substance use

Mental health issues are a recognised risk factor for marital instability, with one large study of factors predictive of marital instability in US military couples suggesting that mental health issues were more likely to contribute to marital instability than military experiences (Pflieger et al., 2022). There is evidence to suggest that ADF members, particularly ex-serving ADF members, are more likely to experience mental health or substance use challenges than the civilian population (AIHW, 2022). However, there is insufficient research to fully understand the prevalence of these challenges or how they impact relationships.

Data from the AIHW (2022) suggest that 44% of male ex-serving ADF members who were clients of DVA reported having mental or behavioural conditions, with this same group also reporting higher rates of depression and anxiety-related disorders than non-DVA clients. Australian research has identified varying patterns of alcohol and drug use among current and ex-serving ADF members, with some studies suggesting that ex-serving members are more likely to report problems with alcohol or illicit drug use (AIHW, 2018, 2022). It also found that ex-



serving ADF members are at increased risk of suicide compared to current serving members or non-ADF members, with younger ex-serving ADF members and male ex-serving members at particular risk (AIHW, 2022).

Similarly, Australian research has revealed that partners and other family members are at increased risk of mental health or substance use problems (Daraganova et al., 2018). Daraganova and colleagues (2018) found that 16.8% of partners of current or ex-serving members reported high or very high levels of psychological distress. Similarly, they found that partners of ex-serving ADF members had higher rates of problem drinking than partners of current serving members and the general Australian population (Daraganova et al., 2018).

Australian and international research has recognised the negative impact of mental health and substance use on current and ex-serving members and their partners. Daraganova and colleagues (2018) found that mental and physical health problems (experienced by either the serving member or their partner) and/or problem drinking by members were associated with poorer relationship quality. In a study of deployed ADF members, there was a significant association between mental health and relationship quality, with lower levels of reported mental health associated with higher relationship conflict (McGuire et al., 2012). Similarly, research with Australian Vietnam Veterans with combat experience also found that relationship quality was mediated by mental health – particularly post-traumatic stress disorder (PTSD) (Yu et al., 2021).

Research from the USA and UK has produced similar findings. A UK study found that mental health and alcohol use were associated with relationship difficulties among UK Armed Forces members (Keeling, 2014). Similarly, a US study found that alcohol use contributed to challenges for US couples when reunifying after deployment (Balderrama-Durbin et al., 2017). In particular, PTSD is widely understood to impact relationship quality, with several studies with military couples showing PTSD symptoms and their severity to be a predictor of marital satisfaction (Allen et al., 2020; Bergmann et al., 2014; Foran et al., 2013; Karney & Trail, 2017; Khalifian et al., 2022).


Participants in the stakeholder consultations and focus groups noted the impact that mental health problems could have on couple relationships. Several participants noted that the mental health problems of ADF members and PTSD could negatively impact couple relationships – particularly where the partner was providing a high level of support for the current or ex-serving member.

How do you navigate that, either as the person with the mental health concern or as the partner of the mental health concern, during that episode of depression and anxiety for one or both individuals might be different than how you would also navigate your relationship outside of that. (MVP FG)

Stakeholders also reported that involuntary medical transitions due to mental health challenges can present significant difficulties for couples and can exacerbate the challenges couples face during military to civilian transition (see 'Transition out of Defence' in section 2.1).

Physical injury and caring

The majority of ADF members report good physical health due to the health and fitness requirements of military employment (AIHW, 2018). However, the risk of physical injury or death is a reality of military life, particularly during deployment to conflict zones (AIHW, 2018). While a minority of military personnel are affected by service-related injuries, the impacts on injured Defence personnel and their families can be significant, with partners often taking on a primary



caring role (Manser, 2018; Muir et al., 2016; Schwartz et al., 2021; Søndergaard et al., 2016). Previous research shows that families, particularly partners, commonly provide practical, emotional and social support for injured members (Muir et al., 2016). While this support is valued, it can contribute to increases in financial and emotional stress within a family as roles shift to accommodate caregiving and potential changes in child care arrangements, placing significant strain on relationships (Muir et al., 2016).

Participants in the stakeholder consultations and focus groups noted while military to civilian transitions were a particularly difficult time for couples, this was exacerbated when they are transitioning for medical reasons.

Intimate partner violence

Intimate partner violence was raised in stakeholder consultations, with some suggesting that this was a common issue for military couples. Stakeholders reported concerns with coercive control, emotional abuse and financial abuse. These issues, to a lesser extent, were also raised in focus groups with current and ex-serving members and their partners. Participants noted that factors related to Defence lifestyles (frequent relocation, isolation) and Defence supports, such as housing being linked to the serving member, were creating conditions that could increase the risk of, or exacerbate, coercive control or other forms of intimate partner violence. Pressure to prioritise the ADF member's job over the civilian partner's (as noted in 2.1), or to prioritise one member's job over the other in dual-serving couples, can further exacerbate these conditions.

Australian research (Daraganova et al., 2018) found that 4.8% of military partners reported abuse in their relationship, with rates higher among partners of ex-serving members (8.4%) than among current serving members (3.1%), using the 'Woman Abuse Screening Tool' (Brown et al., 2000). However, there are known difficulties with measures used to estimate intimate partner violence (Rabin et al., 2009) and the way the measure was scored may have resulted in an underestimation of rates of intimate partner violence. More recent analyses of these data (not yet finalised) indicate that the rate could be higher (Cowlshaw et al., forthcoming).

Challenges identifying the prevalence of intimate partner violence are not unique to Australia. Some submissions to a UK Government inquiry noted that family violence and intimate partner violence were an increasing issue for the UK military (Walker et al., 2020). However, the inquiry noted a lack of rigorous data to identify prevalence (Walker et al., 2020). A recent systematic review and meta-analysis was only able to locate studies from North America (almost exclusively the USA) and reported that more robust research is required (Kwan et al., 2020). While this may not be generalisable to other countries, Kwan and colleagues (2020) identified higher rates of intimate partner violence perpetration among the US military community relative to the civilian population. They also found higher rates of intimate partner violence perpetration among ex-serving members than current serving members, and greater perpetration by lower-ranked officers and Army personnel (Kwan et al., 2020). While there is a lack of literature on intimate partner violence among military populations in Australia, there is an emerging body of research, particularly from North America (e.g. Kwan et al., 2020; Sparrow et al., 2017; Sparrow et al., 2020), exploring intimate partner violence perpetration and victimisation in the military population – including the link between mental health issues such as PTSD and intimate partner violence.

3. Existing relationship services

This chapter outlines the existing services and supports provided to current and ex-serving ADF members and their families that either focus on or include some support for couple relationships. It also describes the relationship education programs currently available in Australia and internationally and outlines any evidence of their effectiveness and likely suitability for current and ex-serving ADF members and their partners.


Key points:

- The military and veteran specific services currently provided in Australia include one relationship education program for current and ex-serving ADF members and their partners and a larger range of therapeutic interventions including couples counselling.
- Preventative support for relationships is a component of some other military and veteran specific services but is less often the focus. This includes some services such as webinars that provide information and resources on topics such as maintaining healthy relationships in response to the challenges of military life.
- Our review identified 19 different relationship education programs currently or recently available in Australia and internationally (33 when all the different adaptations of an original program are considered separately).
- The majority of programs are curriculum-based with a focus on training in key relationship skills. A few are based on couple assessment and feedback approaches, and a few combine both approaches.
- The REA assessed evidence on 22 relationship education programs with evaluations published within the last 10 years. Of these, 8 had sufficient evidence to judge program effectiveness and applicability to the ADF context. Among these, 4 were deemed promising for delivery in the ADF context. All were US programs that have been adapted for and/or tested with a US military population.
- It was challenging to aggregate or compare effect sizes across studies included in the review given the differences in research design, target populations and outcomes measured. Therefore, it was difficult to draw broad conclusions about the relative effectiveness of different programs.
- All 'promising' programs were found to have small to moderate short-term improvements in one or more relationship outcome. Not surprisingly, evaluations of curriculum-based programs were more likely to report on, and lead to, improvements in communication skills. Impacts on relationship satisfaction were similar across the program types. Hybrid approaches, which include both of these evidence-based strategies, appeared to lead to the largest improvements overall.

3.1. Relationship supports currently provided

Defence and DVA, together with ex-service organisations, currently provide a range of services and supports for current and ex-serving ADF members and their families. Many of these services and supports either focus on or include specific support for couple relationships. Table A1 in Appendix A outlines the supports currently provided (as identified in the desktop review and consultations undertaken for this study).

Our review identified one relationship education program, Building Better Relationships, currently provided for current and ex-serving ADF members and their partners. Apart from this relationship education program, couples counselling is the other relationship support provided



for current and ex-serving ADF members and their partners that specifically focuses on strengthening the couple relationship. The military and veteran specific services and support for couples therefore reflect those available more broadly in Australia; that is, there are a small number of prevention and early intervention programs and a larger number of therapeutic interventions (couples counselling) that are typically used by couples experiencing more significant challenges.

Support for relationships is a component of many other services and programs currently provided to current and ex-serving ADF members and their partners but is less often the focus. Of the other supports outlined in Table A1 (Appendix A), the following have some overlap with the aims or content of relationship education:

- Webinars for members and families provide tips, strategies and resources on topics such as maintaining healthy relationships in response to the challenges of military life.
- Services provided by military chaplains can include relationship advice and guidance for members and their partners, either individually or in a group setting, as well as spiritual support.
- ADF social workers provide support and advice (e.g. counselling, information, advocacy, referrals to other services) for current serving members and their dependents/families experiencing difficulties, including in their relationships.
- Defence, DMFS and Open Arms helplines may provide some relationship advice as well referrals to other services and supports.⁵
- FamilySMART programs for military families include some support to enhance relationship satisfaction and mitigate the challenges of reunification and separation.
- Transition programs to help members prepare and/or adjust to civilian life after service may include some advice about couple concerns and/or about maintaining relationships in transition.

Existing programs also include support for victims-survivors of domestic violence and parenting, as well as facilitated spaces for current and ex-serving members and their families to share experiences and connect with others.

3.2. Available relationship education programs


Table D1 in Appendix D provides a list of the relationship education programs currently or recently available in Australia and internationally for civilian or military populations identified during this study, via the REA, desktop review and/or stakeholder consultations. We felt it was important to identify all existing programs in this report, not just those covered in the REA; because the REA only included programs that had been evaluated using a high standard of evidence, and there were no studies of Australian programs that met these criteria (a point we return to in the conclusion).

When all programs and any of their adaptations are considered separately, we identified 33 relationship education interventions in total.⁶ When adaptations of programs are counted as one with the original program, we identified 19 programs.

The programs vary in their overall approach, curricula/topics covered, delivery characteristics, implementation designs, experience of facilitators and target populations. Table D1 describes

⁵ The DMFS helpline is staffed by human service professionals, including social workers and psychologists, and provides the first point of call for Defence families seeking support, information or connection with their community. The helpline can provide assessment, assistance, advice or referral depending on the family's needs.

⁶ Of the programs listed, 22 were identified through the REA, and the others via the desktop review and/or consultations undertaken for this study.



each of the programs as well as any evidence that supports the program – including the strength of the evidence and the applicability of the program to the Australian context.

The majority of the available programs are curriculum-based with a focus on training in key relationship skills. These include the US programs ELEVATE, the Preventative Relationship Enhancement Program (PREP), Couples Connecting Mindfully, The Power of Two Online, Operation Restoration Couples Retreat and the Strengthening Same-Sex Couple Relationships program. It also includes three programs developed for, or delivered to, current and ex-serving ADF members and their partners in Australia: the Building Better Relationships Program, the Residential Lifestyle Program, a five-day program previously provided by Open Arms that couples attended together as a retreat at a particular location, and Couple CARE in Uniform, an adaptation of the Couple CARE program previously trialled with ADF couples. Versions of the Building Better Relationships Program are currently available for all Australian couples via Relationships Australia. All of these curriculum-based programs include education and training in positive communication, conflict management and positive expression of affection but vary in the other content that they include.

Two programs, RELATE and Marriage Checkup in Integrated Primary Care, use assessment with feedback approaches and two programs, OurRelationship and Couple CARE Plus Relate combine both approaches – assessment and feedback and a program of training in key relationship skills. While there was some variation in the overall length and number of sessions offered, most of the curriculum-based programs involved between 11 and 14 hours of training. Programs with assessment and feedback approaches are generally shorter than curriculum-based approaches with some (e.g. Marriage Checkup in Integrated Primary Care) requiring less than 2 hours commitment over 6 months.⁷


Assessment and feedback approaches can be delivered face-to-face (e.g. Marriage Check-Up in Integrated Care) or involve online assessment with feedback and coaching delivered online or over the phone. Curriculum-based programs vary in their delivery characteristics with some courses being offered face-to-face in a group setting, others as online group-based learning, while others are via self-directed learning (online or physical books) where the individual or couple work through the material on their own. Programs also varied in the characteristics and qualifications of facilitators. Some were delivered by psychologists or graduates in psychology, family therapy or mental health, while others were delivered by social workers or religious leaders such as military chaplains.

Nine programs were identified that had been delivered to, and/or adapted for, current and ex-serving military members and their partners. In Australia, these include the curriculum-based programs Building Better Relationships, the Residential Lifestyle Program and Couple CARE in Uniform. Programs delivered to and/or adapted for military and veteran populations in the USA include the curriculum-based programs ELEVATE and PREP,⁸ the assessment and feedback program Marriage Checkup in Integrated Primary Care, and the hybrid program OurRelationship. Other US programs developed for, and/or delivered to, US military couples include Couples Retreat, Essential Life Skills for Military Families and Action Sheets.

In the military adapted versions of these programs, the core elements were included but the content was either modified to use military images and examples or additional content was

⁷ Programs combining both approaches require a time commitment of at least 10–12 hours but the curriculum component in the hybrid program OurRelationship is a little shorter than other purely curriculum-based programs – subsequent to couple assessment and feedback, it includes 6–8 hours of online content and a fortnightly call with a coach.

⁸ This review included an evaluation of the PREP group-based program delivered to Air Force couples, an evaluation of the PREP self-directed book program tested with Air Force couples, and an evaluation of a version of PREP adapted for and tested with Army couples called PREP for Strong Bonds.



added to address military specific challenges. For example, in the adaptation of PREP for military couples, couples discuss their expectations and goals during deployment, how to talk about bad news and common difficulties and communication strategies for reunion and reintegration (Stanley et al., 2020).

The programs that have been delivered to or tested with a military population have also varied in delivery characteristics. Notably, while these programs include a mix of group, face-to-face and online or self-directed participation and learning, the face-to-face programs have typically been either short in the required time commitment or delivered as an intensive style retreat – such as the Residential Lifestyle Program in Australia and Operation Restoration Couples Retreat in the USA.

Finally, in a number of these programs, relationship education was embedded into a broader program focused on family functioning, parenting or parent–child relationships (e.g. Family Focused Reintegration and the Strong Families, Strong Communities program). Similarly, some programs have versions that have been adapted for specific target groups such as for people not in a relationship (e.g. PREP Within Our Reach), parents, same-sex couples, adoptive couple parents and ethnic minorities in the USA.

3.3. Evidence of effectiveness

In this section we present results from the REA on the effectiveness of existing relationship education programs. The REA conducted for this study aimed to assess evidence of effectiveness of relationship education for couples generally, and for military or veteran couples specifically. The design of the REA is outlined in chapter 1 and detailed information on the methodology and findings for the REA are included in the literature review report (Smart et al., 2022). The 28 studies assessed in the REA represented evidence on 22 different relationship education interventions. Nine of these were either developed for or tested with military or veteran couples, and there was analysis of evidence of effectiveness of a further 2 studies with a military cohort.

Each of the 28 studies in the REA were appraised for rigour, and programs where one or more high quality studies were published in the review period were then assessed using 5 criteria: the strength of evidence, direction of evidence, consistency of the evidence, generalisability of evidence and applicability of the evidence to the Australian military context (the FORM criteria, details in Appendix B). Based on this assessment, each program was ranked in one of four categories: 'supported', 'promising', 'unknown', or 'not supported for delivery in an ADF context'. Table D1 presents a summary of the results.

There were a range of programs identified in the review that would be deemed applicable to the ADF context according to the REA criteria but were not assessed on the FORM criteria due to having an insufficient level of evidence of program effectiveness. This included all the relationship education programs delivered to or adapted for current and ex-serving ADF members and their partners: Couple CARE in Uniform, Building Better Relationships (the Open Arms version), and the Open Arms Residential Lifestyle Program. It also included three US programs that have been delivered to or adapted for US military personnel: the Essential Life Skills for Military Families program, the Family focused reintegration intervention and Operation Restoration couple's retreat. These 3 US programs all had some evidence of effectiveness in improving couple outcomes based on the studies included in the review (see Table D1). However, the level or quality of the evidence was deemed too low to be included in the FORM assessment (including only Level-III studies or below, or Level-II studies with high risk of bias).

Promising programs

Of the 22 relationship education programs included in the review, 8 had sufficient published evidence to assess the program on all criteria and rank the program. Among the 8 programs none were assessed as 'supported'; however, 4 of the programs were found to be 'promising':

- OurRelationship
- ePREP
- ELEVATE
- Marriage Checkup in Integrated Primary Care.


Each of these programs were from the US and had been adapted for and/or tested with a US military population. Two of them were predominantly education/skills based (ELEVATE and ePREP), one was a brief couple's assessment with feedback intervention (Marriage Check-Up in Integrated Care) and the other incorporated both approaches (OurRelationship). The delivery characteristics of the 4 programs were varied (face-to-face, or online delivery, and group or self-directed/individual approaches) and they required varied participant time commitments.

The exclusion of other relationship education programs from the ranking process does not mean that they are not suitable for delivery in the ADF context. It means that through the review we found insufficient evidence to assess their effectiveness and/or applicability to the ADF context. Below we provide a broader discussion of how different types of REA programs fared in terms of the strength of their evidence and their applicability to the Australian military context.

Evidence

The findings from the REA and broader evidence examined in this study suggest that relationship education programs generally lead to moderate short-term improvements in couple communication and small to moderate improvements in relationship satisfaction – the 2 most commonly assessed outcomes of relationship education. There is less evidence of long-term effects, in part due to the lack of long term follow-up of participants (Hunter & Commerford, 2015). Where studies have included medium to long term follow-up of participants, there is inconsistent evidence of sustained effects. For this reason, previous scholars have concluded couples are likely to benefit from repeat interventions to refresh and reinforce learnings (Bakhurst, Loew, et al. 2017; Stanley et al., 2020).

Given the differences in the research design, target populations and outcomes measured, it was difficult to aggregate or compare effect sizes across studies included in the review to draw broad conclusions about the relative effectiveness of the identified programs. The 2 curriculum-based programs assessed as promising in the REA reported moderate short-term improvements in couple relationship skills and/or communication and small to moderate improvements in couple relationship quality and/or satisfaction. The brief Marriage Check-Up in Integrated Care (assessment and feedback) program reported small improvements in couple satisfaction at 6 months and moderate improvements (i.e. larger improvements) for couples who reported higher relationship distress at baseline. The hybrid OurRelationship program reported moderate improvements in relationship satisfaction and communication at 4 months, a small to moderate reduction in break-up potential and small reduction in intimate partner violence (details in Table D1). Finally, 2 studies included in the review compared ePREP and OurRelationship against a waitlist control group and found larger effect sizes for OurRelationship than ePREP. Additional analysis of outcomes for different population groups found OurRelationship was effective with low-income couples, mixed-sex and same-sex



couples and military couples; however, military couples had lower completion rates than non-military couples.


Not surprisingly, studies included in the review suggest the largest improvements may result from programs that incorporate elements of both approaches. In addition to the 2 studies comparing OurRelationship and ePREP, one earlier study (Halford et al., 2010) compared outcomes for couples receiving only couple assessment and feedback under the RELATE program, with couples receiving assessment and feedback followed by targeted curriculum-based training (Couple CARE program). It found that outcomes were significantly better for the combined or hybrid approach. Stanley and colleagues (2020) noted that these hybrid models were developed because it became clear that many couples attending relationship education – even when targeted to the general population as a primary prevention program – had substantial relationship distress and could benefit from both approaches. They further noted that programs that include some form of couple coaching have been found to greatly increase program completion. This has been found in evaluations of relationship education programs such as ePREP as well as assessment and feedback approaches such as OurRelationship (Stanley et al., 2020).

