
**ADF - RAAF Chaplaincy Infrastructure:
Pastoral Care Rehabilitation and Safe Spaces**

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PREFACE

This report is an initial exploratory scoping review prepared for Chaplain (SQNLDR) Christine Senini, Chaplaincy Branch, Royal Australian Air Force, Canberra, ACT. Support for this report was provided by La Trobe University, Department of Public Health Participatory Field Placement Internship program (PHE3PFP).

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ABSTRACT

Aim/purpose: The aim of this scoping review was to conduct exploratory research to identify and explore all available/suitable literature and evidence regarding best practice in providing safe spaces for pastoral care rehabilitation within the military context. Additionally, this report aimed to provide an overview into a sense of safety for military personnel and their families when utilising chaplaincy infrastructure. **Method:** To complete this scoping review, a modified framework from Arksey and O'Malley (2005) was utilised involving: (i) identifying the research question, (ii) developing inclusion and exclusion criteria, (iii) identifying relevant studies for study selection, (iv) charting the data, and (v) collating, summarising, and reporting the results. **Results:** Five key themes were identified within the relevant literature and resources: (1) mental health, (2) duty of chaplains, (3) religion and spirituality, (4) rehabilitation, and (5) safe spaces. **Discussion:** There is minimal literature specifically regarding pastoral care rehabilitation safe spaces within the military context. The lack of literature suggests that the Australian Defence Force (ADF) may have insufficient guidance when developing and implementing safe spaces for chaplains and clients to feel comfortable, confident and safe whilst undergoing the vulnerable process of pastoral care rehabilitation. **Conclusion:** This scoping review demonstrates the concern and urgent need to identify what makes a space safe for pastoral care rehabilitation users, the current suitability of chaplaincy infrastructure, and the need for adequately designed safe spaces for appropriate pastoral care rehabilitation.

Key Words: Australian Defence Force, Royal Australian Air Force, Military, Safe Spaces, Rehabilitation, Chaplaincy, Pastoral Care, Religion, Spiritual Care

INTRODUCTION

This scoping review involved an extensive literature search to identify and explore evidence regarding best practice in providing safe spaces for pastoral care/spiritual care rehabilitation within the military context. Additionally, this report aimed to provide an overview into a sense of safety for military personnel and their families when utilising chaplaincy infrastructure.

Safe Space

A safe space for the context and purpose of this report will be defined as an environment where there is no exposure to criticism, harassment or discrimination towards any individuals under any circumstance. Therefore, allowing individuals to feel as safe and comfortable as possible at all times (Hunter, 2008). Within an organisation such as the ADF, safe spaces can include chaplaincy centre counselling offices chaplaincy centre waiting areas, kitchens, Christian chapels, gardens, memorial walls and multifaith prayer/meditation spaces (Senini, 2020).

The focus of this project is on the exploration of both national and international literature databases, to identify any resources in relation to the military, pastoral care rehabilitation and safe spaces. In order to obtain this, greater consideration will be given to the physical, emotional, psychological and spiritual safety of military personnel and their families when utilising chaplaincy related infrastructure. This report will focus on identifying 'best practice' of providing 'safe spaces' for clients and chaplains involved in pastoral care rehabilitation.

Australian Defence Force (ADF)

The ADF is the military organisation accountable for the defence of Australians, and its national interests. The ADF consists of the Royal Australian Navy, Australian Army, Royal Australian Air Force and several 'tri-service' units. They fulfil key defensive roles, as well as providing a range of peacetime services. The ADF boasts of being a modern, people focused organisation, and one of Australia's major employers (Department of Defence, 2020).

The ADF depends upon the physical, psychological, social and spiritual wellbeing of its members (often referred to as the bio-psycho-social-spiritual model of health and well-being). The ADF remains committed in encouraging and providing good business practice, innovative thinking and cultural sensitivity within both the workplace, and when interacting with other communities while on operations (Department of Defence, 2020). ADF personnel/members are encouraged to practice their own religious/spiritual (R/S) beliefs but with consideration of requirements of ADF operations. The ADF aims to provide personnel/members with facilities that allows proper practice regardless of specific religious/spiritual affiliation. (Department of Defence, 2011).

Pastoral Care/Chaplaincy

Pastoral care is a contemporary term for a model of emotional, social and spiritual support that can be found consistently across most cultures and traditions. The duties of pastoral care are typically carried out by representative professionals such as chaplains, clergyman, and pastors as well as other spiritual carers who are committed to the work of caring for others who focus on the healing, sustaining, guiding and nurturing of those seeking pastoral and/or spiritual care (Patton, 2005; Mowat, 2007). The role and purpose of chaplains within the ADF is to deliver chaplaincy services and appropriate spiritual care interventions as recognised by the World Health Organisation (WHO, 2017), namely (i) spiritual assessment, (ii) spiritual counselling, guidance and education, (iii) spiritual support, (iv) spiritual rituals and (v) other allied health care as appropriate (e.g., spiritual comfort management), as well as ensuring that pastoral and spiritual needs are met in accordance with endorsed faith group practices and principles within a range of peacetime and operational environments (Senini, 2020).

Rehabilitation

The World Health Organisation (2019) has defined ‘rehabilitation’ as a group of interventions with the goal to improve functioning and lessen disability in individuals with health conditions based on their environment, aspirations and personal goals. The ADF provides a range of mental health and recovery/rehabilitation spaces and services/programs to assist current and ex-serving ADF members (Department of Defence, 2020); some of these include chaplaincy facilities which are common, in one form or another, to most military establishments both nationally and internationally.

PURPOSE / AIMS

RAAF Chaplaincy is conducting an extensive infrastructure review of its chaplaincy centres, chapels, multi-faith prayer and meditation spaces, and related buildings. The intent is to create and shape policy which influences compliance, culture, and future building projects with regards to capability, accountability, safety and being fit for purpose. The specific purpose of this review is to consider safe spaces for pastoral care rehabilitation.

