



Military Family
Advisory Network



WOUNDED WARRIOR
PROJECT®

Support Needs of Post-9/11 Veterans and Families

January 2021



About MFAN



The Military Family Advisory Network (MFAN) was founded in 2013 to fill a persistent gap in the military and veteran community: the inability to quickly and effectively understand the modern military family and connect military families, both active duty and those who have left service, to the resources they need to thrive. Since its inception, MFAN has taken a data-driven approach to decision-making. Its Military Family Support Programming Survey has been the cornerstone of its research portfolio, providing deep insight into the support needs of military and veteran families.

MFAN shares its research with others so that it is actionable—it leads to data-informed programming from MFAN and others, ultimately yielding positive outcomes for military and veteran families.

About Wounded Warrior Project



Wounded Warrior Project® (WWP) is a nonprofit 501(c)(3) veterans service organization that is transforming the way America's injured veterans are empowered, employed, and engaged in their communities. Because each warrior's path to recovery is unique, WWP serves warriors wherever they are in their journey. The programs and services that WWP provides augment existing resources available at the Department of Defense (DoD), Department of Veterans Affairs (VA), and other agencies and organizations. These services in mental health, physical health, peer connection, career counseling, and financial wellness change lives. Warriors never pay a penny for these services — because they paid their dues on the battlefield.

WWP's direct service programs, advocacy efforts, and collaboration among best-in-practice veteran and military organizations advance WWP's vision: to foster the most successful, well-adjusted generation of wounded service members in our nation's history.

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Introduction

Every veteran's journey is unique. Finding common ground among experiences can pave the way toward the most effective support. In doing so, those who work with veterans are better able to serve the targeted groups.

Both the Military Family Advisory Network and the Wounded Warrior Project are committed to data-driven responses to the needs of military and veteran families. The Wounded Warrior Project's Annual Warrior Survey offers great insight into the pressing needs of post-9/11 veterans, especially in mental health, physical health, and finances. The Military Family Advisory Network fields a biennial Military Family Support Programming Survey, which is a holistic look at the needs of currently serving military families and veteran families, and topic-specific research on issues of concern for those populations.

Together, MFAN and WWP recognize the value of collaborative impact – sharing information and relying on the strengths of each to identify obstacles and develop the solutions to overcome them. This research partnership leverages MFAN's 2019 Military Family Support Programming Survey data to understand the unique needs of post-9/11 veterans, service members, caregivers, families, and children. The report was developed by evaluating the demographics and geographies of those in need and using that information to understand how those groups prefer to receive support.

Targeted response is essential with these populations as a closer analysis of the data showed that their needs are very often divided by their demographics.

In reviewing the data from this frame, MFAN analyzed the population as a whole, and also separately as distinct populations of veteran family respondents and retiree family respondents to determine differences between them. While veterans are technically anyone who served honorably in the active duty military, for purposes of this study, they are also those who left service before receiving retirement benefits. Retirees are those who served 20 years or more and receiving military-retired pay, and those who have been medically retired. The reason for separating the populations, especially when evaluating support services, is that veterans do not leave service with the same level of benefits available to military retirees.

Consistently, the data showed that post-9/11 veterans and their families are facing more challenges and experiencing more difficulties in social determinants of health than their retiree counterparts. Whether it was in quality of health care or mental health care, employment experiences, food insecurity incidences, or community and feelings of loneliness, veterans and their spouses reported more negative experiences than retiree respondents. This is distilled most clearly in the final question of the survey, and the final section of this report, which asks whether respondents would recommend military service to someone they care about.

The data make it clear that post-9/11 veterans, retirees, and their family members have different needs that cannot be met with one-size-fits-all solutions. Taking into account their unique perspectives and experiences illuminates the most effective ways to give this population the best opportunity to thrive.

Executive Summary

While the full report that follows goes into greater detail on these findings, and the methodology explains the research process and operationalizes terms, highlights are outlined below.

HEALTH CARE AND MENTAL HEALTH CARE

When rating satisfaction with the health care they receive, their ability to access health care appointments, and the quality of health care providers, post-9/11 military retiree respondents were the most satisfied and post-9/11 veteran respondents were the least satisfied across all three satisfaction areas. While the majority of all post-9/11 respondents (veterans, retirees, and their spouses) indicated they were satisfied with all three mental health care areas—care received, access to appointments, and quality of providers—24.1% said access to appointments or providers was their top obstacle for mental health care in an open-ended question.

The majority (74.7%) of post-9/11 respondents said they had not accessed mental health crisis resources in the past five years; only 22.1% said they had. Of the post-9/11 demographic groups, spouses of veterans had a higher percentage (30.8%) saying they had accessed mental health crisis resources in the past five years.



Among post-9/11 respondents, veteran respondents were statistically more likely to say they had suicidal thoughts in the past two years than the other respondent groups. Only 9.7% of military retiree respondents and 6.5% of military retiree spouse respondents reported having suicidal thoughts in the past two years, while veteran and veteran spouse respondents were at 27.9% and 17.5% respectively.

CAREGIVERS

The post-9/11 caregiver respondents were primarily spouses, 83.6%; the others were primarily parents and friends. Approximately three-quarters (78.7%) of post-9/11 respondents receiving care said their spouses assisted with their care, while their child(ren) were the second most likely to assist at 9.8%. About 53.3% of post-9/11 respondents who either give or receive care said they have children living at home who are younger than 18 years old.

The top support that caregiver respondents said they need is assistance finding support. An equal number of post-9/11 respondents receiving care said they did not need support programming as those who would like additional support; and the support they need most is help accessing assistance and medical care.

A little less than one-third (28.9%) of post-9/11 caregiver respondents indicated they were experiencing hunger according to the USDA Six-Item Short Form Food Security Scale, which was a higher rate than their non-caregiver counterparts and pre-9/11 caregiver respondents. While less than 10% discussed financial assistance as support they need, data show that some caregivers are struggling to put food on the table. Additionally, post-9/11 caregiver respondents were more likely to say they limited food or did not eat rather than seeking assistance.