In terms of content to include, Stanley and colleagues (2020) argue that some emphasis on communication, expectations and commitment is warranted based on the evidence. All curriculum-based programs identified in this review included communication, and most also covered expectations and commitment. However, insufficient details were provided in the reviewed documents to determine if this applied to all the programs.

In terms of delivery characteristics, previous scholars conclude that decisions regarding format and dose need to be made in light of who is being served, viability of methods in a specific setting and resources (Stanley et al., 2020). Most commonly, the higher the number of sessions (or ‘doses’) the more likely that participants will experience meaningful changes. It is not clear from existing research what minimum ‘dose’ is required (few studies have examined this (Stanley et al., 2020)), as participants who are time poor may be less likely to volunteer for programs requiring extensive time commitments. However, this and previous reviews (e.g. Markman et al., 2022) show that brief programs, such as Marriage Check Up in Integrated Care, can significantly improve couple relationship quality and that it can be easier to get couples to complete these shorter, private programs.

Studies suggest that group-based, face-to-face programs are valued for the peer-to-peer interaction and greater potential to form ongoing relationships with other participants, who then provide ongoing peer support (Markman et al., 2022). However, the evidence presented here and in previous reviews (Markman et al., 2022) suggests that relationship education delivered online and/or through self-directed learning is just as effective at improving core relationships outcomes in the short to medium term. Further, studies have compared the outcomes when a woman attends a program alone compared to a man (from mixed-sex couples). They found that the effects of the program were larger when female partners attended than when delivered to the men (Stanley et al., 2020).

The evidence included in the REA and previous reviews suggests that while all couples can benefit from relationship education, at-risk couples tend to benefit the most. Previous reviews have concluded that effect sizes are often larger for couples who are experiencing lower relationship quality (e.g. a higher baseline level of relationship distress or lower baseline level relationship adjustment). These couples may have more to gain from relationship education and have more motivation to attend (Hunter & Commerford, 2015; Markman et al., 2022; Stanley et al., 2020). Some reviews have also concluded that groups at risk due to personal or social



contexts – including those who are poor or from ethnic minority backgrounds – may benefit more from relationship education.

Studies typically confirm that those with more acute problems (severe aggression or alcohol abuse) benefit least from relationship education and are better suited to alternative programs (Stanley et al., 2020). In most of the relationship education programs included in the REA, couples experiencing severe intimate partner violence were screened out (not eligible to participate). However, some programs included in the REA were found to be effective with those experiencing mild intimate partner violence (IPV), and previous reviews conclude that there is some evidence that relationship education can reduce IPV risk or at least not exacerbate it (Markman et al., 2022).

Applicability to ADF context

In the REA, the applicability criteria considered whether the evidence base was relevant to the Australian context. Drawing on 2 studies (Hillier et al., 2011; Varker et al., 2014), our assessment of applicability considered factors such as staff qualifications, the replicability, accessibility and adaptability of the intervention and program content to an Australian context, and other organisational factors unique to the ADF. Based on the available information, determining the applicability of the program to the Australian context was often difficult to judge. The assessment often relied on the description of the program outlined in research articles and an assessment of any available information online.⁹

Each of the 4 programs assessed as promising for delivery in an ADF context had either been successfully run with military couples (Marriage Check-Up in Integrated Care) or adapted for a US military population (ELEVATE, PREP and OurRelationship). Some studies included in the REA had tested the effectiveness of these programs with US military couples. For example, Marriage Check-Up in Integrated Care was evaluated for use with US military couples and found to lead to significant improvements in outcomes for these couples. Likewise, evaluations of OurRelationship found the program to be effective with military couples, despite military couples having lower completion rates.

There were 2 other programs included in the review and FORM assessment that had unknown applicability to the ADF context but were, however, found to have low to moderate evidence of effectiveness in improving couple outcomes. These were the Protecting Strong African American Families program (ProSAADF), which was designed for African American families with adolescent youth in the rural south of the USA, and the Couples Connecting Mindfully program. Both had insufficient information to determine applicability to the ADF context.

⁹ Further efforts to determine applicability of preferred programs would be expected as part of the next step in selecting programs. Note: payment is required to obtain access to materials and content for many programs.

4. Service and support needs

This chapter explores the adequacy of existing supports for the relationships of current and ex-serving ADF members and their partners, presenting the views of those who participated in the stakeholder consultations and focus groups. It also presents participants' views on the value of providing relationship education to this cohort, including their views on which subgroups might benefit the most from relationship education.

Key points:

- Stakeholders, from the consultations and focus groups, generally agreed that existing services for current and ex-serving ADF members and their partners were more heavily focused on crisis rather than preventative support.
- Overall, participants agreed that current and ex-serving ADF members and their partners could benefit from relationship education programs that teach about healthy relationships and the realities of military life and provide them with the skills for navigating relationship issues more generally.
- Participants agreed that while all couples could benefit, some groups had more need for support.
- The intervention points most identified by participants as needing relationship education included early in a member or partner's experience with military life, to provide them with skills to navigate military challenges (including first postings and absences), and prior to and during service transition.
- Other life-course stress points identified as needing support, and when it may be suitable to include relationship education, were when couples first have children, when children transition into the teenage years, and the transition to the empty-nester years.
- Participants in focus groups and stakeholder consultations also identified some socio-demographic subgroups with additional support needs who may benefit from targeted relationship education. These included couples where a member was transitioning for medical reasons, step and blended families, young couples and couples with children or a child with special needs.

4.1. Views on current services and relationship education

In the stakeholder consultations, participants were asked to provide their views on the adequacy of existing supports for current and ex-serving ADF members and their partners, and the value in providing relationship education to them. Stakeholders identified a range of gaps in and/or limitations of the existing services. These included:

- a concentration on individually focused crisis services, with many services largely focused on addressing severe mental health challenges, suicide prevention or individual counselling
- limits on the number of sessions available (e.g. with social workers) for support with challenges
- long waiting lists for specialist relationship services and a lack of local service availability
- limited access to services outside of business hours
- services offered at life stages at which they were not relevant (e.g. pre-deployment information sessions are not available immediately pre-deployment but months or years earlier)

- insufficient staff with relevant expertise (including training and supervision) to support people experiencing relationship challenges
- the need to strengthen offerings and expertise in some areas, including relationship mediation, men's behaviour change and professional and therapeutic relationship services.

Participants in the stakeholder consultations agreed that while there were already a range of services provided to support the relationships of current and ex-serving ADF members and their partners, including some preventative supports, there would be benefit in strengthening their investment in early intervention programs. These could educate current and ex-serving ADF members and their partners about healthy relationships and the realities of military life.

Participants in focus groups endorsed this view:

The group are a very strong affirmative yes, these programs are needed, especially in the preventative space, to address relationships in couple development, prior to that need for reactive support, when the wheels have fallen off. (Stakeholder Focus Group (Stakeholder FG))

Participants in the stakeholder consultations noted that they would also like to see more programs delivered to people who are not in a relationship, and programs that can be available to individual participants without the prerequisite that both members of a couple must attend. Likewise, the focus groups explored who could benefit most from relationship education and at which points in the life cycle or military career relationship education could best be targeted.

4.2. Perceived need for support during and/or after the military career


In the focus groups, participants were asked to identify points during and/or after a member's military career where relationship education would be useful. While this project was focused on the selection and development of relationship education programs for couples specifically, it was a widespread view among focus group participants that it would be valuable to include some form of relationship education in the routine training regime of all military personnel.

Whether that's also a nice foundational skill for other serving members who maybe haven't been in relationships to also have education on how to have positive relationships with people on top of extreme circumstances. (MVP FG)

When we asked participants at which stage in a military career or life cycle to target relationship education, participants said it was potentially useful at all stages, including when members were young and had not yet formed relationships.

I think new recruits, particularly if they're quite young and haven't had relationships before, would really benefit from that understanding of what a good relationship looks like, what it's not. (Stakeholder FG)

When going through basic training as a soldier, there's that need there to understand ... about what Defence life entails, how to understand the changes that your relationship is going to go through. I, myself, can say the resentment that I've had towards my husband as a result of his service, what it's done to my career, all of that. I feel like there's a really good opportunity there to perhaps foster and start, put some of those programs there. (Stakeholder FG)



There will be a need for this in all of the different ages and stages ... I'm looking at new recruits thinking about family members who have chosen to join the ADF and their challenges of managing new relationships or the change in a relationship of one partner joining the ADF and the other person getting their head around the ADF ... So, I think these programs need to be available for all of these different stages. (MVP FG)

Even from an early stage of understand when they go off and do their initial basic training, recruit school or something like that, especially if they've got a family, then at different postings if they're going into rural, remote or overseas and then also the transition out or different stages, depending on the deployment, I suppose you – so, almost looking at a proactive approach, offering it at various stages throughout the lifespan of the career. (Stakeholder FG)

Participants noted that the earlier these skills could be developed, the more likely they would commence relationships on a strong footing. However, some participants felt that it would not be sensible to deliver a program like this to new recruits at the point of enlistment or straight after, as they have too much other material to absorb at this point and would not take it in. They suggested that at the point of Initial Employment Training (the training that occurs after ab-initio training) would be a suitable time to first introduce some form of relationship education training.

You have to try to let them develop their own sense of self I think first. (MVP FG)

I personally feel like it might be a waste on young recruits. I mean maybe to touch on it briefly to say that there's programs or options available, but to have [a] whole program might – I would say probably for the majority would be a waste of time and resources. (MVP FG)

New recruits is probably not the time – they are just bombarded with so much information, that something like this is probably not going to sink in. What I've found is that at IETs, the training that occurs after ab-initio training, has been the best time to hit them. They've come out of the stress and time constraints of initial training, they're now in a position where some of them are re-establishing relationships, or they're heading out on a Friday/Saturday night. (Stakeholder FG)

At the same time, participants agreed that it would be useful to target relationship education to new recruits at the point of enlistment if they are already in a relationship or have dependents.

There is an opportunity at the point of enlistment I guess, or when that new recruit comes on board, to contact, or to get in contact with the, say, if they've listed that they have, they're married with dependent for instance, to contact that partner and to let them know of the program being available ... We know through our work that the partners are flying blind for a long time actually. It would be a good opportunity – they don't have to do it then, but to flag it with them, so they know at least there is support for that if they start. Many couples start to, in that recruitment phase ... ask a lot of questions ... within social media groups about what to expect. They've been given no information from Defence. And they start to flag relationship issues, because they don't understand, there's no contact, 'How come they haven't contacted me?' All of that. So, if they are aware of, at least know at this point that there is this program, they may feel a bit more supported as well, and know that



they can take it up later if they choose to. And I think it would be a really good part of family readiness in general. (Stakeholder FG)

Other points in a military career where participants thought that couples could benefit from relationship education included prior to deployment or new postings, before and during MWD(U) arrangements and before and during transition. Participants agreed that these were key points of stress for military couples and relationship education could provide them with skills and information to navigate them better. In particular, participants felt that relationship education should be offered to all military couples prior to a posting/relocation, as this was a difficult transition for couples and also a critical time point in a relationship, when the question of commitment may first arise.

I think for a program like this, it's like well, if that's something that's provided to spouses or to serving members every time they post to a new location or something like that, it could just be a good way to break that barrier. (MVP FG)

I think the first posting or first move would be a really good opportunity for new Defence partners, new relationships, to gain knowledge about what Defence life was going to look like, and they may still have time to back out. (MPV FG)


Participants also discussed the importance of couples adequately communicating about postings before the decision is made, suggesting there would be particular value in communication skills-based training at this point.

Person 1: The part where you're thinking about your next posting, so before – rather than a decision has been made, how do you have a discussion together about where you might be going next and how that suits both of you? **Person 2:** I think that's a good point in time because postings – I've been in control of my own destiny for the last 10 years so I've just gone, 'Great job, offer, go.' I'm now in a relationship and it's like, 'Hey, this is a fantastic job. Oh, bugger, I have to consider you.' So, you have to change your mindset because you go, 'Yeah', and then you go, 'I have to consider other', and it's not because it's a negative but you need to consider what that looks like if you go chasing something that might not work for the other or at least have a discussion about it. It'd be far worse if you're not both in the system. (MVP FG)

So not getting the kind of – I guess as a spouse, you're not just getting told, 'Here we are, this is where we're going', that there's some support for the partner and the spouse about making those decisions. (MVP FG)

Focus group participants agreed that MWD(U) arrangements were also very challenging for couples, and preventative relationship education would help them manage these better.

A member about to engage in MWD(U) is probably a huge point where there needs to be a discussion from the third party saying, 'Hey, these are a few case studies, these are the normal conflicts you're going to have, these are where you can reach out and get support while you're going through this MWD(U) process', because you never know how it's going to go until you're 2 weeks, 3 weeks, 5 months in. (MVP FG)



Have it right in that first week so that the expectation management is there from day dot and it's not hitting you halfway through the posting because that's when the marriages break down. That's when they don't want to do the programs and the prevention because it's too late. (MVP FG)

Before and after deployments were also raised as a useful time to provide relationship education in order to help couples consider how they might experience and prepare for separation from each other and then later reintegrate as a couple or family on return.

I would say deploying members would definitely benefit from some sort of program, and equally the same when you come back from a long deployment. I spent 9 months away, and it's pretty hard to come back and pick up where you left off. (MPV FG)

Participants acknowledged that the longer curriculum-based programs may not be feasible for couples to complete at these career points due to the length of time required to complete them and members often deploying or relocating at short notice. However, participants suggested that relationship education programs could be promoted at these career points so that members and their partners could enrol in them if they felt that they would help. They also suggested that a small element of relationship education included in the standard pre-deployment training would be beneficial to couples:


I know that before that deployment, we get that letter in the mail around family supports and these are all your contact people and we get that package every time. It would be helpful to have those resources in there to know what else is out there ... Whether it can be built into pre-deployment training for serving members so they have more awareness of how to support their family members and maintain those relationships, would be helpful from my perspective I guess. (MVP FG)

Additionally, participants noted that members may have varying need for relationship support depending on their rank. Some participants noted that higher ranking members relied heavily on their partners to accommodate and support their careers – implying that it would be useful to target relationship education to these couples. Others noted that lower ranking members could benefit considerably from relationship education as they had less experience and often more difficulty negotiating work arrangements that suited their private lives, and this often negatively impacted their relationships with partners.

Finally, participants said that the transition out of service was a pivotal point for relationship education as it is often a time of great struggle for couples, especially when a member transitions for medical reasons or is experiencing PTSD.

I've dealt with quite a few younger transitioning members, and they need relationship support. (Stakeholder FG)

Once they've transitioned out, particularly where there's medical transitions, there's huge impacts on partners now becoming carers, and having carer fatigue, and compassion fatigue. Obviously, that's throughout the entire journey as well. But then we'll see people getting divorced, and then they're getting remarried, and no-one's setting up the partners for that as well. (Stakeholder FG)



There's a how-to guide of how to transition out but once they're out, there's not a how-to guide or a relationship guide of how to get used to being with each other all the time and how his life or her life would be different at a new job. (MVP FG)

Veteran families ... people who've been discharged and may be in receipt of DVA and the partner is the carer. In particular, I am thinking about veterans who are experiencing post-traumatic stress disorder and I think a program like this would be really helpful for that target population, but it really depends on where they're at. (MVP FG)

Previous research suggests that partners of veterans report lower relationship satisfaction than partners of ADF members (Daraganova et al., 2018), and international research has found that veterans have higher divorce rates than comparable civilians (Selous et al., 2020), confirming the need for targeted support for this group. Offering relationship education to all transitioning members would be beneficial, including as a top-up or refresher for those that have previously completed it. However, research participants noted that the point of discharge may not be an ideal time to intervene because members and families can feel overwhelmed at this stage. One participant suggested that it would be ideal to touch base with couples 6 months after they have discharged to offer a relationship education program:

I think within that 6 months after you do transition would be an optimal time to actually engage with both the veteran and the partner of the veteran because you've had enough out of this space to breathe and understand how you feel and what you might need, because I most certainly, within the first few weeks it was just – I couldn't even tell you what I did in the first few weeks. How I coped going through that. (MVP FG)


As many veterans form relationships after they transition from service, and previous research suggests new partners are likely to be less aware of the supports available to them or the veteran, consideration will need to be given to how best to reach and engage this group.

4.3. Perceived need for support during relationships or life stage

Focus group participants were also asked to identify particular points in a member's personal and family life where relationship education would be useful. While participants generally agreed that relationship education could be useful for all couples, they suggested the following life stages, which could be during service or after transition:

- before a current member enters a relationship
- when a current member first lives with their partner or becomes 'recognised' by Defence
- if/when a current or ex-serving member and their partner marry or become parents (including around maternity leave)
- at the 10-year mark of the relationship
- as they enter the 'empty nester' stage if they had children.

While the focus of this research was on relationship education programs designed for couples, participants felt that there was value in providing some form of relationship education to younger members before they get into relationships. They endorsed an early intervention approach,



which would support members to enter relationships with necessary skills and help prevent future relationship issues:

A program that looks at how to start relationships well, where to look for good relationships, how to be respectful in all of that, and that seems to be a good time for that particular cohort, prior to establishing relationships, or getting used to their relationship in the new environment of service. (Stakeholder FG)


Participants also saw the value in delivering these programs to new couples to prepare them to navigate the challenges of military life and civilian transition. Some felt, however, that it may be harder to engage couples in relationship education programs when things were going well as they may not see the need and may have less motivation to attend or engage. Some suggested that relationship education should be brief for couples that did not present with a specific issue or need. Other participants did not agree with this and believed that it would be easier to get couples to engage when things were going well, rather than when things are going 'off the rails'.

Early on is really the key. Let's get in there and make really good decisions early on, so we don't have to clean up this mess later on down the track. And that's a challenge, because I don't think many people do preventative work, when their relationship is good. I think we wait for it to get actually really, really bad, before we put our hands up and ask for help. (Stakeholder FG)

I think doing something when things are going well is more of a strengths-based approach because I think when things start to fall apart, the last thing from my experience is that people will go off and do a course or a seminar or go on a retreat. So, I think ... when you're first coming into that relationship because that's when things are good, communication is generally better maybe than when things go bad and then you're getting the tools to use as you go down the track. (MVP FG)

One ex-serving member we spoke to noted that in their observation many military couples started experiencing problems at about the 10-year mark when the 'cumulative impact' of military service on their relationship had begun to be felt. They suggested that this often corresponded to a career milestone or decision point for members and/or family transitions such as having children.

There is definitely a time mark in your career ... if you're not divorced as a sergeant – so, usually that 10-year mark, when your partner – if you've been with her from the start – because you say, 'I'll just go to my 10 years', sort of thing, 'That's my next milestone. I'll get to there', and then when you decide to go past that 10-year mark, I feel like in my relationship, that was kind of like the turning point when my missus was like, 'Man, I've really had enough of you being in the army.' I don't know if it's like the 3-year itch. There's definitely a time period around 8 years to 10 years where definitely, I found my wife was ready to pull the pin purely because of the amount of stuff that she cops because I'm in the Army. I signed up for it so I'm happy to wear the hurt but then when you start having kids or you start doing all these things that takes you away from the family, at some point, she's like, 'Well, enough is enough. You've had X amount of years to do what you want to do. Now you need to be more there for the family.' ... If we're talking time frames and when we should do the intervention, there's definitely a



point I reckon around 8 to 10 years of when relationships will start to break down and it's purely just because you've been grinding down that relationship for all these years. (MVP FG)

Research has found that the largest proportion of Australian couples separating and then divorcing were married for 9 years or less, with the proportion of divorces declining gradually after 10 years of marriage (Qu et al., 2022). The above participant suggested this relational trajectory is compounded for military members by the cumulative impacts of service on the relationship. Participants also generally agreed that relationship education should be targeted to new parents, as the birth of children was a common time for military couples to experience relationship challenges. Noting that some members – more often women – transition from service when they become parents, so are navigating this major life transition at the same time as the military to civilian transition.

Finally, some focus group participants noted that the 'empty nester' stage could be a particularly difficult time for couples, and may be another time to target an intervention (and often also corresponded to other challenges such as service transition).

