



Informing peer support programs for active duty military spouses of U.S. Army soldiers

Elisa Borah^a, Aubrey Harvey^b, Anil Arora^c, Karie Hare^a and Abby E. Blankenship^d

ABSTRACT

Introduction: Military spouses experience stressors adapting to the careers of service members. The Veteran Spouse Resiliency Group (V-SRG) is a group peer support program designed to foster community, share available support services, including educational, career, health care, and community resources, and promote self-care and wellness practices. As part of a randomized controlled trial (RCT) funded by the U.S. Department of Defense, this initial study assessed the needs of military spouses to adapt and test the V-SRG program for the Army spouse population. This qualitative study sought to understand military spouses' 1) perceived challenges and rewards of military life, 2) needs for additional support, and 3) recommendations for a peer support program. **Methods:** Participants were 35 spouses of active duty U.S. Army soldiers. Zoom group sessions were recorded, transcribed, and analyzed with inductive (open) coding to develop upper-level categories derived from the research questions. **Results:** Most participants were female (97%); they were 43% white and 17% Black or African American, Asian, or Native Hawaiian or other Pacific Islander. Themes identified to be tested in the new program in the larger parent RCT included challenges of education and career progression, parenting and childcare, deployment, and accessibility of medical and behavioural health care. Benefits included value of military community and occasional positive aspects of relocation. Finally, recommendations for peer support programming included content, program structure, and program amenity recommendations. **Discussion:** Military spouses described aspects of military life to inform the design of a peer support program to meet their needs and preferences.

Keywords: community support, military spouses, peer support, Veterans, wellness practices

RÉSUMÉ

Introduction : Les conjoint(e)s des militaires ressentent des facteurs de stress lorsqu'ils et elles s'adaptent à leur carrière dans les Forces armées. Le Veteran Spouse Resiliency Group (V-SRG; groupe de résilience des conjoint[e]s de vétérans) est un programme de soutien par les pairs conçu pour favoriser le sentiment de communauté, partager les services de soutien offerts, y compris les ressources dans le milieu de l'éducation, du travail, des soins de santé et de la communauté, et pour promouvoir les soins autoadministrés et les pratiques de mieux-être. Dans le cadre d'une étude randomisée et contrôlée (ÉRC) financée par le ministère de la Défense des États-Unis, cette étude initiale a évalué les besoins des conjoint(e)s de militaires pour s'adapter au programme de V-SRG et le mettre à l'essai dans la population de conjoint(e)s de militaires. Cette étude qualitative visait à comprendre les éléments suivants chez les conjoint(e)s de militaires : 1) les difficultés et les avantages de la vie militaire, 2) les besoins de soutien supplémentaire et 3) les recommandations en vue d'un programme de soutien par les pairs. **Méthodologie :** Au total, 35 conjoint(e)s de militaires des Forces armées américaines ont composé les participant(e)s. Les séances de groupe par Zoom ont été enregistrées, transcrites et analysées à l'aide de codes (ouverts) inductifs pour former des catégories supérieures dérivées des questions de recherche. **Résultats :** La plupart des participant(e)s étaient des femmes (97 %); 43 % étaient Blanc(he)s et 17 %, Noir(e)s ou Afro-Américain(e)s, Asiatiques ou Autochtones d'Hawaï ou d'autres îles du Pacifique. Les thèmes retenus pour être mis à l'essai au sein du nouveau programme de la plus vaste ÉRC parapluie incluaient les difficultés de l'éducation et de la progression professionnelle, les pratiques parentales et les services de garde, le déploiement et l'accessibilité des soins médicaux et de santé comportementale. Les avantages incluaient l'importance de la communauté militaire et les aspects occasionnellement positifs de la réinstallation. Enfin, les recommandations en vue d'un programme de soutien par les pairs ont porté sur le contenu, la structure et les recommandations sur les aménagements. **Discussion :** Les conjoint(e)s de militaires ont décrit des aspects de la vie militaire, afin d'éclairer la conception d'un programme de soutien par les pairs qui

Mots-clés : conjoint(e)s des militaires, pratiques de mieux-être, soutien communautaire, soutien par les pairs, vétérans(e)

^a Institute for Military and Veteran Family Wellness, University of Texas at Austin, Austin, Texas, United States

^b School of Social Work, Louisiana State University, Baton Rouge, Louisiana, United States

^c Graduate College of Social Work, University of Houston, Houston, Texas, United States

^d University of Texas Health Science Center at San Antonio, UT Health San Antonio, San Antonio, Texas, United States

Correspondence should be addressed to Elisa Borah at the Institute for Military and Veteran Family Wellness, University of Texas at Austin, 405 W 25th St, Austin, TX 78705, phone is now: 512-232-3370. Email: elisa.borah@austin.utexas.edu.