FINANCIAL NEEDS

Nearly one-third (31%) of post-9/11 veteran family (no military pension) respondents reported they do not have an emergency savings fund at all. When asked about their top barriers to saving, approximately a quarter (26.4%) of post-9/11 respondents said that they simply did not have enough money, and that it is difficult to save or they are unable to save. They said they live paycheck to paycheck, they have low income or they lack income, or their expenses are nearly equal to or more than the amount that they bring in each month. Additionally, post-9/11 military retiree and veteran family respondents identified debt as one of their top ten themes for barriers to saving. Mortgage debt was the debt source ranked as most stressful, and it was the source of debt with the highest frequency of post-9/11 respondents.

EMPLOYMENT AND ENTREPRENEURSHIP

Post-9/11 veteran and retiree respondents want employers to understand what their service means in terms of both their professional goals and their personal lives. They agreed that military-friendly employers value military service and provide a work environment where they can contribute, but post-9/11 veteran respondents were more likely to say that they have not found any military-friendly employers yet. Post-9/11 military retiree respondents were more likely to say that military-friendly employers value the skills and experience they bring to the position. Differences also surfaced in their employment experiences: the majority of post-9/11 veteran respondents, 65.4%, described challenges when seeking employment, whereas more post-9/11 military retiree respondents talked about the ease of finding employment, 41.5%, than the difficulties that 30.2% said they experienced.

While the majority of post-9/11 respondents do not have their own businesses, spouse respondents reported having their own businesses at higher rates than veteran or military retiree

respondents. Most (60%) described themselves as service providers, such as hairstylists or travel agents. The most common reasons post-9/11 entrepreneur respondents chose for building their own businesses were flexible hours and to balance work and family life. However, their entrepreneurial paths were not very lucrative; reported revenues of \$15,000 or less.

FOOD INSECURITY

About 1 in 6, or 15.6%, of post-9/11 veteran and military retiree family respondents have low food security, which means they are struggling at times to provide adequate servings of nutritious food for their families. Of those, 10.8% are on the highest end of the scale, experiencing hunger. Some respondents said they did not eat or they limited the amount of food they ate to make sure there was enough for others.

In the 2019 survey, MFAN used the USDA Six-Item Short Form Food Security Scale, to capture the scale of hunger and evaluate the demographic make-up of groups experiencing food insecurity. The USDA scale uses six statements and questions to evaluate food security. When respondents answer affirmatively, it shows that they are having trouble getting enough food for their families in some way. Food insecurity is indicated when respondents answer affirmatively to two or more items. Hunger is indicated when respondents answer affirmatively to five or more items.

Post-9/11 veteran family respondents (those without a military pension) were more likely to be experiencing food insecurity than military retiree family respondents (those with a military pension). More than one in five (21.5%) post-9/11 veteran family respondents were food insecure. Additionally, there were variances noted when looking at food insecurity among post-9/11 veteran family respondents and the time since they left military service; those who left six to ten years ago reported the highest percentages of food insecurity at 29%.

ALCOHOL USE AND INTIMATE PARTNER VIOLENCE

The data showed a connection between alcohol use and intimate partner violence among the post-9/11 veteran and retiree family respondents. Most post-9/11 respondents said they have not been concerned about their own alcohol use or the alcohol use of someone in their immediate families during the past two years. Spouses of post-9/11 veterans and military retiree spouses were more likely to say they were concerned about alcohol use by someone in their immediate family, while veteran respondents were the most likely of the post-9/11 respondent groups to say they were concerned about their personal use of alcohol, at 15.6%.

Post-9/11 respondents who indicated concern about their own alcohol use or an immediate family member's use of alcohol were statistically more likely to say they had sought support for a domestic dispute (physical, emotional, or verbal) with their partner in the past two years. Those who were not concerned about alcohol use were statistically more likely to say they had not sought support for a domestic dispute.

Among post-9/11 veteran and retiree family respondents, approximately 1 in 15 (6.8%) reported that they had sought support as a result of a domestic dispute (physical, emotional, or verbal) with their partner in the past two years. Post-9/11 veterans were also statistically significantly less likely to recommend marriage to a service member than the other post-9/11 respondent groups.

Methods and Demographics

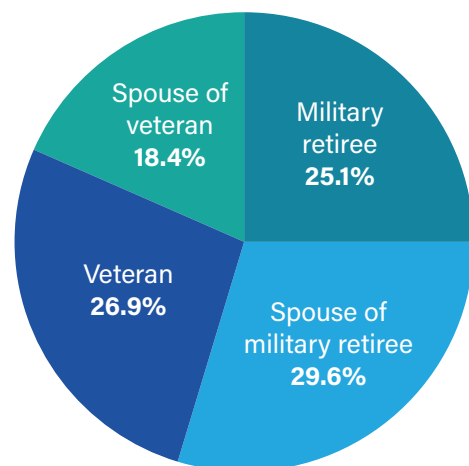
The initial research study was fielded online from October 7 to November 11, 2019. Respondents were required to be connected to military life in some way, and the 7,785 participants were active duty service members and their spouses, National Guard and Reservists and their spouses, veterans and their spouses, retirees and their spouses, divorced spouses, and surviving spouses. They came from all states in the country, all ranks of service, and all the following branches of the Armed Forces: Air Force, Army, Coast Guard, Marine Corps, and Navy.

The research was primarily qualitative, meaning much of the data were collected in open-ended questions that allowed respondents to share their lived experiences in their own words. That data were then analyzed to determine themes and subthemes, as well as the primary factors that emerged in the quantitative factors. The qualitative data is presented as manifest effect sizes. These are the main themes among the responses, and they will not equal 100% as respondents often described more than one theme at once.

The responses to both data types were compared and contrasted to further elucidate the support programming needs and experiences among military families. This iteration of the analysis took that exploration a step further by isolating post-9/11 veterans, military retirees, and their families to understand their experiences.

In the 2019 Military Family Support Programming Survey, there were 1,276 total respondents who were post-9/11 veterans, military retirees, and their spouses. The group was relatively evenly divided: 25.1% were military retirees, 29.6% were spouses of military retirees, 26.9% were veterans, and 18.4% were spouses of veterans. Spouses were more likely to identify as female, 95.9%. Among veterans and retirees, 67.4% were male and 31.2% were female. About 1% of respondents said they were transgender, nonbinary, they preferred to self-describe, or they preferred not to answer.