In any family there's different stages that we go through, and one of those is that empty nester stage when the kids actually go. And all of a sudden, you're a couple again and you've got to talk to each other, and that's hard. Personally, I found that as hard probably as having babies and toddlers. It's just another stage that we all go through, but often that coincides with perhaps the partner transitioning into semi-retirement or other career, whatever it may be. (MVP FG)

4.4. Support and intervention needs of specific groups or family types


Participants in focus groups and consultations also identified socio-demographic groups and family types with additional support needs who may benefit from targeted relationship education. These included young couples or young single people, female serving members, dual-serving couples, couples with low levels of education or adverse childhood experiences, lesbian, gay, bisexual, transgender and/or queer (LGBTQ+) people, and people from an ethnic or cultural minority background.

Young couples or young singles

Stakeholders felt it was important to provide relationship education to younger members whether in a relationship or not. They believed that providing relationship education to all young recruits, and not just those already in a relationship, would be beneficial:

How do we inform and educate people, when they're young, who are going into relationships, to feel that they have the safety, and that they have the self-worth to express their needs, to understand what is and what isn't appropriate treatment? And then to take action when they're thinking, 'I don't think this is the way things are supposed to be going.' (Stakeholder FG)

A program that looks at how to start relationships well, where to look for good relationships, how to be respectful in all of that, and that seems to be a good time for that particular cohort, prior to establishing relationships, or getting used to their relationship in the new environment of service. (Stakeholder FG)



Some stakeholder focus group participants observed negative patterns of social interaction among younger members and were concerned about contemporary approaches to dating including the extensive use of social media and mobile phone dating applications.

Delivering education to young people is really important ... whether they are single serving members or people in couples, they, because of the social media phenomenon and the auto-texting, and Snapchats and all of this instant media feedback, people have absolutely no idea of how to form a positive relationship. And all the traps on the media cause enormous distress with this Tinder, let's have a casual hook-up, sort of thing. And that sense, they are within a social media environment, and probably short on time. So, that's why I think preparation, even though it sounds old-fashioned, just highlights the traps for some of those things. (Stakeholder FG)

Some at the stakeholder focus groups said that they had seen an increase in young members who were in controlling and coercive relationships.


We're seeing an increase in young couples, and young members who are in very controlling and coercive relationships ... they're all in these really unhealthy, dangerous relationships, and feeling completely trapped at this really young age. Which is quite a concerning change of pattern. (Stakeholder FG)

Previous research confirms that the relationships of younger couples are, on average, more unstable than the relationships of older couples, as are the relationships of couples who have been married fewer years (Pflieger et al., 2022). This is likely due to life course factors such as the lack of readiness for commitment and/or a lack of relationship experience. Some focus group participants noted that they had found it difficult to navigate relationships and military life when they were younger, and relationship education may have helped in their own lives.

I do also think when I first started dating my partner it was a massive learning curve to understand what was going on and all of that, so it would be beneficial to understand what was available in terms of services and supports, but also how to cope through deployments. (MVP FG)

Female serving members

The scoping review undertaken for this study found limited research on the relationship experiences of female serving members in Australia. However, research from the USA and UK suggests that female serving members experience greater relationship challenges and poorer relationship quality than male serving members (Karney et al., 2012; Keeling, 2014; Pflieger et al., 2022). This research has found that female serving members are at higher risk of divorce (Pflieger et al., 2022) and are more likely to report couple dysfunction (Cigrang et al., 2021). In the UK, research has found that female serving members are more likely to be single, divorced, separated or widowed when compared with male serving members (Keeling, 2014). This is consistent with Australian research, which has shown that female permanent ADF members are less likely to be in a relationship than their male counterparts (56% compared to 69%) and less likely to be married (23% compared to 42%) (Roy Morgan, 2020). This is likely to be in part related to the earlier age of exit from military service (Greig, 2001), and lower retention following maternity/paternity leave (Defence, 2019a, 2019b).



A study of serving mothers in the USA found that deployed mothers reported more conflict with their partner around parenting than non-deployed mothers, as well as more custody battles with former spouses (Gewirtz et al., 2014). Literature from the USA has also noted that female current and ex-serving members who had experienced military sexual harassment and, in particular, sexual assault, reported poorer relationship satisfaction (Blais, 2020).

Dual-serving couples


One factor that might contribute to relationship pressures for female serving members is that they are also more likely to be part of a dual-serving couple. In the stakeholder consultations and the focus groups, participants identified dual-serving couples as another group that might benefit from relationship education due to the potential challenges negotiating both members' careers.

Participants in the stakeholder consultations suggested that being in a dual-serving couple had both benefits and negatives. They believed that dual-serving couples benefited from a shared military culture and lifestyle and were often able to organise to be posted together if they were in the same service. Nevertheless, the downside of this was that dual-serving couples were often required to prioritise one member's career in posting decisions if they wished to be posted together. Similarly, as career development is linked to geographic posting and related opportunities, this can make it difficult for both partners to progress their career on an equal footing. Some stakeholders noted that dual-serving relationships required a high level of communication and negotiation around career development and, for couples with children, about who will be the primary carer. Some also noted that in mixed-sex relationships it was often the female serving member who sacrificed career opportunities and/or took on the primary carer role – therefore requiring them to sacrifice career opportunities or leave the ADF.

Some research in the USA found that dual-serving couples reported overall higher marital quality with less work–family conflict; however, female partners in dual-serving couples reported significantly lower marital quality when compared with civilian spouses and male members of a dual-serving couple (Woodall et al., 2020). Dual-serving couples in the US military appear to experience similar challenges to ADF members; for example, the career progression for both partners was often challenging because one partner needed to sacrifice a career opportunity to be posted with their partner, and the specific skills of each partner were rarely required in the same location (Huffman et al., 2018). This was also echoed in an inquiry in the UK (Walker et al., 2020), which reported that the challenges of maintaining a relationship when both partners were serving members often resulted in one member leaving the military. The inquiry also noted that this was most often the female partner – particularly where the couple had children.

Education and childhood experiences

According to previous research, other military subgroups who have less stable relationships include those with lower levels of education and those who experienced childhood trauma or adversity (Pflieger et al., 2022). This has also been found among civilian couples in Australia (Wolcott & Hughes, 1999). There is also a growing body of evidence from the USA that points to the impact of adverse childhood experiences and/or childhood trauma on adult relationships for military couples (Keeling, 2014; Khalifian et al., 2022; Pflieger et al., 2022), with Pflieger and colleagues (2022) noting that issues brought into the military, such as childhood trauma, could be exacerbated within the military environment and contribute to relationship instability. No data or literature were found in the review that could indicate whether or how these international findings are relevant to Australian current and ex-serving members and their partners. However,



participants in the focus groups acknowledged that the way individuals operate in relationships is shaped by their childhood experiences and that negative patterns of behaviour can be improved through education and positive experience.


LGBTQ+ people

The literature review undertaken for this project did not reveal any research in Australia or overseas that had examined how the relationship experiences of current and ex-serving ADF members and their partners vary depending on their gender identity or sexual orientation. Most of the research on military couples focused on mixed-sex couples with a male serving member and female civilian partner (Hunter & Commerford, 2015). According to the ADF Census (Roy Morgan, 2020), 90% of permanent ADF members reported they were attracted to a different sex to themselves, 4% reported they were attracted to the same sex, and 2% reported they were attracted to persons of the same sex and persons of a different sex. Overall, 0.5% of ADF members identified as transgender. Some stakeholders noted that there was increasing tolerance of LGBTQ+ people but not yet widespread acceptance within the Defence community.

One stakeholder in the consultation noted that some LGBTQ+ members or partners had other issues in their lives associated with acceptance, including past histories of trauma, that could play out in their current relationships, and which may be relevant to consider when determining appropriate supports. While one stakeholder noted that 'same-sex couples' experienced the same issues as other couples, research demonstrates that they can face many additional unique relationship challenges (Hyra, 2015). Relationship education providers in the USA have identified that same-sex couples often require additional education on managing discrimination and stigma, negotiating expectations in relationships and developing social and community supports (Whitton & Buzzella, 2012). Australian research has also demonstrated that same-sex couples often face challenges finding services that they believe will meet and/or understand their specific needs and couples may also not access services due to their negative perceptions of services or service providers (Gahan, 2017).

The REA conducted for this study identified a number of existing relationship education programs that have been successfully delivered to, or adapted for, same-sex couples. One of the four promising programs, ePREP, was found to be effective with same-sex couples; however, the impact on them was found to be smaller than other participants. Other versions of PREP examined in this review – such as the version developed for couples and singles Within Our Reach – found no significant improvement in relationship outcomes for same-sex couples. While trials of culturally sensitive relationship education programs have highlighted the potential value of adapted programs for 'same-sex' couples (Buzzella, 2012; Whitton et al., 2017), no programs have been identified by this study that have been tailored for, or tested with, couples that include a bisexual, transgender and/or a non-binary person.

Couples that include an LGBTQ+ person may not necessarily want to attend relationship education programs run in a group format. In a trial of an adapted group relationship education program for male same-sex couples, Buzzella and colleagues (2012) asked participants whether they would be comfortable expanding the group program to include same-sex women couples and/or non-same-sex couples. Participants indicated only 'moderate comfort' at participating in relationship education with same-sex women couples, and 'minimal comfort' with including non-same-sex couples (Buzzella et al., 2012). While this one study was only conducted with male same-sex couples, it is likely that other couples that include an LGBTQ+ person could share similar concerns about mixed group programs. Given the likely low number of couples in the ADF that include an LGBTQ+ person (Roy Morgan, 2020), running specific group programs for each cohort is likely not feasible. However, it is an indication of the need to



offer multiple programs, both group and non-group, to account for couples' different needs and requirements.

People from an ethnic or cultural minority background

The literature review did not reveal any research in Australia or overseas that had examined how the relationship experiences of current and ex-serving members and their partners varies depending on their ethnic or cultural background. Most stakeholders consulted for this study had limited experience working with minority groups so were only able to provide limited insight into their particular needs. One noted that while ethnic diversity exists in the ADF, it is not often visible and some couples were likely to find this difficult. Some of the relationship education programs evaluated as part of this study – including OurRelationship – have been tested and found to be effective with couples from a range of ethnic and economic backgrounds in the USA (See Table D1). Similarly, participants expressed the view that relationship programs needed to be sensitive to Aboriginal and Torres Strait Islanders' potentially unique experiences and to use inclusive language, content and examples that do not focus too much on the needs of a specific subgroup or mainstream cultural norms and assumptions.

Adapting programs for different groups


While some stakeholders said relationship education programs should be general enough to benefit all couples, others said it was important to adapt the content to make it as relevant as possible to the lived experience of particular groups and their needs. Many participants felt the programs would therefore need to be adapted to suit couples with a variety of needs.

Whether you're just newly – a new couple that have just joined defence or whether you've been in for a while and you've got a family with kids, or you are MW – whatever the acronym is ... If you're in all those different life stages, that it's really important to adapt the programs to suit those types of couples because the needs of a young couple that are in their twenties is very different. They're focused on career and themselves and things like that and their needs are very different to those with a young family or an older family or families with special needs. (MVP FG)

There'd have to be some individualisation for different couples. Same sex couples, different problems, army, navy, even stuff like that would have to be different types of programs. One serving member, one non-serving member, a veteran. (MVP FG)

Many participants felt that it was important to adapt to the needs of couples to ensure the content was relevant to all who attend. Some noted that current and ex-serving ADF members and their partners are very busy and that they were unlikely to engage in the program unless it was clear that it was directly relevant to their needs. For example, one participant who did not have children noted:

Catering for families that don't have children was really important, and that's a group that's often missed in defence or overlooked. So many services are catered to families with children, or the definition of a family includes that with children, so it could be young families who don't yet have children, older couples who just don't have children at all or their children have grown up ... We don't want to be in a program with couples who have children, particularly if the conversation or the program is designed [for] the needs or relationship needs of couples with children



because we can't relate, and our needs in a relationship will be very different. So, **it's really important to consider how those sorts of groups probably need very specific material and really need to be probably quite separate.** So again, it comes back to having the program outline really clearly and who it's aimed at. (MVP FG)

On balance, these views were more commonly expressed by members, veterans, partners and former partners, than by stakeholders. While some stakeholders also felt relationship education programs should be tailored to meet the needs of different couples, many also noted that relationship education was designed to teach universal skills that all couples could benefit from.

[They are suitable for] all sorts of groups. The more that they're pitched – the more they make sense and speak to someone's immediate lived experience, the more relatable, the higher the benefit of transfer of learning from the group. But I think many of those programs are pitching to the human condition, to human relationships, and they are more broader than current and ex-serving ADF members and their partners.– (Stakeholder FG (Chaplain))

Some also noted, however, that they didn't think a lot of couples would attend relationship education for this reason – in their experience, couples only seek services when they are having problems not when things are going well, so they are unlikely to engage in a program designed to build their general communication skills.

I'm not sure about around the groundswell of demand, and what proportion of members would likely take this offering up ... there's a lot of feedback around members coming into, like DMFS area officers, and not wanting general communication skills, but wanting something very specific, to resolve a very specific issue. (Stakeholder FG)

5. Preferred relationship education approaches

This chapter focuses on relationship education approaches and their suitability to current and ex-serving ADF members and their partners. It presents the findings of the focus groups and outlines what approaches they believe need to be considered when designing or choosing a relationship education program and what specific content is needed for current and ex-serving members and their partners. It discusses their views on skills-based curriculum approaches, the use of assessment and feedback approaches, as well as their views and recommendations for key elements to incorporate into the program approach.

We also explore focus group participants views on the programs that were deemed 'promising' in the REA (Smart et al., 2022), as well as other programs that they have heard about or been a part of.

Key points:

- Participants identified advantages and disadvantages of the different relationship education approaches and felt that the most suitable approach depended on the couple's circumstances and specific needs.
- Participants agreed that skills-based training would be valuable to all military couples preparing to navigate the challenges of military life. They felt that assessment and feedback approaches would suit couples who are experiencing relationship challenges needing specific help.
- Few participants identified a preference for one of the four programs deemed as promising in the REA.
- Overall, the OurRelationship program received the largest number of positive mentions by focus group participants – a hybrid approach that incorporates assessment and feedback and a skills-based curriculum.
- However, many participants felt that more than one program may be needed or a flexible, modular program that allows different components to be completed by different couples, depending on their situation and needs.
- In terms of content, communication skills and expectations management were identified by participants as being important skills to include for current and ex-serving ADF members and their partners. They also felt that content should be adapted to include military specific information and examples that couples can relate to.

5.1. View on what approach is needed

This section presents findings from the focus groups on the suitability of the different relationship education approaches. Focus group participants had very similar views on the approach that a relationship education program should take when adapted and delivered to current and ex-serving ADF members and their partners. Most felt that relationship education programs that included a skills-based curriculum focused on the needs of current and ex-serving ADF members and their partners would be beneficial to their communities.

Skills-based curriculum

Focus group participants endorsed the use of relationship education programs that include a skills-based curriculum approach and believed that it was important to have some focus on building couples' relationship skills.

[A program] should be centred around working on the individual first, working on those skills and understanding and developing the knowledge around relationships. (MVP FG)

Skills-based curriculum programs concentrate on the active training of relationship skills and building knowledge. They share many similarities, including a focus on skills training in positive communication, conflict management and positive expression of affection. There are variations in the way different programs focus on specific content and needs. However, content in skills-based curriculum programs typically covers modifiable factors found to predict healthy relationship functioning and then translates those into core skills for couple relationships.

While general relationship skills were believed to be an important element of the approach of relationship education, participants believed some focus should be on the unique experiences for current and ex-serving ADF members and their partners. Participants believed that a relationship education program should adapt curriculum to be specific to the military and veteran experience. For a possible future skills-based curriculum program, participants believed that the most needed skills were those that helped couples before, during and after deployment, other service-related absences and/or new postings:


If you're coming into posting season or deployment or something like that, you could have education programs about trying help support relationships through those common stresses. (MVP FG)

People believed that relationship education prior to deployment would help with 'expectation management' and allow current and ex-serving members and their partners to better navigate the time apart and then the re-integration into the household following deployment:

An important thing in all of the programs should be [...] expectation management, so what we [can] expect as the person staying behind, what we [should] expect is going to happen when the other person comes back but also from the other point of view about both sides understanding there's a whole stack of expectations going on. (MVP FG)

I feel like I would've been more okay if I had in my head [that] when he comes home, he'll probably be really buggered and just want to sleep for a while and not really want to engage ... I feel like if I'd had that in my head, I would've just had different expectations about what he was going to be like when he came home and what it would be like for us and it wouldn't have caused the same amount of friction. (MVP FG)

The most common skill that participants believed needed to be included in a skills-based curriculum for current and ex-serving ADF members and their partners was 'communication', which they thought would aid couples during and after deployment. Participants were pleased to see this was included in existing relationship education programs as they believed that this would be very useful for their communities:



I think everybody needs to learn how to communicate better anyway in a relationship, so many little misunderstandings and I think they happen more often sometimes if the partner is away on deployment, especially if they're stressed about us and we're stressed about home and stressed about them. (MVP FG)

Sometimes I don't really know how to communicate back to my partner properly and a [relationship education] course of maybe just key points on how to bring these things up with your family when you're deploying or how to have a conversation when it comes to posting cycle with your partner. (MVP FG)

Assessment and feedback

While much of the discussion in the focus groups was on the skills-based curriculum approach, some participants talked about the benefits of assessment-based programs. One participant believed that this approach would work better for people before and after deployment as they felt the other approaches would overwhelm the member with 'a whole bunch of information':

I would say deploying members would definitely benefit from some sort of program, and equally the same when you come back from a long deployment. I spent 9 months away, and it's pretty hard to come back and pick up where you left off ... I feel like an assessment-based program would probably be better for both as opposed to just throwing a whole bunch of information at you. (MVP FG)

Assessment and feedback approaches, such as individual couple coaching, were raised as being particularly beneficial in group-based curriculum programs. They felt that this 'coaching' type approach could help individuals as they move through the group relationship education process:

I really liked the coaching model where you would have a facilitator within that group environment do follow-up sessions with the individual participants just in case something has come up for them or if there's something they want to discuss that they don't feel quite safe to discuss in the group, so I like that model. (MVP FG)


Other elements to the approach

Focus group participants also identified other approach elements that they believed would be beneficial in a relationship education program for current and ex-serving ADF members and their partners. Flexibility in terms of delivery for relationship education will be discussed in the next chapter. However, when it came to flexibility in terms of approach, participants on a whole leaned towards a relationship education program that featured a skills-based curriculum but was flexible enough to include some assessment and feedback for individuals.

Likewise, to meet the needs of people with different situations and/or learning preferences, participants believed there needed to be flexibility in the approach of a future relationship education program for current and ex-serving ADF members and their partners.

Having flexibility in approach and delivery I think is important. (Stakeholder FG)

Participants also provided suggestions for other elements that could be included as part of the approach of a future relationship education program for current and ex-serving ADF members and their partners. One participant suggested that it could incorporate a 'feedback loop' that



would allow for relationship issues caused by military issues to be fed back to Defence. They suggested that this may get more uptake of the program if people felt that their involvement may lead to changes to help other couples:

Some of the problems that are created in relationships stem from the very nature of military service, and so we would suggest there's a feedback loop with the program. So, if the program is able to identify common themes of problems or common challenges which are fixable and addressable by Defence, then that should be fed back to the organisation to try and minimise or reduce those stresses. (MVP FG)

Some participants were concerned with finding an approach that would meet the needs of the Defence and veteran communities and encourage greater uptake of the program. While barriers and facilitators to attending will be discussed in more detail in the next chapter, there are some approach elements they believe could discourage attendance that are worth mentioning here. For example, one participant suggested that having a good structure and clearly defined goals needed to be considered when deciding on what approach to take:

Having a really good structure to the program so the goals and the program outline are really clearly defined would help as well to manage with a really busy defence life. (MVP FG)

Other participants were keen to ensure that whatever approach is taken, it does not create too much 'homework' for couples in their busy lives, which could be used by a less invested member of a couple to question their involvement in the program:

Person 1: Homework; people's home life is already so condensed, and people are so time poor. Then having people do homework, I just can't see people being able to do that. And then as well, if you have people away on exercise, being able to fit that in is, I just think near impossible for most people in today's world.