LAY SUMMARY

With 50% of active duty service members being married, spouses are critical in supporting military readiness. Yet, because of the nature of military service, spouses experience numerous challenges, including education and career progression, parenting and child care, managing family separation during deployment and training, and accessibility of health care. Peer support programs can develop a sense of community, provide support for shared challenges, and offer access to resources. Building on a peer support program with Veteran spouses, this study identified the challenges and needs of active duty spouses to inform adaptation of the program. Five focus groups were conducted on Zoom with 35 active duty military spouses to understand their main concerns and preferences for a peer support program. Major themes identified were challenges of military life, benefits of military life, and recommendations for peer support programming. This study's findings will be used to adapt and develop a peer support program to be tested with military spouses of U.S. Army soldiers in a study funded by the U.S. Department of Defense.

About 50% of active duty service members are married, making military spouses integral to military readiness.¹⁻⁴ Throughout this article, the terms military spouse and active duty spouse are used because they are routinely used in the United States to refer to spouses of serving personnel in the army active duty component (not reserves or guard). Military spouses may feel that they are expected to provide a stable foundation to hold their military family together when faced with the unpredictability of military life as the service member remains mission-minded.⁵ However, military spouses face significant stressors in adapting to the ever-shifting careers of their service member, in part because military service requires long duty hours and frequent training, relocations, and deployments, which can strain individual, marital, parental, and family functioning.^{6,7}

The individual strain on military spouses is well documented. Blue Star Families' 12th annual Military Family Lifestyle Survey, with more than 8,000 respondents, indicated that the challenge most often reported by military spouses is education and career progression.⁸ Military spouses must often balance their service member's career with their own educational and career aspirations, leading to one-third of spouses reporting relocation as the reason for unemployment. The unemployment rate for military spouses is four times the national average, and for those who are employed, more than half report being underemployed.⁸ Furthermore, frequent relocations lead to gaps in employment and educational records, making it challenging to maintain educational and career progress, ultimately affecting lifelong earning potential.⁹

Child care is another logistical challenge that military spouses must navigate. A minority (24%) of military spouses report that they can find child care that accommodates their lifestyle, and one-third of military spouses choose not to work because child care is too expensive.⁸ Child care needs are also affected by deployment. Military deployment is a significant challenge

that affects the entire family. While the service member is deployed or away for extended training, the military spouse is responsible for all family, parenting, and household responsibilities,¹⁰ which can affect their health, including dietary choices, physical activity, and alcohol and tobacco use.¹¹ Research indicates that service members are susceptible to mental health problems post-deployment, such as depression and posttraumatic stress disorder (PTSD).¹² Most military family reintegration experiences vary, and service members' mental health problems after deployment can increase military spouses' anxiety, depression, PTSD, and binge drinking.^{13,14} This is especially problematic because military spouses report barriers to seeking help, such as negative beliefs about the mental health care system, fear of social or occupational consequences, and stigma.¹⁵ Moreover, military spouses often feel unprepared to help their service members cope with their mental health symptoms.¹⁶

Given the commonality of the challenges of military life, spouses might benefit from additional support within the military community as they navigate the challenges of military life. This is especially true because military spouses perceive that a lack of support is associated with problematic health behaviors and psychological distress. At the same time, connection to the military community is associated with psychological well-being.^{7,17,18} Peer support programming is a vehicle through which people derive health benefits from interacting with individuals with similar experiences whom they can relate to and trust.¹⁹ Peer support programs not only increase social support but improve mental health functioning.^{19,20} The Veteran Spouse Resiliency Group (V-SRG) is a peer support program designed for spouses of post-service Veterans that fosters community, delivers resource education, and promotes skills acquisition through suicide prevention training. Participation in V-SRG is associated with increased levels of quality of life and social support and lower levels of depression and anxiety as assessed with gold-standard self-report measures.¹⁹