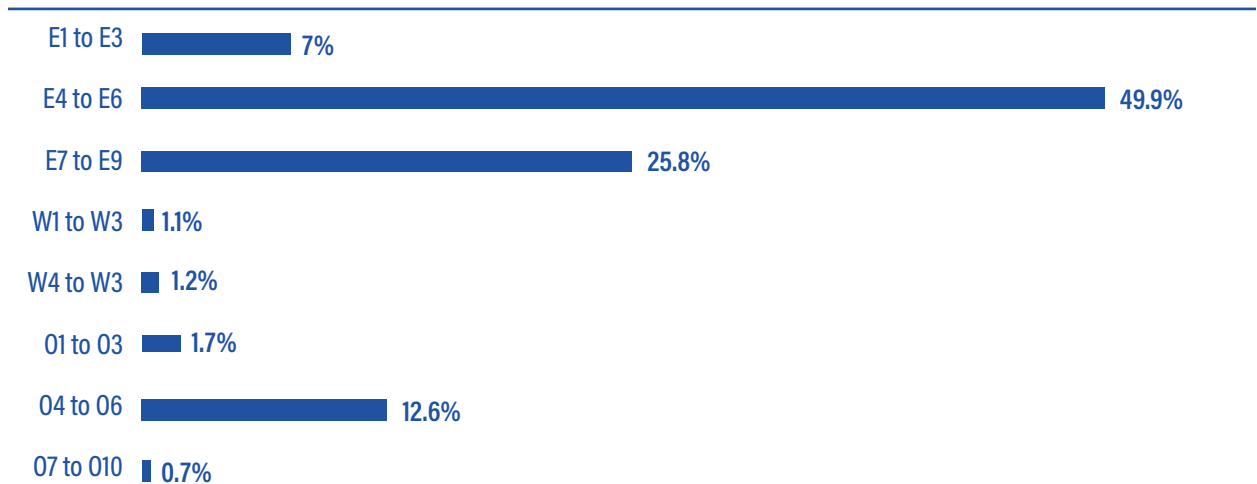
**Connection to Military Life
Among Post-9/11 Respondents**



In the presentation of the results, when all post-9/11 respondents are indicated, then the data include veterans, retirees, and their spouses. When the data refer to military retiree family respondents, the spouses of military retirees are included with the retired service members, while veteran family respondents includes the spouses of veterans with the veterans.

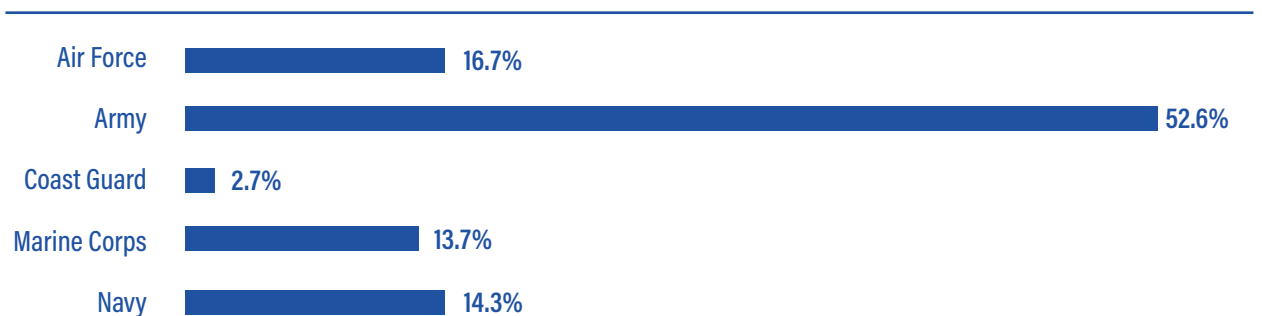
The majority of the respondents reported they were in the enlisted ranks. Nearly half (49.9%) were E4 to E6 and 25.8% were E7 to E9 when they left military service. When analyzing time since leaving service, the respondents were relatively evenly distributed. Nearly 40% left service in the previous five years, 37% left between 6 and 15 years previously, and 22.7% left service 16 to 20 years ago.

Post-9/11 Veteran and Retiree Family Respondents' Rank Upon Leaving Military Service



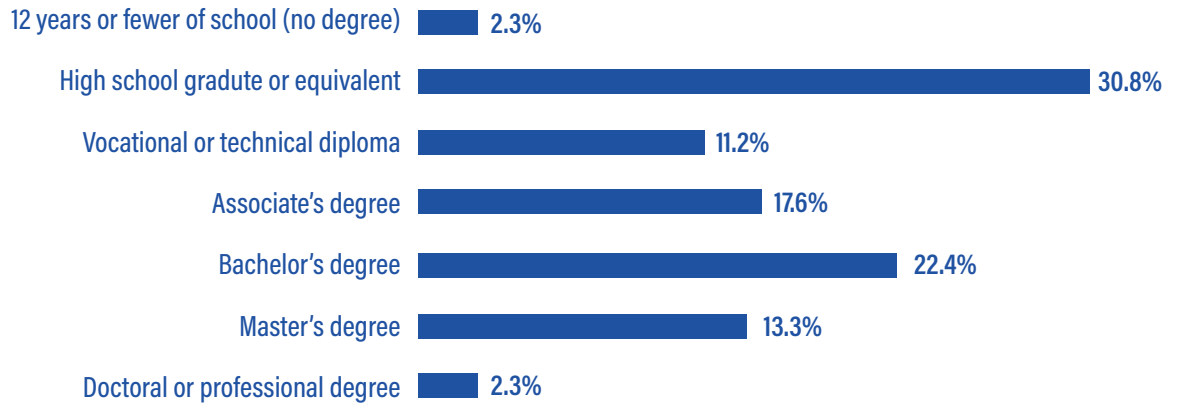
Slightly more than half (52.6%) of the respondents were affiliated with the Army.