METHOD

A scoping review framework modified from Arksey and O'Malley (2005) was utilised to map the research area of pastoral care rehabilitation and safe spaces by utilising a predetermined process of: (i) identifying the research question, (ii) developing inclusion and exclusion criterion, (iii) identifying relevant studies for study selection, (iv) charting the data, and (v) collating, summarising and reporting the results.

(i) Identifying the research question

The research questions were developed using the PICO technique (Population, Intervention, Comparison, Outcome; Fineout-Overholt & Johnston, 2005) (refer to Table 1). The key questions for this research report were:

- (i) What literature exists relating to chaplaincy and safe spaces?
- (ii) What literature exists relating to military chaplaincy and safe spaces?
- (iii) What literature exists indicating best practice in providing safe spaces for chaplains and clients involved in pastoral care rehabilitation?

Table 1

PICO research question development

Population	Intervention/ Exposure	Intervention/ Exposure	Comparison	Outcome
Australian Defence Force, Families and Chaplains	Safe Spaces	Rehabilitation/ Religious Care Pastoral Care Spiritual Care	NIL	The review of the literature is seeking a record of all outcomes of safe spaces in the ADF

(ii) Inclusion and exclusion criterion for study selection

This scoping review will only include articles and resources that have been written in the English language and articles that were published between the years of 2000-2020. Only peer reviewed journal articles were included that were found via established online databases accessible through La Trobe University Library. Articles obtained only included articles that were screened to contain two or more of our PICO search terms.

(iii) Identifying relevant studies

The PICO strategy (Fineout-Overholt & Johnston, 2005) was utilised to identify specific search elements, synonyms and key database search terms so as to identify relevant literature (refer Table 2). All available La Trobe databases were used for this search including Medline, CINAHL and Google Scholar.

Table 2 PICO element, related synonyms and database search terms

PICO Element	Synonyms	Database Search Terms
Australian Defence Force and Families	- Military	Militar* OR
	- Navy	Navy OR
	- Air Force	Army OR
	- Army	Defense OR
	- Defense Force	Defence OR
	- Defence Force	Special Force* OR
	- Special Forces	Naval Warfare Service* OR
	- Naval Warfare Services	Armed Forces OR
	- Armed Forces	Marine Corp* OR
	- Marine Corps	Land Warfare Service* OR
	- Land Warfare Services	Air Warfare service* OR
	- Air Warfare Services	Air Force* OR
	- Coast Guard	Coast Guard* OR
	- Pilot	Pilot* OR
	- Aviator	Aviator* OR
	- Troops	Troop* OR
	- Command	Command* OR
	- Warrior	Warrior* OR
	- The forces	The force* OR
	- The services	The service*
Chaplains/ Religious Care Pastoral Care Spiritual Care	- Family	Famil* OR
	- Kin	Kin* OR
	- Relatives	Relative*
	- Chaplain	Chaplain* OR
	- Priest	Priest* OR
	- Minister	Minister* OR
	- Preacher	Preacher* OR
	- Padre	Padre OR
	- Iman	Iman OR
	- Monk	Monk* OR
	- Nun	Nun* OR
	- Rabbi	Rabbi OR
	- Clergy	Clergy OR
	- Religious	Religion* OR
	- Pastoral	Pastoral OR
- Spiritual	Spiritual* OR	
- Spiritual Care Practitioner	Spiritual Care Practitioner*OR	
- Pastor	Pastor OR	
- Reverend	Reverend	

Safe Spaces	- Safe Spaces	Safe space* OR
	- Sanctuary	Sanctuary* OR
	- Cover	Cover* OR
	- Refuge	Refuge* OR
	- Safe house	Safe house* OR
	- Safe place	Safe place*
Rehabilitation	- Rehabilitate	Rehab* OR
	- Rehabilitation	Treatment* OR
	- Therapy	Therap* OR
	- Therapist	Recover* OR
	- Recovering	Counsell*OR
	- Recovery time	Guidance*OR
	- Counselling	Education*OR
	- Guidance	Training* OR
	- Education	Integration*
	- Training	
- Integration		

(iv) Charting the data

All articles were screened for duplicates and relevancy to the PICO topic of ‘providing safe spaces for individuals involved in pastoral care rehabilitation within a military context’ (refer [Appendix A](#)). Initially search results returned zero results. Further searches were completed through manual hand searching of databases that yielded additional articles (refer to [Appendix B](#)).

Details and abstracts of final articles deemed valid for thematic analysis were combined at [Appendix C](#). Relevant themes based on the findings of each article were determined by agreement between authors. Each theme is identified and numerically coded in [Appendix C](#) and described within the results section.

RESULTS

(v) Collating, summarising and reporting the results

Key themes

Five main themes were identified within the literature (refer Figure 1): (1) mental health, (2) duty of chaplains, (3) religion and spirituality, (4) rehabilitation, and (5) safe spaces. Table 3 lists the research authors and the associated themes identified within their work. Abstract summaries for each authors’ articles are found at [Appendix C](#).