Although participation in V-SRG has resulted in promising outcomes for Veteran spouses, military spouses of serving military personnel face different challenges. As part of a larger study funded by the U.S. Department of Defense, the current study was conducted to better understand the needs, assets, and peer support program preferences of active duty spouses of U.S. Army soldiers to adapt the V-SRG program for this population. This study sought to answer three research questions:

1. What do active duty military spouses perceive to be the challenges and benefits of military life?
2. What do active duty military spouses consider their most pressing needs?
3. What are their recommendations for a peer support program designed to meet the needs of military spouses?

METHODS

Procedures

The University of Texas at Austin Institutional Review Board reviewed and approved this research. The study was funded by a grant from the U.S. Department of Defense Congressionally Directed Medical Research Programs. All participants were recruited through social media advertisements and targeted email campaigns using social media accounts and university emails. Marketing messaging invited military spouses to join the study to share their experiences and to inform the design of a peer support program for active duty military spouses. All potential participants could access more information about the study through links to the study web page provided on outreach materials. The study received approval for waiver of signed consent as an exempt study. At the beginning of each focus group, the facilitator reviewed a study information form that described the purpose of the research and what participants were being asked to do as part of the study. All participants were encouraged to ask questions about the study before proceeding with the focus group. During the focus group, participants were asked to access the seven-item demographic questionnaire through a link that the facilitator shared in the Zoom meeting chat. The questionnaire was used to gain information about participants, including their gender, race, ethnicity, location in the United States (city/state), name of current military base, and whether they lived on or off post.

Five focus groups were conducted on Zoom over four months, from January to May 2023. Each group

consisted of five to seven individuals. Groups lasted one to two hours, depending on group size and the amount of discussion in each session. Of the 64 who registered, 35 participated in the groups. This attendance rate aligned with the authors' experience over the past five years, in which roughly 50% of individuals who registered for virtual events attended them. All focus groups were led by a doctoral-level facilitator and one co-facilitator who works at an academic centre that conducts research and provides program services to support military and Veteran family wellness. Focus groups were recorded and later transcribed for data analysis. Focus groups were selected over individual interviews as the primary method of collecting data, both for the sake of time, because the results of the focus groups were being used to adapt an existing peer support program for military spouses in a larger study, and to spur discussion and feedback from participants on the basis of each other's contributions. Focus groups support rich discussions and raise topics that individual interviews may not uncover if the individual does not remember a specific topic they want to share. When diverse members in a focus group generate information, individuals will build on others' comments and add more about their own experiences. Hosting groups on Zoom allowed the (potential) recruitment of spouses from army installations worldwide and produced rich discussions, because participants were joining from many locations.

Measures

The focus group interview guide was designed to support discussion among focus group participants with open-ended questions on each topic of interest relevant to each research question. The full interview guide can be found in Appendix 1. Interview questions included the following:

1. What are some of the challenges faced by active duty military spouses?
2. What are your thoughts on how to support the mental health of military spouses?
3. Are there any other discussion topics you suggest be included in a peer support group program?
4. Thinking more broadly beyond the challenges spouses face, what are the positive and/or rewarding aspects of military life?

Data analysis

The study used a general inductive approach,²¹ a commonly used strategy for the qualitative analysis of a pro-

gram or intervention in the health and social sciences. This approach uses an open coding system; therefore, no predetermined codes were identified. The transcripts were read repeatedly by a doctoral-level psychologist, a bachelor's-level research assistant, and a doctoral-level graduate assistant to develop upper-level categories that were derived from the content of the research questions. Discrepancies were discussed and resolved in coding meetings. The doctoral-level graduate assistant reviewed each transcript to apply broader identifying themes to common sub-themes and used Microsoft Word to colour-code each transcript by themes. Once the themes and sub-themes were agreed upon, a thematic analysis coding system was used to identify which themes and sub-themes were present in each transcript.

