



Fighting Their Own Battle: Families of Veterans with Substance Use Problems

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Tom Harrison House
"Honour, Hope, Healing"



Foreword

Drinking has been at the heart of military culture for centuries. Despite the Ministry of Defence's attempts to reduce the alcohol consumption of serving personnel, it remains at a higher level than that of the equivalent general population. Amongst a relatively young, fit and active workforce, the immediate effects of such substance misuse can remain unexposed. However, habits or addictions are formed and sadly excessive alcohol consumption is also seen in the ex-serving population. As well as taking these problems into civilian life with them, veterans also leave behind the support structures that could provide emotional, practical and medical help.

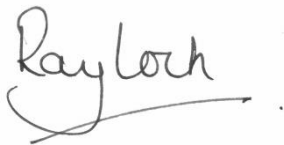
Added to the longstanding issue of alcohol is the increasing prevalence of drug misuse, this not being just confined to the civilian world. We have reported elsewhere on the challenges facing those who are forced to leave the Services having failed a compulsory drugs test, and much within that work is applicable to this subject cohort, the families of veterans with substance use problems.

Ideally veterans would not have substance use problems in the first place. If a transition from military to civilian life is conducted successfully, as it is for the vast majority of Service leavers, then the associated change of identity, as well as employment and other areas, is something to be embraced. But where transition is less successful, with pre-service factors such as childhood abuse adding to poor habits gained in service, and throw in a dose of mental ill health acquired as a consequence of the unique demands of the military, then the trajectory is clear.

In such cases, the role of the family in supporting the veteran becomes even more important, at the same time as the family also becomes a collateral victim of the substance use. The excellent research team responsible for this study have proposed a model of support that delivers both aims: to help the veteran and the family. As with so much of our work, some of the impact can be gained simply by better communication and a better shared understanding. This need not be expensive, but it does require an appreciation of the problem, and a determination to collaborate in order to solve it. I would encourage all those involved to look hard at how this can be done.

Some services though are lacking, and here investment is needed. The proposed Family Force model is one authorities and the charitable sector should consider, and at Forces in Mind Trust we will play our part in enabling such change.

Within this report is some powerful, sometimes emotional, testimony. Our response to it should indeed be 'multi-component, targeted and holistic'. Our veterans, and here particularly the families of those who have served, deserve no less.

A handwritten signature in black ink that reads "Ray Lock". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Air Vice-Marshal Ray Lock CBE
Chief Executive, Forces in Mind Trust

Acknowledgements

The research team would like to thank The Forces in Mind Trust for funding the study and for their support; Amanda Clark, Colleen Lally, and Donna Kirkby – our family member advisors; our four project partners (Bristol Drugs Project, HMP Parc in Wales, Tom Harrison House in Liverpool, and SSAFA); all the other organisations who supported us; and the family members, veterans, and professionals who took time to contribute to the project.

About the Research Team

- **Charlie Lloyd** is a Professor at the University of York, where he undertakes research and teaches on crime and criminal justice. He has undertaken research on a wide range of issues, including drug problems in prison and the stigmatisation of drug users.
- **Lorna Templeton** has been conducting research in the area of addiction and families for over 20 years. Lorna's work has included major literature reviews, a large programme of work on the 5-Step Method and Steps to Cope (a bespoke intervention for families affected by a loved one's substance use), a large qualitative UK study in to the experiences of adults bereaved through substance use, service evaluations, and understanding resilience in children and young people affected by parental substance use.
- **Rob Stebbings** is Policy & Communications Officer at Adfam, the national umbrella organisation for families affected by someone else's substance use. Rob has worked on a range of different areas including leading Adfam's research into the impact of Dual Diagnosis on families, delivering support for families that have been bereaved through alcohol and drugs with Cruse Bereavement Care and co-producing a resource for families of people affected by chemsex with London Friend.
- **Vivienne Evens OBE** is the Chief Executive of Adfam, the national umbrella organisation for children and families affected by someone else's substance misuse. She has a background in drug and alcohol education, prevention and young people. She is a former member of the Advisory Council on the Misuse of Drugs (ACMD), and a board member of the International Society of Substance Use Prevention and Treatment, and Alcohol Change UK.

Executive Summary

Study Overview

The aim of the study was to understand the experiences and needs of families of veterans with substance use problems (FVSUs), consider how these differ from the families of non-veterans with substance use problems, and use the findings to develop a new model of support for FVSUs. Such research is needed given the high prevalence of substance use problems (particularly alcohol) among both serving personnel and veterans, and the fact that little is known about how families can be affected by a veteran's substance use. The study collected the following data:

1. A rapid literature review included 21 articles.
2. An online survey completed by 32 FVSUs.
3. A total of 17 interviews: with 9 professionals, 4 FVSUs, and 4 veterans.
4. Four local consultation events which were attended by a total of 42 professionals from a wide range of organisations.

Headline Findings

1. All aspects of individual and family well-being can be profoundly affected by a veteran's problem substance use, both during service and after leaving the UK Armed Forces, and regardless of when the veteran left the Forces.
2. The presence of a number of co-occurring problems, such as mental health, violence/abuse, criminal behaviour, and employment/financial difficulties, often complicates and exacerbates how families are affected.
3. Families are unlikely to seek or be offered help for themselves, even if the veteran engages with services for their substance use.
4. Family members report high levels of isolation and loneliness.
5. Particular elements of the culture seen across the Armed Forces, particularly the fighting mentality, drinking culture, and culture of silence, are often identified as influential, impacting on families and illustrating how their experiences differ from civilian families.
6. A new, flexible, multi-component support model, Family Force, has been developed to support families of veterans with substance use problems.

“It was like living in our own battle to save my son” (FVSU)

“I survive each day rather than live” (FVSU)

“I can't think of any positive effects, it's all draining, futile, and I can't see a positive or happy ending to this situation” (FVSU)

“I am utterly alone” (FVSU)

Recommendations

Practice recommendations

1. There are missed opportunities to engage with FVSUs when serving personnel and veterans access help; evidence-based and targeted support is needed for FVSUs in their own right and for whole families. All support services for veterans should signpost or openly make known the availability of relevant support to families, and staff of such services should receive training in how FVSUs can be affected and in how to increase the numbers of FVSUs who engage with the support that is available.
2. Our findings indicate a need for a range of support specifically targeting FVSUs. Our Family Force model has been developed to address these needs, and there is a need to continue to develop specific support for FVSUs in their own right.
3. Initiatives, such as the Armed Forces Covenant and the Veterans’ Gateway, should consider how they can offer specific guidance on how FVSUs (and the veterans they are concerned about) can access help and support.
4. The national online platform that is recommended as part of our Family Force model should be implemented and evaluated. Further, the implementation of the broader Family Force model should be piloted and evaluated in a number of settings.
5. The findings from this study should be used to raise awareness about the specific ways in which families can be affected by a veteran’s problem use of alcohol or drugs, and of the facilitators and barriers to families accessing help for themselves.
6. There is a need to increase efforts to address the role of alcohol across the UK Armed Forces, given the influence of Forces drinking cultures in so many of the veterans’ problems. This includes facilitating serving personnel feeling more comfortable in talking about their drinking, and the underlying reasons for this behaviour.

7. Recognition is needed across the UK Armed Forces of the very different responses to heavy drinking and illegal drug use, and the need for supportive and more equitable responses that apply regardless of the substance being used, enabling those who are struggling with their substance use to seek help.
8. Substance use policies, and military/veteran policies both need to consider the specific needs of FVSUs and the veterans who they are affected by and concerned about. This includes the need for specific policy attention during the transition and resettlement process.

Research recommendations

1. Specific research is needed to estimate the prevalence of how many families are affected by their loved one's problem substance use both during and after their service with the UK Armed Forces.
2. Larger scale and longitudinal research is needed to further explore the heterogeneity of FVSU experiences and needs within the UK Armed Forces.
3. Given that many problems for FVSUs start while their loved one is serving with the UK Armed Forces, further research is needed to explore the impact of substance use on families during service, and subsequently during and after transition and resettlement.
4. Specific research is needed to understand how children can be affected by a veteran's substance use, and how the ways in which they are affected might be different to children in civilian families.
5. Further research is needed to understand FVSUs' own use of alcohol and drugs, including whether such use is associated with their attempting to cope with the impact of the veteran's substance use, and other related factors.

Findings in more detail

Understanding substance use in veterans

- The research suggests that alcohol is the primary substance use problem for veterans, with small numbers of participants discussing the misuse of illegal drugs. Generally, participants reported that substance use problems commonly develop during or after service, and suggested a range of reasons for the increased use and misuse of substance at these times.
- During service, participants suggested that substance use can be associated with the

availability of alcohol and its regular and heavy use; bonding and fitting in with colleagues; coping and relaxing while on deployment; coping with combat and death; and celebrating downtime between deployments and while on leave. After service, participants suggested that substance use can be associated with feeling lost and struggling to integrate back in to civilian life; ongoing struggles to cope with experiences during service; being unable to break patterns of excessive drinking that were common during service; the loss of the Armed Forces family and culture; not being able to ask for help or acknowledge problems; trying to replicate the adrenaline rush associated with fighting and involvement in combat; and the nature of departure from the Armed Forces (particularly medical or dishonourable discharges).

- The findings show that veterans with substance use problems often have multiple, additional, complex and severe problems, such as mental health (with PTSD frequently mentioned), financial difficulties, finding employment, homelessness, criminal behaviour, and physical health problems. Participants saw associations between the substance use and other problems, and experiences during service, including involvement in war.
- Overall, support for substance use problems during service seemed limited, with unhelpful experiences more commonly reported and the response to drug use particularly criticised. Participants said that veterans accessed a variety of help for their substance use after leaving the Armed Forces, but that there are many barriers which veterans can experience in accessing help. Family involvement can be a facilitator of success, and also beneficial to families, but was rarely mentioned. Overall, there are many challenges to supporting veterans with substance use problems, and many barriers which affect their engagement with support, and these can place a greater burden on families.

“The impact that the problematic substance use has is completely devastating....emotionally, practically, financially...in every possible really, it’s massively damaging” (Professional)

How FVSUs are affected by substance use in veterans

- There was consensus from the study findings that every aspect of individual and family life can be affected when a veteran has a substance use problem. Families often start to feel the effects while their loved one is serving, with the impact on them commonly continuing and worsening in the months and years after service.

- Families are often dealing with the cumulative impact of multiple issues alongside the substance use, and some are living with the constant worry that the veteran will die, or with the grief associated with the veteran’s death which in a number of cases was associated with their substance use. Some FVSUs talked about feeling stigmatised by others or being concerned about how their situation would be viewed by others.

“It did affect everyone...[my parents] were scared to leave him in the house, wouldn’t trust him in the house on his own....so getting that like dread in your stomach, the pit of your stomach, your parents are crying to you or on the phone to you, saying oh [he’s] done this and [he’s] done that. Yeah, it’s horrible, it really pulls the family apart” (FVSU)

“He wet himself in public. People laughed at him. They didn't like him. They didn't like how he was with me. They didn't know he'd saved lives. He was in charge of...field hospitals....He saved women and children that should never have been in that sort of danger in the first place.....He was a good man. An honourable man. He wasn't just a drunk”

(FVSU)

“There was just nobody I could go to, I just had to kind of live that life.... I couldn’t tell people that that was the life I was living” (FVSU)

“We went to the rehab centre and it was just for him. Even after he passed away there was no support” (FVSU)

- While there can be positive outcomes for some families, many participants describe extreme distress, despair,

fear, hopelessness, loneliness and isolation, and feel that there is no way out for either them or the veteran.

“Losing him, our life together and all our future has had a severe impact. I have since been diagnosed with PTSD, the stress and trauma has also affected my body physically.... I have been unable to return to work and this is now having a financial impact. [I] feel very judged because of the way he died...There was my soul mate, my life as I knew it, all our future plans, trying for children, all gone” (FVSU)

- The findings suggest that FVSUs are unlikely to seek help for themselves either while their loved one is with the Armed Forces or after they leave, and can experience a number of barriers to accessing help. Support for families was generally viewed as inadequate and should be more equitable with what is available for veterans, although when help is accessed there were some positive experiences.

“The help was invaluable and I was able to meet non judgmental people in the same

situation as me I could talk without judgement and it was the only time I would talk about my issues and share them with others” (FVSU)

The Armed Forces culture and its influence on FVSU experiences

Participants believed that there are shared elements of the culture that is seen across the Armed Forces that can influence the problem use of substances and how veterans and families can be affected. These cultural components illustrate how the experiences of military families may differ from civilian families.

- Fighting mentality: “They teach them to be machines; how are they supposed to unteach that?” [professional]. Participants talked about the particular mentality that is instilled into serving personnel from the start of their training, and which involves a ‘retraining’ of the brain so that soldiers can dehumanise the enemy, run towards danger rather than away from it, and kill if required. However, participants said that not enough is done to reverse this mentality when individuals leave the Armed Forces and that this can cause problems for some veterans and, therefore, their families.
- Drinking culture: “It was literally a way of life” [veteran]. Participants talked about the use of alcohol, describing it as heavy, frequent, expected, normalised, and endemic across all of the Armed Forces. There is consensus that alcohol lies at the heart of the culture and identity of the Armed Forces, and is used as part of, and in response to, all situations and occasions. Some participants drew parallels between the attitude of the Armed Forces to alcohol and the contrasting approach to illegal drug use. The normalisation, by both veterans and families, of regular and high alcohol use in the Armed Forces, can mean that any problems associated with excessive drinking are not seen as problems.
- Culture of silence: “what happens at war stays at war” (professional). Participants explained that military personnel are trained and expected to be stoical, strong and infallible, and should not expose, or ask for help with, vulnerabilities and problems – including things that have happened as a result of service (such as during war) and problems linked to, for example, the use of substances and mental health. This mindset of not being open about problems, and hence being unwilling to come forward for help, can extend to families.
- Some participants were very critical of the Armed Forces attitude and response to those with substance use problems and their families, both during and after service and no particularly positive views were expressed. Participants focused on how they think the

response of the Armed Forces, and wider society, can be improved. This includes the relationship with, and response to, both alcohol and drugs; retraining and re-humanising individuals who have been conditioned to fight and kill; more openly admitting that serving personnel/veterans have problems; fostering an environment where staff are able to ask questions and uncover problems from a group who for a range of reasons are very adept at hiding their problems; supporting those who are struggling to feel comfortable in opening up about their difficulties; and closing the gulf that is seen to exist between military/veteran and civilian families.

“I think that there needs to be more open communication and that it’s okay to go and seek help from services, you’re not going to lose your job because you go and seek help....it’s a massive culture change, if they want to reduce the amount of alcohol related deaths in veterans then I think it starts at the beginning and the culture” (FVSU)

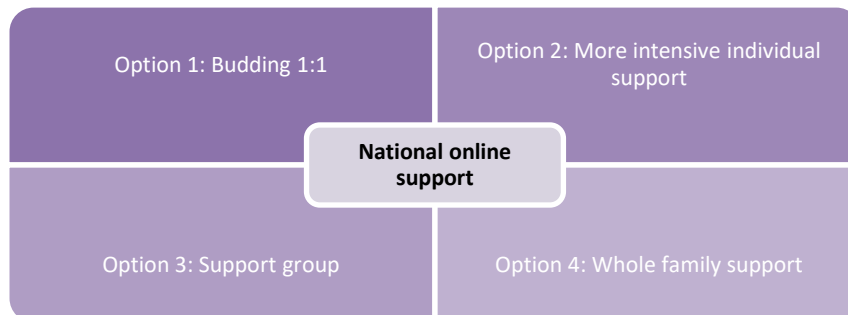
“I would like to see a change in culture where, as in civilian life, if we are struggling it’s okay to talk about it. I would like to see the Forces look to at how their staff spend recreational time and try to encourage different ways of unwinding and down time and stop the drinking culture” (FVSU)

Developing support for FVSUs

- Participants had a wide range of ideas for how best to support FVSUs, and discussed a number of components that they believe are most important for the help that they felt was urgently needed. Overall, there should be a range of support options that are specific to FVSUs, are flexible and accessible, delivered by workers and volunteers who have detailed knowledge and understanding of the Armed Forces and substance misuse (this does not necessarily have to be lived experience), and which can help families with multiple needs. Support is also needed that involves both the veteran and the wider family, and which offers a continuity of care from during service, and extends through the transition period and beyond.
- The study findings have been used to develop a new model of support for FVSUs. The ‘Family Force’ model has five core components and these can be seen in Figure 1. Four of these components involve direct work with FVSUs: individual buddying, intensive individual support, support groups, and whole family support. Services can choose which component(s) they implement. The fifth component is a national online platform, which

has a number of elements to it, including access to information and resources, digital and moderated forms of support, case studies, and videos.

Figure 1: Family Force: a new model of support for FVSUs



Conclusion

- This is the first known UK research study to have focused on the experiences of the families of veterans with substance use problems. It is widely recognised that the majority of serving personnel do not experience serious problems during their time with the UK Armed Forces and, subsequently, have a successful transition out of the Forces and back in to civilian society. Furthermore, many of those who do have problems can be adequately supported to overcome those difficulties with the minimum of disruption to them and their families. However, the findings from this study show that there is a group of veterans who experience serious substance use problems, and that these are problems that develop and escalate during and after their time with the UK Armed Forces. Such substance use problems rarely exist on their own, and the cumulative and longstanding nature of the substance use and other problems can have a significant and sustained impact on their families, yet few families appear to access help for themselves.
- There appear to be clear ways in which the experiences of veterans' families are different to civilian families, with core characteristics of the culture of the UK Armed Forces playing a particularly influential role in how families are affected. These cultural characteristics can create a situation whereby serving personnel and veterans, and by extension their families, do not feel that they can admit to problems and ask for help from the Armed Forces institution because it has trained them to be strong, not show any weakness, keep problems hidden and, in the case of drinking alcohol, normalised a behaviour that in most other settings would be unacceptable.

- A multi-component, targeted and holistic response is needed, both during and after service, to address multiple needs and to prevent these families falling through the net of the UK Armed Forces' and wider society's duty of care and responsibility. Alongside this, there is an urgent need for conversations across the UK Armed Forces about its relationship with response to both alcohol and drugs, and about the barriers to talking about substance use problems within the Forces.

Introduction

This report summarises a 15 month research study (February 2019-April 2020), which aimed to understand the specific experiences and needs of families of veterans with substance use problems (FVSUs), consider how these differ from the families of non-veterans with substance use problems, and use the findings to develop a new model of support for FVSUs. The research team from the University of York and Adfam was supported throughout by three FVSU advisors and four partner organisations (for details of the latter see Appendix One). The report will provide a brief background to the topic, summarise the methodology employed for the study, present the findings from the mixed methods research that was undertaken, introduce the new model of support which has been developed, and discuss the findings in more detail.

Background

Estimates indicate that there were approximately 2.5 million veterans in Great Britain in 2016, about 10% of whom were female (MoD, 2019). While the large majority of veterans do not experience any major problems while serving, and do not have problems during or after their transition out of the UK Armed Forces, a significant minority will experience problems (Ashcroft, 2014; Heaver, McCulloch & Briggs, 2018; SSAFA, 2018). Transition can be a particularly difficult time for both veterans and their families. Issues that veterans can experience during and after the transition process may include physical or mental health injuries or problems, substance misuse, homelessness, offending and imprisonment, problems with employment, and financial difficulties including debt and gambling behaviours (Dighton et al., 2018; Harvey-Rolfe & Rattenbury, 2020; Head et al., 2016; Heaver, McCulloch & Briggs, 2018; Murphy et al., 2017; Rhead et al., 2020). For some, problems with transition will accumulate or be exacerbated because of challenges in asking for help, including from substance use treatment services, and this can be for a range of reasons including fear of stigma, pride, feeling that mainstream services do not understand military culture or cater for the specific needs of veterans and families, or because the issues are not recognised by the veteran (Kiernan, Moran & Hill, 2016; Kiernan et al., 2018; Patel et al., 2017).

Substance misuse in serving and veteran populations

There is a wealth of research which has highlighted the high prevalence of alcohol misuse in both serving and veteran populations of the UK Armed Forces. Levels of alcohol misuse are widely reported to be greater than those seen in civilian populations (Fear et al., 2007;

Goodwin et al., 2017; Murphy & Turgoose, 2019; Rhead et al., 2020). Furthermore, alcohol is a key feature of everyday life across the Armed Forces, with the reported motivations for drinking including fitting in and bonding, being off duty, the social life on military bases, and coping with difficult experiences such as combat (Irizar et al., 2020; Jones & Fear, 2011; Kiernan et al., 2018). Moreover, there is evidence that rates of comorbidity, such as between alcohol misuse and a range of mental health problems including PTSD, are also high among serving and veteran populations (Goodwin et al., 2017; Irizar et al., 2020; Murphy & Turgoose, 2019; Murphy et al., 2017). Furthermore, it has been reported that military service, including that associated with combat, can be associated with mental health and/or alcohol use problems (Chui et al., 2020; London et al., 2020; Rhead et al., 2020).

There is limited research which has explored the use of other drugs in serving or veteran populations, although the Armed Forces have a zero tolerance policy on drug use and it is widely recognised that alcohol is by far the greater problem. One source of data on illegal drug use in the British Army is that of the number of drug tests which are undertaken, and the number of dismissals associated with illegal drug use. The MoD reported that in 2019, 660 Army personnel were dismissed after failing a mandatory drugs test (most commonly cocaine), an increase in dismissals from the previous years (The Guardian, accessed 26/08/2020¹).