Figure 1. Key themes

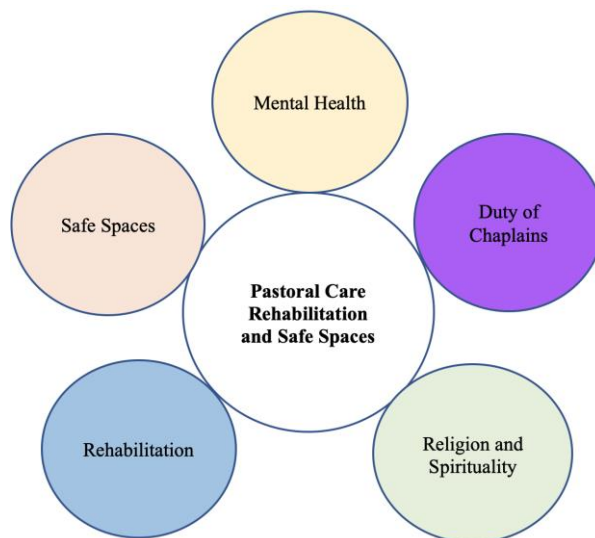


Table 3

Themes identified within the literature

Author/s (Year)	1	2	3	4	5
Aggarwal, (2007)			✓		
Beder, et al. (2013)	✓	✓	✓		
Besterman-Dahan, et al. (2012)	✓	✓	✓		
Cafferky, et al. (2017)	✓	✓	✓		
Cawkill, et al. (2013)	✓	✓			
Dabovich, et al. (2019)	✓			✓	
Esaki, et al. (2020)	✓				✓
Frain, et al. (2008)	✓			✓	
Kazman, et al. (2013)	✓	✓	✓		
Kopacz, et al. (2016)	✓	✓	✓		
Levy, et al. (2011)	✓	✓	✓		
Lucertini, et al. (2013)				✓	
McGill, et al. (2020)				✓	
Morgan, et al. (2016)	✓	✓	✓	✓	
Ramchand, et al. (2016)	✓	✓			
Rivera, et al. (2016)				✓	
Roberts, et al. (2018)	✓	✓	✓		✓
Roberts, et al. (2020)		✓	✓		✓
Sporner, (2012)				✓	
Total:	13	11	10	7	3

Note: Themes are: (1) Mental Health, (2) Duty of Chaplains, (3) Religion and Spirituality (4) Rehabilitation and (5) Safe Spaces. Abstracts for each article are provided in [Appendix C](#).

Summary of Themes

Mental Health

Mental health was found to be the most prominent theme throughout the literature search. Mental health issues is highly problematic throughout all walks of life including among ADF personnel and families. Exposure to traumatic events such as life-threatening combat, dead bodies, other team members/friends being killed, and various other traumatic events occurring in their lives contributes towards mental health issues (Morgan et al., 2016).

Literature has suggested after going through a traumatic event as stated above, an individual will more than likely, suffer post-traumatic stress disorder (PTSD) and/or a moral injury and may subsequently seek help for their mental health from chaplains (Hodgson & Carey, 2018). Chaplains attempt to provide a non-threatening safe environment to allow individuals to discuss mental health or emotional concerns in an informal setting, rather than seeking help from a medical professional which may increase the stigma attached to possible mental health problems.

In the last ten years mental health has become a focus for the military and various reports have shown over 50% of personnel do not report their mental health struggles (Besterman-Dahan et al, 2012). Literature from 2012 has indicated that individuals who are unmarried, and usually women, are the most likely to seek help for their mental health compared to married individuals and men (Besterman-Dahan et al, 2012). Additionally, mental health issues are highly stigmatised throughout the military, thus continued research into how the ADF can destigmatise mental illness is necessary in order to provide and support personnel and families so that they will seek help in a safe, supportive and welcoming environment without discrimination.

Duty of Chaplains

Another common theme found in the literature was with respect to the duty of a chaplain. The constant role for a chaplain in a military context is to provide pastoral care to members of the military and their families. As noted earlier, the five main roles/interventions of a chaplain with respect to health care, are categorised by the WHO, (2017) as providing (i) spiritual assessment, (ii) spiritual counselling, guidance and education, (iii) spiritual support, (iv) spiritual ritual and (v) spiritual allied health care and/or spiritual care comfort-management (Carey & Gleeson, 2017).

As part of spiritual support, chaplains provide anxiety/stress management support (Morgan et al., 2016). Given that mental health issues are often stigmatised throughout the military, the chaplain's goal involves a way of trying to decrease stigma. Some literature states that military personnel and families are more likely to seek help from a chaplain rather than a medical professional (Morgan et al., 2016). A hypothesis of why this occurs, more often than not, is because military personnel and families feel safer with a chaplain, therefore decreasing their feelings of vulnerability (Morgan et al., 2016). Another reason behind ADF personnel feeling uncomfortable about speaking to a medical professional rather than a chaplain, may be due to having to make an official appointment with doctors, compared to chaplain's confidential, and usually informal appointments that are seldom subject to mandatory reporting.

Given a chaplain's allied health care role, they naturally desire to create safe spaces for individuals concerning their religious/spiritual needs. The most likely predictor for seeking a chaplain on deployment, was soldiers observing dead bodies or being in the front line under fire from their opposition. Circumstances like these may cause immense anxiety and mental anguish to the individual. Over time, this can create a condition known as PTSD. PTSD has a huge stigma attached to it, especially within the ADF; soldiers are generally expected to be tough and except every situation and problem they are confronted with daily, and deal with the ramifications. The saying 'soldier on' is often coined within the military (Morgan et al., 2016). Another more recent syndrome that is gaining increasing recognition is that of moral injury (Jinkerson, 2016; Carey & Hodgson, 2018), which given its focus upon feelings such as shame, grief and betrayal of personal values and beliefs, are important issues that warrant chaplains providing safe spaces so that military personnel can confidentially spend time with chaplains.

Religion and Spirituality

Spirituality can be defined as "... that aspect of humanity which refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness, to God, to self, to others, to nature, and to the significant or sacred (Puchalski, et al 2009, p.887).

The role that religion and spirituality play in the ADF cannot be underestimated with both showing significant positive contributions to wellbeing and illness (Cafferky et al., 2017; Koenig, 2012). Moreover, spirituality has been demonstrated as a pivotal aspect of resilience, acting as a buffering effect against PTSD and depression in many individuals (Cafferky et al., 2017). Though this may be subject to change once the individual has joined the ADF, being subjected to potentially traumatic and intense events may lead to increased belief or practising

in religion or spirituality. Possibly, these increased beliefs act as a coping mechanism or outlet to increase mental and physical demands (Cafferky et al., 2017). Having a strong religious or spiritual belief may be crucial for many when dealing with a tragic or traumatic event. Religion and spirituality have the potential to guide/support individuals through these difficult situations that may arise throughout their lifetime and hence the importance of chaplains assisting this process and the need for adequate infrastructure for chaplains to provide appropriate services.