The lead author (Borah) is a female who holds a PhD in social work and has experience conducting focus groups; she is the principal investigator of the larger study that will test the adapted peer support program with army spouses. Borah developed the focus group interview guide. She conducts research almost exclusively with military spouses and is a Veteran spouse herself (former active duty military spouse). The second author (Harvey) is a bachelor's-level research assistant trained by the lead author in conducting focus groups, qualitative methods, and coding who works at an academic centre that studies and delivers support to military and Veteran spouses. The third (Arora), fourth (Hare), and fifth authors (Blankenship) study military spouse wellness but are not personally connected to the military. Borah, Hare, and Blankenship led focus group discussions, and Arora and Harvey provided support during the sessions.

All coders read the segmented text and independently coded the segments consistent with the lower-level codes.

RESULTS

Participants

Study participants were 35 active duty U.S. Army spouses of active duty soldiers. Most participants (97%) were female; 43% were white, 17% were Black or African American, Asian, or Native Hawaiian or other Pacific Islander, and 37% did not report race. All were married. Only two (6%) reported their ethnicity as Hispanic or Latino, and 37% chose not to report their ethnicity. A total of 29% live off post, and 14% live on post; 57% did not report where they live. A total of 17% were from Texas, 6% were from Virginia, and 2% were from Maryland, New York, Kansas, Pennsylvania, California,

Illinois, and Georgia. A total of 57% did not report the state they live in. See [Tables 1-5](#) for breakdowns of each demographic and geographic characteristic of the study sample.

Upper-level categories included spouse challenges of military life, benefits of military life, and program recommendations. Lower-level categories were then derived from multiple readings of the transcripts. Lower-level codes for challenges included education and career progression, parenting and child care, deployment, and medical and behavioural health care. Lower-level codes for benefits included military community support and relocation. Finally, lower-level codes for program recommendations included content,

Table 1. Gender of participants

Gender	No. of participants	%
Female	34	97
Male	1	3
Total N	35	

Table 2. Race of participants

Racial categories	No. of participants	%
Asian	1	3
Native Hawaiian or other Pacific Islander	1	3
Black or African American	4	11
White	15	43
More than one race	2	6
Unknown or not reported	12	34
Total N	35	

Table 3. Ethnicity of participants

Ethnic categories	No. of participants	%
Hispanic or Latino	2	5.7
Not Hispanic or Latino	20	57.1
Unknown or not reported	13	37.1
Total N	35	

Note: Percentages may not total 100 because of rounding.

Table 4. On- or off-post residence of participants

Location of residence	No. of participants	%
On-post	5	14.3
Off-post	10	28.6
Unknown or not reported	20	57.1
Total N	35	

Note: Percentages may not total 100 because of rounding.

Table 5. State of residence of participants

State of residence	No. of participants	%
Texas	6	17.1
Virginia	2	5.7
Maryland	1	2.9
New York	1	2.9
Kansas	1	2.9
Pennsylvania	1	2.9
California	1	2.9
Illinois	1	2.9
Georgia	1	2.9
Unknown or not reported	20	57.0
Total N	35	

Note: Percentages may not total 100 because of rounding.

length, size, group makeup, and amenities. Figure 1 illustrates the themes and sub-themes identified in the coding process.

Challenges of military life

Education and career progression

Participants' most commonly reported challenge in life as a military spouse was the impact on their education and career progression. An example of this came from a spouse who described her difficulty securing a job after a permanent change of station and her perception of employers' thoughts regarding hiring military spouses: "I've never seen a job market this difficult, and being a military spouse ... nope, sorry you're going to quit in a couple of years. We don't want you." With regard to career progression, another spouse explained, "Nobody [civilian employers] is going to understand some unemployment gaps or that short tenure. So, you're just kind of dismissed. It's like you're starting over every single time every time you move." Spouses described how they must fulfill all household and child care responsibilities during service members' unexpected long duty days, field training, and temporary duty assignments (TDY). In addition, deployment significantly affected spouses' ability to work. Frequent relocation was also reported as a problem for education and career progression. Many spouses reported that employers were less interested in them as job candidates when they learned about their military status. Many perceived this as a stigma associated with being unable to guarantee long-term commitment to the employer. Many military spouses also reported that frequent relocation combined with weighing the costs of having a job with the expenses of child care often led to gaps in their educa-

tion and employment histories. Many spouses reported that these résumé gaps likely contributed to their lack of competitiveness as job applicants.