Impact on families

Understanding how FVSUs might be affected, and what particular needs they might have, is an area where there has been little UK or international research. It is therefore helpful to draw on literature in related areas where more research has been conducted, in order to identify the potential areas that may be worth considering when researching the families of veterans with substance use problems. Two of these related areas include the impact of substance use on civilian families, and how veterans and families can be affected by other problems such as PTSD (post-traumatic stress disorder), physical injury or gambling.

First, there is a wealth of UK and international literature which describes how substance use affects civilian families. There is consensus that all aspects of individual and family health

¹ <https://www.theguardian.com/uk-news/2020/aug/24/rise-in-number-of-british-soldiers-being-sacked-for-drug-use>

and well-being can be negatively affected in both the short- and the long-term, and that the impact on families can be greater if other problems such as domestic violence/abuse or mental illness are also present (Orford, 2017; Orford et al., 2005, 2013). The impact of parental substance misuse on children has also been recognised (Adamson & Templeton, 2012; McGovern et al., 2018), as has the continued and additional impact on those who are bereaved through substance use (Templeton et al., 2016; Titlestad et al., 2019; Valentine, 2018). There is a need to investigate the extent to which the experiences of veteran families align with what is known about the impact of a loved one's problem substance use on civilian families.

Second, there has been a lot of research which has considered the impact of other problems in veteran populations and how they can negatively affect families. Examples (focused on the UK) have included the partners of veterans with PTSD (Murphy, Palmer & Busuttil, 2016; Murphy et al., 2017); the partners of WIS [wounded, injured, and sick] military personnel (Thandi et al., 2018; Verey et al., 2016, 2017); how traumatic limb loss affects families (Fossey & Hacker Hughes, 2014); and an exploration of gambling problems and the impact on the families of UK Armed Forces veterans (Dighton et al., 2018). Some of this research has found higher levels of mental health problems such as anxiety, depression, alcohol use, and trauma in partners of veterans with PTSD than has been seen in other caregiver populations (Gribble, Goodwin & Fear, 2019; Murphy, Palmer & Busuttil, 2016). There is a need to explore how the experiences of FVSUs may be similar or different to what is known about how these other issues affect families. Furthermore, Murphy, Palmer & Busuttil (2016) concluded that specific interventions are needed for military and veteran families affected by a loved one's PTSD, alongside consideration of how to overcome a number of barriers that caregivers said prevented them from seeking help. There is therefore an additional need to investigate whether there is a similar need for specific interventions or forms of support to be developed for FVSUs.

Supporting veterans and families

In recent years, there has been greater recognition of the need to increase the UK's commitment to its veterans and to improve transition support (e.g. Ashcroft, 2014; SSAFA, 2018). Examples include the introduction of the Armed Forces Covenant (2000), the commitment from The Royal Foundation and the Ministry of Defence to work together to facilitate more conversations on mental health across the UK Armed Forces (2017), the

Government's publication of 'The Strategy For Our Veterans' (2018), the launch of the Defence Holistic Transition Policy (MoD, 2019), and the creation of an Office for Veterans' Affairs within the UK Government (2019). It has been recognised that this increased commitment must be holistic and include veterans' families, both because of the needs that such families can have in their own right, and because of the positive ways in which they can support the veteran's transition back to civilian life (Heaver, McCulloch & Briggs, 2018; Patel et al., 2017; MoD, 2019).

There is time-limited support available to veterans from the UK Armed Forces during transition, and this can target the 15 pillars of transition set out in the Defence Holistic Transition Policy (MoD, 2019), including alcohol misuse education and drug misuse education. Additionally, there is a range of community-based support available to veterans who are struggling with mental health issues including substance misuse. This includes support from the NHS TILS (Veterans' Mental Health Transition, Intervention and Liaison Service) and CTS (Veterans' Mental Health Complex Treatment Service), from many of the leading veterans charities, from some of the substance misuse treatment charities that have set up projects to support veterans (although often these are time limited to particular grants), and to a very small number of specific services such as Tom Harrison House in Liverpool (one of the partner organisations to our research study). Furthermore, initiatives such as the Veterans' Gateway hub supports veterans who want to find help for a wide range of issues. However, there is evidence to suggest that such support for veterans is a small part of all the help that is available to service personnel and veterans through Armed Forces charities. Cole, Robson & Doherty (2017) identified 76 Armed Forces charities that provide mental health support. This is only 7% of the total population of UK Armed Forces charities; furthermore, less than half (N=33, 43%) of the 76 charities offered some kind of substance misuse support.

In many cases, support for a range of issues can also be offered to families or families can be supported to access help elsewhere. The Veterans' Gateway hub includes Family Matters where veterans and families can find information on organisations that can help with a range of things, and the Armed Forces Covenant website includes a page which pulls together a range of initiatives that fall under the Covenant and which aim to support military and veteran families. The Families Federations for the Army, Navy, and Air Force, along with the major military charities, also offer information and support to families for a range of issues, although in some cases support is only available to serving families. Some authors

have therefore suggested that the needs of the families of veterans are still less well understood, and that the support available to families is much less developed compared to that available to veterans (Heaver, McCulloch & Briggs, 2018; Keeling et al., 2019). The UK Armed Forces Families Strategy 2016-2020 commits to improving support to families but is solely focused on serving personnel (Ministry of Defence, 2016). Furthermore, overall, there seems to be little specific mention in practice and policy of the needs of and support for FVSUs, with support generally falling under a broader umbrella which may make it harder for families to find. Support for families is also generally targeted towards spouses/partners with other relatives (such as children, parents, and siblings) rarely if ever mentioned.

In summary, while there is substantial evidence of how civilian families can be affected by a loved one's substance misuse, and of how veterans' families can be affected by a range of problems and by the process of transition generally, there has been no research which has focused specifically on how FVSUs can be affected. There has also been limited research on the best ways to help FVSUs and on the barriers that they may face in accessing help for themselves. While it is clear that steps have been taken in recent years to develop support for veterans and families struggling during service, and during and after transition, with a range of issues falling under the broad umbrella of mental health, it is unclear if there is sufficient help specifically for those struggling with substance misuse **and their families**.

The research reported below aimed to explore how FVSUs are affected, and to use the findings to suggest a support model to meet their needs.

Methodological overview

The mixed methods study had four components, with research ethics approval secured from the University of York. An overview to the four strands of the project is given below, with more detailed methods outlined in Appendix Two.

1. Literature review

A rapid literature review (Arksey & O'Malley, 2005; Grant & Booth, 2009; Levac, Colquhoun & O'Brien, 2010) was undertaken to scope the literature in an area where little research has been undertaken. The literature review included 21 articles.

2. Online survey

This combined quantitative and qualitative questions and was designed to explore FVSUs experiences of the veteran's substance use problems; the impact of the substance use on them; any help they had received, and what help they would like. The survey was launched in July 2019 and was promoted widely across the UK. Due to a low response rate, the survey was shortened and re-launched towards the end of the study. A total of 32 FVSUs wholly or partially completed either version of the survey (14 fully completed the long survey, 9 fully completed the short survey, 5 partially completed the long survey, and 4 partially completed the short survey). Despite the lower than desired response rate, the detailed nature of the survey meant that a considerable amount of quantitative and qualitative data was collected. The data were analysed using SPSS and reflexive thematic analysis (Braun et al., 2019).

About the FVSUs

The demographics of the 32 FVSU survey respondents are as follows (*as noted above the N's given throughout the report will vary because of the two versions of the survey, and because some respondents did not fully complete the survey*):

- There were 20 female respondents and three male respondents, and all bar one described themselves as White British (N=32, data missing for 9 respondents for both questions).
- One half of the respondents were a spouse/partner (incl. ex-spouse/partner) (N=16, 50%). Additionally, there were six (adult) children, four parents, and six others (three friends, grandchild, sibling-in-law, and extended family member) (N=32).
- Nearly one third of respondents were aged 35-44 (N=7, 30%); just over one quarter were aged 45-54 (N=6, 26%); just over one quarter were aged 55-64 (N=6, 26%); two were aged 25-34; and two are aged 65-74 (N=32, data missing for 9 respondents).
- Nearly one third of respondents came from the North West of England (N=7, 30%); one fifth came from the South West (N=5, 22%); two came from each of the North East, East Midlands and South East; one came from each of the West Midlands, East England, Wales, Scotland; and one did not give a location (N=32, data missing for 9 respondents).
- The first version of the survey asked respondents when they first met the veteran. Approaching one half had met the veteran while they were with the UK Armed Forces (N=7, 41%); over one third of respondents met the veteran after they had left the UK Armed Forces (N=6, 35%); and one quarter had known the veteran before they joined the UK Armed Forces (N=4, 23.5%) (N=19, data missing for 2 respondents).

About the Veterans

The 32 FVSU survey respondents gave the following information about the veterans with the substance use problem (as explained above the N's below vary):

- All the veterans were male and White British (N=32).
- Just over one third of veterans were aged 45-54 (N=10, 31%); just over one quarter were aged 55-64 (N=9, 28%); one quarter were aged 35-44 (N=8, 25%), four were aged 25-34 (13%) and one was aged 65-74 (N=32).
- Nearly three quarters of veterans served with the British Army (N=23, 72%); five with the Royal Navy (16%); three with the RAF (one respondent said the veteran also served with Special Forces); and one with the Royal Marines (N=32). The long survey also asked for the veteran's rank on their departure from the UK Armed Forces (N=19). Nearly one half were non-commissioned officers (N=9, 47%) (junior or senior); six were described as 'other' (32%); two were Officers, and two did not know the rank.
- Veterans served an average of 13 years with the UK Armed Forces, ranging from 2 to 35 years (N=29, data missing for 3 cases). The veterans left the UK Armed Forces between 1962 and 2018 (N=21, data missing for 11 cases) - one left in the 1960s; three left in the 1980s; three left in the 1990s; nine left in the 2000s; and five left between 2010-2018.
- The long version of the survey asked respondents where the veteran had served and whether they had experienced combat. All bar one of the veterans had served in both the UK and overseas (N=19), and over three quarters of respondents (N=15, 79%) said that the veteran had experienced combat (N=19; 1 respondent did not know). The qualitative data indicate that the majority of veterans had been on operational tours (often multiple tours and involving active combat) in a range of locations - including Afghanistan, Bosnia, Falklands, Germany, Gibraltar, Iraq, Korea, Kosovo, Netherlands (Second World War), and Northern Ireland.
- Respondents indicated why the veteran had left the UK Armed Forces. For approaching one half of veterans it was the end of service (N=14, 48%); nearly one quarter were medically discharged (N=7, 24%), three had a disciplinary discharge; three had premature voluntary release; and the other two respondents did not know/preferred not to say (N=29, data missing for 3 respondents).
- In 11 cases the veteran had died; half of these deaths were directly associated with the problem substance use.

- The long survey asked about the veteran's housing situation, marital status, and employment circumstances (where the veteran had died respondents were asked to select a response related to the veterans' circumstances when they died).
 - In over one half of cases the veteran was married or living with a partner (N=11, 58%); one fifth were single/divorced/separated/widowed (N=4, 21%); three were single and one preferred not to answer this question (N=19).
 - Over one third of veterans were homeowners (N=7, 37%); three live in rented accommodation, three live in supported/council housing, two live with family, and four selected other or don't know (N=19).
 - Approaching one quarter of veterans were employed full- or part-time or were self-employed (N=8, 42% - responses to the three categories were combined for analysis); approaching one third were unemployed (N=6, 32%); two were receiving disability living allowance; one was a volunteer; and two ticked the other/prefer not to say options (N=19). *[NB two respondents ticked more than one option; the first option in the list was the one used for analysis].*

3. Key Informant (KI) Interviews

Semi-structured interviews (face-to-face and phone) were undertaken to explore the research topic in-depth. Interviewees were recruited using purposive sampling, with the majority of interviewees recruited through the four project partner organisations. There was a total of 17 interviewees, including 9 professionals², 4 FVSUs, and 4 veterans (see Figure 1 for an overview of the interviewees). The data were analysed using reflexive thematic analysis (Braun et al., 2019).

Figure 1: Key Informant Interviewees

4 FVSUs: Three were female; one male. Age ranged from 30 to 52 years old, and they were a sibling, a sibling-in-law, an ex-wife and a partner. Two were White British and two were mixed race. In all cases the veteran had served with the British Army and one had died as a result of their alcohol problem.

4 Veterans: These were all male, ranged in age from 25 to 42 years old and all were White British. Two had served with the British Army, one with the Royal Air Force and one with the Royal Navy.

9 Professionals: Seven worked for the four project partners, and the other two came from military/veterans charities. The interviewees had a range of roles, including: veterans worker or outreach worker (three interviewees); head of family interventions (custody and community) at a prison; families worker at a veterans' service; therapist at a veterans' service; head of welfare and specialist services; head of specialist telephone service; and alcohol education specialist.

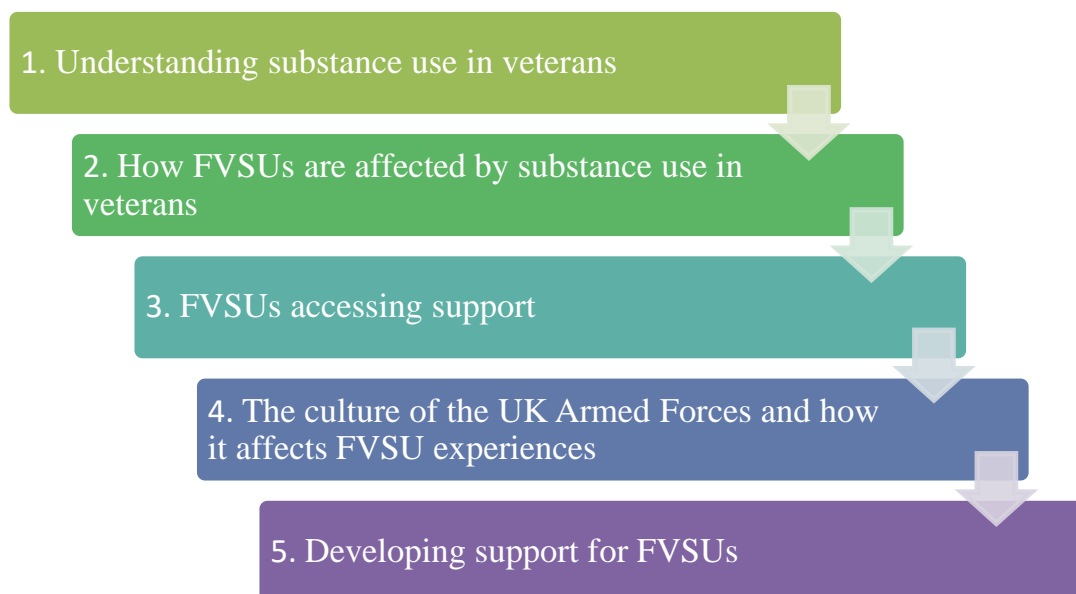
4. Consultation events

These aimed to discuss in more detail the support needs of FVSUs. A total of four events were held, each one co-hosted with one of the project partner organisations who were responsible for inviting participants to the event. Each event followed the same structure. After a round of introductions, the research team gave an overview to the study. There were then two group discussions, either done as a large group or two small groups, depending on participant numbers. The first covered participant views on FVSU experiences and needs, and the second covered the development and delivery of support for FVSUs. A total of 42 professionals from a wide range of organisations attended the events (Appendix Four).

Findings

The research findings will be presented in six sections. First will be a summary of the headline findings from the scoping literature review. Following this, the combined findings from the online survey, KI interviews and consultation events will be presented in five sections, as outlined in Figure 2.

Figure 2: Presentation of study findings



When findings relate to multiple components of the study then the term ‘participants’ will be used; when findings relate to individual components of the study, or to different cohorts of

participants, this will be clarified. When reporting quantitative findings from the survey, the reported Ns and missing data vary because of the two versions of the survey, and because not all respondents fully completed the survey (see Appendix Two).

Literature review

The scoping literature review included 21 publications that were analysed narratively to broadly establish what is known about how families of veterans with substance use problems might be affected, and what interventions and other forms of support (with a particular focus on peer support) are available for this cohort of families.

How FVSUs might be affected

The review found almost no research that has specifically considered how families of veterans with substance use problems might be affected. There has been a small amount of research, mainly from the USA and usually conducted with veterans and not families, that has found negative relationships between substance misuse and different aspects of relationship functioning, including relationship quality, communication, violence, and the impact on the wider family (Buchholz et al., 2017; Possemato et al., 2015; Rodriguez et al., 2019; Rowe et al., 2013; Sayers et al., 2009). A further study, conducted by Thandi et al., interviewed 25 spouses of UK serving military personnel to explore their experiences of providing informal care to loved ones who were wounded, injured, or sick (2016). Even though the focus of research is not on substance misuse, the findings included one sentence stating that some spouses reported that their loved one *"used alcohol to self-medicate in order to cope with mental health problems"* and that this added to their burden as a caregiver through the associated conflict in the home. This appears to be a rare example of UK research that has included any specific data from family members about how a serving or veteran's problem alcohol/substance use affects them. Finally, there was some evidence of a possible association between the serving personnel or veteran's drinking and that of their partner/spouse, although none of the research in this area seemed to explore whether the partner/spouse's drinking was part of their coping strategies adopted because of the serving personnel or veteran's drinking.

Interventions and support for FVSUs

The review found very limited research into interventions or peer support for families of serving personnel or veterans with alcohol misuse or any other substance misuse. One

programme of research in the USA has demonstrated the potential of a web-based adaptation of an intervention called CRAFT (Community Reinforcement and Family Training), originally developed for civilian families affected by loved one's alcohol misuse, and adapted for concerned partners of service personnel or veterans with alcohol misuse (Osilla et al., 2014, 2016, 2017; Pedersen et al., 2017). Findings from a feasibility study (N=12) found that partners were positive about the intervention, and felt that it could lead to improvements in communication about and management of the partner's drinking (Osilla et al., 2016); while findings from an efficacy study (N=312) found that those who engaged with the intervention experienced greater reductions in anxiety and increases in social support than the control group (Osilla et al., 2017).

Some work in the UK has demonstrated the potential of peer support to help families affected by a (non-veteran) loved one's substance use (Adfam, 2017, 2018; Standing, Dickie & Templeton, 2018), while other research has shown the benefits of peer support (including group based and online support) for families of veterans more generally (Friedman et al., 2018; Harrington-LaMorie et al., 2018; Murphy, Spencer-Harper & Turgoose, 2019; Spencer-Harper, Turgoose & Murphy, 2019; Vagharseyyedin et al., 2017; Vaughan et al., 2018). There was also some evidence of the wide ranging benefits of peer support for both the families of veterans (Friedman et al., 2018; Harrington-LaMorie et al., 2018; Murphy, Spencer-Harper & Turgoose, 2019; Spencer-Harper, Turgoose & Murphy, 2019; Vagharseyyedin et al., 2017; Vaughan et al., 2018), and the families of those affected by a loved one's substance use (Adfam, 2017, 2018; Standing, Dickie & Templeton, 2018), but no research was found which considered peer support for FVSUs.

Summary

The scoping literature review found no UK or international research which has specifically investigated the impact of a veteran's substance use on families, or which has developed and evaluated interventions or other forms of support for these families. Overall, there is a clear need for further research in these two areas.

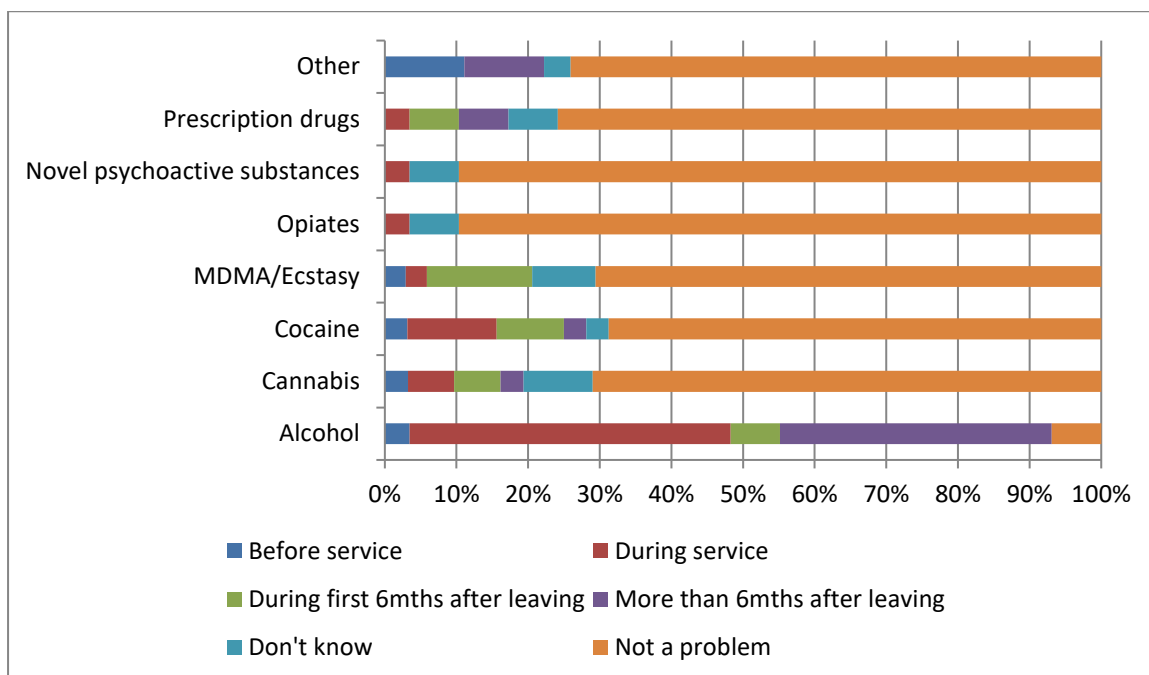
The remaining sections of the findings are based on the data collected from the online survey, the KI interviews, and the consultation events.