Branch of Service



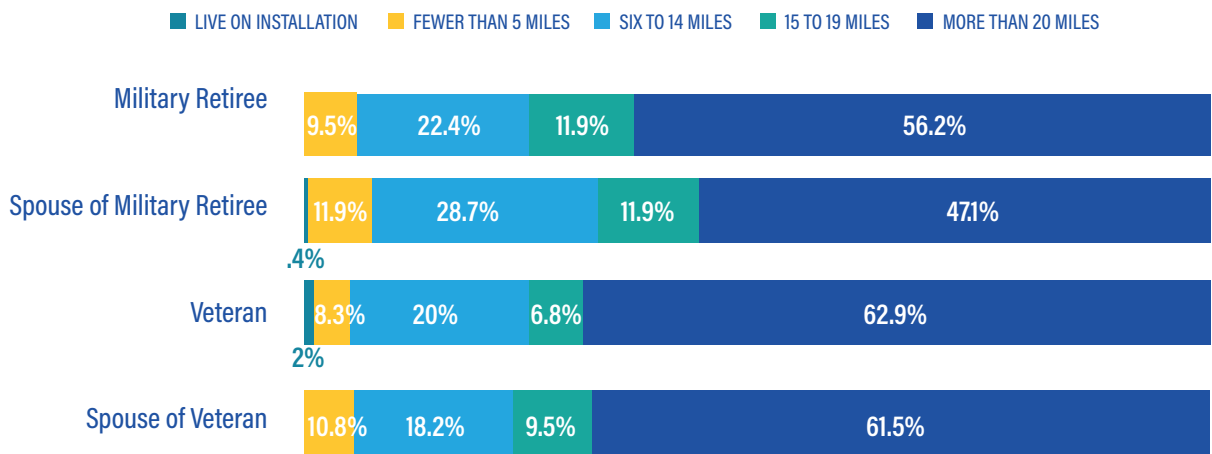
Nearly one-third (30.8%) reported the highest degree or level of school they had completed was high school or the equivalent to a high school diploma. Almost one-quarter (22.4%) had completed a bachelor's degree.

Highest Degree or Level of School Completed



The majority of post-9/11 respondents reported living more than 20 miles from the nearest military installation. Spouses of military retirees were the most likely to live fewer than 20 miles from the nearest military installation.

Distance from Nearest Installation



When analyzing the post-9/11 respondents as a whole, the highest frequencies live in the following five states: Texas (11.6%), Virginia (7.5%), North Carolina (6.5%), Florida (6.3%), and California (4.8%). After separating the post-9/11 respondents into veteran family respondents and military retiree family respondents, the order and frequencies change.

Top 5 States Where Post-9/11 Respondents Live

Military Retiree Family Respondents	Veteran Family Respondents
Texas (10.5%)	Texas (12.9%)
Virginia (10%)	California (6.2%) and Florida (6.2%)
North Carolina (7.1%)	North Carolina (5.8%)
Florida (6.4%)	New York (4.5%) and Virginia (4.5%)
Alabama (4.2%)	

Results

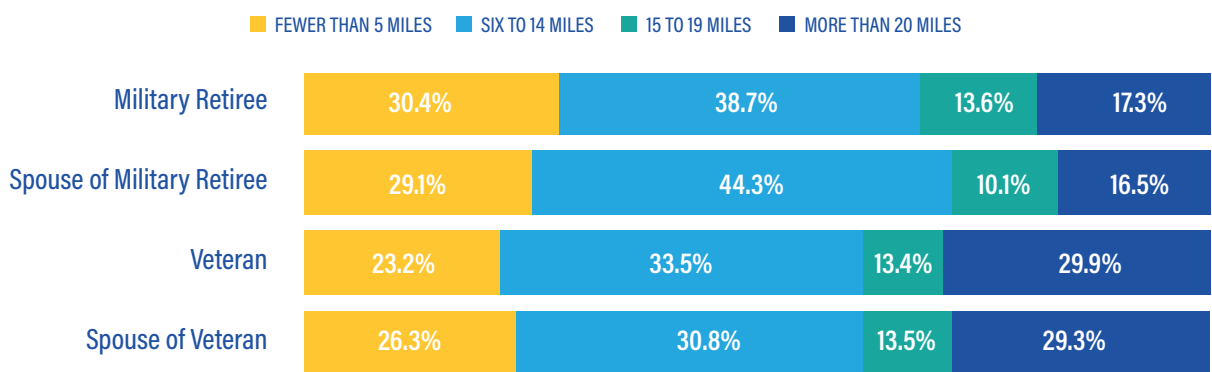
HEALTH CARE

Health care has been a top priority for respondents in every support programming survey MFAN has administered. The 2019 survey questions explored respondents' choice of health care coverage, the distance they travel to see their primary care physicians, and their experiences with health care and mental health care in the past two years.

The primary forms of health care coverage among post-9/11 veteran and military retiree family respondents were Tricare Prime (21.4%), VA health care coverage (21.4%), and Tricare for Life (13.1%). Additionally, 11.9% said they had private insurance and 8.3% reported having Tricare Select.

The majority of post-9/11 veteran and military retiree family respondents indicated they travel fewer than 15 miles for appointments with their primary care physicians. However, nearly one-third of veteran (29.9%) and veteran spouse (29.3%) respondents reported traveling more than 20 miles to primary care appointments. Those who reported having VA health care coverage were more likely to travel 20 or more miles and those with private insurance were more likely to travel fewer than 5 miles from their primary care.

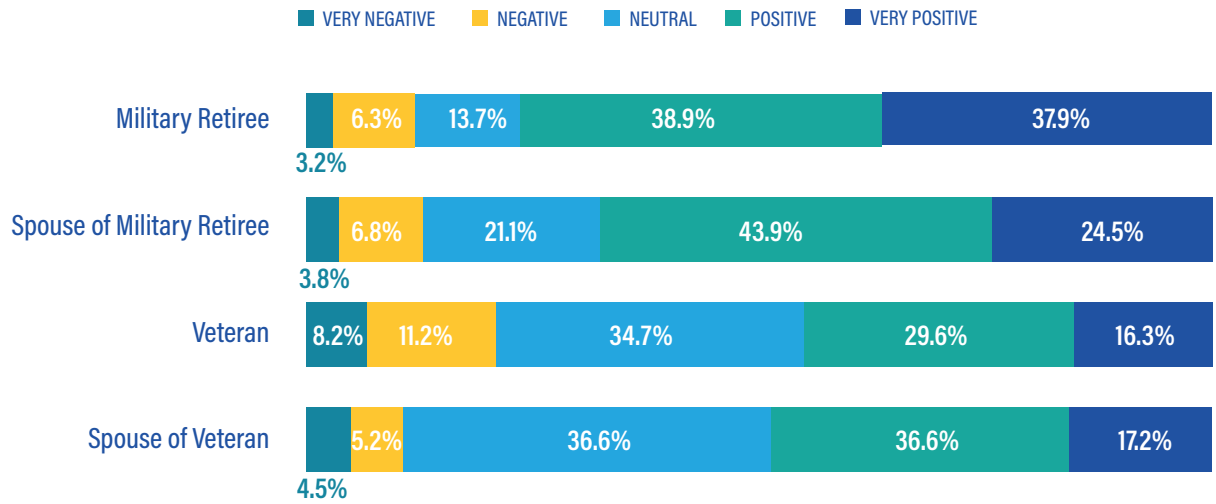
Distance Traveled for Primary Care Appointments



Satisfaction rates

Participants were asked to describe their satisfaction with their health care coverage in three main areas: general health care, access to appointments, and quality of providers. When rating satisfaction with the health care they receive, their ability to access health care appointments, and the quality of health care providers, post-9/11 military retiree respondents were the most satisfied and post-9/11 veteran respondents were the least satisfied for all three satisfaction areas.