Parenting and child care

Another challenge frequently reported by spouses was parenting and child care. One spouse discussed the challenge of balancing her career with her service member's career in relation to parenting:

My career means everything to me, like, working is a central point of my identity, and it's like if [active-duty member] deploys, it's either stay-at-home mom or try to find child care, which is already impossible, and I don't want to have that fight.

Deployment

More than half of the participants reported difficulties during deployment, mainly related to managing parenting and household responsibilities. After the active duty service member deploys, the spouse is left to keep the household intact. One spouse described the struggle of balancing the multiple demands of home life while her service member was deployed. "It's a struggle because ... I'm being a single mom and holding down the household and everything and having to deal with school and making sure that whatever projects I'm working on are up and running too." Spouses described how they must support all household and child care responsibilities during service members' unexpected long duty days, field training, and TDY. In addition, deployment significantly affected spouses' ability to work.

Medical and behavioural health care

Regarding health care, spouses often referenced continuity of care as a significant challenge. Many spouses reported that because of the turnover in medical and

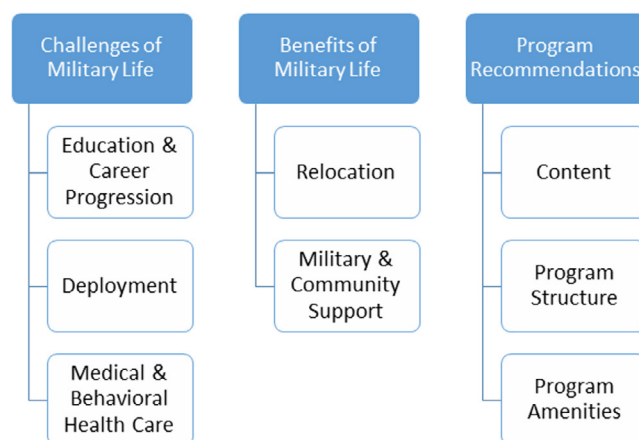


Figure 1. Overarching themes and sub-themes from analysis

behavioural providers, they were not honest about their medical concerns. One participant shared,

I've gone in and done my labs [for my last three doctors]; your A1C [hemoglobin A1C, a marker of diabetes control] is a little high. This last doctor came in and said your A1C is high. [I said] you know, I haven't been honest with any of my other providers because I just get up and move every two years. I have tested high on my A1C, and nobody is tracking this because I don't have the same provider. So, what can you do to help me not have diabetes?

Accessing behavioural health care was the most challenging. Spouses discussed the significant challenges they face navigating the behavioural health care system for themselves and their family members. A participant spoke extensively about the difficulty she experienced finding behavioural health care for her daughter, who was experiencing a significant psychological crisis.

It took about two years for us to go through the whole evaluation process with TRICARE [U.S. military health care program for family members] and everything to get her diagnosis, and then we moved states, and I had to get her re-evaluated. We've been on hold over an hour or so to try to schedule an appointment, and those appointments can be hard to come by.

Although military treatment facilities have clear resources for active duty service members, military spouses did not feel such resources were available to them or other dependents, requiring them to navigate off-post resources and insurance coverage.

Benefits of military life

Military community support

Although there are challenges to military life, there are also significant benefits. One of the most commonly reported benefits of military life was a sense of belonging to the military community. One spouse said,

I mean, like, there's always a community. And for me, having a community of people is amazing. [In the military], you have a built-in community all the time. And living here on post, they [other military families] just accepted you into the fold.

Another spouse described developing strong friendships with other military spouses:

The community I have found. Handfuls of friendships that I never would have found. That I never would have gotten to experience if it wasn't for this

military world that we live in, and I don't think that we would have ever gotten as close as we did or are because we weren't put through the wringer.

Relocation

Although relocation was associated with challenges, particularly to education and career progression, many military spouses also reported individual and family benefits to relocation. One spouse described being grateful for having the opportunity for her and her children to live in different places. When probed during the group discussion about her thoughts on relocation, she said, "1,000% all of the adventures. We've been to Hawaii and Alaska, and now, we're about to go to Korea ... Every place is what you make of it. You can find adventure anywhere."