Rehabilitation

Rehabilitation for every individual is imperative to improve their overall quality of life (Kuyk et al, 2008). Therefore, it is of the utmost importance that rehabilitation is followed through for all ADF personnel and families; allowing them to recover and move forward in their careers and lives. The journey of rehabilitation must progress in a positive and non-intimidating environment; the patient needs to feel non-threatened and encouraged throughout a vulnerable process. Mental health and physical wellbeing should be a rehabilitation priority to enable ADF individuals to get back to work safely. The current literature available on pastoral care rehabilitation in the military is modest, compared to other types of rehabilitation literature; for example, with respect to amputation rehabilitation (McGill et al. 2020). Given that rehabilitation of any kind involves considerable personal vulnerability, there is a need for additional support and research to be undertaken with regard to pastoral care rehabilitation and the role of chaplains providing compassionate support within safe contexts.

Safe Spaces

There is limited research concerning safe spaces for ADF personnel and families. Some examples of safe spaces may include prayer rooms, meditation rooms, counselling rooms, chaplaincy rooms and the chapel. Ensuring staff and their families have suitable facilities to accommodate their needs it is important to have a safe environment. A safe environment is also essential for ADF personnel and families to help them maintain their mental health, peace of mind and general wellbeing. These facilities may necessitate multiple prayer rooms, as it is imperative to respect the diverse range of different cultures within the ADF (McGill et al., 2020).

Creating safe spaces for ADF personnel and families is vital for these individuals to feel as comfortable as possible. Creating safe *offices* is the first step for creating safe spaces due to individuals spending considerable time engaging in counselling, guidance and education with chaplains. Having a safe work environment is important for their mental health and has

shown to increase work ethic (McGill et al., 2020). The comprehensive US Army 'Female Soldier Support Model' by Roberts et al., (2018), states that chaplains provide safe spaces for individuals who have been sexually assaulted. Having safe spaces in the ADF should also be considered necessary for military personnel and their families; continued research on this topic will be highly beneficial for future ADF personnel and families.

DISCUSSION

In this scoping review, there was limited research with respect to pastoral care rehabilitation and safe spaces within the military context. When examining chaplaincy as a profession within the military context however, there was copious amounts of research; therefore, this scoping review was heavily based around chaplaincy. The reasoning for this focus on chaplaincy was/is due to them being so highly utilised within the military, and their substantial use of, and need for, safe spaces for engaging in confidential pastoral/spiritual counselling.

Throughout the literature, there were five main themes explored which included: (1) mental health, (2) duty of chaplain, (3) religion and spirituality, (4) rehabilitation, and (5) safe spaces. A key finding was that mental health is highly stigmatised in the military/ADF; there needs to be increased research on how to destigmatise mental illness, so that families and personnel can seek help openly and without discrimination (Morgan et al., 2016). The findings behind why mental illness is highly stigmatised is often due to military individuals being told to 'toughen up', or to 'solider on', and therefore if someone is feeling mentally unwell, it may be considered a sign of weakness to seek help. As mental health was the most prominent theme throughout the literature explored, the role and importance of chaplains – particularly with regard to providing pastoral/spiritual care assessments and/or counselling in safe and secure confidential settings – is an imperative consideration, if the ADF wishes to encourage its personnel to proactively seek help.

The main findings on chaplaincy infrastructure involved chapels and chaplaincy counselling rooms. However, these articles did not mention the cleanliness of these rooms, the type of environment, room design, or lighting available in the room. Increased detailed research that thoroughly investigates specific chaplaincy infrastructure could guide the military in developing and constructing safe spaces for the future. For example, having a calming environment is crucial for making a safe space that is conducive for promoting health and being; studies have proven this to be accurate as many individuals have recounted that their experiences in a well-established environment have been more enjoyable – rather the experiences of inadequately designed facilities (Suess & Mody, 2018).

Another key finding of this scoping review is the substantial role chaplains play in many ADF personnel and families lives – either directly or indirectly. For non-physiological issues, individuals can find chaplains more desirable and accessible than formal medical appointments. Most of the chaplain counselling sessions are held in either the chapel, in a private room, or the chaplain's office compared to a doctor's clinic where the environment can be sterile and clinical (Morgan et al., 2016). Therefore, chaplaincy infrastructure is often more appropriate. However, more research would be highly beneficial on what makes chaplaincy infrastructure feel and be safe, for example, is it the lighting, the cleanliness or the sizing of the rooms?

There is limited research involving pastoral care rehabilitation within the military context; this is a pressing matter due to rehabilitation being such an essential aspect in many individuals lives but especially for the military as there is an increased probability of military personnel having to engage in rehabilitation due to traumatic and intense physical events during their military service. Rehabilitation spaces in any context need to be at a high standard. This is due to rehabilitation being a highly vulnerable process for the client and therefore it is essential for the client to feel comfortable and safe during counselling in order to, hopefully, regain their occupational confidence. Another finding within the scoping review was the limited research on rehabilitation spaces in the military, compared to the available literature relating to other areas of rehabilitation (McGill et al. 2020). The lack of current literature available regarding pastoral care rehabilitation spaces within the military restricts insight into best practice rehabilitation safe spaces; therefore, increased research is required to consider new ideas with the aim to increase rehabilitation safe spaces.

CONCLUSIONS AND RECOMMENDATIONS

The findings from this report indicate that there is limited literature discussing pastoral care rehabilitation safe spaces within a military context; multiple searches returned very minimal results. This limited the ability to gain a greater understanding into what makes a safe space for chaplains and clients involved in pastoral care rehabilitation within the military. The limited research in these areas has the potential to hinder ADF members experience of rehabilitation, due to the lack of guidance and education that would be required for creating and maintaining safe spaces.

The ADF boasts of being a ‘modern, people focused organisation’ (Department of Defence, 2020). This review will hopefully help the ADF/RAAF to reflect upon whether in fact it is ‘modern’ and whether it is truly holistic, or tokenistic when it comes to be a ‘people

focused' organisation. The exploratory findings of this review need to be considered urgently, so that safe spaces for pastoral care rehabilitation in the ADF can be moved forward in providing best/preferred settings and spaces for its users – particularly given that rehabilitation will always be prominent and necessary for ADF personnel. Based on the exploratory findings of this review, a number of recommendations are provided below:

Key Recommendations

- Formalised policy needs to be determined as to what makes a safe space for its users in a military context and for this to be published to provide guidance in areas of implementation.
- Ongoing research into chaplaincy infrastructure currently utilised by users in a military context is recommended, so as to continually assess the suitability of facilities in order to maintain and guide future development of these areas.
- Appropriate funding/investment should be implemented into providing quality design and better functionality for safe spaces appropriate for rehabilitation clients and chaplains, so as to ensure all users feel comfortable and safe when utilising facilities.
- The findings of this report should be considered alongside similar reviews regarding (i) the military and sacred spaces (Torrelli et al, 2020) and (ii) the military and hospitable spaces (Peng, et al. 2020).