Satisfaction with General Health Care Received Among Post-9/11 Respondents



When analyzing the open-ended responses of those who responded neutrally to the satisfaction ratings, their answers tended toward more negative sentiments. On a whole, sentiments of the responses weren't more positive than describing adequate care, and then moved more negatively. Some said they don't go to the doctor at all. The spouse of a veteran said, *"Out-of-pocket expenses for physical therapy and other traditional preventive care prevent me from seeking care."*

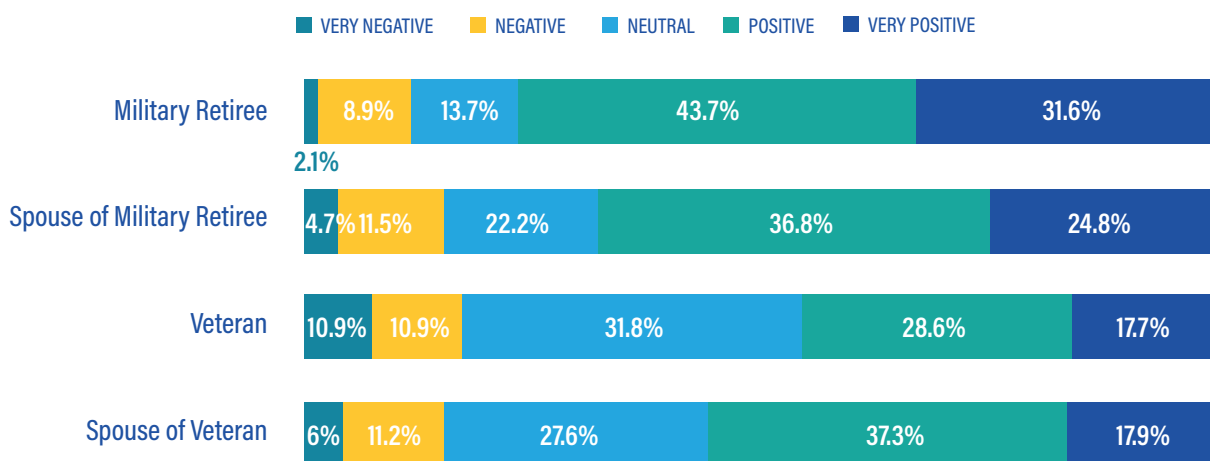
The respondents who answered neutrally were managing the negative experiences, which may have contributed to the neutral rating. For example, a veteran described her care at her local VA, and she said that she feels like she is treated very poorly, but she has found a way to handle it.



"I try not to let it bother me. But many times I feel very beat up after dealing with the VA. And the rare times people are helpful and polite, I feel guarded because I've been treated rudely so many times. I would rather just pay out of pocket when I'm sick because I'm never treated with hostility in other medical settings. It scares me to go to the VA if I'm really sick, so I only go for checkups -- when I'm well enough that I can handle being treated poorly. Maybe that's the VA's goal, to keep us from using services. I'm just lucky I make enough to pay out of pocket," she said. Another veteran said, "Some of the caregivers are awesome and really care but there are many that could not care less if you get help or not." A retiree said, "Sometimes it feels like the doctors just do minimal care to see if they can put a temporary solution to a problem."

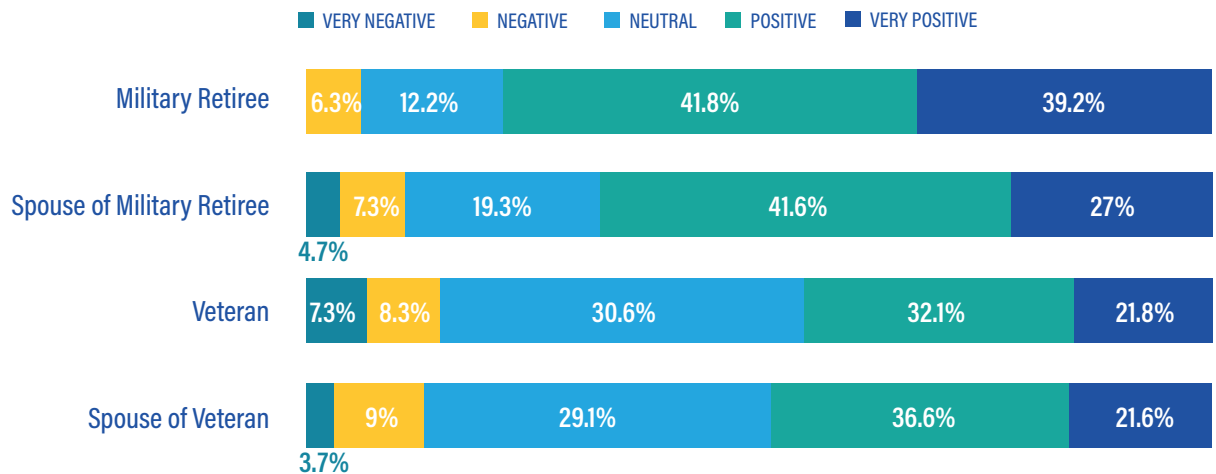
The area where post-9/11 veteran respondents indicated the most dissatisfaction was their ability to access general health care appointments; approximately one-fifth (21.8%) of veteran respondents rated this area negative or very negative.