Peer support program recommendations

Content

Regardless of prior experiences, spouses were very vocal about their need for information and resources to address the challenges discussed during their interviews. One military spouse with a background in social work said,

Even though I come from a mental health background, I still don't know what the heck I'm doing. Every phase is brand new just because I have four kids, I never tried to claim to be a parenting expert or marriage expert, and I'm always seeking new info or new resources.

Another spouse shared,

As a military family. You have different phases in life, like, you know you'll be, one month you're arriving your duty station, and then, you know, once you get settled in, your set of challenges are going to be completely different. And then, when you're getting ready to leave, you have a whole new set of challenges. So, it's continually evolving. So, I think I think I would try to capture individuals in each of those phases of life that way. You kind of get a whole picture of all of the challenges that families will face.

Length, size, and group makeup

Although Veteran spouses who had participated in V-SRG could attend weekly sessions for up to 12 weeks, military spouses did not find that level of time commitment to be feasible, given the challenges discussed in their interviews. One spouse said, "I think more than once a week can be really difficult with all the things you're trying to support as a military spouse with your

family.” Regarding group length, many spouses indicated between four and six weeks, with a feasible time commitment being group sessions no longer than 90 minutes in the evening or at lunchtime. Finally, military spouses overwhelmingly endorsed that groups should have a mixture of spouses of officers and enlisted soldiers and that peer support groups should have no more than eight to 10 people and not be linked to units. Some spouses were concerned that if the peer support groups were linked to units, it might reduce willingness to participate. One spouse said, “You can’t escape the unit if you’re in there and then a lot of people won’t come because of rank structure, or the unit and they don’t want people to know and that’s stigma.”

Amenities

The recommendation most endorsed by participants was onsite child care. Many spouses indicated that this would be a significant incentive to participate in the peer support group. Child care would allow them to attend the peer support program and form strong connections with the other participants in the group (without the distraction of children present).

One spouse said,

I’m not going to lie; in the beginning, when I started getting involved with family groups, the big thing for all those classes that I had to take was child care. I was like, yeah, I can go if you’re going to watch my kid for two hours. I think that if it’s going to be a weekly thing, that is something that has to be provided.

Another spouse said, “I think child care is absolutely essential or I don’t think you’re going to connect.” Spouses also recommended having a space where similar-aged kids could be entertained but were not too far from their parents. Regarding program length, most participants reported or agreed that a 12-week time commitment (currently required for the V-SRG program) would be too difficult for a busy military spouse. They overwhelmingly endorsed fewer than 12 weeks for the program with the possibility of meeting every 2 weeks or in a hybrid format (online and in person simultaneously). In addition, spouses were adamant that the peer support group should not be associated with the spouse’s unit and that all spouses should be included regardless of their service member’s rank.

DISCUSSION

In the current study, five focus groups were conducted to collect data from military spouses to understand their

challenges, assets, and recommendations to adapt a peer support program initially designed for Veteran spouses to meet the needs of military spouses. Inductive analysis of the focus group transcripts produced three major themes and eight sub-themes (see Figure 1). Study participants reported significant challenges related to career and education,^{8,9} child care and parenting,⁸ deployment,^{10,11,13,14} and accessibility of medical and behavioural health care.^{15,16}

The most commonly reported challenge was education and career progression. Many spouses reported putting their service member’s career above their educational and career goals. As in prior research in this area, this remains the most prominent challenge.^{8,9,16} Beyond struggles attaining employment, research on financial impact indicates substantial longer-term impacts of regular relocation. This results in initial substantial declines in earnings by a spouse in the first year, with larger losses when moving across state lines; even worse, throughout their career military spouses are severely limited in their ability to accumulate human capital.²²

The second most commonly reported challenge was the lack of continuity in and accessibility of medical and behavioural health care. Because of relocation, health care access and quality of care declined because of a lack of continuity. Prior research has found that military spouses have lower satisfaction with their access to health care than civilians and that continuity of care is a primary factor in this.²³ Spouses may also not prioritize their health when overwhelmed or experiencing depression or anxiety.¹¹ Although not raised in this study, other research has indicated that spouses want to be more involved in their partners’ health care so they can support their health.¹⁶