Person 2: And I think it can be almost used as a tool for resentment too, if both partners are [not] equally motivated to do the counselling sessions, and we know that that's often the case that one is pushing more than the other, that any of that excess work or something that's considered unfair workload, could be used as a, 'Why are we doing this again?', and an opportunity to decrease motivation there. (Stakeholder FG)

Finally, one participant believed that the approach taken by the relationship education program needed to be one that is considered fun and engaging:

For the general relationship courses, they need to be fun. They need to have that engaging element to the course themselves, to get that buy-in. (Stakeholder FG)

5.2. Views on individual programs

This section presents focus group participants' views on the 4 programs that were deemed 'promising' in the REA (Smart et al., 2022):

- OurRelationship
- ePREP

- ELEVATE
- Marriage Checkup in Integrated Primary Care.

As discussed in chapters one and three, the REA aimed to assess the recent evidence of effectiveness of relationship education interventions, and to assess the evidence for relationship education interventions specifically delivered to a military or veteran population. Appendix C provides an outline of the 4 programs, including their approach, delivery characteristics and the target population they were designed for. This table was provided to focus group participants as pre-reading and during the focus groups they were asked for their thoughts and reflections on these programs.

In this section we also discuss participants' views of other relationship education programs that they may have heard about that were not mentioned in their pre-reading material.

Thoughts on 4 REA programs

While most of the focus group participants indicated that they had read the pre-reading, few identified a preference for one of the four programs deemed as promising in the REA. Instead, participants spoke about relationship education programs more generally, sometimes referencing what they had liked or disliked from the 4 programs or simply the approach (5.1) or delivery considerations (chapter 6) for any program chosen or developed for current and ex-serving ADF members and their partners.


We can see benefits across the options. We think it needs to be considered as to who the best [Defence and veteran] audience is ... it could be different across the 3 services, depending on posting cycles and deployment cycles as you move up the ranks. (MVP FG)

The OurRelationship program received the greatest number of positive mentions by focus group participants. This program has a hybrid approach that incorporates assessment and feedback and a skills-based curriculum. The program includes an assessment to help couples identify and address specific problems in their relationship. Each member of the couple individually completes 6–8 hours of online content and they then come together as a couple for structured conversations and coaching calls. Several participants liked the individual couple coaching element of the program:

I don't mind the [program] called 'OurRelationship' ... Members of couples complete the program content individually and come together for structured conversations at the end of each phase. So, it's putting that onus on the individual to be making an effort and going through the education materials or whatever. But then they're having a good conversation at the end of it where you can share your learnings. I think that's really useful because it shows the effort that each person is putting into it as well, if that makes sense. (MVP FG)

One participant suggested that the flexibility of the online, self-directed learning approach in this program would be suitable for current and ex-serving ADF members and their partners.¹⁰ In particular, they felt it would benefit those who are classified as MWD(U) because they can each complete the training in their own time and in separate locations – but still be able to schedule time to come together to discuss:

¹⁰ The CoupleCARE and Building Better Relationships programs are also both available online in a flexible delivery approach and are currently available in Australia; however, as these were not among the 4 programs identified as promising in the REA, outlines of them were not provided to focus group participants for their feedback.



'OurRelationship' I think it was called – you went through [the online content] individually and then you came together to do the conversation. So, that one would be more beneficial for people that are doing MWDU, for example, but I mean just having that flexibility in either you can do it together and then have the conversation at the end or you can do it separately and still have the conversation at the end. Because I think couples will actually do that – do what works for them. (MVP FG)

Another participant felt that the inclusion of a regular individual coaching sessions was a particular benefit of the approach taken in the OurRelationship program:

The other thing I like and I read in there is having a coaching model mid-session, so the idea that you would get a call back from a facilitator to say, 'Okay, did anything pop up in there that's just for you individually?' I think that would really help. (MVP FG)

The mixed delivery methods of OurRelationship was also endorsed by a member of the stakeholder focus groups who felt that this would help current and ex-serving ADF members and their partners living in regional areas. They also liked the approach of this program with its longer length and more content:

The 'OurRelationship' one which was a little longer, perhaps more content for [couples], and could be experienced in various formats. It wouldn't have to be dependent on face-to-face, so that would capture a lot of our regional families that are not living nearby a social worker.

The Marriage Checkup in Integrated Primary Care program, which takes a more therapeutic approach, was also popular among some focus group participants for different reasons. While one participant noted that they did not like the name of the program, they believed that 'Marriage Checkup' would be well suited to the current serving families they engaged with due to its face-to-face approach and shorter spread-out delivery model:

[For] current serving families, the 'Marriage Checkup', although I'm not a fan of the name, would probably be the best suited for our brief intervention current working model, as far as people coming in face-to-face, looking at the number of sessions and how they're spread out. (Stakeholder FG)

Similarly, another focus group participant liked the therapeutic approach of the Marriage Checkup in Integrated Primary Care program and the approach of assisting couples with a specific issue rather than teaching generic skills, and ensuring that someone is checking in with the couple periodically:

One of the positive programs that I actually liked was the Marriage Checkup. I thought that that was probably the best one out of all of them because it's actually focusing on keeping that couple together ... The Marriage Checkup just seemed like a direct, potential fixture or positive influence on the couple ... [Having] someone checking in with the couple ... I feel like that gives you direct influence to make a more positive future. (MVP FG)

Another participant felt that Marriage Checkup was the only one of the four programs from the REA that had an approach that catered for couples closer to 'crisis mode', which was the

circumstance of most of the couples that presented to their service.¹¹ However, they questioned whether the program would work for couples in crisis given that it only included three 30-minute sessions:

The referrals that we get for couples' counselling or programs are definitely in crisis with a whole heap of baggage that's present. So, I kind of look at that Marriage Check-up and integrated care being maybe one of the only ones that is endorsing or tailored towards that in-crisis mode and just wonder how that would work with 3 by 30-minute sessions of couples in crisis over a 6-month period. (Stakeholder FG)

When asked about what types of skills should be incorporated in to a relationship education program for current and ex-serving ADF members and their partners, one participant referred to the Elevate program as having an approach they felt would work. In particular, they believed that 2 of the 6 core skills from the Elevate curriculum would be of particular benefit to military couples:

I think in terms of the elements of the program, just looking at those curriculum-based approaches on the handout that you sent through, the 'know' and the 'manage' [from Elevate] stick out for me – getting to really understand each other's world, that really is important from a military and partner perspective. (MVP FG)

In the Elevate program, the 'know' skills focus on attitudes and efforts that promote intimate knowledge between partners understanding each other their worlds, their experiences, daily challenges, preferences, hopes and goals. Similarly, the 'manage' skills focus on those that manage stress and conflict – including the recognition and avoidance of destructive and abusive patterns of communication and conflict management (Adler-Baeder et al., 2022; McGill et al., 2021).

One participant who believed that the 'Marriage Checkup' and OurRelationship programs would be beneficial, explained why they did not like Elevate or ePREP:

I had some concerns around the amount of content [in Elevate and ePREP]. I just don't think that our current [serving] families that we're supporting, would invest 6 to 8 sessions, 2 hours per session a week over 6 weeks, or condensed in 2 days, that might be better suited to things like retreats or ex-serving members perhaps. But yeah, that's my thoughts. (Stakeholder FG)

Another participant in a different focus group shared these concerns about ePREP:

Especially with the ePREP program where it's 6 hours of online content plus an additional 1–2 hours of homework each week completed by a couple, I just feel like that's – I think that would be the equivalent of my uni degree that I'm doing at the moment for a program that's meant to help me. It would be hard for a couple of people to commit to that to make it worthwhile. (MVP FG)

¹¹ While relationship education is not typically targeted at couples in crisis mode, Marriage Checkup in Integrated Care was described in the literature as being suitable for couples on a broad spectrum from 'relationally satisfied to severely distressed' and therefore situated between primary prevention and tertiary therapy.

Views on other relationship programs

In the focus groups, participants were asked whether they knew of or had experienced other relationship education type programs that they believed would be helpful to Defence and veteran families. A couple of people at the stakeholder focus groups raised the Building Better Relationships program; however, one stakeholder remarked that they found it difficult to sign up couples to take part in that program. Participants in the members, partners and veterans focus groups were largely unaware of existing programs. One participant said they and their partner found helpful a pre-deployment 'lecture' that the Defence Community Organisation (now DMFS) used to provide. In particular, they mentioned that it included the topic of 'good communication', which they believed would be beneficial in any program that came out of this research:

Defence Community Organisation used to provide a lecture to people deploying. It was really those sorts of preventative measures in terms of good communication with partners and so forth ... I think that was more the skills stuff, which is in that preventative space ... I thought it was a really good thing to do. (MVP FG)

At every focus group, participants mentioned the retreat programs that they had either experienced or heard about from others in the Defence and veteran communities. Some of the stakeholders had been involved directly in organising the event and said that the feedback they had received from couples was that it was a valued program and successful approach:

We get 10 couples to go and live in a hotel together and work through a whole lot of communication things and that is specifically built around their Defence experience ... When I talk to people over the years, 'Residential Lifestyle Program' is loved and people go, 'It saved my marriage', and stuff but I guess the problem for us is that it hasn't been evaluated, which is why it hasn't come on your radar. (Stakeholder FG)

Others discussed how bringing together couples as a group fostered the creation of friendships and could provide an ongoing community for couples. In particular, participants highlighted the benefit of the child care that was provided during this program to support couples to attend:

Part of the package was to arrange for their kids to be looked after while they were in session. They tend to eat together, it's 24/7 for those 5 days so it's quite expensive but I think in terms of military people where they are used to having that community – when they're in the service, they're in a community and this enables them to create that and some of those couples go on to be lifelong friends afterwards, which is also part of their support network if they didn't have one before. (Stakeholder FG)

This program was not just popular with participants because it took place in a resort, hotel and/or retreat style location; instead, participants praised the program as they felt it enabled the couple to get away from their daily lives and to focus squarely on each other without the 'uniform' and outside of the military:

They could really focus on each other's relationships and work through things without having, I guess, the uniform in the way but also professionals that you're trusting to tease through [issues] in an unbiased way outside of military ... Everyone that I spoke to that went on that [retreat program], regardless of whether you're having relationship challenges at the time or wanted to go just to reconnect



and touch base with your partner removed from everything else, it was all really 100% positive feedback and worthwhile, whatever way their relationship was at the time. (MVP FG)

6. Delivery considerations

This chapter presents findings from focus groups on relationship education delivery methods and their suitability for current and ex-serving ADF members and their partners. We discuss their views on whether programs should be group based, whether couples should complete program activities together or separately, and whether both members should be required to attend. We also outline their views on whether programs for current and ex-serving ADF members and their partners should be conducted online, face-to-face or through some form of hybrid model that blends both delivery options. Finally, in this chapter we explore participants' views on who is best suited to deliver this type of program to current and ex-serving ADF members and their partners.

Key points:


- Overall, focus group participants felt that programs designed for groups, couples together, couples separately or just one member of a couple could work, depending on the couple's preferences and circumstances.
- They acknowledged that group programs provided benefits of peer-to-peer interaction but felt that some couples would be reluctant to participate in group programs and therefore other non-group options were also needed.
- Focus groups also had mixed views on the benefits of face-to-face versus online approaches. Most said that providing some online options was important as many military couples would have difficulty attending face-to-face. However, stakeholder participants often preferred face-to-face participation as they believed it was important to monitor participant responses and dynamics for high-risk couples or those in crisis.
- Most participants believed programs needed flexibility and that multiple programs with different delivery methods were needed – stating that 'one size does not fit all'. Some endorsed a blended program with a mix of online and face-to-face components, and some group and individual/private sessions.
- Focus group participants believed that the person or organisation that delivers the program must have a very good understanding of military family life and instead of Defence/DVA facilitators, they suggested that people with lived experience (such as veterans) deliver the program.

6.1. Groups, couples or individuals

Focus group participants were fairly divided on whether group programs, programs for couples to complete together, or programs for couples to complete separately as individuals would best suit the needs of current and ex-serving ADF members and their partners. Overall, people felt that each delivery approach could work but that it depended on the preferences and circumstances of the couple requiring the program.

[Some] don't like the group setting [...] whereas others absolutely are more than happy to go along, sit in a room with other people and talk about what they're experiencing. (MVP FG)

Group sessions are a really good idea but it also comes down to individual circumstances. Some people may thrive in a group, some people may not. So, I guess to have the option I guess to be in a group environment is always going to



be a good idea but the choice needs to be on the individual whether they want to actually join the group and share their own experiences. (MVP FG)

Some participants felt that the group option was the best as it allows couples to feel that they are not the only people going through what they are, and it provides the opportunity to learn from other couples' experiences and gain feedback or knowledge from the group.

I think we all agree that the group is more beneficial straightaway because you can talk through your experiences, ask for clarification, interpret things differently and see how other people interpret the same thing. I think that's really important. (MVP FG)

Individual skills are fine, and some people need to develop those individual skills, but I think it's more the understanding that you're not alone; this isn't something that's new; or this isn't something that's never happened before; or you're not isolated in the sense that no-one else can possibly understand what you're going through [...] I think the group sessions are always more beneficial because you see that everyone else is going through the same thing. It's not that crazy or it's not that weird or it's not that catastrophic that there's no hope. (MVP FG)

Other participants suggested that the relationship education program could have a mix of individual and group based components. Some suggested these components could operate simultaneously; for example, couples could commence a group-based program that incorporates some one-on-one sessions with the relationship educator. Others suggested a program where a couple would begin with separate individual learning, then move into components the couple complete together, and finally progress into a group setting.


[It] should be centred around working on the individual first, working on those skills and understanding and developing the knowledge around relationships ... Leading then from an individual or couple-based program into a group setting where people [...] can start sharing their experiences and knowledge and understanding around that. So, it's this mutual support between couples [...] then within that couple program, a component of it is actually going through or rehashing some of that individual knowledge that was previously provided. (MVP FG)

Once developed as an individual [then] transitioning into a group-based program ... where you can share those experiences and gain a greater appreciation and understanding of what others are going through (MVP FG)

I'd be leaning on the side of a combined delivery mode and potentially in a group with combined one-on-one sessions [with the couple] if that was possible. (Stakeholder FG)

Nevertheless, some of the focus group participants raised concerns about group programs and whether they would work for current and ex-serving ADF members and their partners. Several people raised concerns about privacy – particularly in the military cultural context:

You might also be talking about sensitive information ... If you think about a number of serving members, we're not going to put that out there on the table for other people, whether they be in our unit or not in our unit. Like, it doesn't matter, that's not a conversation to be had outside of our personal walls, so I don't think



the group for the applicability of the individuals that I know that run in my circles of serving, veterans, their spouse, I couldn't see a single one of them going to a group session. (MPV FG)

Some participants were concerned about having people of different ranks at a relationship education group. While they felt a group program could work and would potentially be beneficial, they suggested that this would need to be managed carefully to ensure the right mix of people attended:

If I was a seaman and I was sitting in a group with a chief or a warrant officer or a lieutenant, I wouldn't feel as safe ... So, I think really, it's around vetting and making sure that the suitability of the group is there. (MVP FG)

There were also participants who believed that relationship education programs for current and ex-serving ADF members and their partners should not necessarily require both members of the couple to attend. Some believed that it would be useful to have a program that can be completed by just one partner:

I feel like relationship programs shouldn't always be about the couple doing it together ... [For example], is there something for the partner that's left behind in a way that's just for them – doesn't necessarily have to be together, about understanding and navigating things whilst their partner might be away, understanding a little bit about what it might look like when they come home? (MVP FG)

There's both pros and cons of couples doing it together or separately, and if you have it as a flexible option to do that, couples are going to do whatever works for them, so if it's an online module, they'll either sit and do it together if it works for them or they'll go off into separate rooms or whatever and do it individually if they need to if that suits them. (MVP FG)

Others believed the program would not be useful if the couple did not attend together:

If I was to do a relationship course, I feel like it would be useless if my partner didn't attend with me ... It would have to be one-on-one [as a couple] and never in a group setting. He would never feel comfortable talking in a group about that kind of stuff, so I would say face-to-face or online through Zoom, but as a one-on-one session together would be good because then I can force him to go with me. (MVP FG)

When it came to therapeutic elements of programs, one person said that couples may benefit from one-on-one counselling to address specific issues. They believed that it would be useful to have the capacity to incorporate this for those that need it – either within a program model or by providing referrals to other services:

Some couples find it good to have individual counselling while they're attending a couple thing, particularly if issues come up with emotion regulation. So, being more mindful about what individual needs are, and when you're doing the screen, do they want individual, a short stint of individual counselling. (Stakeholder FG)

6.2. Online, face-to-face and blended

Once more, the focus group participants were split on how to deliver a relationship education program to current and ex-serving ADF members and their partners. Most supported completely online programs while some strongly preferred relationship education to be delivered only face-to-face. However, some proposed a flexible approach that would allow people the option to do it entirely online or entirely face-to-face, while others suggested a blended program whereby everyone attended some online and face-to-face components – for example, self-paced online activities followed by face-to-face sessions.

Those who preferred online programs (whether entirely or partially) provided a number of reasons such as time constraints, convenience, children and/or issues that are specific to military couples such as those who are MWD(U) or who have a member away for service reasons.

Realistically, while I've got children at home, I need to be able to do it online at a time when the kids are in bed, so being able to access it at a time that's flexible for me. (MVP FG)

Having it online it really makes it adaptable for couples who are doing married unaccompanied, and then also people that are together as well, so I think everything's leaning towards that online facilitation these days anyway. (MVP FG)


Programs that are delivered ... virtual or in some form that is online, it means that the access for our clients who are in more regional and remote areas is improved because what I'm finding in the group space is that we have a large number of clients who are maybe in regional and remote areas who don't have access to a clinician or they do but they have to travel quite a distance to get ... Something that involves partial online or virtual programs can be beneficial. (Stakeholder FG)

Those that believed that there needed to be two programs – a completely online program and an entirely face-to-face program – were from the stakeholder focus groups. They were concerned that couples in crisis or with high conflict required in-person programs compared to those who may just need a basic education program that could be conducted online:

Depending on the circumstances and the stage of the relationship, if it's moderate to crisis, it really needs to be in-person. (Stakeholder FG)

Maybe like online self-paced with a little bit of interaction for somebody who just wants to understand better what a healthy relationship looks like, what it's not, and how to build a good relationship. Right up to if somebody's in crisis, or heading towards crisis, that it might be more appropriate for that to be done in a group setting, with some clinical oversight, so that they can be aware, there's just something – you're able to watch body language and other little things that you can pick up when somebody's in a room, versus online. (Stakeholder FG)

I think the higher the conflict for couples and the bigger the problems, I would much prefer those couples to be seen face-to-face even in a group setting, to be able to work with them, see the dynamics as they shift throughout the program and respond to them. That would be a real struggle online. (Stakeholder FG)



Others preferred a program that either had flexibility – allowing people to go online or face-to-face when and if needed – or had both online and face-to-face components using a blended approach. Participants cited military family specific scenarios such as MWD(U) and deployment as reasons a flexible or combined approach would be best:

Keeping in mind with those that are married unaccompanied and the fact that [members] do go away a lot ... They might be on course. I think the ability to still continue with those sessions together, but online, is also a good option as well because last year my husband was only ever home for 4 to 6 weeks at the most in-between his breaks ... so making sure that it has the flexibility to cater to those that aren't physically together to still access that together as a couple. (MVP FG)

I think we were all unanimous on a bit of a shared model between people who may have deployed and people who might be away in different locations, so whether that's somewhat online, somewhat face-to-face, and somewhere in-between, so a bit of a shared approach there. (Stakeholder FG)

I think that a combination of online and face-to-face allows for individuals to engage in learning or understanding of certain concepts in their own time but then allows them to come together with someone who's maybe a little bit more familiar with those concepts and consolidate some of that information or if they have any questions or concerns, they have that ability to bounce that information off. (Stakeholder FG)

Very few participants suggested having an entirely face-to-face program as the only option. However, those who did said it came down to their individual preference and acknowledged others may feel differently, and ultimately agreed with others that having both options would be sufficient.

Face-to-face for me is important because I like to be able to see people and get a feel from them if they're the right person to be in my support group because that's how I gauge it, is face-to-face for me. (MVP FG)

6.3. Flexibility

While participants of the focus groups varied in their views on whether the relationship education programs should be delivered to groups, individuals or couples, and whether it should be online or face-to-face, most agreed that the programs needed to embed some form of flexibility.