Understanding substance use in veterans

Substances used

With regards to the substances used by veterans, alcohol dominated across all components of the study. Figure 3 below summarises what survey respondents said about the substances veterans had problems with and when the problem started (tobacco was not one of the substances listed). Figure 3 shows that alcohol was a problem for the majority of these veterans, most notably during and after service. Nevertheless, around a third of FVSUs reported that their partners used cocaine, cannabis and ecstasy at some point in the past.

Figure 3: Veteran's use of alcohol and other drugs (N=29 survey respondents)



Professional interviewees suggested that much less is known about illegal drug use during service because strict rules across the Armed Forces about illegal drug use (resulting in dismissal) means that it is a much more hidden issue.

Given these data, the remainder of the findings presented below relate largely to alcohol. Where it is clear from the data, quantitative or qualitative, that a finding or opinion relates to illegal drugs this will be clarified.

Demographics and differences in substance use

Interviewees talked about differences in substance use among veterans according to key

demographics such as gender, age and socio-economic status. Interviewees also gave their views on variation in substance use across the different Armed Forces services. Regarding gender, professional interviewees recognised that veterans accessing help are usually male, and that the FVSUs who professionals are most likely to have contact with are female. One professional interviewee acknowledged that perhaps not enough is done to reach out to female veterans. Another professional interviewee suggested that female veterans are more likely to be the main carer for children, and wondered if this could mean that their substance use is likely to be less problematic, so in turn, they would be less likely to need to seek help.

Regarding age, professional interviewees generally thought that alcohol problems are more common in older veterans who are more likely to have been using alcohol throughout and after their military service. Professional interviewees thought that younger soldiers or veterans are drinking less problematically than previous generations but are more likely to have problems with illegal drugs. These insights from the qualitative data are supported by quantitative data from the online survey (Table 1). While numbers are small, there is the clear indication that veterans with alcohol problems were more likely to be in older age groups (particularly 45-54 years and 55-64 years) and veterans with drug problems were most likely to be in the 35-44 age group.

Table 1: Use of alcohol and drugs by age of veteran (N=26-27 survey respondents)*

Alcohol				
	Before service	During service	Within 6mths of leaving	More than 6mths after leaving
25-34yrs		2		1
35-44yrs	1	3	1	1
45-54yrs		4	1	4
55-64yrs		3		5
65-74yrs		1		
Drugs**				
	Before service	During service	Within 6mths of leaving	More than 6mths after leaving
25-34yrs		2		
35-44yrs	5	8		2
45-54yrs		1		4
55-64yrs			2	
65-74yrs				2

*The table does not include data from respondents who selected 'don't know' or 'not a problem'.

**Responses combined for: cannabis, cocaine, MDMA/Ecstasy, opiates, novel psychoactive substances, prescription drugs, and 'other'.

Views on differences in substance use according to socio-economic status and across the Armed Forces overlapped. Professional interviewees suggested that substance use problems are more common in the Army, and among infantry in particular. Excluding the fact that this is the largest of the Armed Forces services, some professional interviewees believed that soldiers generally come from lower socio-economic groups and as such were thought to be more likely to use substances, with alcohol particularly mentioned, at higher levels both before and during service, sometimes because they may have had difficult childhood experiences (including with their own or others' substance use) before joining up. Some professional interviewees further thought that problems are more common among Army soldiers because there is more "*unskilled labour*" compared with the other Armed Forces services, and compared with higher ranks across all of the Armed Forces, where serving personnel are more likely to have roles that require more qualifications and skill.

The interviewees included a veteran who had spent time in prison and a small number of professionals who worked for, or closely with, the criminal justice system. Overall, these interviewees believed that veteran offenders, and their families, have a different profile to civilian offenders. Differences highlighted included the nature of the offence (violent and sexual offences were reported to be particularly common), the more cohesive nature of these families compared with civilian families, and the additional stigma that can be experienced as a veteran offender (for example, veterans feeling shame and that they were no longer viewed by others as an honourable member of the UK Armed Forces).

Substance use before, during and after service

As seen above, alcohol and drug use was much less likely to be a problem before service, but more commonly a problem (particularly alcohol) both during and after service. The long survey asked respondents when the veteran's substance use problem started (N=19, data missing for 3 respondents). One quarter said that the problem started during the veteran's time with the UK Armed Forces (N=4, 25%); one quarter said that the problem started during active service but between deployments (N=4, 25%); one quarter said that the problem started more than six months after the veteran left the Armed Forces (N=4, 25%); two said the problem started before the veteran joined the Armed Forces; and two said that they did not know.

Participants suggested that use of substances *before* service was often experimental and recreational. However, some participants acknowledged that individuals will use substances problematically prior to joining the Armed Forces, with some thinking that this may be more common in those from lower socio-economic groups and where individuals are living in troubled households.

Interviewees discussed substance use problems that started *during* service in relation to both alcohol and drugs.

“A lot of the problems that people turn to drugs and alcohol with start very much when they’re serving” (Veteran)

“I’d say for the start social [while serving] and then developed into coping and then developed into dependency” (Veteran)

Participants suggested a range of reasons lying behind the increased use of alcohol or drugs *during* service. These include the availability of alcohol and its regular and heavy use; bonding and fitting in with colleagues; coping and relaxing while on deployment (even though alcohol is usually banned on combat-related deployment); coping with combat and death; and celebrating downtime between deployments and while on leave.

“Between deployments my husband would binge drink to the point where he would become a different person” (FVSU³)

“My loved one started drinking alcohol in excess whilst in service....after a particularly unpleasant deployment. He was deployed several more times....and continued to use alcohol in excess” (FVSU)

There was a consensus among participants that problem substance use is likely to continue, and often escalate, *after* leaving the Armed Forces. Participants suggested that there are a number of reasons for the continued and often escalating use of substances *after* leaving the Armed Forces. These include feeling lost and struggling to integrate back in to civilian life; ongoing struggles to cope with experiences during service; being unable to break patterns of excessive drinking that were common during service; the loss of the Armed Forces family and culture; not being able to ask for help or acknowledge problems; trying to replicate the

³ Quotes from FVSU survey respondents and FVSU interviewees are not identified separately because the small number of interviewees brings an increased risk of identification.

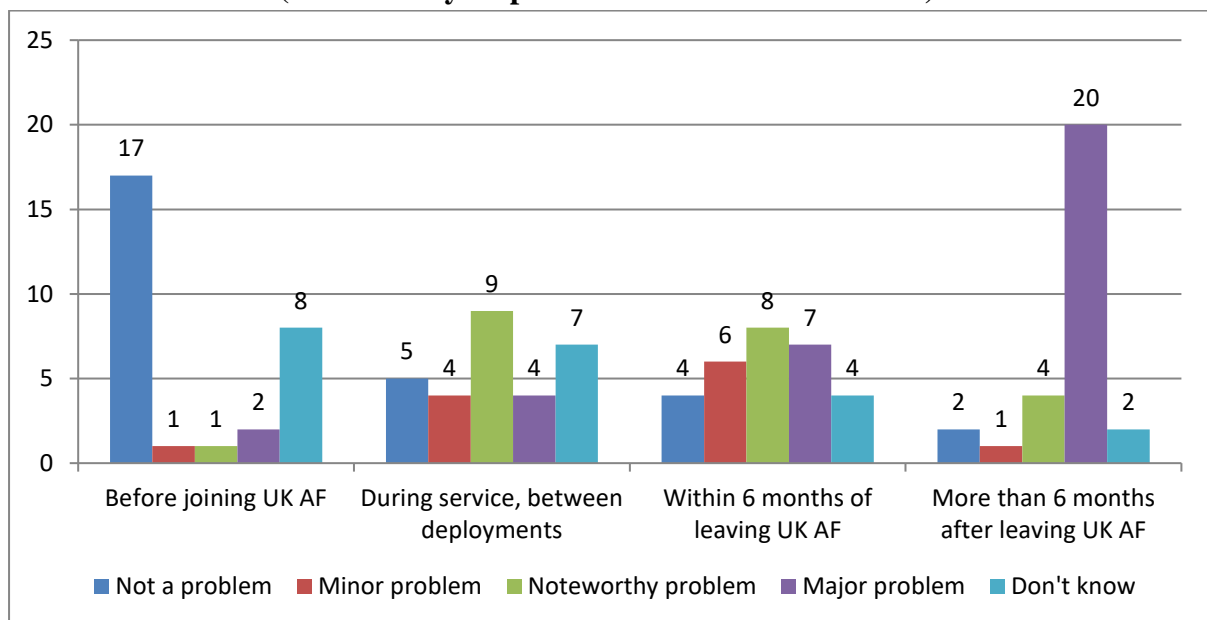
adrenaline rush associated with fighting and involvement in combat; and the nature of departure from the Armed Forces (particularly medical or dishonourable discharges).

“He just wasn’t ready to let go....it [drinking] was almost like it was a transitional item.... [paraphrasing the veteran] ‘I’ve done it for like 30 years of my life and it’s the only thing that I’ve actually got left that I enjoy, that I enjoyed in the Army so I’m going to keep it, why do I want to rid of it because it’s the last little thing that I can take with us’” (FVSU)

The survey also asked respondents to categorise the severity of the veteran’s substance use at various time points associated with their time with the Armed Forces, and these data are summarised in Figure 4. Over half of respondents (N=17, 58%) said that the substance use was not a problem before the veteran joined the UK Armed Forces, while two thirds (N=20, 69%) said that the substance use became a major problem more than six months after the veteran left the Armed Forces.

“His excessive alcohol use continued after his transition out of the Army. It reached crisis point about 3-4 years after leaving” (FVSU)

Figure 4: Severity of veteran’s substance use and associations with service (N=29 survey respondents: AF = Armed Forces)



Participants also reported that veterans were more likely to turn to illegal drugs, either as well as or instead of alcohol, after leaving the Armed Forces.

“I think people can leave the military with high levels of drinking which then somehow translates into them using other substances” (Professional)

“[His cocaine problem]....became an addiction when he was discharged” (FVSU)

Veterans other problems

There was agreement that veterans can have multiple, complex and severe problems in addition to their problem use of substances.

“Generally they’re absolute bush fires. So someone may call us about rent arrears but the reason they’re in rent arrears is because they lost their job because they had PTSD and because they’ve had PTSD they’ve also had to leave their home because of domestic abuse and they’re drinking heavily or using other drugs and can end up homeless....there’s a whole catalogue of things” (Professional)

Again, participants thought that such problems are most prominent after leaving the Armed Forces and they talked about the following in particular.

- i. Mental health problems – including depression, suicide attempts, anxiety, PTSD, ADHD, panic attacks, and the impact of bereavement. Some participants described very extreme, multiple and complex mental health issues among veterans.
- ii. Financial difficulties – including struggling to pay the mortgage and bills, accruing debts, turning to crime, and gambling.
- iii. Finding employment – including struggling to find the ‘right’ job, not seeing skills as transferable, and not feeling worthy of working.
- iv. Homelessness – more commonly mentioned by professional interviewees, who identified homelessness as a major problem, and described clients sleeping on sofas, in cars, and under desks at work.
- v. Criminal behaviour - including drug dealing, public disorder and fighting, sexual offences, domestic violence, driving offences, and fraud.
- vi. Physical health problems – including injuries, cancer, and smoking related illnesses.

Many participants saw associations between the above problems and experiences during service including those associated with war, trauma and death. Substances are commonly used to cope, self-medicate, and mask other problems through trying to help sleep, prevent nightmares, and manage anxiety, flashbacks and dark thoughts.

“[He] uses alcohol on a daily basis....brings in high strength alcohol to make sure he

can sleep at night, he self medicates to try and stop the nightmares and flashbacks”
(FVSU)

“Served in Kosovo and Iraq. Has nightmares, in fact is afraid to sleep. He drinks and smokes cannabis to block things out” (FVSU)

However, trying to mask such problems through the use of substances can often have the opposite effect. For example, the professional below discussed a case where a veteran was attempting to manage their serious mental health problems through the use of alcohol. This resulted in the veteran struggling with both mental health and substance use problems, an accumulation of problems which can have a greater impact on families.

“Alcohol was literally kind of masking everything, any feeling, any mental health, but actually fuelling it at the same time for years” (Professional)

Veterans getting help

Of the survey respondents whose loved one was still alive, approximately one third said that the veteran was still using substances regularly or problematically. Approaching two thirds of survey respondents (N=26) said that the veteran had ever received treatment/support for their substance use (N=16, 61.5%).

Help while serving and when leaving

Participants discussed their experiences of veterans seeking help for their alcohol or drug use during their time with the Armed Forces. Overall, support seemed limited with unhelpful experiences more commonly reported.

“Because he used drugs although he asked for help while serving and [was] refused”
(FVSU)

“[A Forces doctor said] ‘I’ve got GP friends that drink the same amount as you and don’t worry about it, as soon as you get fit, you get back to work you’ll be fine’....[another Forces doctor said].... ‘anybody can give up drinking’ and that if I didn’t need to drink or didn’t want to drink I should just stop” (Veteran)

“He was already struggling with PTSD and alcoholism. The Army knowing this sent him to Africa where vodka is extremely cheap and the problems grew worse. He sought help. They did provide him with some substance abuse therapy but nowhere near enough and were totally unhelpful with his other symptoms. In the end he felt like the Army had let him down and he left” (FVSU)

A number of interviewees were critical of the Armed Forces' response to drug use among serving personnel, the identification of which leads to instant dismissal.

"I only started taking drugs when I'd come back from my first operational tour, and then I started drinking, drinking heavily, and drugs. I got in loads of trouble through drink, but the Army didn't kick me out for that....but then once I was doing drugs.... they just booted me out and forgot about me; like there's no support whatsoever. And I come out of course I'm [going to] carry on using drugs" (Veteran)

As indicated above, instant dismissal because of the use of illegal drugs was criticised, often because of the lack of support that is offered and how this can influence transition and resettlement. Instant dismissal combined with ongoing substance use problems could leave a veteran in a state of great turmoil – both emotionally and practically - turmoil which could make things very difficult for families.

"I think he felt like he was just a number [because] it was so easily just dismissed, so quickly, no chance, no do you want to talk about it, why are you doing this....and there was also no support when he left. So there was no transition, regardless of what he got discharged for....their rules are 'don't do drugs when you're in the Army', but he still served....still risked his life for this country.....[yet]....he didn't get any help with preparing for civvy life, they didn't even know if he had a home to go to....he didn't have a clue about benefits, he didn't have a clue of where to go to get housing help, he didn't have a clue of how to get a job, he didn't know how to interview, he really didn't know how to be a normal civilian" (FVSU)

Disciplinary and medical discharges usually mean that departure from the Armed Forces happens very quickly, with some interviewees indicating that a group of people who need more time and support do not get it.

"The most vulnerable people that we have are those that have been discharged for drugs or they're early service leavers, because they tend not to get any support when they leave and....some of the medical ones that leave tend to not get the full package" (Professional)

"Nobody seems to grasp the thread that when we discharge people for drugs we give them no support whatsoever.....But nobody's addressed why you've been taking them drugs" (Professional)

Overall, while there were some positive views expressed about the response of the Armed Forces at times of transition or discharge and an acknowledgement of the changes which have been seen in recent years, a number of participants thought that the response remains inadequate.

“The support is getting better and better and better....[but].... there’s so much more that they can do.... I think there’s more everybody can do” (Professional interviewee)

“I haven’t yet, since 2014, met a single military person of rank connected with this agenda who has said that the process of discharge from the military was adequate and functioning” (Professional)

Some interviewees suggested that if the Armed Forces does not recognise and respond to substance use problems when they arise, then families are also not going to recognise that there are problems. This can place an additional burden on families and society who have to cope with vulnerable veterans with often multiple and complex unresolved issues.

“What we’re doing is we’re putting those individuals into society and allowing society to take the burden of that” (Professional)

Interviewees therefore thought that the help available to support those who are leaving the Armed Forces could be improved, particularly for those who have less time to plan for their departure and who, as suggested above, can be more vulnerable. One area of difficulty is that accessing transitional support is voluntary, with personnel having to proactively engage with it, something which is less likely for vulnerable individuals with problems (such as with substances), and potentially also with feelings of shame, anger and rejection.

“So often when I talk to people about what was their resettlement plan like, they say I didn’t have one. But....I think it’s something you’ve got to go and get....so these guys are waiting for it to be forced upon them, and it may have been mentioned, but.... it will go in one ear out the other. So I don’t think it’s mandatory that they do a resettlement” (Professional)

Help after leaving

Participants talked about veterans accessing a variety of help for their substance use after leaving the Armed Forces, from both substance use treatment services and Armed Forces charities. Help ranged from individual and group-based counselling and support, to case

work, a telephone helpline, and residential care. Generally, participants were positive about the help that is available, and a number of success stories were recounted. However, a number of participants mentioned that veterans can relapse, sometimes numerous times, or otherwise not complete treatment.

One professional interviewee, from a substance use treatment service, said that when veterans engage with treatment, they do so in positive ways that are different to civilian clients. For example, they are more punctual, more likely to adhere to and complete treatment regimes, more likely to have the support of their family, and can be more respectful to others in groups. Participants suggested that treatment that is specific to veterans can be particularly successful. Family involvement can also be a facilitator of success, with participants commenting that veterans are more likely to have supportive families who, albeit often out of desperation, are the catalyst for the veteran seeking help, accompany the veteran to their appointments, or may participate in joint sessions or family meetings.

“I think it hits the family first before it hits the actual client, and so their tolerance is at an all time low and it’s like, you need to do this or you need.....sometimes is the driver before they admit that they’re in trouble” (Professional)

Often family involvement can come at times of crisis yet be a catalyst for positive change, with some FVSUs reporting that they found involvement in treatment helpful.

“The help we both received was really helpful in supporting us both and giving us a greater understanding around addiction” (FVSU)

“The support both my son and myself received from [service] has been outstanding...without [them] my son would not be alive. They do not receive enough recognition and I cannot praise them enough” (FVSU)

However, such family involvement was rare. It is also important to realise that families can continue to feel worried and burdened, and still be in need of help, even when the veteran’s substance use (and other problems) improve.

“I’m like an investigator sometimes, I’m constantly looking at his behaviour, like looking at his body language, looking at his eyes, because I’m worried sick that he might do drugs again....I think my mind plays tricks on me sometimes....just literally making up scenarios in my head sometimes because I’m scared of ever going back to that place we were in....it will take a bit more time to build up that trust” (FVSU)

Participants had some criticisms of the help that is available for veterans, and identified gaps in what is available, all of which can have a knock-on impact on families because the veteran is not getting the right help. This included:

- i. Facilitating disclosure that someone is a veteran (identified particularly by the prison interviewees);
- ii. Not offering an holistic enough model of care;
- iii. Dealing with other problems but not doing enough to treat the substance use;
- iv. Not doing enough to tackle co-existing issues (particularly mental health issues such as PTSD);
- v. Not offering care for long enough or at the right time; and
- vi. Inadequate joined up working between services.

One professional interviewee thought that some of the Armed Forces charities need to have a different model of funding for those who require specific support for their substance use.

“The benevolent funds and the regimental funds that are sitting on huge lumps of cash shouldn’t be so short-sighted and actually refuse to pay for rehab.... if someone, a chronic alcoholic....needed help to try and break that cycle that wouldn’t be regarded as a legitimate need” (Professional)

Veterans not getting help

Participants identified a number of barriers to veterans getting help, both during and after service. Some of the barriers identified by participants relate to the specific culture of the Armed Forces, and this will be explored later. Additionally, participants suggested that veterans from higher socio-economic groups, and those who achieve a higher rank during service, can be more likely to deny that there are problems and to have greater difficulties in asking for help. At least one interviewee suggested that some individuals who have not seen active combat or been exposed to violence and death struggle to ask for help because they feel that they are not worthy of help compared to those who have been to war and may have killed, witnessed death or injury, or themselves sustained an injury. A small number of participants commented that serving personnel are reluctant to ask for help for fear that they will lose everything because there so much is tied up with a career in the Armed Forces.

“It’s almost you have to hide those issues because you think, ‘if I lose my job I could potentially lose my accommodation for my family and then I get out there I’ve got no

job, I've got no money, I've got no house, bang, you fall flat', so it's just a vicious sort of cycle” (FVSU)

Participants also suggested that veterans do not want to access help from civilian services because of strong feelings that they are different from, and even superior to, civilians. Some veterans therefore think that civilian services are not right for them because civilian workers, and civilian clients, will not understand what they have been through during service, and do not understand the Armed Forces culture and identity.

“We're designed, or trained, to believe that we're different from civilians” (Veteran)

Finally, another barrier to seeking help is being part of a passive culture where individuals are not used to being proactive because they have lived in an environment where everything (including medical services) is provided for them.

“I think the military can disable people from being independent sometimes and make them quite dependent on being told what to do.....I think there's a passive culture of, well we weren't told about that; but equally did they look for it?” (Professional)

Overall, there are many challenges to supporting veterans with substance use problems, and these can place a greater burden on families.