Satisfaction with Ability to Access General Health Care Appointments Among Post-9/11 Respondents



Again, the neutral ratings tended more toward negative in sentiment. In the open-ended questions regarding access to care, post-9/11 respondents who answered neutrally to that satisfaction rating described the lack of available appointments, difficulties with referrals and rescheduling appointments, and going years without care. A retiree said, *"Hard to get an appointment when needed. End up having to go to the ER just to get seen."* The spouse of a retiree said, *"They seem to be a convenience store for health care. They do not take concerns seriously and there is MONTHS between actually getting help for issues if you get answers at all."* A veteran's spouse said, *"I haven't seen a doctor in over two years."*

Satisfaction with Quality of General Health Care Providers Among Post-9/11 Respondents



General health care experiences

To better understand the meaning behind respondents' satisfaction ratings, respondents were asked to expand on their health care experiences in the past two years. The top three themes that surfaced among post-9/11 military retiree and veteran family respondents were negative experiences in quality of care, positive experiences in quality of care, and negative experiences due to administrative issues.

1. Quality of care - negative generally (45.8%)

Examples of issues that respondents discussed included long waits, inadequate care, insufficient treatment, providers' lack of professionalism or knowledge, lack of specialists and providers in general, difficulties obtaining referrals, and feeling rushed. A Marine Corps retiree said, *"Up until my new doctor they were incompetent. Just brushed off my pain and symptoms and gave me pain drugs and mental health drugs."*

2. Quality of care - positive generally (22.7%)

Respondents' comments primarily centered on their satisfaction in general, as well as satisfaction with their providers and treatment. A Navy retiree said, *"Positive experience using the VA healthcare."*

3. Administrative issues - negative generally (17.6%)

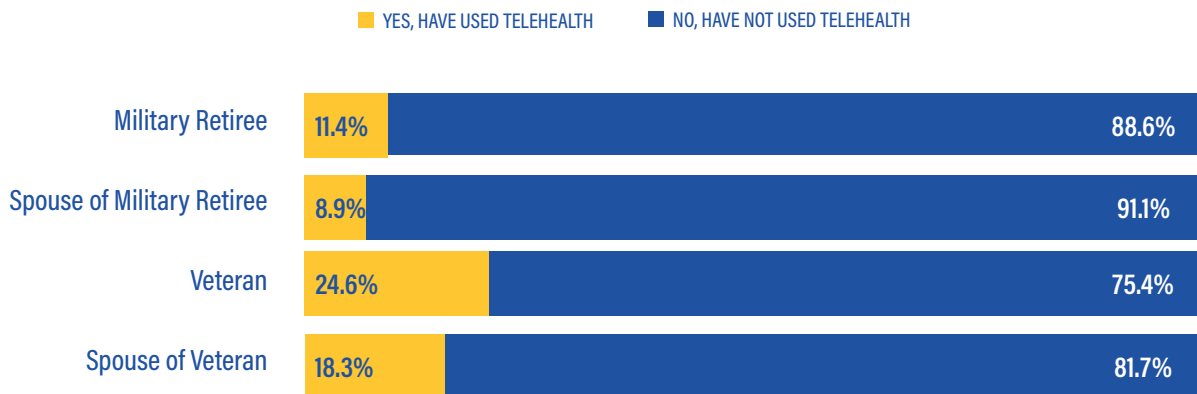
This theme included respondents sharing their difficulties with the process for scheduling appointments, communication problems, customer service issues, failure to provide information, and generally issues related to claims and billing. An Army veteran said, *"It's nearly impossible to get an appointment at the VA that works with my work schedule."* A spouse of a Marine Corps retiree said, *"There's only one facility for women's health. No reproductive health in the area. I have problems with Tricare denying referrals and not paying out for visits and tests done by my PCM."*

The top theme among all post-9/11 respondents was their negative experiences with quality of care; nearly half of each of the following respondent groups—veterans (49.6%), spouses of military retirees (48.4%), and veteran spouses (42%)—discussed their negative quality of care experiences. Military retiree respondents shared the fewest negative quality of care experiences (29.6%).

Telehealth

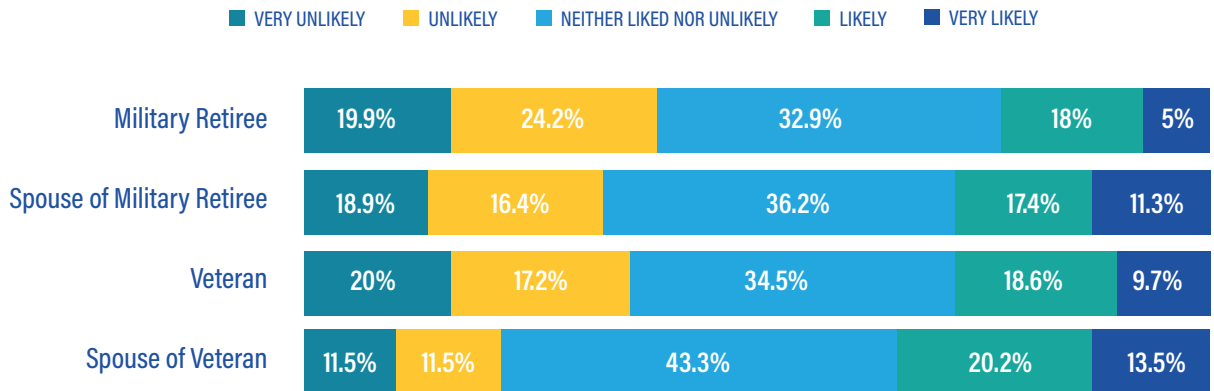
In the 2019 Military Family Support Programming Survey, telehealth was defined as medical care provided through technology like video conferencing or mobile health monitoring. While the vast majority of post-9/11 veteran and military retiree family respondents indicated they have not used telehealth, 24.6% of veteran respondents indicated they had used telehealth, the highest percentage among any of the post-9/11 demographic groups.

Telehealth Use Among Post-9/11 Respondents



Veteran spouse respondents indicated greater likelihoods for using telehealth; approximately one-third (33.7%) said they would be very likely or likely to use telehealth. It is noteworthy that 36.1% of post-9/11 respondents said they would be neither likely nor unlikely to use telehealth. When asked to expand on their perceptions of telehealth in an open-ended question, 38.3% of post-9/11 participants who responded said they had no perception yet and did not know enough about it. However, due to the COVID-19 pandemic, there has been an increased amount of telehealth appointment availability as well as specific legislation aimed at encouraging more mental health care appointments for veterans via telehealth.