Focus group participants often used the phrase 'one size does not fit all' to describe the issue of designing a program that suited all current and ex-serving ADF members and their partners. As discussed above, many believed that multiple programs with different delivery methods were needed:

There's definitely not a one solution fits all and you're definitely going to need multiple programs. Unfortunately, that's just the nature of humans, isn't it? You're going to need multiple programs for them to fully engage in the programs and actually get something out of it, otherwise someone that really needs it, because they do have a life outside of Defence and there is a career path that they want to



take, they're just going to be able to miss out on a particular service just because they have a life outside Defence. (MVP FG)

Alternatively, many felt that meeting the diversity of delivery needs could be achieved through the development of a single program that embedded flexibility in its design:

One size does not fit all, and everybody experiences Defence relationships very differently. So, to say how it should be delivered, the length of time, you're never going to find the perfect fit because it doesn't exist. So, I think it's about having that flexibility. (MVP FG)

Important to have flexible delivery in whatever format the program is delivered to enable people to choose when and how they can best participate. (MVP FG)

Focus group participants believed that current and ex-serving ADF members and their partners had unique needs due to the requirements of service and consequently they needed flexible and/or multiple programs to enable people to attend:

Having that flexibility is certainly something that really needs to happen with a Defence program because it's just – if your partner's at sea or out bush or whatever and you're needing that support or you're wanting to do these sessions on your own to bring it into play when they get home, that's really important. And if you don't have the flexibility, then people aren't going to be able to access any of it. (MVP FG)


It can often be difficult when there's two working defence members, and often that group can miss out on many events or services. So, it [is] really important to consider out-of-hours programs or services. Again, it comes back to that flexibility. (MVP FG)

The other thing to consider is, are couples in an MWD(U) categorisation? if they're interstate, they may not have the opportunity to attend something that's face-to-face together, or even at the same time online. So, if you have someone in Perth, and you have someone in Sydney ... it's going to be less likely that they're going to be able to tee-up a time where they can both be available for something. (Stakeholder FG)

Some of the focus group participants suggested that a 'modular' delivery approach could provide the flexibility they believed was needed for current and ex-serving ADF members and their partners. They felt that a modular approach would allow couples the flexibility to undertake an education program at their own speed and at a time and place that best suited them. For example, several focus group participants said that it could allow people to 'jump in and jump out' or 'put it on hold' when they needed to – for example, when a couple had Defence requirements such as deployments or a new posting.

Modularised courses allow people to jump in and jump out, whether that be for their flexibility because they can or because they want to. (MVP FG)

I think just that flexibility ... So, if my partner went outfield, like what I was saying before, that we could pause it and then pick it back up. (MVP FG)



Things can change like that, so if we were halfway through one of these programs, it needs to be able to be put on hold so then you can pick it back up later. (MVP FG)

Modular courses potentially where you can move in and out of whatever may suit at the time for each individual couple. (MVP FG)

Some felt that a good modular approach would allow couples to do the course separately from each other at their own convenience if/when needed:

Having options for asynchronous – so, not necessarily a scheduled at this day at this time, because I mean Defence life, things change quickly. You've suddenly got field, you've suddenly got something big happening and that is too easy to throw things out of whack and then scrambling to be able to meet set dates and times that people have to be somewhere. I think there's an element that, yes, you can have scheduled sessions, but I also think the ability to – whether it's a catch-up, listen to a recording or review notes or something like that. It has to be flexible. (MVP FG)

6.4. Who should deliver the program

Focus group participants provided mixed views on who they believed would be the most appropriate person or organisation to deliver a relationship education program to current and ex-serving ADF members and their partners. Most people believed strongly that the person or organisation that delivers the program must have a very good understanding of military family life. For some, this meant that the program could not be delivered by civilian services or Defence/DVA organisations with civilian staff who had no experience of military family life. Subsequently, many believed that the program needed to be provided by people with lived experience of Defence service and/or experience of being in a military couple relationship.

While people believed that civilian services were often well qualified and helpful to military families for some things, most believed that they were not equipped with the inside knowledge and experience to understand current and ex-serving ADF members and their partners' experiences or to be able to adequately communicate in the language and manner required for their communities.

Person 1: I don't think civvy services get it. They don't understand. I work in health and they don't understand the lifestyle side of things so I think having services that are directly linked in with Defence ... **Person 2:** We're a very unique workforce. We have a very unique set of structures of how we operate and for non-Defence people or personnel [they] would not get how the complexity of our issues sit. So, I agree with them. It's got to be somebody or some people that are connected with Defence or have had the background to understand it. (MVP FG)

Who is least-best placed to deliver a program like this? [That] would be a complete civilian service who has no understanding of Defence because there is nothing that rings more hollow than a service delivery provider who doesn't understand the lingo, doesn't understand the culture, doesn't understand the business of Defence and what it's like being in it. (MVP FG)

Having someone with lived experience of military family life was extremely important to participants in each of the focus groups.

I went to some of the transition seminars and [...] there was that peer person there that was like, 'Yeah, I am a volunteer. I was in Defence for X amount of years, and this was my lived experience, if you want to chat some more.' And I found that so beneficial because I knew that they understood what I was just about to embark on and what my journey was going to be and to be able to reach out to them to know that they've been through it was very valuable for me ... I understand that there's some great non-Defence people out there that are helping so much, but for me it needed to be in my language, my Defence language. (MPV FG)

It's quite common for us to get the feedback ... [that] face-to-face programs that have been delivered [by Open Arms] in the past where the facilitator has acknowledged a lack of lived experience ... participants [have] automatically switch[ed] off ... [Similarly] if parents find out that the Defence School Mentor doesn't have lived experience, or can't demonstrate a good understanding of it, they won't access that program ... So, the program needs to be able to show that the facilitators can either demonstrate a really good understanding of the Defence lifestyle and what it entails, or they have that lived experience. (Stakeholder FG)


While participants acknowledged that organisations such as DMFS and Open Arms often have a greater awareness of military life than civilian organisations, some participants believed that services that are linked to Defence or DVA would not be appropriate. They believed that members, veterans and their partners would see these organisations as being too close to their work or former work, and while they believed that these organisations would likely maintain their confidentiality, they did not believe that couples would feel comfortable discussing their relationships with them:

Person 1: Even though people could be really confidential ... if it was more delving deep into relationship issues, I still feel like my partner would feel like if it was someone internal to Defence, he would feel uncomfortable about it ... **Person 2:** You also do want to separate your life to work life. You don't want them knowing every single thing about you. For a civilian job, you wouldn't sit down with your HR and go through a counselling session, would you? No. (MVP FG)

DMFS being a part of Defence still, there could be potentially that stigma around Defence knowing what's going on in my personal life. Again, do we really need the uniform to be involved? And then Open Arms, some people may have – not want to interact with DVA and seeing as Open Arms is part of DVA, do I really want them to know everything that's going on? (MVP FG)

Several participants suggested that veterans were a particular group of people with lived experience who would be well placed to deliver relationship education programs. They suggested that veterans could be trained with the skills to deliver these courses and then paid to provide the courses. They believed that this would not only provide a great relationship education experience for those attending but would also provide the veteran facilitators with employment, purpose and a connection to the military community.

Train [veterans] to be able to deliver these sorts of things with the lived experience, because giving them their purpose back and being back in that community, a



community that they probably didn't want to leave in the first place ... They've got so much lived experience and they're still a part of, that they can reach out and help other people would be so beneficial ... to be able to go, 'Yeah, well, this is my experience', and sharing the experience creates that camaraderie that they probably have missed as well once they've transitioned from Defence, so give them that purpose back. (MVP FG)

You may have veterans that are counsellors that are participating as counsellors in that program. It removes that green suit, blue suit situation where you can almost feel like the military. (MVP FG)

I don't think you need to have a uniform presence and I think someone with experience or having lived it like a veteran who has gone into counselling is the most appropriate. (MVP FG)

While most participants believed the relationship education programs should not be delivered by Defence, DVA or related organisations, a small number did believe that Defence was the best placed to provide training due to their inside knowledge and experience.

ADF is best placed for that. So, having social workers and we said family therapists, that would be amazing if the ADF expanded that because I think that's a key thing, so ADF social workers or family therapists. (MPV FG)

One participant suggested that Defence was better equipped than Open Arms as they perceived Open Arms to lack Defence family lived experience:

I've got some colleagues that work for Open Arms or have done work for Open Arms in the past, they're not Defence families, they're not Defence background, they don't work with Defence all the time but they offer this service. So, I would like to see it delivered from Defence. (MVP FG)

7. Barriers and facilitators to attending

In this chapter we explore potential barriers and facilitators for current and ex-serving ADF members and their partners to attend relationship education programs. It begins by presenting the findings from the stakeholder consultations and discusses the barriers and concerns they believed currently impacted the delivery of support services to Defence and veteran families. The chapter then presents the findings from the focus groups and outlines the barriers and facilitators that they believe may impact the participation of Defence and veteran families in a future relationship education program. Finally, the chapter explores focus group participants' views on which referral pathways could facilitate greater 'buy-in' from couples and attendance at relationship education, and pathways that may potentially be a barrier to participation.


Key points:

- Participants in the stakeholder consultations and focus groups believed that the biggest barrier to people attending support services was a lack of awareness among members and a lack of information getting through to partners.
- To facilitate attendance, focus groups suggested information needs to be communicated directly to the partner. They also suggested greater use of social media including peer endorsements of programs in Facebook groups.
- The stakeholder consultations and focus groups identified practical barriers, such as the time required to access services or attend programs, and the challenges these raised for people with work and/or family time constraints.
- Focus groups believed child care provisions needed to be incorporated into relationship education programs.
- Focus groups identified a fear from current members (and sometimes partners) that seeking help from services or joining programs could negatively impact the member's career and a fear among veterans of reprisal for seeking help.
- To combat this fear, focus groups suggested there needed to be greater reassurances that attending will not impact members' careers and that what they share will not be reported back to their divisional officer.
- Focus groups suggested that there was stigma attached to seeking help among current and ex-serving ADF members.
- To break the stigma of seeking help, focus groups suggested that endorsements were needed from chain of command explaining how positive relationships support Defence capability and that therefore the program is not just about helping the couple but ultimately about helping the military.
- Overall, focus group participants believed that couples needed the ability to self-refer, and not have to go through one of the Defence or veteran organisations, their chain of command or any other group.

7.1. Barriers to attending

Stakeholder consultations

During the initial stakeholder consultation, several barriers and concerns were raised that those consulted believed currently impacted the delivery of support services to Defence and veteran families. The biggest issue they identified was a lack of awareness of support services among members, veterans and their families. In particular, the stakeholders believed that there was



limited communication between Defence and civilian partners and suggested that this resulted in civilian partners receiving only information that was shared with them by the member. Stakeholders involved in the consultations also raised their concern that individuals or families who were less connected to Defence or veteran communities may not find out about services and supports as awareness of them was often gained through their social networks. They believed that this disproportionately impacted those without, those who lived further away from bases and partners who were classified as MWD(U).

Practical barriers were also identified, such as the time required to access services or attend programs and the challenges this raised for people with work and/or family time constraints. Stakeholders reported that parents often had difficulties attending face-to-face evening programs but that their ability to attend was often improved when programs for couples were scheduled alongside activities for children – in particular, during the school holidays. While online programs and services had been created by the stakeholders to aid families' ability to attend, the programs often had low attendance. Similarly, several stakeholders reported that they had previously attempted to run relationship education programs but they suffered from poor uptake and/or attendance.

Stakeholders also discussed the challenge of meeting families differing preferences on whether services should be connected to Defence or DVA. They reported that while some families were reluctant to access 'Defence services' out of a fear that it would be recorded on the member's service record, other families preferred to use them as they were provided free of charge. Similarly, the stakeholders said that families often avoided mainstream services as they often perceived them to be unfamiliar with the military family experience.

Focus groups


In previous chapters we identified a number of approach and delivery considerations that focus group participants believed could create barriers for current and ex-serving ADF members and their partners to attending a relationship education program. In this section we will outline other aspects that participants believed could become barriers and prevent couples from attending these programs.

As with the stakeholder consultations, the most common issue raised by the focus group participants was what they believed was a lack of awareness about programs and services among members, veterans and partners. Participants were mostly concerned with what they saw as a lack of information getting through to partners and families from the member.

The serving member is just under the pump and doesn't have time and doesn't retain the information to relay it back to their partner. (MVP FG)

Sometimes the serving member is like a kid bringing home the note from school, and they get told about something and the note gets shoved in the bottom of the backpack. And if you're lucky, when they get home, it might get pulled out of the backpack, but often you'll find it 3 weeks later and you've missed the cut-off. You haven't heard about it, and you don't know about it. (MVP FG)

The members, highly likely they will get it on a welfare email or something like that. Sometimes, just because they are so busy ... and you're accessing your emails once a week, once a month – you might do what my husband does, and shift delete everything that isn't relevant at that point. Because he's so busy, he doesn't have time for that anyway. (MVP FG)



Similarly, participants suggested that the information about services and programs was not being advertised or shared in the right places and that this can make it difficult for partners, as well as members and veterans, to find out about them.

So many spouses or acting members, they don't know that there's something on offer for them because it's not marketed maybe in the right place. Maybe it's not communicated through their chain. Maybe it's not put into newsletters [or] you might not be a part of those newsletters, so I think it really does come down to how they market it and who they market it through. (MVP FG)

People don't know about [services], which is my biggest problem with everything, everything that we have available for Defence, people – the problem as I see it is there's no one, central location for people to go and find out what's available to them. If they don't know Open Arms exists, they can't go and look up Open Arms. (Stakeholder FG)

I think the group where it's particularly challenging are the vets that maybe have lost that connection with the current Defence services and maybe aren't aware or have forgotten or whatever about services. (Stakeholder FG)

Focus group participants also raised the barrier of current serving members, and often their partners, being worried that seeking help from services or joining programs could negatively impact the member's career. These fears were often based on previous experiences or the negative experiences of other families they knew.

My partner, because of his position, would probably never have gone to a retreat or engaged in anything where he would've been seen to be vulnerable or talked about or, 'Is this going to affect my career in the army?' So, how do you work with that? I'm not sure. – MVP FG

There is that kind of thought process that if a serving member does engage with a service like that, it could impact their career, but I know in the information that was sent out with this particular focus group it was stipulating this is not going to be reported back to anyone and it's not going to be shared with anyone, so it's not going to impact my partner's career, and I took comfort in that in participating. But if I knew that the information was going to be shared, that would definitely be a barrier because I wouldn't want to implicate my partner in his career whatsoever.

Participants also believed that this fear of reprise for asking for help existed among veterans and their partners also:

Even veteran families as well ... in the post-service space as well, [it is a concern] that information might get back to DVA, that could impact as well. So, [the fear], it's in both cohorts, but particularly seems to be prevalent in the current serving space – the impact on career, and [for veterans] the DVA relationship. (Stakeholder FG)

It was suggested that this fear was often exacerbated by a stigma among current and ex-serving members around asking for help:

There is still a little bit of a stigma asking for help within Defence families, to admit that times are tough or that you're struggling. (MVP FG)



There's still so much stigma attached to those types of things. (MVP FG)

Subsequently, participants suggested that one barrier that prevents people accessing these programs and services is the lack of commitment from both members of the couple – in particular, the member or veteran.

You could have a partner screaming out saying, 'There's big problems here. I need help', but if the Defence member doesn't want to disclose, doesn't want to engage, that makes it really hard. (MVP FG)

You can lead a horse to water, but if the horse doesn't want to drink, I mean you can hold its head under, but that probably won't help either, so it really is they have to be willing to put it in themselves, otherwise it was doomed to fail from the start. (MVP FG)

I wouldn't go to something unless I was dragged there, and that would've been by my spouse at the time. But being a veteran, I was a little bit more receptive to it. (MVP FG)

Focus group participants also raised the barrier of families being time poor and the unique time challenges of being a Defence family. Time constraints included the lack of child care for couples wanting to attend services and programs – an issue made even more difficult for Defence couples living away from their informal support networks and informal child care supports.

I think a lot of people with children will understand, is child care. If you are offering something at 6 o'clock on an evening, and I'm located like myself in Townsville, I've got no family around, so I can't engage with these programs because I don't have anyone to help look after my children, so I can't work on my relationship. (MVP FG)

Getting people to attend or to do the program will probably be the hardest part of this, especially if they're being deployed or have just returned and everyone's busy ... It's hard to find time for things like that. (MVP FG)

That time poor stuff we were talking about [and] how much pressure families were experiencing to just get by and spend any kind of quality time together. Having a program where they feel required to attend [when] it may be an off night when they could be spending time together. (Stakeholder FG)

Finally, a couple of participants raised the issue of families who are posted abroad and their inability to access some face-to-face services such as Open Arms:

Person 1: Open Arms, great program but it's not available to people outside of Australia ... I don't think that's just and equitable. **Person 2:** I think definitely just making sure all of the programs, whatever's come up with, are available to people who are not always in Australia and then even if it is available to people who are not in Australia, making it really obvious about how they can connect with it. (MVP FG)

7.2. Facilitators for attending

In previous chapters we identified a number of approach and delivery considerations that focus group participants believed could help facilitate greater uptake of relationship education programs for current and ex-serving ADF members and their partners. In this section we will outline other aspects that participants believed could also help facilitate greater attendance of relationship education programs.

Focus group participants provided a number of suggestions that they believed would combat barriers to attending relationship education and facilitate greater uptake of a future program. To combat the perceived lack of awareness of programs and services, participants suggested that partners and families needed to be communicated with directly and not via the member.

The information needs to get to the spouse over the member because generally, I think we've found in a few breakout rooms that the spouse is the one proactively seeking out that assistance and pushing the program onto the serving partner. (MVP FG)

Not only just giving [information] to the member, but ensuring that it does flow through to that spouse so that they've also got the information for when the husband forgets to tell them. I think that's really important. (MVP FG)

For the information to reach partners, participants suggested greater use of social media. This not only included advertisements but posts by other military spouses within 'Facebook groups' providing peer recommendations.

I don't think we use social media anywhere near as much as we could be in program promotions ... We could be promoting these programs a lot more, people are able to access social media a little bit more freely, if they're following those pages. (Stakeholder FG)


When I'm communicating with my peers on the member unaccompanied Facebook page or the carers' Facebook page, that's when it gets real and that's when it gets quite raw ... [Have peers] comment on some of those particularly Facebook pages, I think that's where a lot of people will start finding about these programs and thinking, 'Yes, this is me and this could help me.' (MVP FG)

Word-of-mouth marketing, that will hopefully get people in the door. So, I do think that that could be one way to increase attendance and participation as obviously getting people to talk about how great it was to actually get them there. (MVP FG)

The focus groups also discussed the need to combat the stigma amongst members of asking for help or accessing services:

Empowering the serving member to seek help. I think there is still a little bit of a stigma asking for help within Defence families, to admit that times are tough or that you're struggling. (MVP FG)

So, reducing the stigma and it's really around people having confidence that they're going to get something out of it and it's not going to impact their work or



their career or promotion or anything like that. It's actually going to be a positive thing for them. So, I think there are huge barriers for current members. (MVP FG)

To help 'break the stigma', focus group participants suggested that members' chain of command needed to actively endorse the programs, take part in the programs themselves, and communicate to the members that the program is vital and will help them. Participants believe that this will help combat the fear among members that attending such a program or seeking help will impact their career.