“We talk about the collateral damage....it's just devastating....families are being destroyed because the help isn't there for the person who's struggling” (Professional)

Summary

The findings show that alcohol is the primary substance used by those serving with the Armed Forces and by veterans. The problem use of substances is reportedly more prevalent among males and within lower ranks of the British Army. The extent of problems among female veterans, veterans who served with the other Armed Forces services (i.e. not the Army), and veterans who achieved a higher rank is believed to be more hidden, with some participants suggesting an association with socio-economic status. Substance use problems, particularly involving alcohol, appear most likely to start during or after service, and to co-exist with other problems such as mental health (with PTSD regularly mentioned), offending, employment, finances, and homelessness. Often, problems have been present, and worsened, over many years. Approximately two thirds of veterans had ever received help for their substance use, although there were mixed views on this help and approximately one quarter

of survey respondents said that the veteran was still using substances problematically. Study participants identified numerous barriers that can impede veterans from accessing help. Families can be a positive influence for veterans engaging with treatment; when families are also involved in receiving support alongside the veteran it can also be beneficial, but such involvement seemed to be rare. The findings also suggest that the Armed Forces could do more to support those with such problems both during service and during their transition, particularly those who are dismissed because of illegal drug use.

How FVSUs are affected by substance use in veterans

Some participants thought that families can be more negatively affected by the problem substance use than veterans.

“I think they’re having a worse time than the veteran is experiencing” (Professional)

However, participants added that, despite this, less is known about how families are affected, with some describing them as a *“hidden harm”*, or *“silent sufferers”*, and as not having a voice. There was a consensus from participants that every aspect of individual and family life can be affected when a veteran has a substance use problem, as indicated in Figure 4.

“The impact that the problematic substance use has is completely devastating....emotionally, practically, financially...in every possible really, it’s massively damaging” (Professional)

The all-encompassing ways in which families can be affected is summarised by one FVSU.

“I couldn’t decide what to do best by me...I knew I had to look after myself; I’d become unwell, was very anxious, I felt low, I didn’t really sleep very well, gained a lot of weight; it was affecting my job because there was days where if I didn’t sleep or [partner] had kind of gone off the rails I just couldn’t go to work....[because] I would be worrying.....I was very angry and I was upset....at times it felt like it was personal; I said to myself, what am I doing wrong for you not to act in a way that would show me love....I would also pity....yeah, pity myself a little bit....last year I was a[n] anxious mess.....the first word to describe how I was feeling.....is just scared....and I did feel, at a time, very alone” (FVSU)

Veterans were also aware of how much their problems can affect their families.

“I put her through hell and back, I really did.....obviously when I’m in that dark place like I don’t care about anyone or anything....I’ve put her through some just horrendous times.....a hundred percent I made her physically ill....if it was the other way round....I don’t know how she put up and stayed with me....I’ll never forget that....I don’t think I’d be capable of doing it....I affected her mental health” (Veteran)

The impact on all areas of an FVSU’s life, as summarised in Figure 5, is often greater when other problems are also present, such as with mental health, violence/abuse, and employment/finances. Often, families start to feel the effects of their loved one’s substance use and other problems while they are with the Armed Forces, and these impacts can potentially continue for years after their loved one has left the Armed Forces. Some of the most commonly affected areas of an FVSU’s life will be explored more below.

Mental health

Figure 5 shows that almost all survey respondents (N=24, 96%) said that their mental health had been considerably affected by the veteran’s substance use/misuse. Quantitative questions about mental health problems were asked differently in the two versions of the survey, with the data suggesting that in the region of three quarters of respondents struggled with anxiety, a similar proportion suffered with depression, about one third to one half of respondents reported suicidal feelings, and approximately one quarter to just over one third reported (secondary) PTSD. Through their qualitative responses, survey respondents listed a range of ways in which their mental health had been affected and these are detailed in Table 2.

“I became anxious and lost a lot of weight as I was stressed and worried. I was tearful and frustrated all of the time and worried what would happen to me and my children” (FVSU)

**Figure 5: Impact of substance use and other problems on families
(N=25 survey respondents)**

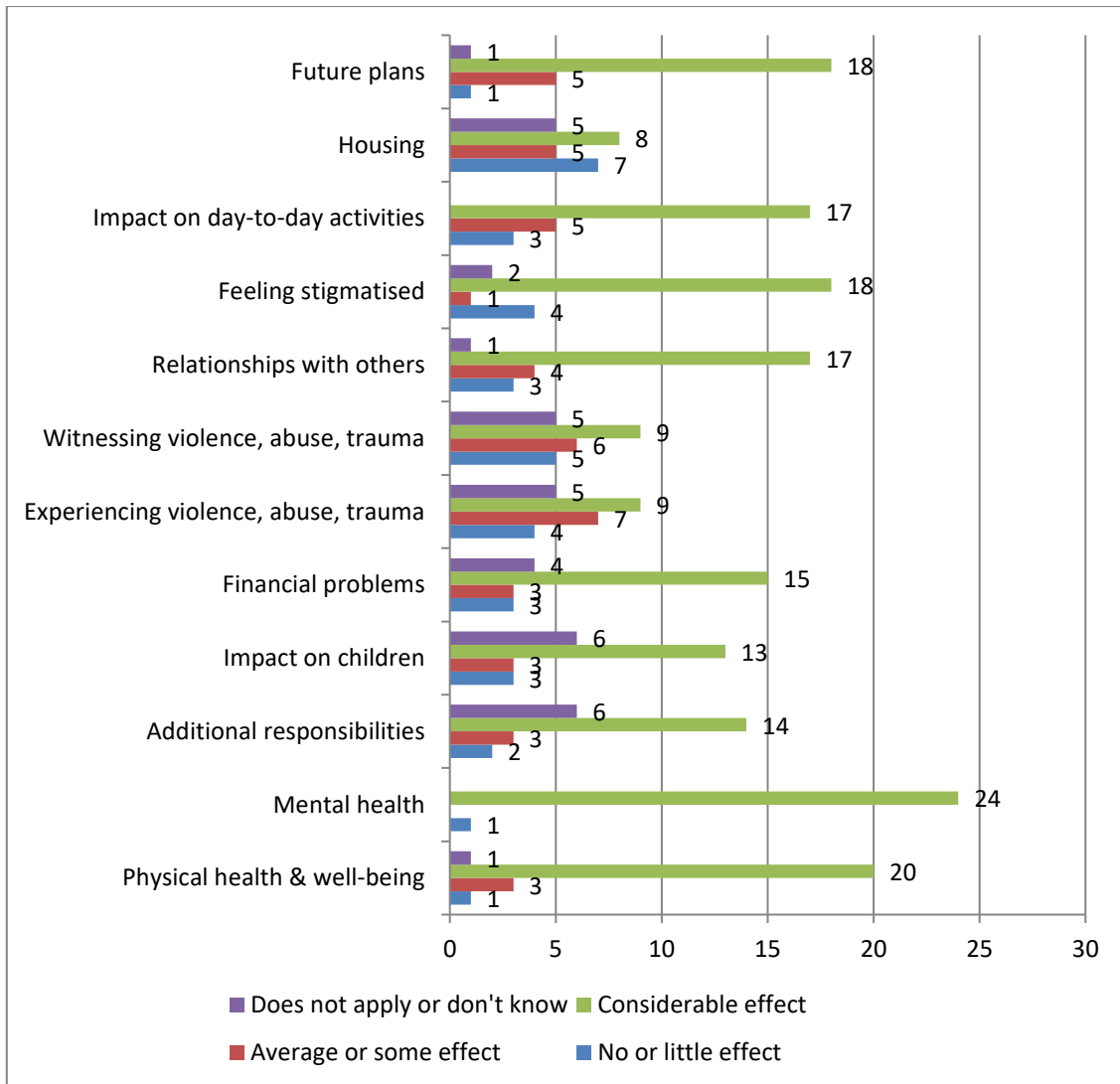
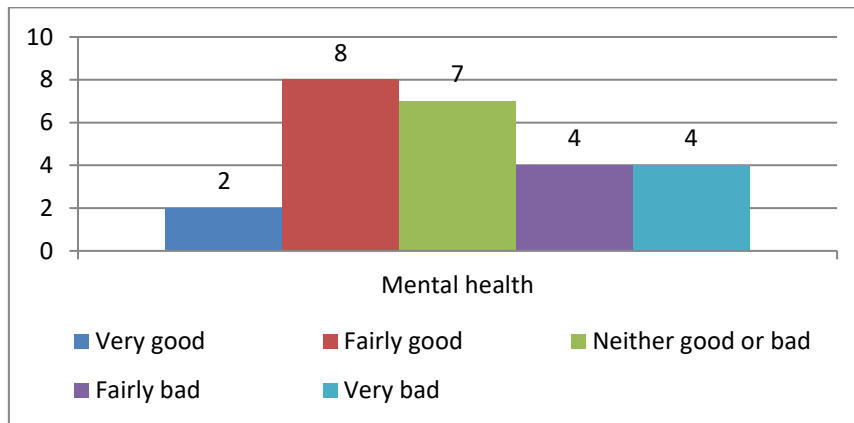


Table 2: Mental health problems mentioned by FVSU survey respondents

Anxious	Confidence severely affected
Stressed	Feel inferior when talking to new people
Worried	Lonely
Tearful	Constantly on guard
Frustrated	Exhausting
Questioning worth as a parent	Not wanting to wake up in the morning
Unable to sit and relax	Depressed
Postnatal mental health problems	Frightened
Emotionally burnt out	Emotionally shut down and as if I've detached from the world
Crying silently without being able to stop	
Panic attacks	

All respondents were asked how they would rate their current overall mental health. Approximately one third of respondents rated their overall mental health as very bad or fairly bad (N=8, 32%), over one quarter rated their mental health as neither good or bad (N=7, 28%), and about one third rated their mental health as fairly good. (Figure 6).

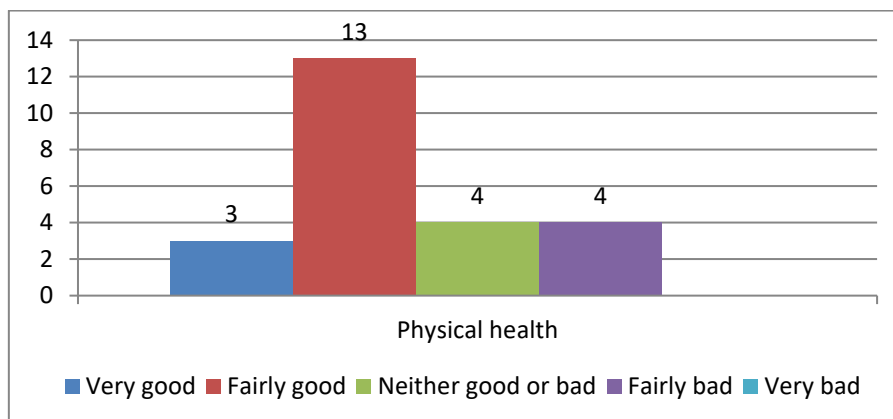
Figure 6: Respondents rating of their current mental health (N=25 survey respondents)



Physical health

Over three quarters of FVSUs reported ‘some’ or ‘considerable’ effect on their physical health over the time that they have been struggling with the veteran’s substance use, although when asked to rate their current physical health no respondents rated this as very bad, and about one half of respondents rated their physical health as fairly good (Figure 7). Issues relating to physical health were rarely mentioned in the qualitative data – when respondents did mention their physical health, problems included the impact on weight and eating, hospital admissions for heart pain, tiredness and exhaustion, and a skin condition.

Figure 7: Respondents rating of their current physical health (N=25 survey respondents)



Domestic violence and abuse

Participants talked about the co-existence of domestic violence and abuse and problem substance use (most commonly alcohol).

“Being on the receiving end of angry, drunk rants and texts, suspicions and lack of closeness” (FVSU)

“When drinking, domestic violence could follow for the smallest thing, physical assault against me” (FVSU)

One FVSU described at least three serious incidents of violence and abuse, when her ex-husband had been drinking, which happened both during and after her husband’s time with the Armed Forces.

“He was never ever that type of person but....once he actually, he hit me in the face with a beer can and he split my eyebrow open.....[another time]....I went to protect the children and I don’t know what happened but then he ended up like pulling me round the house by my hair....[another time] it even got to the stage just before we split up where he was forcing me to have sex with him....sometimes he [did] force himself on me while he was drunk” (FVSU)

Some participants made clear links between the substance use, violence and abuse, and mental health problems such as PTSD.

“When he is well he can happily just have a day at the weekend where he has a few beers then comes home. However as the PTSD overtakes him he will drink from 2 in the afternoon until 2 in the morning and repeat this for a few days. During these times he is full of rage and sure everyone is out to get him. His hyper vigilance increases meaning normal noises such as the dog barking or a door knocking will trigger him. He will get confused and start marching or walking as though he has a weapon. He does not ever physically hurt me but he smashes the house up and raises his fists to me, sometimes he does not recognise me” (FVSU)

Some participants recognised that domestic violence can take on particular forms because of the military influence.

“You come back from theatre, you come back from just being deployed..... you’re in a hypervigilant sort of state, you’re at this heightened stress level all the time....shoes

haven't been put away or the washing up's not been done, it's literally not going to take much to push you over the edge if you're already highly stressed....you're going to get hideous horrible situations where domestic violence is occurring because of what's going on for that family because one part of that family has come from a military environment” (Professional)

Some participants emphasised that violence and abuse can be hidden, particularly when families are with the Armed Forces, because of the shame and potential ramifications if it comes to light.

“I'm pleased to say that the military are becoming aware of domestic violence and there's lots of programmes in place, but sometimes they keep that hidden, because again when you're serving, if you make a claim of, you know, he's beaten me up after a mess dinner, then that has an effect on his job which then means that you could end up losing your house” (Professional)

Impact on children and others in the family

A number of participants talked about the impact on children. Participants gave examples of children's exposure to violence, abuse and drunken behaviour (both witnessing and experiencing directly). This included a father who urinated on their child and around their child's bedroom one night (he thought he was in the bathroom) – the child went on to wet his bed every night until the family separated. Participants also gave examples of fractured relationships within the immediate and wider family, for example veterans not being able to see their grandchildren or pick up their children from school. An FVSU interviewee ended up getting sole custody of their children, and said that their now adult children are still affected by their father's continued drinking.

“Our children have all been impacted by his ill health and seeing the state he has got himself into” (FVSU)

“Addiction has not just caused damage to my marriage, I feel like it has torn my life and family apart” (FVSU)

Some participants talked about relationship breakdown, including communication and trust between veterans and FVSUs, with one FVSU saying that the breakdown of her marriage was, *“all about [my husband's] drinking”*. A small number of participants said that they had decided not to start a family of their own. Professional interviewees talked about veterans

who decide to leave the family home (often rendering themselves homeless and sleeping in cars or under their desk at work) in an attempt to minimise family exposure to their problems. Some families do not keep in touch as much or see each other socially. One FVSU said that this meant that the family did not know how seriously things had deteriorated and were therefore very shocked when the veteran went into hospital and died a few days later. A small number of participants talked about the impact on others in the family, such as one FVSU who talked about the impact that the veteran's substance use had on their parents.

“It did affect everyone....[my parents] were scared to leave him in the house, wouldn't trust him in the house on his own....so getting that like dread in your stomach, the pit of your stomach, your parents are crying to you or on the phone to you, saying oh [he's] done this and [he's] done that. Yeah, it's horrible, it really pulls the family apart” (FVSU)

Efforts from families to talk about the substance use with the veteran and try to get them to seek help could also lead to a breakdown in relationships.

“My [relative]....she just totally buried her head in the sand and I think she went through the whole cycle of trying to make him go for help, nagging him, giving him a hard time in the house to thinking crack on, I'm exhausted of this now, I've tried everything and do you know what I'm batting my head against a brick wall and she'd say like what else can I do” (FVSU)

“I spoke to him a few times about his drinking but he would never ever admit that there was an issue” (FVSU)

Financial and employment difficulties

Approaching two thirds of survey respondents said that there had been 'some' or 'considerable' effect in terms of financial problems. Participants listed a range of financial difficulties that they are experiencing because of the veteran's substance use. These included veterans and families accruing debts (for a range of reasons), veterans losing jobs (often multiple times) or being unable to work, gambling, and money being used to buy alcohol (which is more expensive in civilian environments than in the Armed Forces) or drugs.

“He ran up £40k of debts and a bad credit history” (FVSU)

Some FVSUs said that they were directly affected through having to re-mortgage property, take over financial affairs, or use pension money.

“He just has an RAF pension. I've had to re-mortgage and the amount we owe on the house is only £10,000 less than we originally took out 21 years ago, this is due to him re-mortgaging constantly to pay off his debts” (FVSU)

Other FVSUs said that there had been a negative financial impact through them having to work more, or through losing jobs or not being able to work because of their own stress and ill health or because they needed to care for or watch out for the veteran.

“I have lost jobs due to sick days where I have been too frightened to leave him alone as I worry he will hurt himself” (FVSU)

“When there have been suicide attempts and deep depression I've had to have time off work” (FVSU)

Other financial problems come about as a result of veterans stealing from families (e.g. to buy drugs), and financial crimes associated with illegal drugs. Overall, families are left with high stress levels and increased financial responsibility.

“He lost his job and left me with full financial responsibilities of mortgage, running a house and raising the children” (FVSU)

“My stress levels over debt have been incredible at times” (FVSU)

Families' own use of substances

The literature review found some evidence of a possible association between the drinking habits of serving personnel or veterans, and that of their partners/spouses. However, only a small numbers of FVSU participants in our study talked about the veteran's substance use having a negative impact on their own use of substances. One FVSU talked about their relative's use of alcohol, both alongside that of the veteran while he was with the Armed Forces, and in the years after his subsequent death. Another FVSU talked about their own use of alcohol to cope with their husband's drinking while they were with the Armed Forces.

“I even found myself drinking quite a lot myself and it was so sometimes that I could be fast asleep by the time he come in.....I'll have a bottle of wine before bed.....it was so that I'd fall asleep and I'd be asleep so I didn't have to deal with him” (FVSU)

While some professional interviewees said that they are aware of families who themselves drink alcohol to cope with their situation, on balance they do not see it as a large issue. However, this may be because they generally see fewer families so it is more of a hidden

problem. Two FVSUs described how their experiences led them and their families to have a healthier relationship with substances.

“I mean none of them [children] have substance issues themselves, in fact they’re probably the total opposite” (FVSU)

“I think as a family it’s made us more conscious of alcohol consumption” (FVSU)

Death of the veteran

Approximately one third of survey respondents (N=11) said that the veteran had died. Qualitative data from ten of the bereaved respondents indicated that five of the deaths were directly related to the substance use (alcohol in three cases and solvents in two cases), two were related to lung cancer or COPD (chronic obstructive pulmonary disease), one was heart-related (but the veteran was still drinking when they died), one died as a result of an IRA bomb in Northern Ireland (the veteran was in a bar drinking at the location where the bomb exploded but the links with their time with the UK Armed Forces was unclear) and the tenth was unclear about the cause of death.

Some of the FVSUs who had experienced the death of the veteran through their substance use, explained the multiple ways in which the veteran’s death had affected them.

“Losing him, our life together and all our future has had a severe impact. I have since been diagnosed with PTSD, the stress and trauma has also affected my body physically resulting [in] stomach issues and a skin condition. I have been unable to return to work and this is now having a financial impact. [I] feel very judged because of the way he died..... There was my soul mate, my life as I knew it, all our future plans, trying for children, all gone” (FVSU)

“My biggest fear came true when I came home and found him dead” (FVSU)

Even when the veteran has not died, a number of FVSUs are living with the almost constant worry that it is only a matter of time before the veteran will die.

“As a mother, every day I waited for a call to say he is dead by suicide” (FVSU)

“I think that the way things were heading....we were all convinced that at some point in time we’d be attending his funeral....it would have been at least something to mourn, and the headstone and the pain’s ended then isn’t it?.... That’s how I imagined things were [going to] end up” (FVSU)

Stigma

Some FVSUs talked about feeling stigmatised by others or being concerned about how their situation would be viewed by others. Stigma could be directed to the veteran and/or their family, and could relate to the alcohol use itself, the veteran being in prison, or the way the veteran died.

“Feel very judged because of the way he died, it doesn't reflect the man he was, but people seem to define him by the way he died” (FVSU)

“He wet himself in public. People laughed at him. They didn't like him. They didn't like how he was with me. They didn't know he'd saved lives. He was in charge of...field hospitals....He saved women and children that should never have been in that sort of danger in the first place.....He was a good man. An honourable man. He wasn't just a drunk” (FVSU)

As will be seen later in this report, direct or perceived stigma, towards the veteran or the family, can impact on either party seeking help.

Families at breaking point

Respondents were asked to rate their current overall quality of life (Figure 8). Nearly one half rated their current quality of life as fairly good (N=12, 48%), one quarter as fairly bad (N=6, 24%), and smaller numbers as neither good or bad (N=4, 16%), or very good (N=3, 12%). No respondents said that their current quality of life was very bad.

Figure 8: Respondents rating of their current overall quality of life (N=25 survey respondents)



Figure 8 paints a less bleak picture than that indicated by the qualitative data which were dominated by very desperate, despairing statements from the survey respondents that the situations in which they found themselves were all-encompassing in terms of the impact on them. Ultimately, many were at breaking point.

“It was like living in our own battle to save my son” (FVSU)

“My life was on hold” (FVSU)

“I survive each day rather than live” (FVSU)

Furthermore, a number of FVSUs described how hopeless they feel about the future.

“I can't think of any positive effects, it's all draining, futile, and I can't see a positive or happy ending to this situation” (FVSU)

“I'm stuck, I don't have an escape route. I feel resentment, anger and frustration that I am in this position through no fault of my own” (FVSU)

Several FVSUs talked about their levels of isolation and loneliness.