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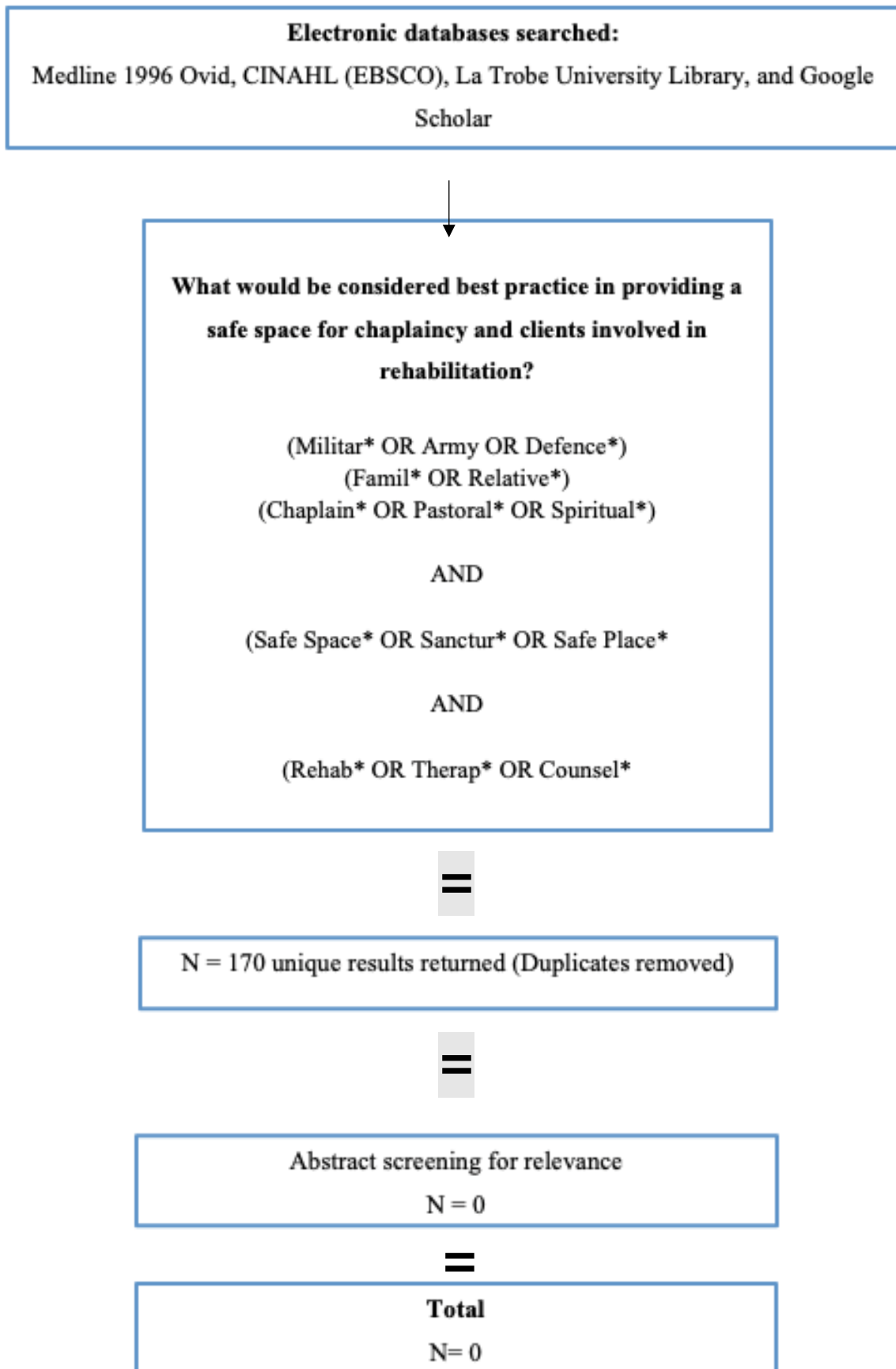
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APPENDIX A

Search Strategy



APPENDIX B

Additional Search Terms Method

Electronic databases searched:
Medline 1996 Ovid, CINAHL (EBSCO), La Trobe University Library, and Google Scholar

Databases limited to English

Safe Space* + Militar*	2 results
OR	
Safe Space* + Defence*	1 result
OR	
Safe Space* + Defense*	2 results
OR	
Safe Space + Army	1 result
OR	
Sanctura* + Militar*	6 results
OR	
Chaplain* + Militar*	60 results
OR	
Miltar* + Rehab*	1415 results
OR	
Army + Rehab*	325 results
OR	
Militar* + Chaplain* + Counsel*	7 results
OR	
Safe Space* + Defence* + Chaplain*	0 results
OR	
Rehab* + Militar* + Counsel*	43 results
OR	
Safe Space* + Room design* + Militar*	0 results