Probably it was just worth reinforcing, that organisational program uptake is strongly influenced by what the executive is doing. So, if chain of command is practicing this, then that will remove some barriers for other members. (Stakeholder FG)

I think there's an element of buy-in factor and for people to actually see worth to it, so I think if you've got senior serving members who are actually encouraging and reinforcing, delivering, whether it's actually doing your early intervention programs with serving members and then they start to see worth with that and are encouraging their family members and spouses as well to participate in that. (MVP FG)

One way to overcome that is really good professional marketing, with command support and endorsement, that shows how vital this is, and how fulfilling it will help make your lives and relationships be. (Stakeholder FG)


Importantly, some participants said that endorsements from the chain of command needed to explain that positive relationships support Defence capability and therefore the program is not just about helping the couple but ultimately about helping the military:

Even if a couple are, or a member is, motivated to do this course, they really need to see the executive, the chain of command, accessing these programs, and talking about the importance of how positive healthy relationships support capability, and that's lived by their chain of command. (Stakeholder FG)

Something that would help, particularly serving member buy-in, would be to clearly articulate why Defence was offering these programs, and ultimately from my perspective it would come down to building and retaining capability. If you've got serving members who are in a happy and stable and supportive relationship, they are more likely to stay and be effective in the workplace, so I think if you're able to explain to people the reason that we're trying to invest in these programs with you and maybe even requiring ADF members to participate is because there is a direct benefit to you individually and to the organisation as a whole. (MVP FG)

Participants also suggested that buy-in from senior members needs to include a guarantee for members that they will be released to participate in the programs:

The success of this program is going to be getting chain of command buy-in and senior leadership endorsement. Without that top-down push and support to release people to participate in programs, it's going to be very difficult for people to get released to participate. (MVP FG)



Having the endorsement and the buy-in of command. If command are giving the time for members to attend this, then they're much more likely to have that buy-in [from members]. (Stakeholder FG)

Similarly, focus group participants said that to remove some of the stigma, there needed to be greater reassurances that attending these programs will not impact their career and that what they share will not be reported back to their divisional officer.

To increase participation, people have got to feel safe. They've got to know that we're not going to do a report back to your divisional officer. (MVP FG)

A reassurance that this is not going to go back to your divisional officer, we're not reporting back, we don't have to do a report. (MVP FG)

One of the most frequent recommendations at the focus groups was for child care provisions to be incorporated into relationship education programs. Participants of all demographics strongly believed that child care would help facilitate the ability and desire of current and ex-serving ADF members and their partners to attend a face-to-face relationship education program.


One of the realities of Defence life is there isn't extended family around. There isn't that natural network. So, for example, if I wanted to access something like this, I don't have a grandparent to say, 'Hey, can you take my child while I'm doing this?' So, you need to think about child care. (MVP FG)

What would get people to sign up? Child care, free child care while the couple is doing it because a lot of people – yes, we'd love to attend. 'Can the children attend?' 'No, because they're going to interrupt the group and everything.' Well what do I do with my kids? (MPV FG)

[If] there's an actual program laid out for the children to do arts and crafts, playground, play games and that sort of stuff so you can actually be fully invested into the session ... I know that's a lot to organise and it costs money to hire that qualified person and all that sort of stuff but if you really want the partners and that to really get fully invested into it, they need to know that they don't have to worry about getting a babysitter because they have no family support here, paying another \$120 on top of that for that night and that day and if they're close to where you're doing the seminar and there's a playground and there's qualified staff there like a day-care, then you can be fully invested into it and know that the children are being looked after and they're going to be engaged in that so you can focus on that. (MVP FG)

Some participants suggested that child care would also be helpful in increasing participation in online programs:

Person 1: Even if it was an online program, there could be scope for child care in the local area to be covered so that they could attend ... **Person 2:** Funny you should say that. So, [for this focus group] my youngest son is in day care which I've managed to organise and my eldest son has actually [gone to] my in-laws so [I am] able to separate myself from my family life in order to dedicate my time to something like this, that's a big thing for someone in my situation too. (MVP FG)



In a couple of the focus groups, some participants suggested that some form of relationship education be made mandatory for members. While this idea was popular amongst some participants, it was very unpopular amongst others.

I think that would be a great idea, having it as a part of mandatory training for people that are MWD or MWDU, how to communicate back to your family. (MVP FG)

I think the military probably need to start adding, say, mandatory training where it comes to relationship and deployment support on an annual or two-yearly basis depending on what unit you're at to start that awareness. I'm not going to say it will fix it but it's a starting point from – if we can train for everything under the sun for heat radiation, drug and alcohol awareness, all these other things, I think they probably need to look at emotional intelligence, awareness and relationships as part of that initial training and refresher training. (MVP FG)

I don't think having it mandatory, because I know that a lot of defence people just roll their eyes and go, 'Oh, my god, more mandatory training, more information that I already know.' I think that this would be so important. Not getting the important information when you need it because of mandatory training can put people off, so I think give them that information, let them be able to reach out. (MVP FG)

7.3. Referral pathways

Focus group participants were asked to consider how couples should be referred to the programs. Overwhelmingly, those that were in the members, veterans and partners' focus groups said that couples should be able to 'self-refer'. In other words, they wanted couples to be able to sign up to a program themselves and not have to go through one of the Defence or veteran organisations, their chain of command or any other group. One of the reasons for this preference was a belief that going through another organisation added barriers to them attending a program:

Self-referral, I think. If you've got to go through a third party, it's just another barrier. (MVP FG)

There needs to be consideration for self-referral because I find everything you either have to call DMFS and then you get referred on to them and then they do an intake form and all of – it's a bit of a long process just to even sometimes get to the help that you need. I think if you could do a self-referral online when it suits you, when you're feeling comfortable ... It would also help a lot of people too because some people might feel ashamed or upset that they have to reach out and ask for help, and if you can do an online form yourself, you're kind of getting over that initial barrier quickly without feeling that judgement or the anxiety around having to speak to a person. (MVP FG)

Another perceived barrier of going through the Defence 'system' or organisations linked to their 'workplace' was a belief that it would be 'unsafe'.

It should be individual referrals because if – especially serving members, if you need to go to somebody to get a referral, it compromises the safety of why you're doing it. So, if you have for instance, an issue with whoever is above you and you

have to go to them in order to get the referral, then it becomes a safety issue and what that's going to do in turn is it's going to stop people from actually wanting to seek the help. (MVP FG)

It's got to be taken out of the divisional system and be straight away, self-referred ... no one in my workplace knew that I was accessing a psychologist. (MVP FG)

Person 1: You should be able to self-refer.

Person 2: Yeah, I agree with that ...

Person 1: I think taking it out of the divisional officer, I think it's got to be separate from work, it's not safe.

Person 2: Yeah, safe, that is a good word because if you are in the depths of it and you're at that breaking point and that's why you're reaching out, the last thing you want to do is go to your boss and be like, 'Hey, I need to go and see this person because of this', it just – safe is a good word actually. (MVP FG)

To facilitate the self-referral process, participants in the members, veterans and partners' focus groups suggested that details of the program should be provided by Defence in information/resource packs, promoted on social media and with a focus on promotion directly to spouses.


[Mention the program] in those resource packs that go to families, to actually have more information that is directed to spouse and family members and what's actually available other than the phone number to call if something goes wrong. (MVP FG)

[Self-referral pathway?] I know my missus gets pretty much 95% of her information off spouse Facebook groups ... So, I think because it's so easy to get access, you get 50 emails a day, it just gets lost in the system where I know for her generational age social media works really well. (MVP FG)

In contrast, at one of the members, veterans and partners' focus groups, some participants discussed the potential for compulsory referrals of some members from their chain of command. While the participants in the breakout room were in general agreement that a mandatory referral was a good idea to facilitate greater attendance, they were not quite clear on how it would work:

Person 1: I was just considering ... a compulsory referral. So, for example, if chain of command, whether it's through an ADF social worker or welfare board or some other pathway like that, recognises that a member's in distress or is at risk, whether there should be a compulsory referral. I don't know what the answer is ... I mean I know you can lead a horse to water; you can't make them drink. Whether forcing somebody to participate in a program like that is going to be detrimental overall, I don't know.

Person 2: I think that nicely links in with the fact that command would also have to be willing to support and give that time then for that program ... they need to be onboard with that to then identify to say, 'Hey, you need to go on to this program to help you.'



Person 3: I like the idea of it, but how would the chain of command know? Like, what if the member is struggling with their relationship but no-one in their workplace knows about it. (MVP FG)

Participants at the stakeholder focus groups saw the value of referrals coming from services such as their own and believed this method of referral would facilitate greater attendance to programs. The stakeholder participants who raised this believed that a referral process involving a service provider would allow for screening (ensuring they go to the most appropriate program for their needs) and created greater 'buy-in' from couples – particularly when they may need ongoing clinical support or other interventions.

Screening [is] really important. Quite often, we might have people call the helpline and they'll say, 'Can we see a relationship counsellor?' or 'This is going on, can we go to this program?' and this might be the first time people are talking about this issue and may not have even discussed it with their partner as well. So, I think screening and trying to also then I guess fit – or trying to then target the right program depending on what comes out of screening I think is going to be really important. (Stakeholder FG)

If it's actually going to involve some intervention, or ... [the] couple actually needs clinical support ongoing, that warm introduction, that warm handover [from a service provider] might get more of a buy-in from them. (Stakeholder FG)

General advertising does sometimes work, depending on the group, but I think that direct, warm referrals [from a service provider] to the group programs seem to work well for these kinds of [group programs]. (Stakeholder FG)

Finally, focus group participants spoke mostly about referrals for current serving members and their partners but noted that there may be different referral pathway needs for veterans and their partners. Some participants felt that, unlike current members and their partners, self-referral may not be as successful for veterans and their partners as they had often lost connection to the service system. Therefore, referral from other services may be more important for this group:

I think the group where it's particularly challenging are the vets that maybe have lost that connection with the current Defence services and maybe aren't aware or have forgotten about services like Open Arms ... I think the group where the biggest challenge is in terms of linking with [programs] maybe is the vets rather than the current serving members. (Stakeholder FG)

Similarly, one participant suggested that Defence or DVA needed to actively 'reach out' to veterans and their partners 6 months after they transition to provide support and referrals to programs like this if needed. They believed that veterans may not seek out support and may need this type of referral process to facilitate their attendance:

Reach out at that 6-month mark and go, 'Is there anything that can be done?' [At that time it] would be really good to start looking at how will you support a veteran. Because at those first stages they're either angry that they've been discharged medically, or they are trying to cope with some of their injuries that they've had. (MVP FG)

8. Summary and conclusions

This chapter summarises the key findings from this research and their implications for the selection of programs for current and ex-serving members and their partners. We first summarise findings against each research question. We then draw some overall conclusions about which relationship education programs are best suited to military and veteran couples, and how they should be adapted for their specific needs. We finish with some suggested next steps, including how Defence and DVA can use this evidence to inform decisions about program selection and the importance of evaluating the success of any programs that are funded and delivered.

8.1. Key findings by research question

What are the primary relationship challenges faced by current and ex-serving ADF couples?

Our scoping review and stakeholder consultations identified service-related relocations, the frequent separation of members from their partners due to operational deployments and/or unaccompanied postings, and the physical and mental health impacts of service on members as the key relationship challenges faced by current and ex-serving ADF members.


These aspects of military service impact couple relationships in a range of areas including feelings of intimacy, connection and support, concerns about trust, commitment and fidelity, and differing communication styles and needs. These challenges can be exacerbated during transition from military service and when military life pressures interact with significant individual and couple life stages such as the birth of a new child.

The other key relationship challenges identified by this study included resentment about the impacts of military service on members' partners and families, and/or lack of understanding between partners of their differing experiences and needs. Additionally, evidence suggests that the prevalence of mental health issues, substance use and IPV is higher among members, veterans and their partners, and these place additional strain on relationship functioning. Finally, the physical injuries of members and ex-members are not only challenging to the injured Defence personnel but also create significant challenges for their relationships – especially as partners often provide the primary caring role.

What kinds of supports and/or interventions are needed to strengthen and protect current and ex-serving ADF member couple relationships?

Currently there is one relationship education program available for current and ex-serving ADF members and their partners. In addition to this, there are a large range of therapeutic interventions including couples counselling. While preventative support for couple relationships is a component of some military and veteran specific services, it is generally not the focus of the programs. Those that include some preventive support include webinars that provide information and resources on topics such as maintaining healthy relationships in response to the challenges of military life.

In the stakeholder consultations and focus groups undertaken for this study, participants agreed that while a range of existing supports were already available for current and ex-serving members, these focused disproportionately on crisis services, rather than preventative supports. Participants agreed that current and ex-serving ADF members and their partners



could benefit from more early intervention programs that teach about healthy relationships, navigating relationship issues and the realities of military life.

Other comments about the limitations of existing services included reports of long waiting lists to access some professional services (such as counselling), limited numbers of sessions or capacity (such as among ADF social workers) and insufficient staff with relevant expertise (including adequate training) to support people experiencing relationship challenges. An evidence-based relationship education program that helped prevent relationship challenges before they arise could potentially reduce pressure on and demand for other services. An appropriate form of relationship education can also operate as an alternative to couple counselling for couples experiencing minor issues.

Participants agreed that while all military and veteran couples could benefit from relationship education programs, some groups had more need for support. The intervention points identified by participants as requiring targeted relationship education included early in a member or partner's experience with military life and before and during transition. Other life course stress points identified as needing targeted supports were when couples first have children, when children transition into the teenage years, and the transition to the empty-nester years.

The study also identified specific socio-demographic subgroups that have additional support needs and may benefit from relationship education. These included young couples, dual-serving couples, couples where a member was transitioning for medical reasons, step and blended families, young couples and couples with children or a child with special needs. Finally, while this project was focused on the selection and development of relationship education programs for couples specifically, it was a widespread view among stakeholders and all study participants that it would be valuable to include some form of relationship education in the routine training regime of all military personnel, including at specific points such as ab-initio and pre-deployment training. Consistent with the early intervention focus, participants noted that the earlier these skills could be developed, the more likely that military members would commence relationships on a strong footing.

Much of the participant discussion focused on the value of relationship education being offered early during a military career, consistent with an early intervention focus. Participants also emphasised the value and importance of offering relationship education to veterans and at the point (or shortly after) service transition, as this can be a challenging time for members and their partners. Couples that have previously completed relationship education are likely to benefit from repeat interventions to refresh and reinforce learnings, and service transition would be a timely point to offer this (Bakhurst, Maguire et al., 2017; Stanley et al., 2020). It is also important to consider how to promote relationship education to veterans who form relationships after they exit from service, and to ensure new partners are aware of their eligibility.

What couple relationship education interventions currently exist?

The REA identified 19 different relationship education programs currently or recently available in Australia and internationally. When we included all the adapted versions of the 19 programs, we identified a total of 33 programs that are currently or recently available. Most of these programs are curriculum-based with a focus on training in key relationship skills. A small number were based on couple assessment and feedback approaches, and a few combined both curriculum and assessment and feedback approaches.

Which couple relationship education programs could be tailored for the current and ex-serving members and their partners?

The REA conducted for this study identified 4 relationship education programs that are promising for delivery in the ADF context. These are OurRelationship, ePREP, ELEVATE and Marriage Checkup in Integrated Primary Care. All of these are US programs that have been adapted for and/or tested with a US military population.

Despite varied approaches, curricula/topics covered and delivery characteristics, all 4 promising programs were found to lead to small to moderate short-term improvements in one or more relationship outcomes. The curriculum-based programs were more likely to report on, and lead to, improvements in communication skills. Impacts on relationship satisfaction were similar across the program types (curriculum or assessment based) and hybrid approaches, which include both of these strategies, appeared to lead to the largest improvements overall.


This study confirms that an established body of evidence supports the benefits of relationship education for couples generally and for military and veteran couples specifically. Each of the 4 programs identified in the REA have sufficient evidence to demonstrate they are effective and applicable to the ADF context. Similarly, they meet the approach and delivery needs and requirements of participants in this study. Therefore, these 4 programs should be explored for potential trialling and evaluation by DVA for current and ex-serving ADF members and their partners.

How should relationship interventions be tailored to address the specific needs of current and ex-serving ADF members and their partners?

Relationship interventions need to be tailored to suit the circumstances, and respond to the needs, of the couples being targeted. While skills-based training would be valuable to all military couples to prepare them to navigate the challenges of military life, assessment and feedback approaches would suit couples who are experiencing relationship challenges that they need specific help to address. Due to the brief nature of assessment and feedback approaches, there may also be utility in providing these as an alternative for couples who don't have the time for curriculum-based programs, whether or not they are experiencing issues.

To respond to the needs of couples in a variety of circumstances, both approaches could be incorporated into a single program (a hybrid approach), or more than one program could be chosen to cater for their different needs. Participants responded favourably to the OurRelationship program (deemed promising in the REA) because it had a hybrid approach that incorporated both assessment and feedback and a skills-based curriculum – and they recognised both were valuable. Another possibility would be to offer two programs, or offer a flexible, modular program that allowed different components to be completed by different couples, depending on their situation and need. Further, a modularised program could be developed combining couple assessment and feedback with select curriculum components for those who have less time and/or education needs, with selection of curriculum components informed by the couple assessment.

In terms of curriculum-based content, communication skills and expectations management were identified in this study as being important to include in an intervention tailored for current and ex-serving ADF members and their partners. Importantly, any intervention chosen needs to be adapted to include military specific information and examples that couples can relate to. Additionally, if selecting a US program, this includes ensuring examples are appropriate for the Australian military context – which focus group participants noted often differs from the US military.



Overall, participants believed that programs would need to be offered in a variety of lengths and delivery formats to suit varied preferences and circumstances. This is consistent with previous research suggesting that decisions regarding the delivery format and dose of relationship education should be based on who is being served, the viability of methods in a specific setting and resources. They acknowledged that group programs provided benefits of peer-to-peer interaction but that some couples would be reluctant to participate in group programs and, therefore, private, non-group options were also needed.

Providing some form of online option for people participating in a program would be required when tailoring an intervention for current and ex-serving ADF members and their partners. Most participants said that providing some option to participate online was important as many military couples would have difficulty attending face-to-face; or a blended program where everyone attended some online and some face-to-face components. However, stakeholder participants often preferred face-to-face over any form of online program as they believed it was important to monitor participant responses and dynamics for some couples (particularly those in crisis). Noting that most established programs have both online and face-to-face versions available (e.g. PREP and the Building Better Relationships program in Australia), offering more than one delivery format to better meet the needs of couples in different circumstances is recommended.


Relationship interventions also need to be promoted and delivered in a way that responds to potential barriers to participation by current and ex-serving members and/or their partners. To help combat a lack of awareness of services and supports, promotion of any program needs to also be communicated directly to partners in a variety of ways including with a greater use of social media (in particular partner/spouse groups on Facebook). Promotion of relationship interventions also needs to convey the message that these programs are beneficial to couples even when they feel that their relationship is going well. Additionally, to help overcome practical barriers of family time constraints, programs need to be offered in a way that makes it easier for couples with children to attend – such as providing flexible delivery options or child care alongside relationship education.

There is also a need to promote relationship interventions in a way that overcomes any perceived stigma among current and ex-serving members and their partners about asking for help. Additionally, there is a need to combat a fear that seeking help may impact their career (current members) or that there will be repercussions (ex-serving members). Participants in the focus groups provided valuable suggestions for challenging these perceptions such as endorsements from chain of command that linked positive relationships to increased Defence capability – highlighting that relationship education programs are not just about helping couples but ultimately about helping the military. Similarly, focus groups suggested that interventions should allow couples to self-refer rather than going through a Defence or veteran organisation, and for the program to be delivered by someone with lived experience of military life.

8.2. Conclusions

This research sought to identify the primary relationship challenges faced by current and ex-serving members, which preventative relationship interventions are best suited to address their needs, and how existing program may need to be tailored or adapted.

This research confirms the value in providing relationship education to military and veteran couples and the importance of adapting this to include ADF specific content and examples. Relative to other social programs, relationship education programs have an extensive evidence base, having been tested in a large number of highquality studies (large randomised controlled trials) over many years, predominantly in the USA. Studies of the well-established programs



identified in this review persistently found these programs to lead to small to moderate improvements in a range of couple outcomes. Improvements are typically larger for couples facing minor issues in their relationship or at greater risk of relationship challenges due to personal characteristics or social context. This is noteworthy given many social programs provide little to no evidence of effectiveness when tested in a rigorous trial setting (Stanley et al., 2020).

The review found 4 US programs that have been successfully adapted and delivered to military couples in the USA that are promising for delivery in the ADF context. As these programs vary in their approach, target groups and delivery characteristics, which of these programs are likely to lead to the greatest engagement and improvements for current and ex-serving ADF members and their partners may vary depending on the couple's specific circumstances and needs. On balance, the evidence of positive improvements was strongest for the hybrid OurRelationship program, which combined couple relationship assessment and feedback with curriculum-based training. As participants strongly endorsed providing programs for military and veteran couples that incorporate both these elements, this provides solid grounds for selecting this program. However, given the time commitment required to complete this program, Defence and DVA could alternatively consider offering more than one program or a modularised program where couples with less time can complete only the components they need.