In addition to understanding the challenges of military life, the authors also learned about spouses’ perceived benefits of military life to inform new peer support programming. The most commonly reported positive aspects were the tight-knit and supportive military community and relocation. Through relocation, they could meet and make friends with military families whom they would not have met otherwise. They also noted that these friendships were long-lasting regardless of separation. Finally, they reported learning from other military spouses simply by discussing their shared experiences. Other research has documented the importance of social support for military spouses’ mental health during deployments and found that spouses with higher trait resilience (that was associated with better mental

health) had sufficient access to social support.²⁴ Others have noted that military spouses at the greatest risk for psychological distress were also those most likely to have low social support,⁷ indicating the need for programming that can create structured, supportive opportunities to build connections with other spouses.

Regarding what content a peer support program should include, this area of inquiry is new to research focused on military spouses, yielding findings important for building support that may help address spouses' challenges and stressors. One study of spouses' receipt of peer support in Veteran-focused health care found that they preferred discussion and skill development. In the current study, spouses also recommended a peer support curriculum that would address the challenges reported earlier while providing skills and resources to manage these challenges effectively. They recommended an eight- to 10-week group that could be offered in a hybrid format and provided child care.

There are some limitations to the current research. All participants volunteered to be in the study (self-selection) and were recruited only from the U.S. Army (because the parent study testing the adapted spouse peer support program was to occur in an army setting). Thus, findings may not represent the experiences of those who did not feel comfortable talking to researchers about their military life experiences and do not represent the experiences of spouses from other military branches. On the basis of the demographic data collected from participants, they appear quite similar: all were married, 97% were female, 43% were white, 57% were not Hispanic or Latino, and all had spouses serving in the U.S. Army. However, the authors did not collect information about participants' age, education, employment, parenting status, or spouse's rank; they may be more diverse. Future research aimed at understanding military spouse experiences should recruit a more diverse sample to understand the experiences of male spouses and spouses from other racial and ethnic groups and learn more about their characteristics (e.g., service member rank, spouses' employment, and education).

Conclusion

In conclusion, focus groups were conducted to identify the challenges and benefits of military life among military spouses and obtain their recommendations for designing a peer support program for military spouses. The study found that employment and career progression were the largest and most commonly reported

challenges, followed by concerns about managing responsibilities alone during deployment. Accessing health care and parenting amid the service member's routine absences were also noted as important areas to address in peer support programming. Finally, positive aspects of military life, including the military community and the opportunities that come from relocation, were identified as areas to incorporate into programming. Each of the challenges that military spouses face in their unpredictable, demanding lifestyle affects them in some way. Peer support programs offer a promising format for spouses to share with peers the challenges with the military life experience, find a supportive community that provides social support, and learn about and access available resources for specific needs. Findings from this initial study will inform the adaptation of a peer support curriculum to be tested with military spouses in a randomized controlled trial.

AUTHOR INFORMATION

Elisa Borah, MSW, PhD, is a Research Associate Professor at the Steve Hicks School of Social Work and the Director of the Institute for Military and Veteran Family Wellness. Borah conducts research to identify, implement, and evaluate programming and support for military members, Veterans, spouses, and their families. Borah conducts research with the U.S. Department of Defense and Veteran Health Affairs on the impact of peer support among military spouses and engaging family members to support suicide prevention.

Aubrey Harvey received her undergraduate degree from Texas A&M University, where she studied sports psychology. She is now pursuing a master's degree in social work with a specialization in policy and macro practice at Louisiana State University.

Anil Arora, LCSW, is a first-generation student at the University of Houston in his fourth year of doctoral studies in social work. Arora's interests include supporting military and Veteran individuals, military couples, and families. He is a practicing licensed clinical social worker delivering couples therapy. He graduated with his Master of Social Work degree from the University of Southern California and his bachelor's degree in psychology at the University of Colorado at Boulder.

Karie Hare received her Master of Public Health from UT Health, Austin. She graduated magna cum laude from the University of North Carolina at Greensboro with a bachelor's degree in public health in 2018. Hare is a former Army medic who served from 2002 to 2010 and the spouse of an active duty service member. Her ties to the community, experiences, and understanding of military life led her to

focus advocacy efforts on military and Veteran populations and their families.