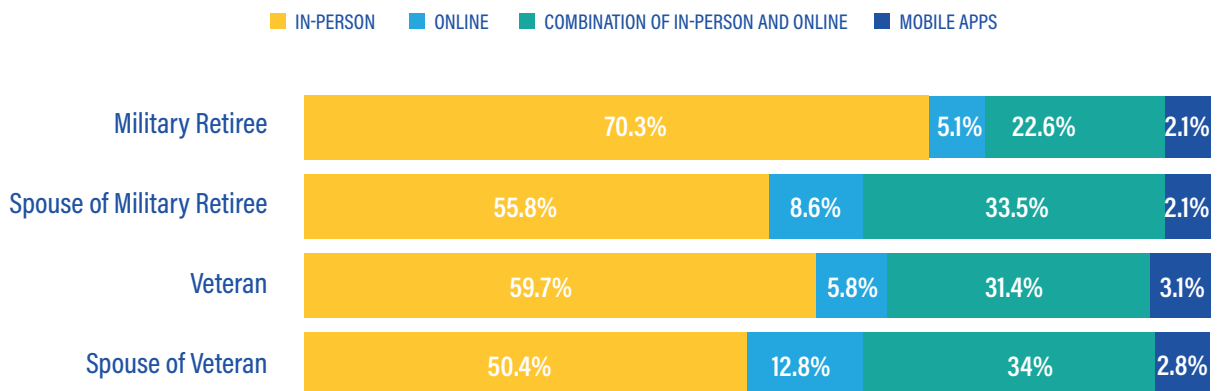
Likelihood to Use Telehealth Among Post-9/11 Respondents



Preferred mode of support for general health care

The preferred mode of support for general health care among post-9/11 veteran and military retiree family respondents was in-person, and a combination of in-person and online support was the second most-preferred mode of support. Respondents were least likely to prefer mobile apps as a mode of support.

Preferred Mode of Support for General Health Care



MENTAL HEALTH CARE

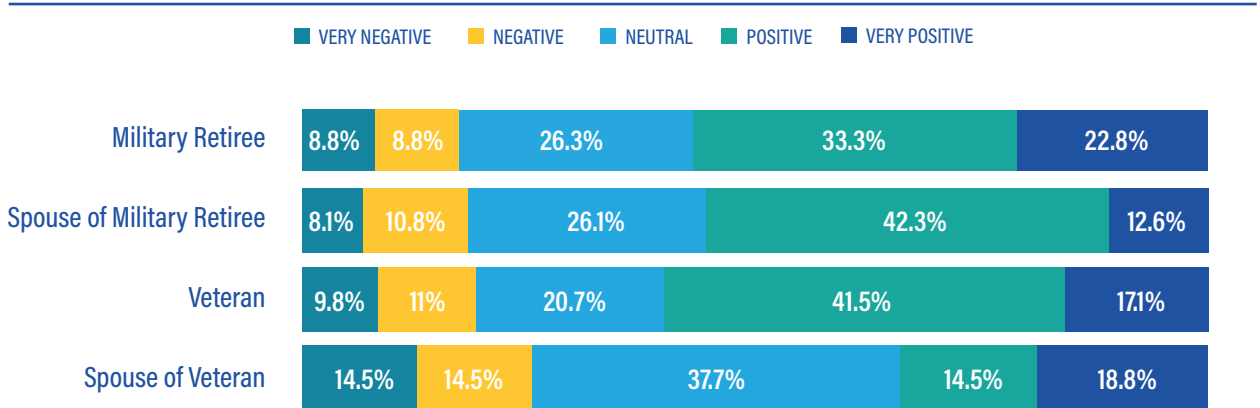
Mental health care providers are in high demand, making access to mental health care challenging for some families.¹ To assess whether post-9/11 veteran and military retiree families feel satisfied with their mental health care, the same satisfaction questions asked in general health care were also asked in the mental health care section so that direct comparisons could be made.

¹ National Alliance on Mental Illness, *The Doctor is Out, Continuing Disparities in Access to Mental and Physical Health Care* (2019), <https://www.nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/The-Doctor-is-Out/DoctorIsOut>

Satisfaction rates

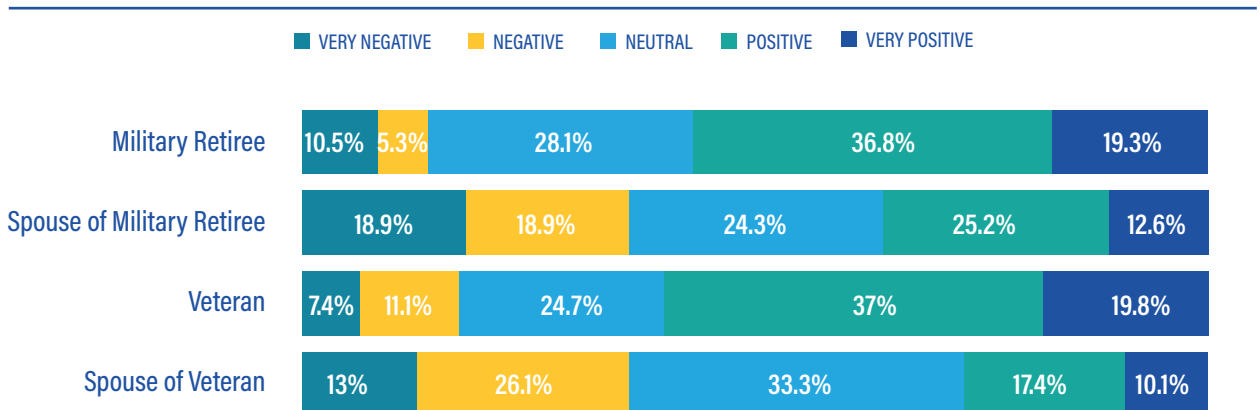
Interestingly, the satisfaction ratings for mental health care were more similar for post-9/11 military retiree and veteran respondents than they were for general health care, with the majority indicating satisfaction across all three mental health care areas: care received, access to appointments, and quality of providers.