“It is enormously isolating” (FVSU)

“I am utterly alone” (FVSU)

However, a small number of participants described resilience to, and positive outcomes from, their experiences of being affected by a veteran with a substance use problem. Examples included a healthier relationship with alcohol within families; gaining a counselling qualification and/or choosing to work in the counselling or helping professions; veterans who now work, volunteer or support in some way the organisation that helped them; and an enhanced quality of family life, including more time with the family, improved relationships and less conflict. One veteran and his partner had recently got engaged.

“It has made me very strong and independent” (FVSU)

“We do this new thing now that he thought of a few weeks ago, he said ‘Every morning what we should do to start the day off good is say three things that we like about each other.’ And we've been doing it every day for the last three weeks, so it's really nice...”
(FVSU)

Summary

There is a consensus that families are negatively affected in multiple and complex ways by the veteran's problem substance use, and often have been for many years. Families often started to feel the effects while their loved one is serving, and for many the impact on them continues and worsens in the months and years after service. Families were often dealing with the cumulative impact of multiple issues alongside the substance use, including mental health problems such as PTSD (often directly linked by respondents to trauma and combat), offending behaviour, violence/abuse, physical health problems, employment difficulties and, in some cases, the veteran's death (which the survey data suggest was directly associated with the problem substance use in at least one half of cases). All aspects of individual and family life can be affected, including mental health, impact on children, financial troubles, and relationship breakdown. While there can be positive outcomes for some families, many participants described extreme distress, despair, fear and hopelessness, and felt that there was no way out for either them or the veteran.

FVSUs accessing support

Overall, some participants recognised that family members' needs are equal to or greater than those of veterans and that they need more support.

“There is no support for families of veterans....there is nothing out there....ashamed....[I'm] just realising it now” (Professional)

However, participants do not think that this is widely acknowledged, and that the impact of substance misuse on families is “*underestimated*”, and their caring role ignored.

“Spouses/partners are often unpaid carers, and this saves the country a phenomenal amount of money each year. Our needs aren't met. We need respite care.....recognition of what we do, respect.....we have unique circumstances and this should be recognised.....and not be dismissed as not important” (FVSU)

Rather, the veterans themselves are usually the focus of help when it is available.

“Whilst there's a lot of support for [the veteran]....you're [i.e. family] not [going to] get the same treatment as that person because that person's got everything prioritised for them, so mental health, if they have a physical injury they'll go to the top of the waiting list if it's service-related. If they become homeless there's additional

preferences that may apply to the veteran but it doesn't apply to the partner"

(Professional)

Informal help for families

Informal support was not discussed in great depth by study participants. Those who did discuss it generally had positive experiences of informal support from family, friends, and employers both during and after the loved one's time with the Armed Forces. However, participants also highlighted the limitations of informal support, saying that it does not go far enough, can be unhelpful (such as asking why the FVSU did not leave the situation), or leave FVSUs feeling that they cannot be fully honest about what is going on. Some are concerned about judgement and reaction from others, with some only prompted by a particular event (such as the veteran stealing bank or credit cards and taking money from accounts, or the veteran going to residential treatment) to tell family and friends.

"There is a rift between me and my parents as they are worried about me and want me to leave him" (FVSU)

"My friends do not understand" (FVSU)

"She didn't tell her work colleagues for 3 years that [her husband] passed away, she couldn't bring herself because she knew she would be asked why" (FVSU)

Formal help for families

Participants talked in a limited way about formal help that is available to or accessed by FVSUs while their loved one was with the Armed Forces. Attempts to access help at this time was discussed in most detail by one FVSU who recounted an occasion when she tried to access help following an incident of alcohol-related violence and was asked to cover up the reality of what had happened.

"I mean once he actually, he hit me in the face with a beer can and he split my eyebrow open and I actually went to....the military guardhouse because I had to go to the hospital and I told them what had happened and they actually said to me 'when you get to the hospital you actually say that you was making packed lunches and you walked into the cupboard door'.....That's what I was told to say even though I was covered in blood and everything else.....and one of them actually drove me to the hospital and it was like.....this is what you say because otherwise they're going to ask questions, they're going to investigate so this is what you say" (FVSU)

Participants were aware of very little specific support for FVSUs after the veteran leaves the Armed Forces. The professional interviewees all offer various forms of individual, group or respite support to families; but the majority of them are working primarily with veterans, so this work is often limited and opportunistic, and does not use evidence-based models. Nevertheless, all said that they recognise the need to encourage families to access support, to reach out to FVSUs when they can, and offer support to them either on their own or alongside the veteran, and sometimes identify the family as in more need than the veteran.

“I always try and reassure any family members that it’s really important that you get the support that you need as well” (Professional)

“I’ve had a recent referral where I’ve said “I think your need is greater at the moment so I’m [going to] support you” (Professional)

Survey respondents were asked if they had ever received support for themselves (N=32, data missing for 7 respondents). One third of FVSUs (N=8, 32%) said that they had ever received help for themselves. Data on when the veteran left the Armed Forces (see p.10) were used to explore whether FVSUs whose loved ones had left more recently were more likely to receive help (reflecting the increased provision for discharged veterans). No relationship was found. In addition to the survey findings, two of the FVSU interviewees said that they had received support for themselves, and some veteran interviewees also talked about help that their family had received.

The nine survey respondents that had received support for themselves (i.e. as an affected family member) had engaged with a range of support services, with the most commonly reported being online peer support, a specialist service, a GP or the NHS, and counselling or therapeutic interventions. Two specific services were mentioned by FVSUs – a range of support available to families at a specialist treatment provider for veterans with addiction problems, and a national self-help network for adult families of injured serving personnel or veterans. These FVSUs explained what they find helpful about these services.

“The help was invaluable and I was able to meet non judgmental people in the same situation as me I could talk without judgement and it was the only time I would talk about my issues and share them with others” (FVSU)

“It [family meeting] felt as though we were moving on some, all of a sudden it felt as though something was happening” (FVSU)

One veteran said that through the family-oriented approach of the prison where he completed his sentence (residing on the specific wing for veterans and first-time offenders), his wife received emotional and practical support from an external military charity, and their children also received support. One FVSU received help from a substance use treatment service that supports families affected by a loved one's substance use. At the time, this FVSU was happy that the support was not specifically for Armed Forces families. She liked not feeling alone, and getting a better understanding of her partner's behaviour. However, when this FVSU subsequently talked to someone from a veterans charity (when her partner started getting help), she recognised the added value of specific support.

“As soon as I went to the [charity] and I started talking about these things they said that's the way they're trained....is it fight or flight?....and I think within the [generic] groups they maybe didn't understand that as much....[it] just made me feel a little bit better to think oh he's not just doing it towards me then, that's just the way his mind's been trained when he was in the Army and no-one helped him manage that when he left and that's why he's always been like it” (FVSU)

FVSUs also shared their negative experiences of formal help. Some of these related to the approach taken by staff, with FVSUs talking about a lack of understanding and professionals who were judgmental.

“Only sought out support once and the counsellor couldn't accept I wouldn't separate myself from my husband. My view is that we are together regardless so I couldn't work with someone who was essentially telling me to neglect him” (FVSU)

“My partner was passed over to [service/person] who was patronising, had no real understanding of PTSD and did not care...[I] called her 6 times....we were being evicted and I thought my partner was going to hurt himself. She never even called back” (FVSU)

Other negative experiences related to the availability of and access to services, with comments from FVSUs covering the loss of funding, a lack of services, and waiting lists.

“We have a WhatsApp group but [because of the loss of funding we] are no longer able to meet which I find difficult. I feel like I have lost my safe space to talk” (FVSU)

“I waited 2 and half years for counselling because of the waiting list and was given 6 sessions and I don't feel like it helped” (FVSU)

Not getting help

Despite the many ways in which FVSUs said that they have been affected, over one half of survey respondents said that they had never received any support for themselves and indicated that there are a number of barriers to accessing support (the responses to this question are given in Figure 9 – respondents could select multiple options).

Some FVSUs feel that support is not available or has not been offered to them.

“I was never offered any [help]” (FVSU)

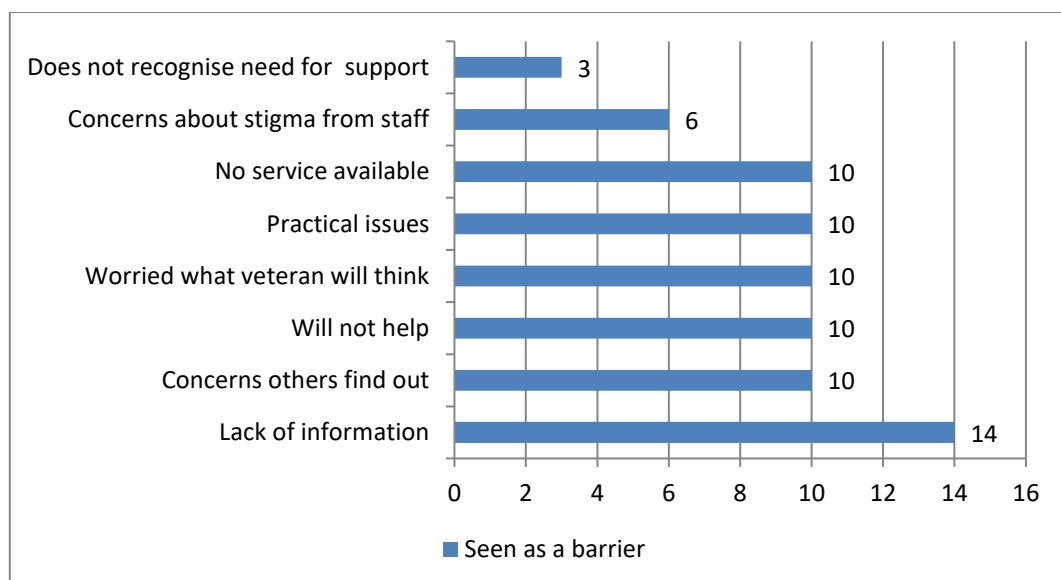
“I think when we first went to [military charity] I did think there may have been a bit more support for partners and family” (FVSU)

A number of FVSUs said that services focus on the veteran and do not offer support to families.

“We went to the rehab centre and it was just for him. Even after he passed away there was no support” (FVSU)

“He is currently in prison and all support has been focused on him” (FVSU)

Figure 9: Views on barriers to accessing support (N=23 survey respondents)



Some participants thought that FVSUs often do not recognise their own need for help.

“I haven't got the alcohol problem, it's him” (FVSU)

“Often it’s convincing the family members.....to actually persuade them that they need to look after themselves as well, because generally their main aim is to get help for their husband, partner....and they kind of forget about themselves” (Professional)

Furthermore, families can have the same reluctance as veterans towards asking for help for fear of a range of reprisals from the Armed Forces, or because the medical services available to serving personnel are not available in the same way to their families.

“Any impact on that serviceman or woman does have a direct impact on you because your house is linked to that job, your life is linked to that job, your schooling, your children, is all linked to that role, that job, and if they were to say anything that is basically the whole life piece is finished. So that’s how it affects serving families to a point, because it’s taboo to talk about it outside..... if you’re in civilian society and your husband is drinking and you tell his boss he’s not [going to] lose his house, he might lose his job but he’s not [going to] lose his house [because] it isn’t linked to your job” (Professional)

Summary

Overall, participants reported a dearth of specific support for FVSUs and a lack of awareness about what help there was available. Furthermore, FVSUs are unlikely to access help either while their loved one is with the Armed Forces or after they leave, and when help is accessed there are mixed experiences. Families can experience a number of barriers to accessing support, which often mean that families only come to the attention of services when there are crises or because they are trying to get help for the veteran. Professional interviewees recognise the need to support families, and many do so in a range of ways, but think that support for families is generally inadequate and should be more equitable with what is available for veterans.

The influence of the UK Armed Forces and what it means for FVSUs

There was a consensus from participants that there are shared elements of the military culture that are common to the whole of the Armed Forces and can influence the problematic use of substances and how veterans and families can be affected.

“It’s complex because you’re talking about a different culture that’s immersed and disguised within our own” (Professional)

“Everyone’s been institutionalised” (Professional)

Participants identified three broad elements of this shared culture that they think influence the (problematic) use of substances, particularly alcohol, and which they feel capture how the impact of substance use is different for military/veteran families than for civilian families.

“I think there are factors in common but the additional challenges of service life such as frequent moves and the occupational threat of serious injury or death creates additional pressure and scope for falling through any support network.....the culture of heavy drinking in the [Royal Navy] was also a factor” (FVSU)

These three elements are summarised in Figure 10 and will be discussed in turn below.

Figure 10: The Armed Forces culture and its influence on FVSU experiences



Fighting mentality: “They teach them to be machines; how are they supposed to unteach that?”

Participants talked about the particular mentality that is instilled in many serving personnel from the start of their training, and which involves a specific retraining of the brain so that soldiers can dehumanise the enemy, run towards danger rather than away from it, and kill if required.

“I think when you go into the Army you, they’re trained in such a way that it alters your personality and who you are as a person” (FVSU)

“It starts on Day 1 because what happens is you have your fight and flight tinkered with, your responses are tinkered with” (Veteran)

However, interviewees said that not enough is done to reverse this mentality when individuals leave the Armed Forces and that this can cause problems for a minority of veterans and their families.

“We do a lot around transition....but what we’re not doing is mindset changing....they’re still [going to] be a different mindset to when they joined and giving three days does not help prepare that person for what they’re [going to] do in transition....we’ve done it since time immemorial, we dehumanise the enemy because you have to....what we don’t do is rehumanise people....if we don’t address that before they leave then how can we expect them to lead a normal life in society and not turn to alcohol and drugs” (Professional)

Even though the majority of those who leave the UK Armed Forces do so successfully, some professional interviewees felt that not enough is done to prepare someone who has been trained in a particular way to reintegrate back to civilian life. For some, the challenges that will come from this can lead to substance use, or engagement with other problematic behaviours such as gambling or crime/violence to try and get the same *“heightened sense of attention and adrenaline”* that they experienced during service, and this can also lead to mental health and other problems.

Drinking culture: “It was literally a way of life”

Participants talked about the use of alcohol, believing it to be heavy, frequent, expected, normalised, often enforced, and widespread across the Armed Forces. In summary, there is consensus that alcohol is at the heart of the culture and identity of the Armed Forces.

“The alcohol side of it is the whole culture of the Army really” (FVSU)

“Drink’s massive in the Army” (Veteran)

“I feel [the UK Armed Forces] encourages and endorses over-indulgence in the recreational use of alcohol” (FVSU)

Hence, participants talked about how alcohol is used as part of, and in response to, all situations and occasions.

“Traditionally it’s been utilised for cohesion, celebration, commiseration”

(Professional)

“The culture was when not at work you went out drinking....most weekends were spent drinking. Regimental dinners were a part of the culture and if you could walk at the end of the night you were not drinking hard enough” (FVSU)

“Forced to drink at the Mess because the CO [Commanding Officer] or RSM [Regimental Sergeant Major] direct[ed] it. The alcohol is heavily subsidised and plentiful and they get on a train that doesn't stop until it hit[s] the buffers at the end of their career” (FVSU)

One interviewee described at length the function that alcohol can have throughout an individual's service, hinting that the Armed Forces would not be the Armed Forces if alcohol were removed.

“When you start in the military and you pass your training, you all go into the bar and you all get drunk, because that's celebrating the fact that you've passed something. When you get to your regiment you celebrate events or you go out as a platoon for bonding and you celebrate with alcohol. Before you go on tour and after your training to be prepared to go out on tour you go out with the guys and you get drunk....it's this perpetual enforcement....it's in the head that when we do something we drink, and when you come back off tour, the fact that you're coming back.....they gave you two cans as a sort of, well done lads, we've made it back....we're the ones who survived....if you've unfortunately lost anybody within the regiment, you then commiserate and raise a glass to them. So again that alcohol is in that community psyche” (Professional)

Expectations to drink alcohol do not have to be explicit, but can be covert and subtle.

“You're trained to follow orders, you're trained to follow the hierarchy, you're trained to follow your sergeants, your officers, sometimes you're trained to do that in a theatre of war and whilst all this is going on you're being told, not verbally necessarily but certainly through behaviour through actions, that you will be drinking alcohol....and that's a good thing to do and an okay thing to do right?” (Professional)

Some FVSUs said that their husbands became known for their drinking while they were with the Armed Forces.

“He became kind of known in a way sometimes you know for his drinking...so when we’d go out like [to] mess functions and things like that it was almost like really encouraged because they knew the amount that he drank” (FVSU)

“His prodigious consumption [of alcohol] was admired by his peers” (FVSU)

On the other hand, another veteran became known for *not* drinking. Due to his awareness that his drinking was a problem and could affect his work, this individual did not drink when he was on duty because he did not want to take any chances and risk placing his colleagues in danger. However, he described how isolated and ostracised he felt as a result and how not drinking fundamentally changed his whole experience of being with the Armed Forces.

“I took a little bit of stick for not drinking, actually took quite a lot of stick for not drinking, to the point of almost being ostracised in some mini circles if you like....it was difficult to be in a theatre of war and feel almost ostracised by your band of brothers if you like.....if camaraderie’s going to happen anywhere....it’s going to be on a war footing, and I didn’t really experience that and it was because I wasn’t drinking, because I didn’t socialise and interact with people in a way that we’re trained to in the Forces, and I found that quite upsetting, I found it quite isolating, I didn’t get the experience of if you like war that I thought I was going to get, that people talk about you know.....my war didn’t happen like that for me....100% because I wasn’t drinking, if I’d have been drinking I’m 99% confident that I’d have been possibly not even just part of the group but maybe sort of instrumental in the group or the team, because of the way I drink, because of how I drink....it’s that endemic in the culture that if you don’t do it then it’s very difficult to belong to if you like the brotherhood in a sense” (Veteran)

Some interviewees mused on what this drinking culture can mean for families, some of whom seemingly have no choice but to accept the behaviour, including joining in, even when it clearly causes problems for serving personnel/family.

“There’s still a lot of family celebrations which revolve around going to the mess.....the wives are like part of that, they don’t like it but they’re part of it, it’s almost they have to accept that that’s what they do” (FVSU)

Finally, as discussed earlier, some interviewees drew parallels between the attitude of the Armed Forces to alcohol and the contrasting approach to illegal drug use, even when the

quantities of drugs taken are insignificant when compared to the amount of alcohol that is consumed.

“They’re encouraged to drink. And what’s interesting is that whilst you’re in the Armed Forces.....they can drink ten pints a day and as long as they turn up for work in the morning and they’re functioning then they’re all right, the moment they smoke a bit of cannabis [snaps fingers] out. So the minute they have a spliff....one spliff, they’re out” (Professional)

Culture of silence: “What happens at war stays at war”

Participants explained that military personnel are trained and expected to behave stoically, to be strong and infallible, and not expose, or ask for help with, vulnerabilities and problems.

“It’s really difficult to actually put your hand up and say you do actually need some help [because] that’s not what we’re trained to do and it’s not the culture we come from” (Professional)

“It’s weak to show any kind [of] vulnerability” (Professional)

This can include things that have happened as a result of service (such as during war) and problems linked to, for example, the use of substances and with mental health.

“We get calls from serving personnel who have been to see their medical officer because of their anxiety or mental health issues and they’re still being told to grow a pair” (Professional)

“The way [the] UK Armed Forces are trained, especially if they’ve seen combat, is to not talk about things. Don’t complain, don’t make a fuss, just get on with it. Those skills are essential in combat but it’s hard to unlearn them” (FVSU)

Some participants thought that this mindset of not being open about problems can extend to families.

“That [military] mindset transfers to them as well. So they see it as a shame, we were a married family and in the military, we don’t want to say, oh we’re not coping, because we’ve always managed to get through and I’ve always been strong for them, their children and everything else, and when he’s been away, and I think that transfers to them....that’s where the differences are in society, they tend not want to sort of admit that things are not going well” (Professional)

Similarly, some participants said that the Armed Forces consists of healthy, high achievers who may be recognised or decorated for their service, and who can have a very strong sense of pride in what they do. If problems then develop, many can find it difficult to overcome this sense of pride, feeling great shame and embarrassment that they have fallen from grace or shifted from 'hero to zero' in the eyes of both themselves and others.

"I believe pride and shame were the barriers to him seeking help and a lack of others openly talking about substance abuse" (FVSU)

"[He] doesn't feel worthy of support" (FVSU)

Participants also talked about the normalisation, by both veterans and families, of regular and high alcohol use in the Armed Forces, and how this can mean that any problems associated with such drinking behaviours are kept under wraps and not seen as problems.

"I don't think he sees it as a problem. He says it was a way of life in the Army. It is as if having moulded him, he can't be [any] other [way]" (FVSU)

"Addiction to alcohol is not seen as a problem" (FVSU)

This normalisation of high levels of drinking alcohol can also mean that problems, which were not seen as such during service, are seen as problematic by civilian society but not necessarily by veterans and families.

"In social settings suddenly it was making her feel uncomfortable but only when they were on leave, when they weren't on leave and they were in their normal little family Army life it was the norm, she didn't realise it was a problem until they were on leave or they'd left so it's the same for us, we're seeing it as a problem when they're out here and she's seeing a problem when it's out here but actually in there we don't know what's going on, she does but it's just [their] normal life" (FVSU)

Impact on adjustment back to civilian life

Participants agreed that these cultural components across the Armed Forces can impact upon the ability of whole families to adjust to civilian life when leaving the Armed Forces.

"It's not just a cultural transition for the veteran, it's a cultural transition for the family as well" (Professional)

FVSUs described their veterans as a "lost sheep", a "rudderless ship", and feeling like an "outsider", when they left the Armed Forces, and reported them as being isolated and lonely.

Veterans can experience what is akin to several bereavements because of the loss of routine and colleagues.