There was insufficient existing evidence to assess the effectiveness of the programs currently or previously provided to military and veteran couples in Australia (using the standards of the REA). However, these programs have similar characteristics, and draw on similar evidence approaches, to the curriculum-based US programs, suggesting they may lead to some similar improvements in couple outcomes with this cohort. The CoupleCARE and Building Better Relationships programs, which are available in Australia, also meet many of the format and delivery requirements outlined by the focus group participants, such as having an online flexible delivery mode. However, due to insufficient evidence (evaluations and trials) these were not among the 4 programs identified as promising in the REA.


8.3. Limitations

This study has provided detailed information on the effectiveness of existing relationship education programs and the views of military and veteran couples and service providers on the suitability of these programs for delivery in the ADF context. However, there are limitations to this study. First, while the rapid evidence review assessed the applicability of the programs to the ADF context, applicability was often difficult to judge based on the information available. As a next step, further investigation of applicability is warranted, by reviewing the documentation for a small number of promising programs.

Second, while the REA provides a rigorous methodology for identifying the quality and weight of evidence supporting a particular intervention, which is useful to inform program selection, it does not provide information on the components of programs that are most important in improving outcomes or the mechanisms by which these programs work. Alternative methodologies may be more suitable for identifying these factors.

8.4. Next steps

Next steps are to select one or more programs for trialling with military and veteran couples. In doing so, the findings of this research should be considered in light of existing service delivery options, priorities and needs. Important considerations include:

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- which subgroups in the military and veteran population are a priority focus, which is important for determining the most appropriate program/s
 - the viability of trialling more than one program to cater to different couples needs and experiences, and to test and compare outcomes from different programs
 - the accessibility and adaptability of the identified programs to the Australian context by drawing on more detailed program documentation
 - the feasibility of accessing and delivering specific programs, considering factors such as cost and facilitator training needs
 - alignment of selected programs and initiatives with existing departmental strategies designed to support and protect members and their families. These include the Defence Strategy for Preventing and Responding to Family and Domestic Violence 2023–2028, the DVA Family and Domestic Violence Strategy 2020–25.

Once it has been determined which programs are most suitable to deliver, we propose that consideration be made to co-designing any program adaptations with input from the Defence and veteran communities. We suggest that consideration also be given to delivering and rigorously evaluating more than one relationship education program to compare their relative effectiveness for military and veteran couples and for different subgroups within this population.

Finally, while other interventions or activities designed to support current and ex-serving ADF members and their partners were not the focus of this review, the findings indicate that there is an ongoing need and role for other supports and interventions (such as couple counselling, family support programs and crisis support services) and that some of these provide useful referral points for relationship education. However, as some of the other services overlap with the aims or content of relationship education (e.g. webinars providing families with tips, strategies and resources on topics such as maintaining healthy relationships), future research should also consider the set of funded services as a whole to inform ongoing decisions about priorities and needs.

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Appendix A: Existing services

Table A1: Available relationship services for current and ex-serving ADF members and/or their partners

Service provider	Support service type	Services	Description of service	Eligibility
Department of Defence	Online resource	Engage	An online portal to locate military and civilian services available to Defence members and their families, including family, parenting and relationship support	Current and ex-serving ADF members and their families
	Spiritual and social support	Navy's HMAS Canberra Padres	ADF personnel who provide a range of services according to members' religious denominations. Includes counselling, community events including baptisms, marriages and relevant rituals related to family and relationships, along with facilitating other online and face-to-face activities that may include couple/relationship advice or education. These services may be provided individually, for couples or as a group activity.	ADF members
		Rabbis and Rabbanits		
		FOCUS Military Ministry		
		Military Christian Fellowship-Australia		
		Defence Anglicans		
	Catholic Diocese of the Australian Military Services			
Telephone support service	Defence All-Hour Support Line (ASL)	24-hour confidential triage line to help callers access or get information on services provided by Defence	ADF members and their families	
Workshops	FamilySMART	Part of SMART suite of interactive support programs, focusing on resilience, consisting of small group learning sessions delivered by Defence Social Workers	Partners and families of ADF members	
Department of Defence Defence Member and Family Support (DMFS)	Emergency and crisis support	SAFE Temporary Accommodations	Short-term accommodation for those seeking protection from various physical and mental harms/threats	ADF members and dependents
	Emergency and crisis support	Defence Member and Family Helpline	Helpline for those requesting assistance for various physical and mental harms/threats	ADF members and dependents

	Webinars	Recorded webinars (e.g. Strong family, strong community)	Recorded online presentations that provide families with tips, strategies and resources on topics such as maintaining healthy relationships	ADF members, partners and families
	Transition program	Transition coaching	Provides a range of supports, including relationship support to deal with couple-related concerns such as family responsibilities	Current and ex-serving ADF members who left within 24 months
Open Arms	Counselling	Open Arms counsellors	Free and confidential counselling conducted by trained professionals	Current and ex-serving members and their families
		Safe Zone Support	Free and anonymous counselling conducted over the phone	
	Transition Services	Stepping Out	A series of workshops, usually conducted over 2 days, to help participants address life concerns including maintaining relationships and seeking support	Former serving members and their families
Open Arms	Group treatment programs and workshops	Building Better Relationships	A 2 or 3 day workshop for couples to strengthen relationships, increase connection and manage conflict positively	Current and ex-serving members and their partners/family members
		Recovery from Trauma	A range of programs that allow participants to rediscover, share, learn and/or adapt with new skills and perspectives	
		Doing Anger Differently	A 2 day face to face workshop or an online program comprising of 2x90min sessions	
	Individual support	Peer and Community Program	Peer workers provide intensive case management and referrals for post-service issues including those in relationships.	Current and ex-serving members and their partners/family members
Mates4Mates	Counselling	Psychology team	Therapeutic support to navigate life issues including relationships	Current and ex-serving members and their families
	Social support	Social connection activities	Recreational activities that allow individuals and families to connect and interact	Current and ex-serving members and their families



Soldier On	Psychology services	Psychologists	Specialists provide support with relationship and interpersonal issues.	Current and ex-serving members and their partners/family members
	Social support	Social connection activities	Activities to provide participants the chance to interact, connect and build social networks	Current and ex-serving members and their partners/family members

Appendix B: Methodology for REA

PICO framework

Table B1: PICO framework

Population, problem	Civilian couples, individuals, current and ex-serving ADF members and current partners, Australia, New Zealand, United States, Canada, United Kingdom, adult couples 18+
Intervention	Preventative relationship interventions, i.e. interventions aimed at strengthening relationships. This is, interventions targeted towards individuals or couples not experiencing significant relationship challenges (e.g. violence, high conflict). The primary focus of the intervention is on the couple relationship, rather than seeking to address mental health or substance use challenges. Non-therapeutic relationship interventions (i.e. therapeutic interventions such as couples counselling, couples therapy will be excluded). Interventions where the facilitator is <i>required</i> to have a psychology, psychiatry or counselling qualification will be excluded.
Comparison	Civilian population: Waitlist/no treatment; alternative program; self-directed learning Military population: as above, or no comparative interventions
Outcomes	Changes in relationship satisfaction, strength, stability, communication, connection, conflict recorded in the following study types: <ul style="list-style-type: none">▪ interventions in civilian population: experimental, quasi-experimental with control group▪ interventions in Defence and veteran population: all evaluated studies inclusive of qualitative, process/implementation, satisfaction. The prevention of intimate partner violence will be included as a secondary measure.
Time	2012–2022, + key highly referenced studies

From this framework, 2 literature review questions were developed for the REA:

1. What is the efficacy or effectiveness of relationship education interventions for couple relationship functioning?
2. What is the evidence on relationship education interventions for military, veteran and Defence couples?

Study selection: inclusion and exclusion criteria

A screening process was adopted to assess the eligibility of studies acquired through the search strategy. These papers were assessed against the inclusion and exclusion criteria outlined in Table B2 and Table B3 below.

Table B2: Inclusion and exclusion criteria, civilian review

Inclusion	Exclusion
50% (at least) of the intervention content is focused on the couple relationship	Clinical interventions
Facilitator does not require formal qualifications	Interventions focused only on enhancing individual functioning or parenting (rather than on the couple relationship)
Intervention does not target specific issues such as substance use, PTSD or mental health	Interventions aimed at specific issues such as health problems or PTSD
Intervention delivered to adults (18+)	
Reports on one or more of the following outcomes: changes in relationship satisfaction, quality, strength, stability, communication, interaction, connection, or conflict resolution, prevention of violence	Reports only on participant satisfaction or the acceptability of the intervention
Experimental designs with a control group	Qualitative studies, or quantitative studies without a control group
Peer reviewed, published studies or dissertation	
Study undertaken in Australia, New Zealand, Canada, UK or USA	

Table B3: Inclusion and exclusion criteria, military review

Inclusion	Exclusion
50% of the intervention content is focused on the couple relationship	Clinical interventions
The facilitator does not require formal qualifications	Interventions focused on enhancing individual functioning or parenting (rather than on the couple relationship)
Intervention does not target specific health issues such as substance use, PTSD or mental health	Interventions aimed at couples experiencing specific issues such as health problems or PTSD
Intervention delivered to current or former serving Defence force members	
Intervention delivered to adults (18+)	
Reports on one or more of the following outcomes: changes in relationship satisfaction, quality, strength, stability, communication, interaction, connection, or conflict resolution, violence prevention. Reports on client satisfaction, acceptability or other process evaluation measures	
Evaluated using any method including qualitative designs	
Peer reviewed, published studies or dissertation	
Study undertaken in Australia, New Zealand, Canada, UK or USA	

Quality appraisal

A quality appraisal process was undertaken for each individual study to assess the quality and risk of bias. The Joanna Briggs Institute (JBI) quality appraisal tools (Joanna Briggs Institute, 2020a, 2020b) were used for quasi-experimental study designs and randomised controlled trials (RCTs). As there is no JBI appraisal tool for mixed methods studies, the Mixed Methods Appraisal Tool 2018 version (Hong et al., 2018) was used for these studies. Quality appraisal was independently conducted by 2 reviewers, conflicts discussed, and consensus sought from a third reviewer if conflicts could not be agreed. Where required, additional information to determine the quality and risk of bias was sought from study authors and published protocols (e.g. around the process of randomisation and blinding). As the JBI tools do not include a

scoring system, a table was developed to rate the quality of studies. Each study was rated as having a 'high', 'unclear', 'unclear-low' or 'low' risk of bias. The 'unclear-low' category was developed to represent studies for which there was missing information (e.g. around blinding) that meant it was not possible to rate a study as having a high or low risk of bias but the missing information was not regarded as having a critical impact on the quality of the study.

Evaluation of the evidence

Evaluation of the evidence was undertaken using the 5 criteria, below (Varker et al., 2014), which draw on the FORM framework for assessing and grading a body of evidence (Hillier et al., 2011). The evaluation focused on:

- the **strength of the evidence base**, in terms of the quality and risk of bias, quantity of evidence and level of evidence (based on the study designs)
- the **direction** of the study results in terms of positive, negative or null findings
- the **consistency** of the study results
- the **generalisability** of the body of evidence to ADF couples
- the **applicability** of the body of evidence to the Australian context and Defence and DVA social services contexts.

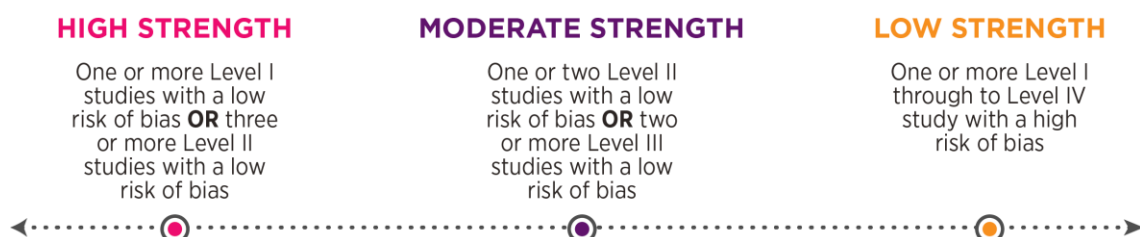
As a first step, each study was categorised based on the study design:

- Level I: A systematic review of RCTs
- Level II: An RCT
- Level III-1: A pseudo-randomised controlled trial
- Level III-2: A comparative study with concurrent controls
- Level III-3: A comparative study without concurrent controls
- Level IV: Case series with either post-test or pre-test/post-test outcomes (Varker et al., 2014).

Where there was at least one Level II study with a low or unclear-low risk of bias, the FORM assessment was undertaken. A full description of the FORM assessment can be found in the DVA guide to REAs (Varker et al., 2014). Each criteria is summarised below.

Strength of the evidence base

The strength of the evidence base considers the quality of the study and its risk of bias, the quantity of evidence and the level of evidence. As it was difficult in many studies to conclusively rate the risk of bias (as per the quality appraisal above), we included an additional level we referred to as 'low-moderate', in-between low and moderate strength. We rated the strength of the evidence base as moderate where at least 2 studies were rated as unclear (low) risk of bias. Where one study was unclear, and another was rated unclear/low, we rated the overall strength of the evidence base as low-moderate.





Direction of evidence

Direction of evidence looks at whether positive or negative outcomes were found.

POSITIVE DIRECTION

The weight of evidence indicates positive results

UNCLEAR DIRECTION

The evidence does not show significant effects **OR** the results are mixed

NEGATIVE DIRECTION

The weight of the evidence indicates negative results



Consistency

Consistency refers to whether the findings were consistent across the included studies (and are therefore likely to be replicable). Where there was only a single study, consistency was not assessed.

All studies are consistent reflecting that results are highly likely to be replicable

Most studies are consistent and inconsistency may be explained, reflecting that results are moderately-highly likely to be replicable

Some inconsistency reflecting that results are somewhat unlikely to be replicable

All studies are inconsistent reflecting that results are highly unlikely to be replicable



Generalisability

Generalisability covers how the participants and settings of the included studies match military and veteran couples. In the application of this criteria, a study undertaken with an ADF population was considered 'the same', a study with a military population in another country (e.g. the USA) was considered 'similar', a study with a broad population group in another country was 'clinically sensible', and a study in a particular location or with a particular age group or participants from a specific cultural background was considered 'hard to judge'.

The population/s examined in the evidence are the same as the target population

The population/s examined in the evidence are similar to the target population

The population/s examined are different to the target population, but it is clinically sensible to apply this evidence to the target population

The population/s examined in the evidence are not the same as the target population and hard to judge whether it is sensible to generalise to target population



Applicability

The applicability criteria considers whether the evidence base is relevant to the Australian context, drawing on organisational and cultural factors. Drawing on Varker et al. (2014) and Hillier et al. (2011), our assessment of applicability considered factors such as staff qualifications, the replicability, accessibility and adaptability of the intervention and program content to an Australian context, and other organisational factors unique to the ADF context.

Ranking the evidence

Finally, the evidence on each intervention was ranked. This ranking was undertaken in consideration of the 5 criteria above, and agreement was sought between 2 independent raters and reviewed by a third member of the research team. The evidence was ranked and the study placed in one of the four categories listed in Figure 1.

Figure B1: Categories ranking the evidence of interventions

SUPPORTED Clear, consistent evidence of beneficial effect	PROMISING Evidence suggestive of beneficial effect but further research required	UNKNOWN Insufficient evidence of beneficial effect and further research is required	NOT SUPPORTED Clear, consistent evidence of no effect or negative/harmful effect
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Appendix C: Promising REA programs (focus group pre-reading)

Table C1: Promising relationship education programs identified in the REA and provided to focus group participants as pre-reading

Intervention	Description	Delivery characteristics	Target population
ELEVATE	<p>ELEVATE seeks to build relational skills through 6 to 9 x 1.5–2 hour sessions with videos, activities and skills practice.</p> <p>Focus is on evidence-based, modifiable factors that predict healthy relationship functioning, translated into skills for relationships.</p> <p>Blends mindfulness activities with practical strategies to enhance healthy relationships</p>	<p>Group based program</p> <p>Reviewed version was delivered face-to-face but program is now available virtually.</p> <p>6–8 sessions, 1.5–2 hours, includes videos, activities and skills-based practice</p> <p>Delivered once a week over 6 weeks or condensed over 2 days</p> <p>Delivered by trained male and female facilitators (most have had a background in family services)</p> <p>In one version included in the review, both members of the couple were not required to attend.</p>	<p>General population/primary prevention</p> <p>Adapted version available for US military couples but no evaluations of the military version included in the review</p> <p>Found to be effective with a range of couples and demographics</p>
ePREP	<p>ePREP is an online adaptation of PREP, a group-based preventative relationship education program focusing on teaching couple communication and conflict management skills and strategies.</p>	<p>6 hours of online content to be watched by couples together over 6 weeks, plus 1–2 hours of homework and a fortnightly (15 min, 4 in total) call with a coach to practice skills</p> <p>Can be completed by singles prior to forming relationships</p> <p>Coaches were graduate students in psychology/family therapy</p>	<p>General population/primary prevention.</p> <p>Adapted version available for US military couples included in the review</p> <p>Found to be effective with couples seeking support for their relationship, low-income couples, same-sex couples and military couples (but lower completion rates)</p>
Marriage Checkup in Integrated Primary Care	<p>A brief couple therapy program that consists of therapeutic assessment and motivational feedback</p> <p>Couples complete a questionnaire, assess relationship strengths and concerns, and receive feedback from a therapist to address their concerns.</p> <p>Therapeutic techniques are used to build intimacy, empathic understanding and collaboration.</p>	<p>Delivered face-to-face in primary health care setting (not group based)</p> <p>3 x 30 minutes sessions spread over 6 months</p> <p>Delivered by behavioural health consultants, described as mental health providers, therapists and health consultants</p>	<p>Designed for full range of couples from relationally satisfied to severely distressed (situated between primary prevention and tertiary therapy)</p> <p>Adapted version available for US military couples included in the review</p> <p>Found to be effective with military couples. Effects larger for couples with low relationship satisfaction when commencing program</p>
OurRelationship	<p>Couple therapy program to help couples identify and address a problem in their relationship (incorporates principles of couples therapy and relationship skills education)</p> <p>Consists of three phases: Observe, Understand and Respond</p> <p>This includes a couple assessment, identification of issues to work on, coaching/feedback and information/skills training.</p>	<p>Members of couple complete the program content individually and come together for structured conversations at the end of each phase.</p> <p>Program designed to be completed in 8 weeks.</p> <p>Includes 6–8 hours of online content over 6 weeks and a fortnightly call with a coach (in some versions now available these are weekly)</p> <p>Coaches were graduate students in psychology, family therapy or family relationships</p>	<p>Designed for couples that are experiencing some relationship challenges but do not require intensive couple therapy (secondary prevention).</p> <p>Adapted version available for US military and veteran couples included in the review.</p> <p>Found to be effective with low-income couples, same-sex couples, and military couples (but lower completion rates)</p>

Appendix D: All relationship education programs identified in the review

Table D1: Relationship education programs available in Australia and internationally (military and civilian)