Abstract screening for relevance

N = 19

APPENDIX C

Literature and Thematic Coding

Article	Author/s (Year), Title	Brief summary	Thematic coding
1	Aggarwal, N. (2007) Exploring identity, culture, and suffering with a Kashmiri sikh refugee.	Anthropology, psychiatry, and other fields that primarily rely upon verbal communication face a certain tension: to what extent is the information garnered accurate? How does accuracy change depending on context? Has the interviewer provided a safe space for respondents to share personal experiences? This paper explores concepts of identity, culture, and suffering with a displaced Kashmiri Sikh in a camp settlement in the province of Jammu and Kashmir. First, I will provide a history of the province and my project. Then, I will select the text of one respondent who uniquely claimed to follow two religions. Next, I will analyse the interview as 'spoken text' for content and 'unspoken subtext' for context. Finally, I will show how the respondent draws upon culture and religion for solace in an environment where secular state institutions such as the military and civil bureaucracy fail to provide justice. We shall reconcile these strands of thought by conceiving of the interview as a text co-produced and co-consumed by interviewer and interviewee and subject to interpretation.	3
2	Beder, J. Yan, G. (2013) VHA Chaplains: Challenges, Roles, Rewards, and Frustrations of the Work	Chaplains working in the Veterans Health Administration have numerous roles and challenges. They work closely with other behavioural health professionals, especially social workers, to address the multiplicity of needs of the Veteran population. They are essentially an understudied subset of the military Chaplaincy service (most studies focus on those engaged in combat areas). In this exploratory qualitative study, VHA Chaplains responded to a survey to determine how they defined their role and professional challenges, what they felt were the rewards and frustrations of their work and their unique function within the VHA system. Findings showed that role differences between Chaplains and social workers and other behavioural health providers are clearly defined; rewards and challenges were diverse, and frustrations were common to those working in a bureaucratic structure.	1, 2, 3
3	Besterman-Dahan, K. Gibbons, SW. Barnett, SD. Hickling, EJ. Besterman-Dahan, K. Gibbon, S. Barnett, S. Hickling, E. (2012)	This research utilized a cross-sectional design secondarily analysing data from active-duty military health care personnel who anonymously completed the "2005 Department of Defence Survey of Health-Related Behaviours Among Active-Duty Military Personnel." Sample for this analysis of Operation Iraqi Freedom/Operation Enduring Freedom deployed mental health seeking service members was N = 447. Religiosity/spirituality and psychological distress experienced by active-duty military personnel who sought help from military mental health providers (MH),	1, 2, 3

The Role of Military Chaplains in Mental Health Care of the Deployed Service Member

military chaplains (CHC) or both (CHC & MH) were explored and compared. Greater psychosocial distress seen in the CHC & MH group could be a reflection of a successful collaborative model for mental health care that is currently promoted by the military where chaplains are first line providers in an effort to provide services to those in greatest need and ultimately provide them with care from a trained mental health professional. Research and evaluation of chaplain training programs and collaborative models is recommended.

4	Cafferky, B. Norton, A. Travis, W. (2017) Air Force Chaplains' Perceived Effectiveness on Service Member's Resilience and Satisfaction	This study examined how 3,777 active-duty male United States Air Force service members' (SMs) rank and residence location moderated the associations between perceived chaplain effectiveness, SMs' resilience, family coping, marital satisfaction, and satisfaction with the Air Force (AF). A multiple-sample structural equation model was conducted with four subgroups of SMs who had received chaplain support: enlisted members living on base, enlisted members living off base, officers living on base, and officers living off base. Chaplain effectiveness was significantly related, both directly and indirectly, to SM's spirituality, resilience, family coping, marital satisfaction, and AF satisfaction. Resilience was significantly associated with increased AF satisfaction for all SMs, except for those living on base. However, living on base was found to strengthen the protective factor between family coping and relationship satisfaction. Rank was found to moderate the link between resilience and family coping. Family coping was significantly related to increased relationship satisfaction.	1, 2, 3
5	Cawkill, P. Smith, R. (2013) Bereavement support in the UK Armed Forces: The role of the Army chaplain.	The military environment, particularly in the context of high intensity hostile combat operations, will regrettably always result in fatalities, which, more than in any other hazardous occupation, can be considerable and especially traumatic. The Army has a highly efficient system in place to deal with the aftermath of such tragedies, e.g. death notification, repatriation of the body, funerals, etc. A fundamental part of this system is the Army chaplain. In terms of bereavement, no serving person or their families know how they will react to loss or what support they will need. Chaplains have been embedded in the Army for centuries, and their solid enduring pastoral role, often undertaken quietly behind the scenes, has been an invaluable source of spiritual comfort and support to many. However, such support can sometimes be at some cost to the chaplains themselves, especially psychologically. The clergy have been an integral part of British life since its beginnings, as has their association with death and bereavement, which often gets taken for granted. This article attempts to highlight the role of the clergy working in a more extreme environment and discusses some of the potential personal downsides for those involved.	1, 2
6	Dabovich, P. Elliott, J. McFarlane, A. (2019)	Many health behaviours and outcomes in veterans can be attributed to issues of identity. Identity is informed by core values, which are critical to service organisations that demand unity, including the military, but the intersection between values, identity, and adaptation to serious wounds, injuries, and illnesses remains relatively unexplored. This article elucidates the relationship between values, identity, and adaptation during rehabilitation in high-risk military	1, 4

<p>Individuate and separate: Values and identity re- development during rehabilitation and transition in the Australia Army</p>	<p>personnel through examination of the experiences of 13 Australian combat soldiers undergoing rehabilitation for serious wounds, injuries, and mental health conditions. Each participated in two semi-structured, in-depth interviews which were conducted between March and December 2014. Data were thematically analysed using a qualitative approach dialectically positioned between social constructionism and critical realism. Results demonstrate those primarily with physical limitations sequentially drew on five sets of values that underscored four sequential stages of adaptation that collectively reflect the psychosocial task of adolescence, namely identity development. Those primarily with mental health conditions did not share such a clear trajectory. This insight may inform overarching primary healthcare strategies in clinical and community settings, as well as a transition research agenda. Highlights</p> <ul style="list-style-type: none"> • Assesses rehabilitation of 13 Australian soldiers through developmental lens. • Explores intrapsychic tensions and processes of psychosocial adaptation. • Presents a four-stage values-based model of post-injury psychosocial adaptation. • The model might differ for participants primarily with mental health conditions. • Values-based development may aid clinical and community rehabilitation programs. 	
<p>7 Esaki, N. Yanosy, S. Randolph, Z. Benamati, J. (2020)</p> <p>Easing the journey home: creating sanctuary for military veterans.</p>	<p>While most recovery programmes serving veterans include evidence-based treatment practices for PTSD and substance use, they overlook two essential elements of healing that are specific to the needs of veterans: restoring purpose and the capacity for trust. Simplistic definitions of recovery from trauma and substance use for veterans often describe the absence of PTSD symptoms and abstinence from substance use. A fuller and more accurate definition of recovery requires not just the absence of symptoms, but honours how a veteran has been changed by his or her experience and includes reintegration back into his or her home community. This article will explore how the Sanctuary Model®, an evidence-supported, clinically grounded organisational intervention implemented in a residential substance use treatment programme, provides a vehicle for reshaping a trauma-organised worldview to a trauma-integrated worldview for veterans.</p>	1, 5
<p>8 Frain, M. P., Bethel, M., & Bishop, M. (2008)</p> <p>A roadmap for rehabilitation counselling to serve military veterans with disabilities</p>	<p>Providing rehabilitation services to military veterans with disabilities presents unique and rewarding challenges for rehabilitation professionals. The need for these services has grown tremendously with the wars in Afghanistan and Iraq. The rehabilitation field needs a roadmap for understanding how its strengths can uniquely serve military veterans most appropriately. This paper outlines a five-pronged approach that will benefit outcomes for veterans with disabilities through: (1) infusing veterans' issues into rehabilitation training; (2) focusing on distinct employment needs for veterans; (3) using self-management techniques to manage secondary disabilities; (4) using a Family Resiliency Model to address the holistic needs of veterans and their families; and (5) the call for rehabilitation to develop researchers that focus on veterans' issues.</p>	1,4