“It was almost like everything he’d known, everything he’d fitted in with, everything that felt safe and comfortable he’d almost left that behind” (FVSU)

There appear to be various aspects to this struggle with adjustment. Some of these are linked to the cultural components outlined above – retaining the fighting mentality that was ingrained during service, having the same relationship with alcohol as that experienced while serving, and not being able to speak up about problems. Additional aspects identified by participants include veterans not knowing how they fit in to family and civilian life and what their purpose is, and suddenly having to do everyday things for themselves. Overall, for some, the challenges will mean that they turn to substance use and other behaviours, or that levels of substance use from during service continue, and even rise, after leaving.

Views on the response of the Armed Forces and wider society

Some participants levelled very strong criticisms at the Armed Forces attitude and response to veterans, including those who have problems with substances, with some making links between the inadequate response to substance use and other problems among veterans.

“We expect our servicemen and women to be robots; do what society does not want to do and then drop them from a height without a safety net. When they do inevitably pick themselves up, families are left to dust them off before they fall again, and they do regularly. What other employment expects their partners to see children killed in Bosnia, be spat on and kicked by women and children in Northern Ireland and then offer little to no support?” (FVSU)

“They are done a huge disservice by the Forces who create and train people to kill, then fail miserably in preparing them for the world after service life....They are like infants.....no abilities to shop, cook, pay bills, get bloods done at the GP, how life works. They are taken out of their comfort zone and they fall back on the crutch of drinking. They lose their identity and self. But it is not society's job to carry them.....this lies with the Army etc. to undo what they have done and then prepare them for what's next” (FVSU)

Some participants expressed similarly strong views about the Armed Forces response to families, including those where the veteran has substance use problems.

“We all need help, we have stuck with service through thick and thin, do not just throw us away” (FVSU)

“When servicemen/women and their spouses leave they are thrown on the scrap heap. Adjusting is difficult and help is non-existent. When you are in you are often viewed as the moaning wife of, or your partner’s career is affected. When the time to leave comes you are told it will all be ok outside the Covenant will look after you - it doesn't!” (FVSU)

It should be noted that, while there was some recognition of recent improvements in support, the majority of participants focused on the gaps in the present system, what is needed during service, and discussed how they think the response of the Armed Forces, and wider society, can be improved. Some thought that a way must be found to challenge and change the intrinsic aspects of the culture of the Armed Forces discussed above, particularly around drinking alcohol and talking about problems.

“I think that there needs to be more open communication and that it’s okay to go and seek help from services, you’re not going to lose your job because you go and seek help.... it’s a culture change really....if they want to reduce the amount of alcohol related deaths in veterans then I think it starts at the beginning and the culture” (FVSU)

“I would like to see a change in culture where, as in civilian life, if we are struggling it's okay to talk about it. I would like to see the Forces look at how their staff spend recreational time and try to encourage different ways of unwinding and down time and stop the drinking culture” (FVSU)

Some participants went further than this and said that change is needed such that the Armed Forces can more openly admit that serving personnel and veterans have problems. Additionally, there is a need for more training and awareness raising about substance use and other problems, across all levels of the Armed Forces. This includes being able to ask questions and uncover problems from a group who for a range of reasons are very adept at hiding the truth.

“We’re finding that more and more people are coming out the military, struggling with their transition, and that’s not to say that the MOD are not doing anything right....these people are very good at masking what the real issues are.... you’re very good at putting this false face on things” (Professional)

However, this can create a situation whereby some serving personnel can find it hard to admit that there are problems and ask for help because they have been trained by the Armed Forces institution to do the direct opposite i.e. be strong, not show any weakness, and not open up when struggling. These patterns of behaviour can continue after leaving the Armed Forces, and extend to families.

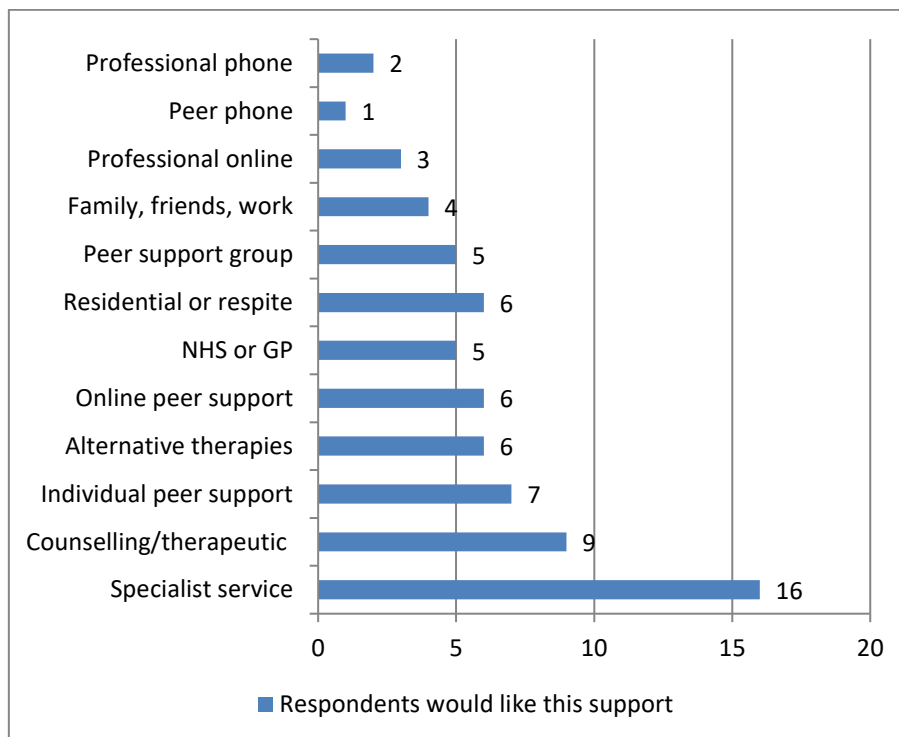
Summary

Participants believed that there are shared elements of the culture that is seen across the Armed Forces that can influence the problem use of substances and how veterans and families can be affected. They identified three components to this culture which they feel can most influence the problem use of substances: a particular military mindset, the drinking culture, and a culture of silence. Together, these can add complexity to how families are affected by a veteran's substance use and illustrates how the experiences of military and civilian families can differ. The unique culture of the Armed Forces seems to create a situation whereby serving personnel and veterans, and often by extension their families, do not feel that they can admit that there are problems and ask for help from the Armed Forces; an institution that has taught them to be strong, not show any weakness, keep problems hidden and, in the case of drinking alcohol, normalised a behaviour that in most other settings would not be acceptable. The Armed Forces in particular, but also, given their service to their country, wider society should shoulder more of the responsibility for supporting veterans and families, and such support should cover the period during service (Armed Forces specific help), when leaving (support from both the Armed Forces and wider society support structures) and after departure (wider society support structures). This supportive responsibility includes creating an environment where talking about problems is more accepted (both during and after service); addressing the role of alcohol within the Armed Forces and the continued pervasiveness of this culture as a veteran (and their family) transitions back to civilian life; the Armed Forces taking more time to retraining and re-humanise individuals who have been conditioned to fight and kill before they leave service; and military and civilian organisations doing more to challenge the perceptions that veterans and their families are substantially different to civilian families.

Developing support for FVSUs

Overall, participants had a wide range of ideas for how to support FVSUs. The preferences of survey respondents are summarised in Figure 11 (respondents could select multiple options). Nearly three quarters said that they would like a specialist service, nearly one half would like some form of counselling or therapeutic intervention, approaching one third would like individual peer support or alternative therapies, and around one quarter would like online peer support, support from the NHS or a GP, or residential or respite support.

Figure 11: Views on what support FVSUs would like (N=23 survey respondents)



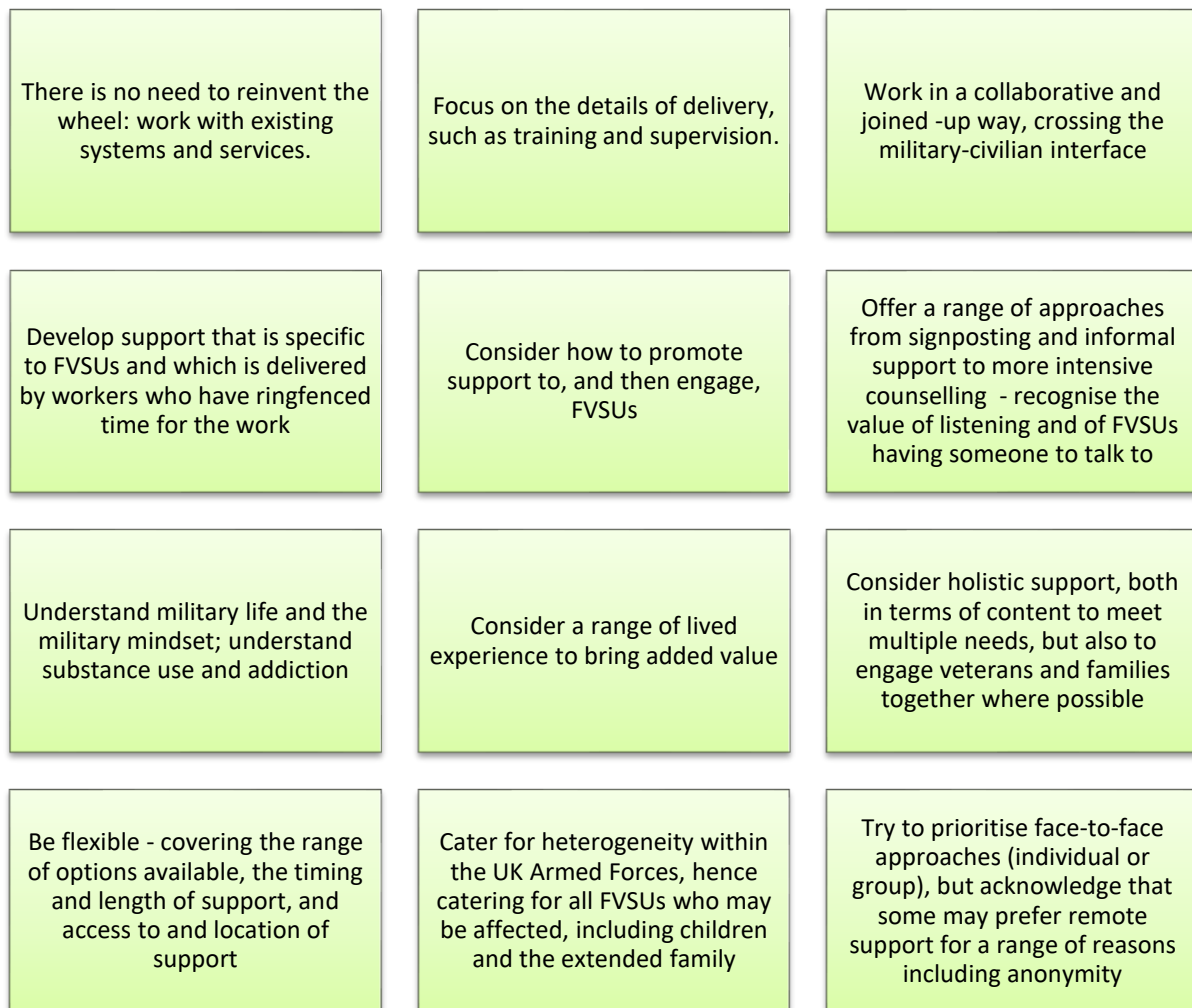
Even though no one clear model of support emerged from the data, a number of core components of the support that should be developed were identified across all components of the study. These are listed in Figure 12 and each will be briefly discussed below.

No need to reinvent the wheel

Some participants emphasised that rather than reinventing the wheel, models of support are needed that fit with what is already available, for example from military/veteran charities and substance use treatment services. This can lead to better value for money and increased sustainability. To facilitate this, developing support for FVSUs can be an expansion or adaptation of existing roles, such as military charity caseworkers, substance use treatment

service keyworkers and family workers, the creation of new roles within existing services, or the adaptation of more specialist interventions. Approaches such as local asset mapping may be useful to guide the development of services and ensure that they are the best fit for the local context.

Figure 12: Components of support for FVSUs



Focus on the details of delivery

Some participants highlighted that those who support FVSUs, whether they are employed workers or volunteers, must be trained, supported and supervised in the same way as any other practitioners. Workers must also be in a position to manage issues of safety, such as resulting from disclosures of violence and abuse, or relating to safeguarding concerns. As

will be seen later, many participants were clear that supporting FVSUs requires a particular knowledge of, and empathy with, both military life and the issues that veterans and families can face, and addiction.

Collaboration between the military-civilian interface

Many participants want to see a multi-agency, joined-up approach that builds on existing networks, such as those already in place at the project partner organisations. In particular, supporting FVSUs requires a strong collaboration between military/veteran and civilian services and charities. Overall, a coordinated response is needed.

“Organisations and mental health service provision need to talk and work together more. It is impossible to address this issue with mental health and substance misuse being two separate services. Families need the support of one person coordinating a long term treatment programme, not short term intervention from each individual service with gaps in-between provision where relapse often occurs” (FVSU)

A coordinated approach should also ensure that FVSUs do not have to keep on repeating their story to multiple professionals at a range of different services.

Develop support that is specific to FVSUs

There was broad consensus that, similar to developing support for veterans, support is needed that is specifically for FVSUs because of the differences between veteran and civilian families and some of the additional and specific challenges that they can face.

“If it’s not specific then what might get created there is they might not be as open, because there’s not a common thread that connects them all; it’s like what do they say, what will they hold back, they might say the wrong thing. So that’s the point of creating the safe, secure space where they’re with like-minded others so they feel free to speak and be open.... I think it creates more of a sense of safety, trust, vulnerability.... they tend to open up a lot more knowing that you’ve got a shared experience of, of that struggle” (Professional)

Furthermore, some participants want specific support to be delivered by dedicated workers who have time ring-fenced for the work, either as part of a unique service or embedded within another service.

“With just a full-time family worker the level of engagement would be different....it would be solely their job with no other distractions, they could focus on putting on events, promoting it, marketing it, gathering everybody up....the full focus would be on the families of the veterans. So it would keep the momentum going” (Professional)

A small number of participants cautioned against a specific approach because it can lead to a risk of collusion and poorer integration of families with civilian society. However, generally specific support is the preferred option as it can lead to greater empathy and normalisation with other ‘like minded’ people.

Promoting support to, and engaging, FVSUs

Participants know that work is needed to advertise the help that is available and to minimise the amount of work that families might have to do to search for help themselves. Moreover, many military and veteran families will have strong feelings of stigma, stoicism, pride, honour, shame, fear of repercussions, loyalty, and betrayal – any or all of which can impede help seeking. Therefore, work will be needed to encourage families to talk about difficult issues, particularly when they are not used to talking about such things and have been part of an institution where such conversations are for the most part discouraged.

“That’s going to be the biggest step really is to get people to talk because they’d never have done it before” (Professional)

Additionally, some participants reflected on what works with military populations, and believe that time will be needed for work with FVSUs to be accepted in those communities.

“With the military population, once somebody’s accepted or something is accepted that will reach many” (Professional)

Participants, particularly at the local consultation events, suggested a range of ways to raise awareness of and promote services to FVSUs. Ideas proposed included identifying families in need through Forces/veterans welfare processes and through networks such as the Veterans Gateway, working with existing networks, organising or getting involved with community events, collaboration with GPs, schools, and services such as TILS (specialist mental health support for veterans), raising awareness at major events like Remembrance Sunday or Armed Forces Day, and undertaking local consultation with families and services. Some participants believe that mental health and public health have less stigma attached to them than substance

use, and wondered if integrating support for substance use within broader mental or public health frameworks might be possible. Finally, some participants think that care will be needed with the language used and with how services are advertised, for example by not using terms such as wives and spouses.

Offer a range of approaches

Participants suggested a number of support options for FVSUs, catering for preference, need, and heterogeneity, and ranging from signposting and informal support to more intensive counselling (Table 3). Participants made their suggestions based on their knowledge or experience of what help is available for families (such as military families generally or civilian families affected by a loved one’s substance misuse). It was also suggested support should cover emotional, practical, and informational or educational needs.

Table 3: Ideas of support that should be available to FVSUs

<ul style="list-style-type: none"> • A cafe model or some kind of Hub that brings a number of services together under one roof. • Use of technologies to offer support – can include WhatsApp, Skype/Zoom, and online videos and webinars. • Respite and residential support. • Activity led therapies e.g. sewing, music, gardening, art, and fun activities that can include children. • Bereavement support. 	<ul style="list-style-type: none"> • Information, awareness, education – about addiction; MH/PTSD (and trauma); being a ‘soldier’, what it means to go to war. • Increased availability of (free) professional counselling, and more intensive therapeutic individual, couples and whole family interventions. • Mindfulness and similar support.
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Above all, participants felt that support should prioritise FVSUs having someone to talk to, in either a structured or more informal way, and of being listened to in an understanding, compassionate and non-judgmental way, something which they may not have experienced before.

“Even somebody I could talk to and confide in as such....somebody kind of independent.... for me to say to somebody this is the life I’m living because I couldn’t tell people that that was the life I was living.... I know for a fact that would have made a big difference for me that if I could have spoke to somebody, it could have changed things but I didn’t go where to go, I didn’t know what to look for” (FVSU)

Understanding the population

Participants agreed that whatever form support takes, it needs to be offered by workers and services that understand the triumvirate of families, the military, and substance use.

“Whatever happens this needs to be facilitated by somebody who’s got a good amount of understanding about addiction, about family work and the military” (Professional)

Some participants suggested that understanding military life and its mindset, and the impact that this can have on veterans and families after service, is the most important of the three.

“Understand what it means to be in the military and why veterans or people in the military operate slightly differently, have a different culture” (Professional)

“More importantly I feel the solution/support needs to be unique or tailored to Armed Forces personal/veterans. There is a big divide between military and civvies, which extends to families and this does not stop when they leave” (FVSU)

This may need to include an understanding of specific issues such as the role of alcohol and of mental health problems such as PTSD.

“I also firmly believe that healthcare professionals should have an understanding of military culture and the role that alcohol plays within it” (FVSU)

With regards to understanding substance use, participants felt that the support offered needs to include education around addiction, harm reduction, relapse, and the relationship between substance use and mental health problems.

Consider involvement of people with lived experience

Study participants generally agreed that there are benefits to involving those with lived experience (which could involve any or all of the three areas listed above) in the delivery of support to FVSUs. Such input can bring increased understanding of the client group, support FVSUs to feel that they are not alone, and encourage engagement. Some saw lived experience as a core component of support.

“I think anyone with lived experience who’s in a position to share their lived experience and to be able to relate; I think that brings a lot of weight to the role” (Professional)

“I feel it is only something only someone who has experienced it can really understand” (FVSU)

However, some participants saw the involvement of those with lived experience as an advantage but not essential, believing that skills (such as such as empathy, compassion, being open minded, and being non-judgmental), knowledge of the military and of substance use, and training can be sufficient and override lived experience.

“You’re [going to] need specialists, not just peers” (Professional)

At least one participant suggested that too much lived experience involvement can work against the aim of supporting the transition of veterans and families out of the military bubble and back to the civilian world.

“Before you know it, if you’re not careful, you end up reinforcing each other with places you’ve been and places you’ve seen and the great times and you actually forget what you’re there to do; and that’s why I like the fact that a lot of our people are, are not ex-military, because they don’t share the banter and the chat” (Professional)

A minority of respondents were critical of peer support and said they would not find it helpful. Overall, it seems like a blended approach of workers with lived experience and those without is preferred.

Offer holistic oriented models

A number of participants across the study emphasised that ideally support should be holistic, both in terms of including the whole family but also addressing multiple needs. Some participants highlighted that the family should be seen as central to the welfare of veterans and families, as has been the case with the resettlement of offenders⁴.

“Moving a family forward together with the veteran” (Professional)

“Individual support and then the integration back in the family and, so that is sustainable in the long-term” (Professional)

A number of holistic models were suggested by participants: including M-PACT (Moving Parents and Children Together – a multi-family intervention where there is substance use⁵),

⁴ <https://www.gov.uk/government/publications/importance-of-strengthening-prisoners-family-ties-to-prevent-reoffending-and-reduce-intergenerational-crime>

⁵ See <https://www.actiononaddiction.org.uk/addiction-treatment/families-and-children/m-pact> - see also Templeton 2014, 2019.

IWW (Invisible Walls Wales – which offers intensive support to families with someone in prison from six months prior to release to up to 12 months post release⁶), and the family meetings which happened at one veteran specific addiction treatment service. Two interviewees proposed a group model that brought together couples for support, although one of the interviewees thought that the timing of such support would need to be considered. Two professional interviewees proposed a centre which can support veterans and families by having a wide range of services and other support accessible and joined up under one roof.

“A veteran-specific family centre.....courses that ran from there, crèches, things for the younger kids, children to get involved with, volunteer opportunities, training. So, so it'd be a centre specifically designed for veterans and their families....you'd do family activities....there'd be wellbeing, nutrition courses....all across the board, like the five stages of wellbeing” (Professional)

Need for flexibility

Participants recommended that support must be flexible, and that this can be achieved in a number of ways such as the range of support that is available, the location of support and how it is accessed, and the timing and length of support. With regards to the range of support that is available, at least one participant thought that the right balance needs to be achieved.

“A range but not making it too complicated....still keeping it really simple.....so not too many options” (Professional)

The use of technologies should be considered, and this can be in a range of forms and for a range of purposes. Participants suggested the potential to use a range of virtual communication platforms. One FVSU said that they would like to see a fully online model including advice, videos, testimonials, and information. Some participants thought that online and remote forms of support can allow for anonymity where desired.