Abby E. Blankenship, PhD, is a Research Assistant Professor at the University of Texas Health Science Center San Antonio. Blankenship has expertise in the treatment of and research on military-related trauma and posttraumatic stress disorder. Her research interests include using community-based participatory research to improve prevention and intervention for a variety of presenting problems among active duty service members, Veterans, and their families.

COMPETING INTERESTS

The authors have nothing to disclose.

CONTRIBUTORS

Conceptualization: E Borah, A Harvey, A Arora, K Hare, and AE Blankenship

Methodology: E Borah and A Harvey

Software: E Borah

Validation: E Borah

Formal Analysis: E Borah, A Harvey, A Arora, and AE Blankenship

Investigation: E Borah

Resources: E Borah

Data Curation: E Borah, A Harvey, and AE Blankenship

Writing — Original Draft: E Borah, A Harvey, A Arora, and AE Blankenship

Writing — Review & Editing: E Borah, A Harvey, A Arora, and K Hare

Visualization: E Borah

Supervision: E Borah and A Arora

Project Administration: E Borah and AE Blankenship

Funding Acquisition: E Borah

ETHICS APPROVAL

This study was approved by the University of Texas at Austin Institutional Review Board, Austin, Texas, United States, on Sept. 9, 2022.

INFORMED CONSENT

Consent was obtained with verbal agreement, but signed consent was not required.

REGISTRY AND REGISTRATION NO. OF THE STUDY/TRIAL

N/A

ANIMAL STUDIES

N/A

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PEER REVIEW

This manuscript has been peer reviewed.

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APPENDIX A: Focus Group Question Guide

Verbal introduction: Thank you for agreeing to attend this focus group. We will be recording the session to document your comments. This discussion should take about one and a half hours. We are designing a peer support program for active duty military spouses. We want to learn from you what topics, format, and program features it should have. We encourage everyone to share their responses to the following questions honestly.

If you stay in our group today, this means you are aware of the information shared in the research information sheet, including that we will be recording the session for notetaking purposes, but this recording will not be shared outside of the study team, and your name will not be associated with any comments you share today. You are not required to answer any question; share what you feel comfortable sharing.

Introductions: Please share your name, where you are from, how long your spouse/partner and/or you have served, and what is your favourite thing to do for self-care.

Peer Support Group Topics

1. What are some of the challenges faced by active duty military spouses?

Probes if needed: (If these are not discussed, ask about these before moving to next question.)

- a. ... pre-, during, and post-deployments?
- b. ... related to children/parenting?
- c. ... related to marriage and relationships?
- d. ... related to pursuing your education?
- e. ... regarding pursuing your employment or career?

2. Are there other areas in which you face challenges?

Probes if needed: (If these are not raised, ask about these before moving to next question.)

- a. For example, finding social connections?
- b. Finding time to focus on your own health and wellness?
- c. Knowing where or how to access medical care?
- d. Staying connected to other family?
- e. Managing the uncertainty of military life?
- f. Financial planning?
- g. Housing?
- h. Child care?
- i. Exceptional Family Member Program?
- j. Transition planning?
 - a. Permanent Change of Station support
 - b. Military separation or retirement
- k. Knowing how and where to access supports?

3. What are your thoughts on how to support the mental health of military spouses?

- a. Where have you or others struggled in this area?

- b. What have been good supports for your mental health?
 - c. What types of support would you like to have in your life?
 - d. What aspects of mental health do you think spouses need more information [on]?
 - e. If you or someone in your family needed behavioural health care, do you know where to find care?
4. Are there any other discussion topics you suggest be included in a peer support group program?
 5. Thinking more broadly beyond the challenges spouses face, what are the positive and/or rewarding aspects of military life?

Support Group Format

1. What would a good name be for a military spouse peer support group program?
 - a. What type of program name resonates with you?
 - b. What buzz words should we avoid?
 - c. Should it use “spouse” or “partner” in title?
 - d. Any creative ideas?
2. How important is it to have child care available for you so that you can attend groups? Where is child care available/easy to access?
3. Groups have been offered weekly at different times of the day and week.
 - a. Do you have a preference for the days of the week and times they are offered?
 - b. Length of each session?
 - c. Number of sessions?
 - d. Frequency of meetings?