9	Kazman, J., Gutierrez, I. Schuler, E. Alders, E. Myatt, C. Jeffery, D. Charters, K. Deuster, P. (2013)	Chaplains have a critical role in the military organization and health care. Using the 2015 Health-Related Behaviour Survey, we compared Service Members' (SM) use of chaplaincy services to their use of other behavioural health (BH) services: 26.2% used any BH service and 8.0% met with a chaplain/clergyperson for BH. Among the 36.5% of SM who self-identified needing counselling, percentages of SMs receiving counselling were lower among those perceiving stigma associated with BH services (51.0%) than those not perceiving stigma (66.7%). Of SM who sought counselling: many used multiple counselling sources (48.0%), with the most common sources being a BH professional (71.6%), a medical doctor (37.5%), and a chaplain or clergyperson (30.2%). SM who met with a chaplain or clergyperson had more severe histories of abuse, were more likely to have a mental health diagnosis, and had fewer positive health behaviours than SM who sought other sources of counselling.	1, 2, 3
	Who sees the chaplain? Characteristics and correlates of behavioural health care-seeking in the military		
10	Kopacz, M. Nieuwsma, J. Jackson, G. Rhodes, Jeffrey E, Cantrell, William C, Bates, Mark J, Meador, Keith. (2016)	Chaplains play an important role in supporting the mental health of current and former military personnel; in this study, the engagement of Department of Veterans Affairs (VA), Army, Navy, and Air Force chaplains with suicidality among their service users were examined. An online survey was used to collect data from 440 VA and 1,723 Department of Defence (DoD) chaplains as part of the VA/DoD Integrated Mental Health Strategy. Differences were noted for demographics, work setting characteristics, encountering suicidality, and self-perceived preparation for dealing with suicidality. Compared to DoD chaplains, VA chaplains encounter more at-risk service users, yet feel less prepared for dealing with suicidality. Copyright Published 2015. This article is a U.S. Government work and is in the public domain in the USA.	1, 2, 3
	Chaplains' Engagement with Suicidality among Their Service Users.		
11	Levy, H. Conoscenti, L. Tillery, J. Dickstein, B. Litz, B. (2011)	Military chaplains are invaluable caregiver resources for service members. Little is known about how chaplains respond to the challenge of providing spiritual counsel in a warzone. In this exploratory study, 183 previously deployed Air Force chaplains completed an online survey assessing operational and counselling stress exposure, posttraumatic stress disorder (PTSD) symptoms, compassion fatigue, and posttraumatic growth. Despite reporting exposure to stressful counselling experiences, Air Force chaplains did not endorse high compassion fatigue. Rather, chaplains experienced positive psychological growth following exposure to stressful counselling experiences. However, 7.7% of Air Force chaplains reported clinically significant PTSD symptoms, suggesting that they are not immune to deployment-related mental health problems. Simultaneous regression analyses revealed that counselling stress exposure predicted compassion fatigue (beta = .20) and posttraumatic growth (beta = .24), suggesting that caretaking in theatre is stressful enough to spur positive psychological growth in chaplains. Consistent with findings from previous studies, hierarchical regression analyses revealed that operational stress exposure predicted PTSD symptom severity (beta = .33) while controlling for demographic variables.	1, 2, 3
	Deployment Stressors and Outcomes Among Air Force Chaplains		