“Not everybody wants to identify themselves but they need support” (Professional)

“Even if there was someone at the end of the phone I think that would have made a difference for [my sister-in-law], because she could have offloaded, no-one else needed to know, it would have been kept in house as it had always been....and that's how they functioned, they kept it in house” (FVSU)

⁶ See <https://www.nicco.org.uk/directory-of-resources/invisible-walls-wales>

However, one professional said that it can be difficult to introduce online support to the Armed Forces (although there was no elaboration on this) and was unsure about the application of online support to the families of veterans. Participants also thought that flexibility is needed with the location of support. Some families may not want to access something with Armed Forces associations because they want to leave that behind; while others may feel a particular stigma around going to an alcohol/drug treatment service. To overcome such barriers, some participants suggested outreach approaches.

“Having to walk into a building where people might know why they’re there, if you’ve just got someone pulling up in a car and coming in your house and just having a coffee and just having those conversations.....thinking about my husband and myself...I would definitely feel more comfortable with that.....that would be really helpful but to do it in the comfort of your own home where you feel safe” (FVSU)

Furthermore, veterans’ families are dispersed all over the UK so support needs to cater for this, potentially including online and remote forms of support (as suggested above). One participant would like to see geographical consistency that considers both ease of access to services as well as the range of support that is available.

“The single most important thing is to provide help and actual concrete help and that doesn’t really exist, or it exists but in a sort of a fairly piecemeal, postcode-related way” (Professional)

Finally, building on the findings above about the existence of problems both during and after service, and the challenges with transition out of the Armed Forces, participants would like to see greater flexibility around when and for how long help is available. Having more individual and holistic support in place before leaving the Armed Forces could have a positive impact upon the severity of problems and the need for help further down the line.

“That adaptive period is very, very difficult and I don’t think civilian support services would quite understand that....there’s not much resettlement either, like when we got out it was almost that they just went ‘there you go, thanks very much, bye’ and that was the end of it, there was no kind of support period, there was no follow-up period, there was no nothing, it was kind of like you’ve lived this life for 15, 16 years and now you’ve just got to go and learn your new one, so I think if we could have had some more support from the Forces and then perhaps as time went on maybe then go towards the civilian side of it because obviously we’ve got to move and adapt into

civilian life but there should be some support for people after they get out of the Forces” (FVSU)

Offering more support for serving personnel, and their families, who have a medical or disciplinary discharge – and who may be less able to engage with the usual transitional support that is available – is also needed. At the other end of the scale, developing pathways to support families and veterans whose problems may not reach critical levels until years after leaving the Armed Forces (for example, because of the incubation period for problems like PTSD) are needed. One professional described the Invisible Walls Wales model for offenders and families (see above) – their enthusiasm for the model suggests that it may be worth considering adapting and testing it to aid transition out of the Armed Forces.

“What works best is to work with the whole family on both sides of the [prison] wall at the same time....so that everyone knows what’s going on, they know what the plan is, they know the direction of travel, where they’re getting to, and that support is available on both sides of the wall throughout the sentence and then, crucially, post-release” (Professional)

Offer support that is heterogeneous

Having previously highlighted differences in substance use and its potential impact within and across the Armed Forces, participants believe that support to families needs to cater for this diversity in experience. One professional in particular emphasised the need to understand the experiences of, and needs of, children and to remember them in whatever support is developed for families.

“Children are very much forgotten that the impact of service can have on a child....there’s lots of people out there helping veterans, there’s not enough people supporting partners and families....but there’s nobody supporting children of veterans” (Professional)

A heterogeneous approach should also target wider family members who could potentially be affected by a veteran’s substance use, including extended families. Local and site-specific issues, such as may be seen in a prison setting or rural location, should also be considered.

Try to prioritise face-to-face support

Overall, participants expressed preference for face-to-face approaches with one saying that they thought face-to-face was the “*most effective*” form of support.

“I think it’s one-to-one, hasn’t it, it’s got to be a one-to-one service” (Professional)

“You can’t beat a face-to-face at some stage” (Professional)

Face-to-face support can be individual or group based, and can be both informal and formal, although participant responses seem to suggest that the ideal may be to combine some degree of structure and education with opportunities to talk about their situations.

“I’m a big fan of groups....I think the power of groups can be amazing and I think there’s something really quite magical of being in a group of people when you can all relate to each other and you’ve all been through similar experiences.... you’re not alone and that you’re not the only one going through this” (Professional)

“When I’m having the days of feeling quite anxious and worrying and making things up in my head and feeling quite paranoid that something bad is [going to] happen, it’s just to have that place....there could be like a drop-in where you can just go to without booking in....or being able to pick up the phone and just speak to someone where you could be completely honest about your feelings” (FVSU)

However, some participants emphasised that face-to-face approaches such as groups need to be run by properly trained facilitators. At least one participant highlighted that successful groups can lead to participants continuing to offer support to each other, either between group sessions or after a structured group programme has finished.

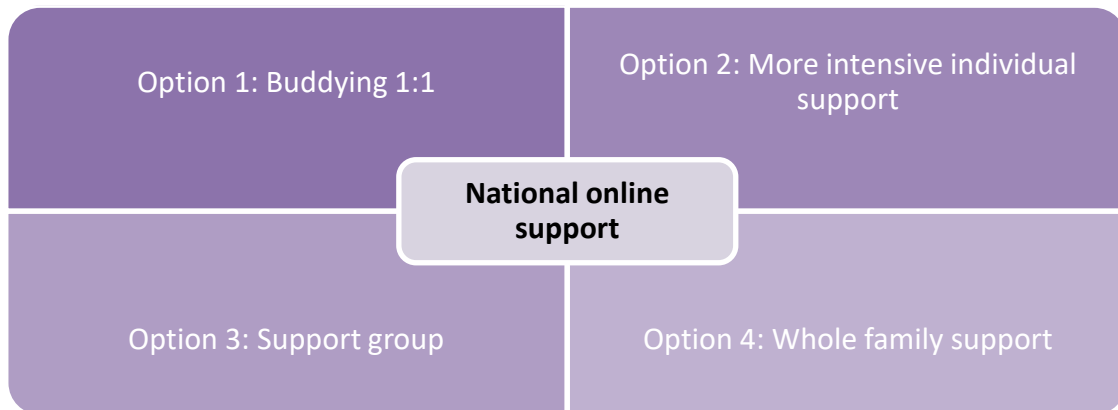
“Creates a space outside of the group where they’re continuing to develop further the relationships with one another and offer each other support ongoing” (Professional)

Development of a new model of support for FVSUs

The findings from all four components of the study have been used to develop a new model of support for FVSUs. The model, called ‘Family Force’, is outlined in detail in a companion document to this report (Stebbins et al., 2020), and is summarised in Figure 13. The model has five core components. Four of these components involve direct work with FVSUs, with services able to choose which component(s) they implement. The fifth component is a national online platform, which has a number of elements to it, including access to information and resources, digital and moderated forms of support, case studies, and videos. Consideration has also been given to how the model can be used flexibly in response to the

required changes in services that may be needed in light of exceptional circumstances such as the COVID-19 pandemic.

Figure 13: Family Force: a new model of support for FVSUs



Summary

Participants had a wide range of ideas for how best to support FVSUs with no single model of support dominating. Participants discussed a number of components that they believed to be most important for the help that is so urgently needed. Overall, there should be a range of support options that are specific to FVSUs, are flexible and accessible, delivered by workers and volunteers who have detailed knowledge and understanding of the Armed Forces and substance misuse (this may or may not include lived experience), and which could help families with multiple needs. Furthermore, consideration should be given to developing forms of support that involve both the veteran and the wider family, and which offer a continuity of care (where required) covering the in-service, transition, post-service and beyond periods.

Discussion

This study has identified an almost total absence of previous research, in the UK or elsewhere, about the impact of a veteran's substance use on the family including while the veteran was serving with the UK Armed Forces and may have continued to be a problem after leaving. The findings from the four components of this study are therefore a useful

starting point for investigating the experiences and needs of a group that has been largely neglected by research.

One area where this study has not been able to offer insight is how many families might be affected by a veteran's alcohol or drug use. There has been a considerable amount of research into levels of, and motivations behind, alcohol use in the UK Armed Forces. There is consensus from this research that levels of alcohol use, both during and after service, are excessive and often problematic, and indeed are higher than those seen in civilian populations (Fear et al., 2007; London et al., 2020; Murphy & Turgoose, 2018; Rhead et al., 2020). It is fair to assume that a sizeable number of families are likely to be affected by these behaviours, and that multiple members of the same family will also be affected. It is much harder to calculate how many families might be affected by a veteran's drug use, particularly during service. However, a number of participants in our study talked about individuals dismissed from the Armed Forces because of drug use, and of the hidden nature of drug use across the Armed Forces, while others talked about the problematic use of a range of drugs after service. There is also evidence of an increase in Army personnel who are dismissed after failing a drugs test (MoD in The Guardian, accessed 26/08/2020⁷). Overall, there is a need for research to attempt to estimate how many families, and how many individual family members, might be affected by a veteran's problem substance use.

Understanding FVSU experiences

Together, the findings from all components of our study offer detailed insights into the experiences of FVSUs before, during and after the veteran's time with the Armed Forces. The FVSUs who participated in our study were more likely to suggest that problem substance use (predominantly alcohol) starts while an individual is serving with the Armed Forces, rather than being an historic problem that existed prior to the person joining up. Participants proposed numerous reasons for this, including being part of the Armed Forces culture, and coping with mental health problems and the impact of involvement with combat. This mirrors other research which has explored drinking motivations in UK serving personnel and veterans (Irizar et al., 2020). Families will often therefore start to feel the effects of these behaviours while their loved one is serving.

⁷ <https://www.theguardian.com/uk-news/2020/aug/24/rise-in-number-of-british-soldiers-being-sacked-for-drug-use>

Our findings indicated that the problem use of substances (again, predominantly alcohol) is also common after someone has left the Armed Forces, either because a veteran has started to use substances problematically after leaving, or because problem use that started during service has continued and increased. There was evidence from our study that many FVSUs have been living with the veteran's substance use for many years, covering both their time with and after serving with the Armed Forces. This mirrors one UK study on the trajectories of alcohol use which found that levels of drinking, including problematic use, did not change over an eight-year period (Goodwin et al., 2017).

Again, there are multiple reasons behind the commencement, or continued use, of alcohol and drugs after service, either because of the continued impact of events during service and/or because of the challenges of adjusting to civilian life (Irizar et al., 2020). Problem use is often complicated and aggravated by commonly occurring co-existing problems, particularly mental health problems, financial difficulties, and offending behaviour including domestic violence/abuse. A number of participants talked about the co-existence of PTSD alongside problem substance use, and this mirrors other research that has highlighted the presence of both issues and of the association with such problems and exposure to combat (Chui et al., 2020; Head et al., 2016; Murphy et al., 2017). Recent research has suggested that rates of complex PTSD may be higher than standard PTSD in military personnel and veterans (Karatzias & Murphy, 2020). Of 177 veterans, 57% were suffering with complex PTSD compared with 14% who were suffering with PTSD (Karatzias & Murphy, 2020). Even though our study did not explore the veteran's PTSD diagnosis, it is possible that at least some of the FVSUs who participated in our research were struggling with the veteran's complex PTSD in addition to their substance misuse. Furthermore, research has also highlighted that veterans with complex problems, substance use and/or mental health problems (including PTSD), can have poorer treatment outcomes (Murphy et al., 2017).

Our findings powerfully illustrate that FVSUs are affected in multiple and complex ways by the veteran's problem substance use, and often have been over many years. Families are rarely affected by a veteran's substance use on its own, but are usually struggling with the impact of a number of co-existing and intertwined problems and with the conflict and worry that comes with these struggles. All areas of individual and family health and well-being are affected, including mental health, finances, violence/abuse, and relationship breakdown and

family functioning. A small number of respondents said that they themselves had developed PTSD (i.e. secondary PTSD), an issue supported by other research, which finds secondary PTSD can occur not only among the partners of serving personnel/veterans, but also among the wider family (Diehle, Brooks & Greenberg, 2016). While a small number of participants described positive outcomes to come from their situation, families more commonly expressed strong feelings of despair and hopelessness and did not see a positive resolution to their situation.

Even though it was not a focus of our research, the findings demonstrate that children can be greatly affected by the veteran's substance use, and by some of the knock-on impacts of this behaviour including violence/abuse and the veteran's imprisonment. The findings suggest that the ways in which children can be affected are similar to what is known about the impact of parental substance use on children in civilian families (Adamson & Templeton, 2012; Children's Commissioner for England, 2018; Foster, Bryant & Brown, 2017). The findings also expand on what is already known about how children can be affected by having a parent/relative in the Armed Forces and/or in prison (Harvey-Rolfe & Rattenbury, 2020; Sutherland & Wright, 2017). As described in the findings, one participant wondered if the children of female veterans who misuse substances might be less affected due to the perception that such substance misuse may be more controlled in such cases (compared with male veteran substance misuse), due to female veterans often being the main caregiver to children in a family. This is a potentially misguided view given that there has been research with children in civilian families that has shown that children are often more aware of, and affected by, the substance use than parents realise (Adamson & Templeton, 2012). More research is needed to develop a fuller understanding of how children can be affected by a veteran's substance use and what their specific support needs might be.

It is striking that about one third of survey respondents were bereaved by the death of the veteran, with a number of the deaths directly linked to the problem use of substances. In the light of research which has demonstrated what a difficult and unique bereavement death through substance use involves (Valentine, 2018), there is a need to further understand the extent of such bereavements, the impact on veterans' families and the implications for their support needs.

There is some research which has explored substance use among the spouses/partners of current and former serving personnel, and some research which has investigated links between serving personnel or veteran alcohol use and that of their relative (usually a partner/spouse). Gribble et al. (2018) conducted a systematic review of hazardous alcohol consumption among spouses/partners of military service personnel, which found limited evidence for such an association although the review contained mainly USA studies. A UK study found that there was a significantly higher prevalence of hazardous alcohol consumption and binge-drinking among female partners/spouse of current and former UK service personnel than the general population, although this study did not capture data on the alcohol use of the serving personnel (Gribble, Goodwin & Fear, 2019).

Overall, there are gaps in this area of research because it is often focused only on data from serving personnel and veterans and does not directly address how a family member's alcohol use may be wholly or partially a way of coping with how they are affected by their loved one's use. Gribble, Goodwin & Fear recognised this gap and said that there is a need to *“better understand the drivers of poor mental health and greater alcohol consumption among military spouses/partners”* (2019: 11). Our findings suggested that the veteran's substance use can have both a negative and a positive impact on a family's own use of substances, although any evidence of a negative association did not appear to be as strong as that identified in the broader literature. Overall, however, this is another area which could benefit from more detailed exploration.

In line with a lot of research which has been done with both civilian and military families on a range of issues, our findings relate mostly to women who are spouses/partners, suggesting a heteronormative bias in the research which has been conducted (Gribble et al., 2020). Some participants in our study suggested that there are differences in substance use between and within each of the UK Armed Forces, and by variables such as age, rank and socio-economic status, as well as associations with direct involvement in war. A US study also found evidence of the heterogeneous impact of military service on alcohol consumption, particularly with regards to exposure to combat and the presence of psychiatric disorders or traumatic brain injuries (London et al., 2020). There is also evidence from civilian families, such as those bereaved by substance use, that their experiences may differ according to, for example, gender, age or how they are related to the person with the substance use (Templeton et al., 2018). In line with the findings of Gribble et al.'s systematic review on how military

families are defined in mental health and substance use research, our study highlights a need for further research to explore the potential heterogeneity in the experiences and needs of FVSUs, thereby going beyond the heterogeneous relationship of research to date (Gribble et al., 2020).

The influence of the UK Armed Forces and what this means for FVSUs

Many of our findings align with what is known about how civilian families are affected by a loved one's problematic use of substances (Orford, 2017; Orford et al., 2005, 2013).

However, there also seem to be some key ways in which the experiences of veterans' families may be different. First, living with co-existing substance use and PTSD may be different to living with more commonplace dual diagnosis that is often reported by civilian families because of the associations of PTSD with particular experiences, such as involvement with war. Research has found that having a veteran with PTSD can lead to a considerable impact on the mental health of partners, including a range of mental health problems and substance use (Murphy, Palmer & Busuttill, 2016; Murphy et al., 2017). Second, discussion of the impact on finances and employment seemed to be a more dominant theme than has been seen in civilian families. Third, the great sense of pride which families can have when someone serves with the Armed Forces can heighten direct or perceived experiences of stigma when the serving person or veteran develops problems, and may serve prison sentences.

Other differences between veteran and civilian families appear to be related to what many participants identified as specific elements of the culture that is seen across the UK Armed Forces. The military mindset, the drinking culture, and a culture of silence seem to be the components of that culture that participants believed can most influence substance use problems both during and after service with the Armed Forces, and which seem to make the experiences of FVSUs different to those of civilian families. Many participants made direct links between the veteran's time with the Armed Forces and the substance use and other problems which subsequently developed during and/or after service. These cultural components can actively impede both veterans and families talking about problems and asking for help. This mirrors other research which found that veterans can be reluctant, for many reasons, to seek help for alcohol and/or mental health problems (Kiernan, Moran & Hill, 2016; Kiernan et al., 2018; Rafferty et al., 2017). Further research could usefully explore these shared cultural components and how they may vary within and across the different divisions of the UK Armed Forces.

The veterans who our survey respondents talked about left the Armed Forces between 1962 and 2018. It is therefore possible that the poor experiences of some of the participants in our study (and the veterans they talked about), with discriminatory attitudes and accessing help, relate to times before the Armed Forces started to look at such issues more closely. However, our findings have illustrated that families (and the veterans they are concerned about) have been living with their problems for many years, and are still very much in need of help today, in some cases years after the veteran left the UK Armed Forces, yet still recounted poor experiences and struggles with accessing help. In short, while service with the UK Armed Forces may be historical, the impacts on families are not. Furthermore, our findings also suggest that, regardless of when someone leaves the Armed Forces, a long-term duty of care should be in place to the veteran and their family to respond to problems.

While there was acknowledgment of progress in practice and policy (such as initiatives that aim to promote conversations among both serving personnel and veterans about mental health and offer education on alcohol during service), overall participants were critical of both the Armed Forces and wider society in how they value and respond to the needs of specific groups of serving personnel and veterans, and their families, such as those with substance use problems. For some, particularly FVSUs where the veteran's departure from the Armed Forces is less recent, it is possible that there is less awareness of changes that have taken place. Some of the changes which participants want to see stem from historic and intrinsic aspects of the culture of the Armed Forces. This includes overhauling the Armed Forces' seemingly contradictory relationship with, and response to, both alcohol and drugs; finding a way to take a more balanced approach to disciplining those who break the rules around the use of alcohol and drugs; and while requiring serving personnel to be strong and infallible, finding a way to also encourage personnel to talk openly and without fear of judgement or reprisal about problems experienced both during and after service.

Helping FVSUs

It is striking that only about one third of FVSU respondents to the online survey had ever accessed any form of help for themselves, particularly when two thirds of survey respondents said that the veteran had accessed help. There are clearly missed opportunities here to reach out to FVSUs, both in their own right, and alongside the veteran when veterans engage with services. The potential for families to be seen as central to the wellbeing of veterans (and

indeed of serving personnel) needs to be integrated into policies for veterans in the same way as can be seen in the criminal justice system: The Lord Farmer's review highlighted family contact as an 'indispensable' part of prison reform, including in the reduction of reoffending (Farmer, 2017).

When families do get help, they report mixed experiences from a range of services. Overall, participants in our study seemed to have low levels of knowledge about the help that is available, although there was recognition of the role of more generic support from, for example, charities that support veterans and families or substance misuse treatment support services. So, there is definitely a need to raise awareness about the help that is out there (particularly when it is part of a range of help that is available from a service), and to facilitate increased engagement from groups who see a number of barriers to coming forward for help. Additionally, there is a need to develop more specific forms of support for FVSUs and the veterans they are concerned about.

In terms of developing support, no single model came out on top, but key components of what is needed emerged and these have influenced the new model of support that this study has proposed in a further paper (Stebbing et al., 2020). One of the key components is that support should be specifically for FVSUs, and this is supported by the wider literature which has recommended that specific support or interventions for 'military caregivers' are needed (Friedman et al., 2018; Murphy, Palmer & Busuttil, 2016; Murphy, Spencer-Harper & Turgoose, 2019).

Another important component is that support should be more proactive and preventive rather than reactive, particularly to serving personnel and families before they leave the Armed Forces. There has been increasing consideration of the role of, and needs of, families in veteran transition models, and it may be helpful to see how these models can be specifically applied to vulnerable families such as those under consideration in this study. Some participants described the holistic and longitudinal family-oriented model that is in operation at HMP Parc in Wales (one of the research team's project partners), where support is in place for up to 12 months pre-release and six months post-release (Clancy & Maguire, 2017) - the potential for its application to the military setting is clear and worthy of consideration.

Our study identified a lack of evidence-based interventions for FVSUs although the adaptation of the CRAFT intervention (Osilla et al., 2014, 2016, 2017) has demonstrated some promise. Given the lack of specific support there is scope for research to consider the potential for existing interventions to be adapted for FVSUs. Examples are the Together Programme for partners of those with PTSD (Murphy, Spencer-Harper & Turgoose, 2019; Spencer-Harper, Turgoose & Murphy, 2019), the 5-Step Method for families affected by a loved one's substance use (Copello et al., 2010), and the M-PACT (Moving Parents and Children Together) which is a multi-family and whole-family approach for families affected by parental substance use (Templeton, 2014, 2019).