Intervention	Approach	Curricula/Content	Delivery characteristics	Population/groups	Strength of evidence base	Overall appraisal
ELEVATE (US program)	Curriculum based	<p>Curriculum-based preventative relationship education program that seeks to build relational skills through education and practice</p> <p>Focus on evidence-based, modifiable factors that predict healthy relationship functioning, translated into skills for relationships</p> <p>Blends mindfulness activities with practical strategies to enhance healthy relationships</p> <p>Covers communication skills and couple enrichment</p>	<p>Group based</p> <p>Reviewed version delivered face-to-face but also available online.</p> <p>6–9 sessions, 1.5–2 hours, includes videos, activities and skills-based practice</p> <p>Delivered once a week over 6–8 weeks or condensed over 2 days</p> <p>In one version of the program included in the review, both members of the couple were not required to attend.</p>	<p>General population/universals primary prevention</p> <p>Adapted version available for US military couples but no evaluations of the military version included in the review.</p>	<p>Moderate (one Level-II study with unclear-low risk of bias and one Level-III-2 study with unclear risk of bias)</p> <p>Both studies found positive impacts on relationship quality at 12 months.</p> <p>Adler-Baeder and colleagues (2022) reported statistically significant improvements in relationship skills ($\beta = 0.37, p = .002$), relationship quality ($\beta = 0.22, p < .001$), and family harmony ($\beta = 0.06, p < .001$) over 12 months compared with a no-intervention control group. McGill and colleagues (2021) reported a small but statistically significant effect on relationship quality ($\beta = 0.04, p = .040$) at 6-month follow-up.</p> <p>Found to be effective with couples from a range of ethnic and economic backgrounds</p>	PROMISING for delivery in Australian military and veteran context
ePREP (US program)	Curriculum based	<p>Online adaptation of PREP, a curriculum-based preventative relationship education program focusing on teaching couple communication and conflict management skills and strategies</p> <p>Topics include communication, conflict management, problem-solving, conflict management, commitment, friendship, sensuality</p>	<p>Self-directed learning</p> <p>6 hours of online content to be watched by couples together over 6 weeks, plus 1–2 hours of homework and a fortnightly (15 min, 4 in total) call with a coach to practice skills.</p> <p>Can be completed by singles prior to forming relationships</p> <p>Coaches were graduate students in psychology/family therapy.</p>	<p>General population/universals primary prevention</p>	<p>Low-moderate (2 Level-II studies, one with unclear-low and one with unclear risk of bias).</p> <p>Found to be effective with couples seeking support for their relationship (with a degree of relationship distress), low-income couples, same-sex couples (though impacts smaller) and military couples (lower completion rates).</p> <p>In one study, low-income couples showed significant improvements across relationship satisfaction ($\beta = 0.27$), communication conflict ($\beta = -0.37$), emotional intimacy ($\beta = 0.16$), breakup potential ($\beta = 0.06$), intimate partner violence (OR = 0.88) immediately after intervention and at 4-month follow-up. A second study found moderate improvements in relationship satisfaction ($d = 0.36$), communication conflict ($d = -0.49$), emotional intimacy ($d = 0.26$), breakup potential ($d = -0.43$) but no impact on intimate partner violence (OR = -0.04). At 4-month follow-up, outcomes were largely maintained except for breakup potential ($d = -0.14$).</p>	PROMISING for delivery in Australian military and veteran context

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PREP for Strong Bonds (US program)	Curriculum based	Adaptation of PREP designed for Army couples. Consists of regular PREP content with additional information on reintegration and deployment challenges. Topics include communication, problem solving, skill training, emotional support, stress and relaxation, and commitment (among others)	Delivered face-to-face over 14.4 hours as a 2-part workshop including a weekend retreat Facilitated by Army Chaplains	Army couples	Low-moderate (one Level II study with unclear-low risk of bias) Direction of evidence mixed No significant differences in marital satisfaction, positive bonding either post-intervention or at a 2-year follow-up. Significant effect for communication post-treatment but not maintained at 2-year follow-up. The only significant remaining effect at 2 years was on divorce rates in one of the 2 sites (OR = 0.50, $p < .01$) Additional analysis found those with a history of infidelity, who had lower baseline levels of marital satisfaction, benefited more from the program than those without a history of infidelity.	UNKNOWN (unclear/low evidence of positive results)
PREP group program	Curriculum based	Curriculum-based relationship education program delivered to US Air Force couples. Focus on teaching couple communication and conflict management skills and strategies	Delivered face-to-face, group format Delivered in 6 x 2-hour sessions OR over one weekend day with 2 evening meetings a week apart. Delivered by social workers at Air Force bases, religious leaders and/or by university-affiliated staff	Tested with US Air Force couples	Low (one Level II study with high risk of bias and one Level IV study). One study found significant increases in relationship satisfaction and anger management skills among Airforce couples. Other study found no significant reduction in divorce rates over 6–15 years when compared to couples who received religious organisation's existing pre-marriage services	Not assessed
PREP self-directed book	Curriculum based	Self-directed learning. Uses the book <i>12 hours to a Great Marriage</i>	Book consists of 12 chapters, and each chapter takes approximately one hour to read and complete the activities. The couples ($n = 29$ individuals) were tasked to complete the book chapters, and the Outreach managers (Air Force base social workers) were asked to contact couples once a week to provide support.	Tested with US Air Force couples	Low (one Level IV study) Participants who completed the self-guided book in intervention had a statistically significant increase in anger management skills but no similar increase in relationship satisfaction.	Not assessed
PREP Within Our Reach	Curriculum based	Designed for individuals who may or may not be in a relationship. Covers communication, managing expectations, conflict management, affect regulation, commitment, intimacy enhancement, emotional safety, and physical safety. Focus on skills useful in all relationships	12-hour (4-week) program (further details not reported)	Tested with low-income couples in the USA Additional analysis examined impact for same-sex couples	Low (one Level-III study) Study participants reported statistically significant improvements in emotion regulation ($\beta = -0.83$) and dyadic coping ($\beta = 1.7$) but no effect on relationship adjustment. No significant improvement in relationship outcomes for same-sex couples.	Not assessed

Strengthening Defence and veteran couple relationships through relationship education

		and additional focus on partner selection				
Internet based PREP for foster and adoptive couples	Curriculum based	Version of PREP adapted for foster and adoptive couples. Focus on core communication skills and did not include other PREP topics such as commitment, expectations, forgiveness and stress. Modules cover negative interaction styles, listening techniques and role-modelling scenarios	Online 4 modules beginning with basic information about PREP and an interactive quiz about the risk status of one's relationship The course took 4 hours and contained videos of a narrator, visual components of instructional content, navigational panels, clickable options and printable course handouts. All content followed by true-false questions about the concept.	Foster and adoptive couples	Low (one Level-II study with high risk of bias) Participants reported greater increases in communication and conflict management skills compared to control group (who received an existing web-based parent training course) ($F(1, 30) = 4.29, p < .05, \eta^2 = .13$). There were no significant differences between groups on decreases in negative spousal communication.	Not assessed
PREP-EPL					NOT INCLUDED IN REA	Not assessed
Marriage Checkup in Integrated Primary Care	Assessment and feedback	Brief couple therapy program that consists of therapeutic assessment and motivational feedback, adapted for US military couples Couples complete a questionnaire, assess relationship strengths and concerns, and receive feedback from a therapist to address their concerns Therapeutic techniques used to build intimacy, empathic understanding, and collaboration	Delivered face-to-face in primary health care setting 3 x 30 minutes sessions spread over 6 months Delivered by behavioural health consultants, described as mental health providers, therapists and health consultants	US military couples (original program designed for full range of couples from relationally satisfied to severely distressed, i.e. situated between primary prevention and tertiary therapy)	Low-moderate (one Level-II study with unclear-low risk of bias) At 1 and 6-month follow-ups, couples experienced significant improvements across all outcomes with small to moderate effect sizes (e.g. couple satisfaction ($d = 0.27, p = .009$), responsive attention ($d = 0.41, p = .004$), partner compassion ($d = 0.32, p < .001$), intimate safety ($d = 0.21, p = .033$) and communication skills ($d = 0.25, p = .006$) at 6 months). Couples who reported relationship distress at baseline reported significantly higher treatment effects ($d = 0.51, 95\% \text{ CI } [0.26, 0.75]$).	PROMISING for delivery in Australian military and veteran context
Marriage Check-up	Assessment and feedback	Brief couple therapy program that draws on motivational interviewing and integrative behavioural couple's therapy.	Consists of two 2-hour sessions and a 'booster visit' one year later Delivered by trained student therapists	Universal primary prevention	Low (one Level-II study with high risk of bias) Small but significant effects on relationship satisfaction, intimacy and acceptance at completion and 12-month follow-up (at 12 months: relationship satisfaction $d = 0.18, p = .012$; intimacy $d = 0.34, p < .001$). Effect sizes increased following a 12-month booster session. Two years after the intervention effect sizes reduced and only intimacy ($d = 0.36, p = .002$) and acceptance (for female partners) ($d = 0.23, p = .050$) were maintained at a significant level.	Not assessed
OurRelationship	Hybrid	Couple therapy program to help couples identify and address a problem in their relationship	Members of couple complete the program content individually and come together for structured	Designed for couples who are experiencing some	Low-moderate (4 studies, including 3 Level II studies, 2 with unclear-low risk of bias and 1 with unclear risk of bias; and 1 Level IV study)	PROMISING for delivery in Australian

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		Includes a couple assessment, identification of issues to work on, coaching/feedback and information/skills training Consists of 3 phases: Observe, Understand and Respond	conversations at the end of each phase. Designed to be completed in 8 weeks. Includes 6–8 hours of online content over 6 weeks and a fortnightly call with a coach (in some versions weekly). Coaches were graduate students in psychology, family therapy or family relationships.	relationship challenges but do not require intensive couple therapy (secondary prevention). Adapted version available for US military & veteran couples included in review.	Effective with low-income couples, mixed-sex and same-sex couples, and military couples (but lower completion rates) Two RCTs comparing EPREP and OurRelationship against a waitlist control group found slightly larger effect sizes for OurRelationship than ePREP at program completion and no significant attenuation of effects at 4 months (e.g. effect sizes for Hatch and co-authors (2022): relationship satisfaction, $d = 0.46$; communication conflict, $d = -0.54$; emotional intimacy, $d = 0.26$; breakup potential, $d = -0.43$; intimate partner violence, $d = -0.12$).	military and veteran context
Protecting Strong African American Families	?	Developed for African American couples in the rural South rearing pre-adolescent and adolescent youths. Covers couple relationship functioning and parenting processes (to enhance youth development)	Delivered at couples' homes by a trained African American facilitator over 6 2-hour weekly sessions plus 2 booster sessions on the third and ninth month after program completion	Designed for and trialled with African American families raising children aged 9–14 years in rural south USA	Low-moderate (one Level-II study with low-unclear risk of bias) Significant improvement in communication: men, $\beta = 0.12$, $p = .001$; women, $\beta = 0.13$, $p = .001$; relationship satisfaction: men, $\beta = 0.09$, $p = .004$; women $\beta = 0.10$, $p = .004$ (Barton et al., 2018) over 17 months.	UNKNOWN (applicability to Australian context unclear)
Couples Connecting Mindfully	Curriculum based	Developed to build core relationship skills and to strengthen modifiable relationship protective factors through education and skills (evidence-informed program based in NERMEM skills, like Elevate, and mindfulness education) Emphasises stress management and emotion regulation using mindfulness-based stress reduction techniques.	6-session, 9–12-hour educational program with 8–9 hours curriculum content and 'homework' practise Delivered by male and female teams of facilitators and includes skills-based practice	Universal primary prevention, tested with economically and ethnically diverse sample	Low-moderate (one Level-II study with unclear-low risk of bias) Small improvements in relationship skills ($\beta = 0.37$, $p = .001$), relationship quality ($\beta = 0.21$, $p < .001$) and family harmony ($\beta = 0.05$, $p = .005$) each reported each month post-treatment up to 12 months (Adler-Baeder et al., 2022).	UNKNOWN (applicability to the Australian context unclear)
Texts 4 Romantic Relationships	Unclear	Low-cost, small-dose intervention designed to improve relationship wellbeing. Participants receive daily text messages with prompts intended to change relationship behaviours (Hatch et al., 2020).	Texts sent for 28 days.	General population/primary prevention	Low-moderate (one Level II study) Not found to be effective across any outcome	UNKNOWN (Not found to be effective, applicability to Australian context unclear)
Action sheets	Unclear	One component of a proposed multi-level prevention program for relationship functioning Action sheets contain evidence-based tips and strategies and	The action plan requires an individual to identify, develop and assess their progress towards addressing an identified target relationship behaviour. The plan is intended to be	Tested with active-duty United States Air Force members	Low (one Level IV study)	Not assessed

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		prompt participants to develop an action plan.	completed during a consultation with a clinician.			
Couple CARE online	Curriculum based	Curriculum-based relationship education program that covers the following 6 topics: relationship self-change, communication, intimacy and caring, managing differences, sexuality and managing life changes (Halford et al., 2010).	Self-directed online learning Includes 6 units each of which couples complete in about a week. Includes: (a) a DVD that presents key ideas and models core relationship skills; (b) a guidebook that presents structured tasks that allow the couple to apply the key ideas to their relationship and (c) development of individual self-change plans by each partner	General population/primary prevention	NOT INCLUDED IN REA Earlier evaluations have reported positive results, e.g. an RCT (of unknown quality) found it produced short-term improvements in couple relationship satisfaction (Halford et al., 2010).	Not assessed
Couple CARE in Uniform	Curriculum based	Couple CARE adapted for use with Australian military population		Military population	NOT INCLUDED IN REA But results from a small RCT did not observe significant results (Bakhurst, McGuire et al., 2017).	Not assessed
Couple CARE for Parents	Curriculum based	Couple CARE adapted for couples in transition to parenthood		Couples who are pregnant/expecting a baby	NOT INCLUDED IN REA	Not assessed
RELATE	Assessment and feedback	Online assessment of a couple's current relationship strengths and challenges in domains such as relationship satisfaction, communication and conflict management.	271-item self-assessment of relationship strengths and challenges accessed online (based on self and partner reports). Generates a 13-page report that describes the meaning of scores, the couple's relationship strengths, neutral features and challenges. Couples are then called over the telephone by a relationship educator who speaks to them in a semi-structured conjoint interview about the report for around 45–60 minutes. Participants are asked about their overall reactions, their strengths and challenges, and specific relationship enhancement goals.	General population/primary prevention Studied with mixed-sex Australian couples predominantly in their early to mid-forties with higher incomes and education levels compared to the general Australian population	Low (one Level-II study with high risk of bias) The study found no change in relationship satisfaction for RELATE versus control group.	Not assessed
RELATE Plus COUPLE CARE	Hybrid	In RELATE plus Couple CARE, couples did the Couple CARE program after the RELATE online assessment and feedback	ONLINE and coaching over the phone.	General population/primary prevention	Low (Level-II study with high risk of bias) Found small to medium positive improvement in relationship satisfaction and couple commitment	Not assessed

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		process. After the online assessment, couples receive a telephone call from a relationship educator who discusses the links between the couple's RELATE assessment, their goals and the content of Couple CARE. They additionally receive a series of telephone calls with a psychologist (or professional relationship educator, counsellor or therapist) to review progress and assist with self-change plans via coaching.	The total time commitment is 2 hours per unit or 12 hours across the whole program. Relationship educators were qualified psychologists and postgraduate clinical psychology students who received additional training	Australian couples in the study were predominantly in their early to mid-forties and had higher incomes and education levels than the general Australian population.	over 12 months compared to waitlist control ($d = 0.45$, 95% CI [0.18, 0.69]).	
Essential Life Skills for Military Families	Curriculum based	Modules on strengthening relationships and building life skills (particularly financial and legal skills)	Can be delivered in full-day or weeknight schedules.	US Military personnel	Low (one Level-III study) Participants reported a better understanding of the impact of military life on couple relationships in end of program survey, and a greater appreciation of relational skills such as communication but no conclusive evidence of effectiveness.	Not assessed
Family Focused Reintegration Intervention	Curriculum based	Designed to enhance relationship and parenting skills in the context of deployment and reintegration 8 modules covering a range of topics around relationship and parenting skills	Delivered face-to-face in participants homes Time commitment of at least 8 hours (details not clear)	Parents of young children whose parents recently returned from deployment	Low (one Level III-1 study with unclear risk of bias – RCT no reported method of randomisation) Partners reported an increase in relationship satisfaction compared to the control group ($F(1, 85) = 5.368$, $\eta^2 = 0.59$, $p = 0.23$). However, there was no statistically significant difference in relationship satisfaction for serving members following the intervention.	Not assessed
Operation Restoration couples retreat	Curriculum based	Focus on reunification issues and reconnection, relationship healing and renewal. Includes psychoeducation sessions and facilitated activities including a film viewing, a date night and a bonfire	3-day retreat for couples	Military personnel post-deployment	Low (Level IV study) The evaluation reported a high level of satisfaction with the program.	Not assessed
Power of Two Online	Curriculum based	Covers communication, emotion regulation, decision making, positivity and intimacy	Online self-directed learning Comprises 12 modules grouped into topic areas. Each module has 8–12 activities such as interactive flash games, videos, real-world challenges, assignments and print and DVD resources. During the first month, participants received bi-	Universal primary prevention – tested with community sample of mixed-sex couples	Low-unclear (one Level-II study with unclear risk of bias)	Not assessed

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			weekly reminders to use the online materials via text message or email. After this, they received bi-weekly messages sharing generic relationship statistics or appreciation for participation.			
Strengthening Same Sex Relationships	Curriculum based	Manualised program for men in same-sex relationships covering six core content areas: positive communication, problem solving, negative communication, perceived stress, social support, and support for the relationship (Buzzella et al., 2012)	Delivered face-to-face in small groups The intervention includes 10 hours of content in the form of short lectures, video demonstrations of skills, group discussions and exercises for skills practice.	Men in same-sex relationships	Low (2 Level-II studies with high risk of bias) In one study, the member of a couple who first expressed interest saw statistically significant improvements in negative communication ($d = 1.55$, $p = .05$), relationship quality ($d = 1.66$, $p < .05$), and marginally significant improvements in problem solving ($d = 1.55$, $p = .06$).	Not assessed
Strong Families, Strong Communities	Curriculum based	Focus on healthy relationships and broader skills	Includes 14 hours of content delivered over 7 weeks	Low-income minority communities in the US and delivered in English and Spanish	Low (one Level-II study with high risk of bias). Small significant improvement in relationship satisfaction: $\beta(SE) = 0.09(.03)$, $t = 2.95$, $p = .003$; relationship connectedness: $\beta(SE) = 0.14(.03)$, $t = 4.11$, $p < .001$; relationship quality: $\beta(SE) = 0.13(.04)$, $t = 3.12$, $p = .002$; conflict resolution: $\beta(SE) = 0.09(.03)$, $t = 2.97$, $p = .003$	Not assessed
Building Better Relationships (Relationships Australia versions)	Curriculum based	Couple program based on research of Dr John Gottman covering: expectations and roles, healthy relationships, commitment and trust, communication, managing conflict and appreciating differences, maintaining connection, stress, anxiety and depression, safely expressing feelings and planning for change	Group based Delivered by Relationships Australia in ACT, NSW, QLD and WA 6 to 8 x 2–3-hour sessions delivered over 6 to 8 weeks Delivered online in Qld, NSW and face-to-face in ACT Participants screened over the phone to determine suitability	LGBTIQA+ or non-LGBTIQA+ couples who are 'committed' to their relationship. Can be delivered to those experiencing some issues	NOT INCLUDED IN REA	Not assessed
Building Better Relationships (Open Arms version)	Curriculum based	Version of Building Better Relationships program adapted for military and veteran couples Modules adapted to include discussion of impact of military service on relationships	Delivered through OpenArms by facilitator experienced in therapeutic work with couples and knowledge of symptoms and treatment of PTSD Designed as 8-session course with each session 3 hours in duration but can be delivered over 3 days	Veterans and their partners (committed couples, not in crisis)	NOT INCLUDED IN REA	Not assessed

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			Designed to be delivered face-to-face in group setting			
Open Arms Residential Lifestyle Program	Curriculum based	Residential lifestyle program aiming to improve the health and wellbeing of veterans and their partners by providing education and skills to improve ability to relate and function effectively Covers communication skills, relaxation skills, stress management, anger management, depression, PTSD, self-awareness, self-esteem, positive self-talk, exercise, fostering mutually supportive relationships, relationship problem solving and goal setting	Delivered as a retreat for couples over 5 days (accommodation provided) to encourage bonding and connection	Veterans and their partners	NOT INCLUDED IN REA	Not assessed
Creating Healthy Relationships Program					NOT INCLUDED IN REA	Not assessed
Couple Coping Enhancement					NOT INCLUDED IN REA	Not assessed
Becoming a Family					NOT INCLUDED IN REA	Not assessed
Building Strong Families					NOT INCLUDED IN REA	Not assessed
Parents and children together					NOT INCLUDED IN REA	Not assessed
Family Foundations					NOT INCLUDED IN REA	Not assessed
Supporting Father Involvement					NOT INCLUDED IN REA	Not assessed
Fatherhood Relationship and Marriage Education					NOT INCLUDED IN REA	Not assessed