12	Lucertini. M, Verde. P, Trivelloni.P (2013)	<p>BACKGROUND: Airsickness (AS) still represents a major issue in aviation medicine and affects many student pilots and aircrew members. This study aimed at producing an update of the Italian Air Force rehabilitation program for AS, including data on a prolonged follow-up (> 8 yr)., METHODS: Data from 20 military pilots with a past history of rehabilitation for incapacitating AS were compared to those of 65 normal controls. All individuals from both samples were categorized as dropouts or successfully employed in fast jets, multiengine air carriers, or helicopters. All AS individuals were analyzed before and after their treatment with the Coriolis Stress test (CST)., RESULTS: The AS sample showed similar results with respect to the control group, with the same incidence of dropouts (15% vs. 14%) and destination to rotary wing flight lines (15% vs. 17%). All dropouts were observed within the first year after rehabilitation. A statistically non-significant trend of being employed in transport aircraft (50% of individuals vs. 34% in the control group) rather than in fast jets (20% vs. 35%) was observed in the AS sample., DISCUSSION: Within the AS sample, the rehabilitation protocol had a success rate of 85%. The effects of rehabilitation were long lasting (mean follow up: 8.3 +/- 2.5 yr). Moreover, the flight career of AS treated individuals did not significantly differ from controls. The pre-treatment CST was helpful in calibrating the initial intensity and duration of the nauseogenic stimulation, while it was useless as a post-treatment analysis of the outcome from training.</p>	4	
Rehabilitation from airsickness in military pilots: long-term treatment effectiveness.	13	McGill. G, Wilson. G, Caddick. N, Forster. N, Kiernan. M.D (2020)	<p>Purpose: This study aims to explore the physical, psychological and social wellbeing of veterans who have experienced limb-loss and to ascertain the factors that contribute to the ability of veterans to maintain their independence at various stages in their lives. Methods: Sixty two life-story interviews were conducted with 32 veterans (aged between 40 and 95) who had experienced limb-loss either during or after military service. Results: Three overarching superordinate themes and related sub-themes were generated from a detailed Framework Analysis "Barriers to transition" describes issues related to employment, legal support and compensation, stigma and loss of identity. "Disparity of care" highlights the issues related to military and civilian care and prosthetics service user experience. The final superordinate theme, "Enduring challenge of limb loss," considers stoicism, dealing with pain, mobility, physical isolation and social networks. Conclusions: The outcomes offer an opportunity to shape future health and social care policy around the requirements of veterans who have experienced limb-loss by understanding the complexity, and ascertaining the factors that contribute to, maintaining long-term independence. Implication for Rehabilitation The outcomes offer an opportunity to shape future health and social care policy around the requirements of veterans who have experienced limb-loss by understanding the complexity, and ascertaining the factors that contribute to rehabilitation and maintaining long-term independence.</p>	4
Rehabilitation and transition in military veterans after limb-loss.				

14	Morgan, J. Hourani, L. Lane, M. Tueller, S. (2016) Help-Seeking Behaviours Among Active-Duty Military Personnel: Utilization of Chaplains and Other Mental Health Service Providers	Military chaplains not only conduct religious services, but also provide counselling and spiritual support to military service members, operating as liaisons between soldiers and mental health professionals. In this study, active-duty soldiers (N = 889) reported help-seeking behaviours and mental health. Using logistic regressions, we describe the issues for which soldiers reported seeking help, then outline the characteristics of those who are most likely to seek help from a chaplain. Of the soldiers who sought help from a chaplain within the previous year, 29.9% reported high levels of combat exposure, 50.8% screened positive for depression, 39.1% had probable PTSD, and 26.6% screened positive for generalized anxiety disorder. The participant's unit firing on the enemy, personally firing on the enemy, and seeing dead bodies or human remains predicted seeing a chaplain. Future research should examine ways to engage soldiers who have had more combat experiences with the chaplain community to address spiritual issues.	1, 2, 3, 4
15	Ramchand, R. Ayer, L. Geyer, L. Kofner, A. (2016) Factors that Influence Chaplains' Suicide Intervention Behaviour in the Army	We surveyed 868 Army chaplains and 410 chaplain assistants (CAs) about their role in identifying, caring for, and referring soldiers at risk of suicide to behavioural health care. We applied structural equation modelling to identify how behaviour's and attitudes related to intervention behaviour. In both samples, reluctance and stigma were related to intervention behaviour's; efficacy was correlated with intervention behaviour's only among chaplains. Training was associated with increased efficacy and lower levels of stigma among chaplains. Improved training may be warranted, but research needs to identify why chaplains and CAs are reluctant to refer soldiers in distress to behavioural health care.	1, 2
16	Rivera, J, Pasquina. P (2016) Comprehensive rehabilitation following combat extremity trauma: evolution and its impact on outcomes.	Recent military combat operations have resulted in a high burden of extremity-related long-term disability due to limb amputation and persistent deficits despite limb reconstruction. The US Army amputee care programs, established at focused centers with interdisciplinary care teams, have redefined the standard of how rehabilitation following limb loss is undertaken as the limb reconstruction is just one part of the entire patient's restoration of wellness and reintegration. Inspired by this approach, comprehensive rehabilitation programs designed for patients with limb reconstruction have also excelled rehabilitation following a spectrum of severe limb trauma. These programs, which include advances in orthotics and orthosis training, have improved function and military retention among the limb salvage patient population. Lessons learned from comprehensive rehabilitation efforts emphasize the value of highly skilled, interprofessional care teams and the overall wellness of the patients. Although this approach is resource intensive and not available in all health care systems, civilian trauma counterparts can learn from the example of holistic attention to the patient's recovery.	4

17	<p>Roberts, D. Kovacich, J. Rivers, M. (2018)</p> <p>The Comprehensive female support model</p>	<p>Women represent a small minority in the U.S. military and an even smaller minority in the military chaplaincy. Prior to this study, the U.S. Army chaplaincy did not have a gender-specific model for providing support to women soldiers. In this Delphi research project, wounded women soldiers and female military chaplains provided expert opinions to develop the comprehensive female soldier support model (CFS2). Ten military women and 11 female chaplains who had been deployed overseas contributed to the body of knowledge related to the understanding of the emotional and spiritual support needs of wounded female soldiers. Five key findings appeared in the study: (a) many women did not get the chaplain support they needed; (b) the gender of the chaplain was not significant; (c) the attitude of the chaplain was critical; (d) chaplain skills not found in literature were identified; and (e) the comprehensive female soldier support model was developed.</p>	1, 2, 3, 5
18	<p>Roberts, D. Kovacich, J. (2020)</p> <p>Male Chaplains and Female Soldiers: Are There Gender and Denominational Differences in Military Pastoral Care?</p>	<p>In this study, 15 United States Army chaplain men described the practices they engaged in when providing pastoral support to women soldiers. Many engaged in creating safe spaces for women and themselves, particularly in regard to avoiding perceptions of impropriety. Other clergy did not consider gender a factor in counselling. Some chaplains placed limitations on the amount of support they would give. This study did not determine the degree to which chaplain men were effective.</p>	2, 3, 5
19	<p>Sporner. M. (2012)</p> <p>Service members and veterans with disabilities: Addressing unique needs through professional rehabilitation counselling</p>	<p>Rehabilitation counselling is an invaluable profession whose counsellors are uniquely qualified to work with veterans and servicemembers because they understand the medical and psychosocial aspects of various disabilities and disabling conditions and have a basic appreciation for assistive technology.</p>	4

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