Strengths and limitations to the study

There are a number of strengths and limitations to our study. In terms of strengths, this is the first known study to have captured the experiences of UK FVSUs. Further strengths include the mixed methods approach, and the involvement of three FVSU advisors and the four partner organisations throughout the study.

The key limitation to the study was the low recruitment to the online survey which was a challenge. Based on our experience with the survey, and feedback from some of those who helped us promote the survey, there seemed to be a number of challenges with getting the survey completed. These included the lack of opportunity to reach FVSUs directly (primarily because there are so few support organisations specifically for them) and hence the reliance on third parties (professionals and veterans) to promote the survey; FVSUs still living with their difficult circumstances and therefore not feeling able to complete the survey; the stigma of talking about substance misuse; pride and loyalty; and the length of the first version of the survey. It is also possible that the methodology of an online survey itself and/or the nature of what was being asked were also barriers to data collection. Many of these same barriers may be present when attempting to encourage FVSUs to access support, and further work may be needed alongside the implementation of support and interventions, such as those developed as part of this research, to better understand these barriers and develop ways in which they can be overcome.

A further limitation was that, despite promotion of the survey across the UK, the majority of respondents came from England, and the majority of those came from two regions of England

where two of the project partner organisations are located. This has potentially introduced an element of bias into the survey sample.

Overall, the sample size of the online survey is small and it is not possible to generalise the findings to the wider population of FVSUs in any quantitative sense, particularly to those who are not female and related to male veterans who served with the British Army. Therefore, some caution is needed with the interpretation and extrapolation of our findings and further research is needed with larger samples of FVSUs.

Conclusion

This is the first known UK research study to have focused on the experiences of the families of veterans with substance use problems. It is widely recognised that the majority of serving personnel have a successful transition out of the Forces and back into civilian society. It is also recognised that many of those who do have a range of problems can be adequately supported to overcome those difficulties with the minimum of disruption to them and their families. However, the findings from this study show that there is a group of veterans who experience serious substance use problems, usually with problems developing and escalating during and after their time with the UK Armed Forces. Such substance use problems rarely exist on their own, and the cumulative and longstanding nature of these problems can have a significant and sustained impact on their families. Yet few families appear to access help for themselves. There are clear ways in which the experiences of veterans' families are different to civilian families, with core characteristics of the culture of the UK Armed Forces playing a particularly influential role in how families are affected (see Figure 6 and associated text earlier). It seems that a multi-component, targeted and holistic response is needed, both during and after service with the UK Armed Forces, to address multiple needs and to prevent these families falling through the net of the UK Armed Forces' and wider society's duties of care and responsibility. Alongside this, there is an urgent need for conversations across the UK Armed Forces about its relationship with, and response to, both alcohol and drugs, and about the barriers to talking about substance use problems within the Forces.

Recommendations

Practice recommendations

1. There are missed opportunities to engage with FVSUs when serving personnel and veterans access help; evidence-based and targeted support is needed for FVSUs in their

own right and for whole families. All support services for veterans should signpost or openly make known the availability of relevant support to families, and staff of such services should receive training in how FVSUs can be affected and in how to increase the numbers of FVSUs who engage with the support that is available.

2. Our findings indicate a need for a range of support specifically targeting FVSUs. Our Family Force model has been developed to address these needs, and there is a need to continue to develop specific support for FVSUs in their own right.
3. Initiatives, such as the Armed Forces Covenant and the Veterans' Gateway, should consider how they can offer specific guidance on how FVSUs (and the veterans they are concerned about) can access help and support.
4. The national online platform that is recommended as part of our Family Force model should be implemented and evaluated. Further, the implementation of the broader Family Force model should be piloted and evaluated in a number of settings.
5. The findings from this study should be used to raise awareness about the specific ways in which families can be affected by a veteran's problem use of alcohol or drugs, and of the facilitators and barriers to families accessing help for themselves.
6. There is a need to increase efforts to address the role of alcohol across the UK Armed Forces, given the influence of the Forces drinking culture in so many of the veterans' problems. This includes facilitating serving personnel feeling more comfortable in talking about their drinking, and the underlying reasons for this behaviour.
7. Recognition is needed across the UK Armed Forces of the very different responses to heavy drinking and illegal drug use, and the need for supportive and more equitable responses that apply regardless of the substance being used, enabling those who are struggling with their substance use to seek help.
8. Substance use policies, and military/veteran policies both need to consider the specific needs of FVSUs and the veterans who they are affected by and concerned about. This includes the need for specific policy attention during the transition and resettlement process.

Research recommendations

1. Specific research is needed to estimate the prevalence of how many families are affected by their loved one's problem substance use both during and after their service with the UK Armed Forces.

2. Larger scale and longitudinal research is needed to further explore the heterogeneity of FVSU experiences and needs within the UK Armed Forces.
3. Given that many problems for FVSUs start while their loved one is serving with the UK Armed Forces, further research is needed to explore the impact of substance use on families during service, and subsequently during and after transition and resettlement.
4. Specific research is needed to understand how children can be affected by a veteran's substance use, and how the ways in which they are affected might be different to children in civilian families.
5. Further research is needed to understand FVSUs' own use of alcohol and drugs, including whether such use is associated with their attempting to cope with the impact of the veteran's substance use, and other related factors.

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Appendix 1: Project Partners

- **Bristol Drugs Project** is part of Bristol ROADS (Recovery Oriented Alcohol and Drugs Service) and has been providing a wide range of services across the city for over 30 years. The Veteran's Independence from Problematic Substances (VIPs) pilot service launched in January 2019 to meet the needs of Veterans experiencing problems with their alcohol or drug use in and around Bristol. VIPs is funded by the Royal British Legion (RBL) and staffed by a worker from Bristol Drugs Project (BDP) who is co-located between the RBL Pop-in Centre in Bristol city centre and BDP's base. VIPs offers bespoke sessions to individuals and also runs a veterans group. Numbers accessing the service have built quickly with some Veterans making significant changes with VIPs whilst others have moved onto more specialist and longer term services with support.
- **HMP Parc** is a large G4S run male prison in South Wales. The Endeavour Unit opened in 2015 with the Head of the British Army visiting in 2016. It can house 64 male offenders and offers specific support for those who have spent time in military service and those coming into prison for the first time (many men on the unit fit into both categories). Ex-service men in prison and their families tend to have particular needs that are subtly but significantly different to other prisoners and their families. HMP Parc offers these men and families specific support during custody and after release from a large and growing number of community partners who can 'talk the same language' and motivate the men towards positive resettlement.
- **Tom Harrison House** is in Liverpool and offers a residential 12-week Addiction Recovery Programme of therapies and activities specifically for veterans (clients are supported to be abstinent before they start the programme). The programme, designed in consultation with veterans in recovery and the only one of its kind in the UK, balances emotional, physical and mental recovery, supported by a range of local partners as appropriate. Each veteran has their own individual recovery and resettlement plan. Tom Harrison House also offers support to the family members of our clients, including individual facilitated sessions with the client and their family member(s), ongoing remote support for the family, regular family support groups, events and residential trips.
- **SSAFA**, the Armed Forces charity, has been providing lifelong support to the UK Armed Forces and their families since 1885. The help is professional, highly personal and focused on individual need for as long as it takes. Trained welfare advisors and volunteers work through local SSAFA branches across the UK to establish and meet needs; this may just be someone to listen to them, but may include accessing financial assistance from military benevolent funds or foundations. SSAFA also runs a number of specialist services, such as a Forcesline, prison-based support, support to women and children affected by damaged relationships, and families who have been bereaved.

Appendix Two: Detailed methods

Rapid Literature Review (RLR)

Method

1. An RLR was selected as the most appropriate methodology because a systematic review was not possible, and the aim was to scope the literature on an emerging topic (Arksey & O'Malley, 2005; Grant & Booth, 2009; Levac, Colquhoun & O'Brien, 2010). The RLR followed the stages suggested in the academic literature, with some flexibility required as the review progressed because of the dearth in publications specific to the research topic. A small number of publications that had been identified before the RLR was undertaken were included. For the RLR itself, five resources and academic databases were searched: Veterans and Families Research Hub; Journal of Military, Veteran and Family Health; Cochrane Library; Psychinfo (Ovid); and PubMed (Medline).
2. Searching was restricted to publications in the English language and, for the academic databases, to publications since 2000. Searching was also restricted to research involving adult family members. There were no restrictions by study type or publication type. The following terms formed the basis for searching the above listed resources, with searching focusing on titles and/or abstracts and/or keywords; Veteran*; Famil*; Alcohol*; Addiction; Substance; Drugs; Intervention; Peer*/Peer support.
3. The reference lists of included publications were hand-searched. Authors were contacted in a small number of cases to request publications that were not otherwise accessible or to ask if a study had been completed and publications available. There was also liaison with Adfam (the project co-investigators) as they had undertaken several projects focusing on peer support for various populations of families affected by substance misuse.

Findings

1. Publications identified before the RLR were screened (titles and abstracts) for inclusion. Of 17 publications, nine were included. The RLR identified 35 unique abstracts (once duplicates had been removed) and these were screened (titles and abstracts) with 16 included. A conference abstract was also identified but as the RLR (and associated snowballing) identified four papers from the same study the abstract (or the presentation that it described) were not included. A further five publications were identified through snowballing the reference lists of articles identified through the database searches, and through liaison with Adfam.

2. The RLR included 30 publications and these were read in more detail. This resulted in the exclusion of nine publications. Seven publications were excluded because they were not relevant enough to the RLR in a range of ways (AFF, Healios & Wiltshire Mind, 2017; Blow et al., 2013; Devonish et al., 2017; Gribble et al., 2017; Makin-Byrd et al., 2011; McConnell et al., 2019; Vest et al., 2018 – the full references are given at the end of this section). For example, there was no focus on veterans, substance use or peer support. A small number of studies were excluded because they discussed alcohol use in both veterans (and/or serving personnel) and/or their spouses/partners but did not explore whether the spouses drinking was wholly or partially a way of coping with the serving personnel or veteran's excessive drinking (Gribble, Goodwin & Fear, 2019 was published after the RLR had been completed but was excluded from the main review for the same reason). Additionally, a USA PhD thesis was excluded because it was not possible to access a copy of the full document and the short section which it was possible to view did not sufficiently establish the potential relevance of the study (Cooper, 2015). Another UK systematic review protocol was also excluded following contact with the author which established that no publications from the review were currently available (O'Shea, 2017).
3. The final RLR included 21 publications (5 before the RLR, 11 using the RLR methodology, and 5 from snowballing and liaison with Adfam) [Adfam (2018, 2017); Buchholz et al. (2017); Erbes et al. (2019); Friedman et al. (2018); Harrington-LaMorie et al. (2018); Murphy, Spencer-Harper & Turgoose (2019); Osilla et al. (2014, 2016, 2017); Pedersen et al. (2017); Possemato et al. (2015); Rodriguez et al. (2019, 2017); Rowe et al. (2013); Sayers et al. (2009); Spencer-Harper, Turgoose & Murphy (2019); Standing, Dickie & Templeton (2018); Thandi et al. (2016); Vagharseyyedin et al. (2017); Vaughan et al. (2018)]. Twenty of the 21 included publications were published after 2009. Nearly two thirds (13) of the publications were from the USA, with seven from the UK and one from Iran. The majority (18) of publications were peer review articles, with two reports and one Cochrane/Clinical Trials protocol. Six publications were from the USA Partners Connect programme of work, two were from the USA Military Veteran Caregiver Network, and two were from research undertaken by Combat Stress in the UK.
4. The included publications were grouped into five broad areas and analysed thematically.
 - i. Impact of veteran's substance use on families.
 - ii. Association between mental health problems (which may include substance use) in veterans and family functioning.

- iii. Peer support for families of veterans (living with other issues).
- iv. Peer support for (civilian) families affected by a loved one's substance misuse.
- v. Interventions (non peer support) for families of serving personnel/veterans with alcohol misuse.

Excluded references

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Online Survey

Design, distribution, and completion

1. The online survey combined quantitative and qualitative questions and was designed using Qualtrics software explore experiences with regards to the veteran's substance use problems; the impact of the substance use on them; and the experiences of FVSUs on any help they had received and what help they would like. The survey was piloted with two of the FVSU project advisors; minor revisions were made and the survey was launched on

1st July 2019. In October 2019, because of the low response rate, the survey was shortened by about a third and relaunched. The main changes made to the survey were to shorten the section that asked about the veteran, and to streamline some of the questions that asked about the FVSUs and how they have been affected.

2. All quantitative questions were mandatory (i.e. the respondent could not proceed to the next question or page of the survey until all questions had been answered) although all questions had 'other' or 'prefer not to say' options. All qualitative questions were optional. There was wide variation in the number of qualitative questions which respondents completed and in the length and clarity of the responses provided.
3. Respondents were provided with all the information that would normally be on a research information sheet when they first clicked on the link to the survey; and gave informed consent by proceeding to complete the survey. Respondents' IP addresses were not monitored so responses could not be tracked back to individual people. Respondents were assured that their responses would be anonymous – unless they opted to enter the prize draw (two £50 High Street shopping vouchers), receive information on the project findings, or be contacted if any further opportunities for participation arose, in which case respondents were asked for contact details but assured that those would only be used for the purposes of the prize draw or receiving further information. Given the sensitive nature of the topic and some of the questions being asked, details of organisations that respondents could contact for help were provided throughout the survey.
4. The survey was promoted widely by the research team and the FVSU project advisors, the partner organisations, and FiMT. Distribution covered a wide range of organisations/charities for the Armed Forces/veterans, and in the substance use/families sector. Much of the promotion was done via e-mail and social media - primarily Twitter but also Facebook and Instagram. A flyer was available as a colour pdf and as a hard copy (Appendix Three). Additionally, articles were published in Drink & Drug News, and the Cobseo newsletter, and the Principal Investigator appeared on BBC Radio York.

Analysis

1. Quantitative data were exported to IBM SPSS Statistics 25 and analysed descriptively. The dataset was not large enough for more advanced statistical analyses. Data from 15 respondents were excluded because they completed no more than five questions of the survey i.e. less than 10% of the survey (and the majority of these only answered Questions 1 and 2 of the survey). A further two responses were excluded – one because

they stated their relationship to the veteran was ‘support worker’ and one because they responded twice (the second of their quantitative responses was excluded).

2. Qualitative data were analysed using Nvivo 12 and reflexive thematic analysis, a widely recognised thematic analysis approach, selected for its flexibility and the opportunity to analyse both inductively and deductively (Braun & Clarke, 2006; Braun et al., 2019). All qualitative responses from the respondent who completed the survey twice were included.
3. All the qualitative responses were read; notes on possible codes were mapped on paper and a coding framework developed. Codes were developed in line with the three broad areas of inquiry covered in the survey. The original intention was to develop one coding framework for both the survey and the interviews, and the initial coding framework was developed by also reading the KI interview transcripts. However, when coding of the online survey dataset was underway using Nvivo 12, sections of the coding framework were deemed not applicable and so the coding framework was revised to focus on the survey data only. This was done in parallel with coding (Braun et al., 2019). Some redundant codes were removed; other codes were leading to too much duplication and were removed; some codes were moved or merged; and a small number of lower level codes were added. Further tweaks were made as the findings were written up (Braun et al., 2019). A summary of the broad themes generated from the analysis of the online survey data is in Figure A below.

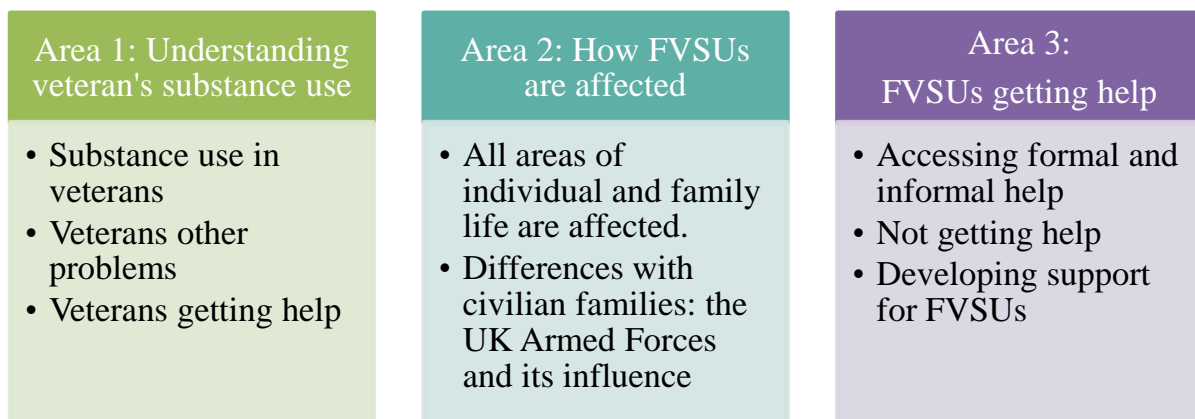
Key Informant Interviews

1. Semi-structured interviews (face-to-face and ‘phone) were undertaken to explore the research topic in-depth. Three pilot interviews were completed, with two FVSUs and one veteran who was also a professional working for a substance use treatment service.
2. Interviewees were recruited using purposive sampling. After the pilot interviews had been completed, most of the remaining interviewees were recruited from the four partner organisations. The exceptions were two of the professional interviewees - one was a close colleague of one of the partner organisations, and the other was recruited after making contact with the lead researcher. Representatives from the partner organisations recruited the FVSU and veteran interviewees (other than the pilot interviewees). This had the potential for selection bias but it was deemed important to recruit interviewees who could make a valuable contribution and who were stable enough to be interviewed.
3. With regards to the FVSU interviewees, the original aim was to interview one or two more individuals. One of the partner organisations identified two FVSUs but one was not

eligible and the second did not want to be interviewed as they were contributing to another research project. This partner organisation was not able to identify other interviewees. At this time, efforts to secure further FVSU interviewees were transferred to increasing the response rate to the survey.

4. All interviewees were provided with a research information sheet and had the opportunity to ask questions and have some time to think about participation. Informed consent was obtained before or at the start of each interview. Each FVSU and veteran interviewee received a £20 voucher at the end of the interview.
4. The three pilot interviews were transcribed by the lead researcher, while the others were transcribed by an external agency (an agreed supplier to the University of York). With regards to the latter interviews, the raw transcripts were returned to the lead researcher, who then anonymised them before analysis. Qualitative analysis (using Nvivo 12 and reflexive thematic analysis) followed the same process as outline above for the qualitative online survey data. A summary of the broad themes generated from the analysis of the online survey data is in Figure A below.

Figure A: Broad themes generated from analysis of the survey data and the interviews



Professional consultation events

1. Four events were held, one with each partner organisation, in Bristol, South Wales, Liverpool, and East Sussex. Each partner organisation was responsible for inviting participants to the event, as well as booking the venue and organising refreshments and lunch. The partner organisations generally already had links with the majority of individuals and/or organisations who attended. A number of participants at each event

had lived experience of some kind (either serving in the UK Armed Forces or being a family member).





2. In advance of each event, when circulating the agenda and venue details, participants were sent the research information sheet and consent form. Some participants brought their signed consent form to the event; the lead researcher went through the informed consent process at the start of the event and all consent forms were completed.
3. Each event followed the same structure. After a round of introductions, the research team gave an overview to the study. There were then two group discussions (either done as a large group or two small groups, depending on participant numbers). The first covered participant views on FVSU experiences and needs, and the second covered the development and delivery of support for FVSUs. Notes were taken on flipchart paper (scribed by participants), with additional notes taken by the research team. After each event, all the notes were typed up, and the summaries from each event were between 5 and 10 pages. These four sets of notes were then analysed with a broad thematic approach using thematic networks to visually summarise and organise the data.

Appendix Three: Online survey flyer

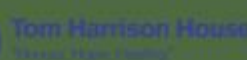


Are you the family member, or know of a family member of an ex-service person with a substance use problem?

We're running an online survey to find out about the experiences and needs of adult family members of ex-service personnel with substance use problems

-  Responses to this survey are critical in helping inform the development of a peer support intervention for this group of families
-  The survey should take 20-30 minutes to complete
-  All responses are completely anonymous
-  All participants will have the option of being entered into a prize draw to receive one of two £50 High Street vouchers

Take part in the survey here:
<http://bit.ly/family-veterans-survey>



Appendix Four: Organisations that attended the local consultation events

1. G4S/HMP Parc x 4 (project partner – one working with St Giles Trust).
2. Tom Harrison House x 3 (project partner).
3. Bristol Drugs Project x 2 (project partner).
4. SSAFA x 6 (project partner).
5. Welsh Assembly Government.
6. University of South Wales.
7. NHS x 4 (Veterans in Mind [partnership between Greater Manchester Mental Health NHS Foundation Trust and Combat Stress], Merseyside NHS Trust, NHS TILS x 2).
8. Royal British Legion x 4.
9. STOMP (Supporting Transition of Military Personnel).
10. The Poppy Factory.
11. The Warrior Programme.
12. ESVH (East Sussex Veterans Hub) x 2.
13. PTSD Resolution.
14. Addaction.
15. Change Step/CAIS x 2.
16. ROADS (Recovery Oriented Alcohol and Drugs Service), Bristol.
17. DHI (Developing Health & Independence) Families Service, Bristol.
18. ESRA (East Sussex Recovery Alliance) x 2.
19. Age UK Wirral.
20. Armed Forces Christian Union and Army Benevolent Fund.
21. Probation Services (Hastings/East Sussex).
22. East Sussex County Council.