Satisfaction with Mental Health Care Received Among Post-9/11 Respondents

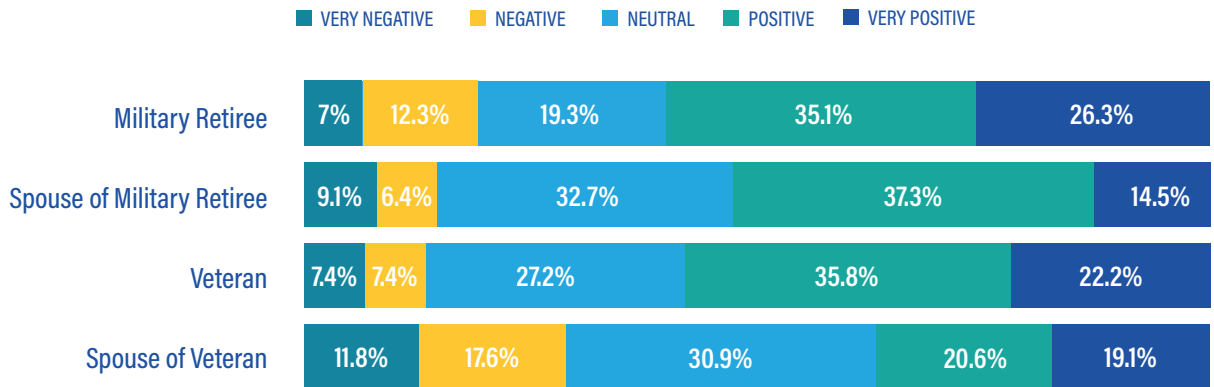


Veteran spouse respondents were the most dissatisfied with all three areas related to mental health care; nearly two-fifths (39.1%) selected negative or very negative for their ability to access their mental health care appointments. When analyzing open-ended responses from veteran spouses describing their experiences with mental health care, those who chose negative or very negative described difficulty finding appointment availability or providers. One veteran spouse said, "Appointment availability is slim to none." Another said, "Tough to find providers, copay difficult to keep up with, VHA not paying provider for nearly a year."

Satisfaction with Ability to Access Mental Health Care Appointments Among Post-9/11 Respondents



Satisfaction with Quality of Mental Health Care Providers Among Post-9/11 Respondents



Obstacles to obtaining mental health care

The top obstacle to mental health care for post-9/11 respondents was a lack of available appointments and mental health care providers. Transportation to appointments and cost for care rounded out the top three obstacles for obtaining mental health care among post-9/11 respondents.

1. Lack of available appointments or providers (24.1%)

This included the lack of availability, the long wait to get an appointment, providers not accepting insurance, or insurance not covering providers' services. The spouse of a Coast Guard retiree said, "Schedule constraints, availability of participating providers that will take new patients."

2. Cost for care (15.4%)

The fees charged to seek mental health care, whether as billing or copays, were obstacles to post-9/11 veterans, retirees, and their families. An Air Force veteran said, "Copays are expensive."

3. Transportation logistics (12.2%)

This category includes those who said distance to care is too far and they lack available transportation. An Army veteran said, "The fact that we have to drive almost an hour plus away for me if I need to go to the mental hospital."

Mental health crises and suicidal thoughts

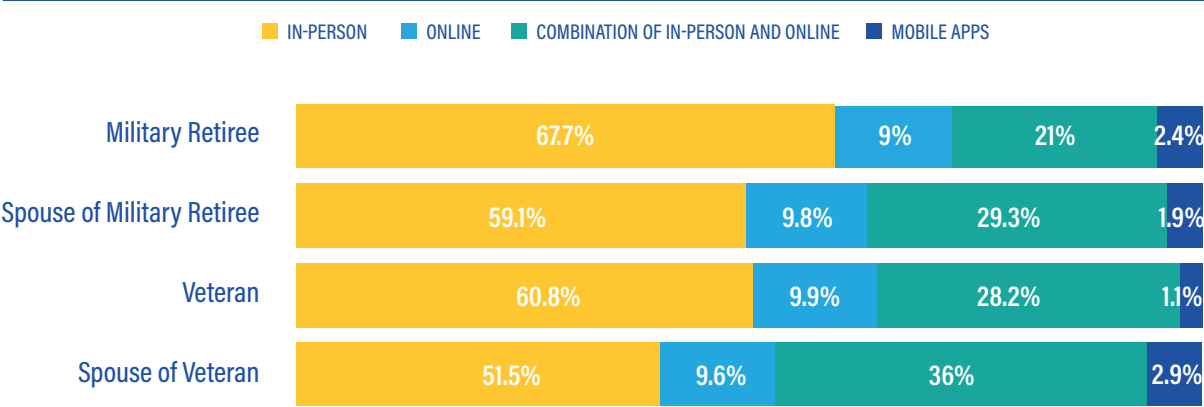
The majority (74.7%) of post-9/11 respondents said they had not accessed mental health crisis resources in the past five years; and 22.1% said they had. Of the post-9/11 demographic groups, spouses of veterans had a higher percentage (30.8%) saying they had accessed mental health crisis resources in the past five years.

Among post-9/11 respondents, veteran respondents were statistically more likely to say they had suicidal thoughts in the past two years than the other respondent groups. Whereas 9.7% of military retiree respondents and 6.5% of military retiree spouse respondents reported having suicidal thoughts in the past two years; veteran and veteran spouse respondents were at 27.9% and 17.5% respectively.

Preferred mode of support for mental health care

Similar to the preferred mode of support for general health care, post-9/11 respondents preferred in-person support for mental health care the most, and a combination of in-person and online support was the second most-preferred support mode. Respondents were least likely to prefer mobile apps as a mode of support.

Preferred Mode of Support for Mental Health Care



CAREGIVERS

Previous MFAN Military Family Support Programming Surveys showed that caregivers were seeking more availability of assistance. Therefore, an expanded line of questioning was added to the 2019 survey. The post-9/11 caregiver respondents were primarily spouses, 83.6%. The others were primarily parents and friends. More than three-quarters (78.7%) of post-9/11 respondents receiving care said their spouses assisted with their care, while their child(ren) were the second most likely to assist at 9.8%.

Conditional branching was used to understand the nuances between caregivers and those receiving care. Additionally, a separate line of branching was applied to both groups if they have children to better understand how they perceive the effects of this life on the younger members of their families.

Support needs

When asked what support programming they needed, post-9/11 caregiver respondents identified the following top ten areas:

Support Caregivers Need	Manifest Effect Sizes
Assistance finding resources	26.9%
Support groups, peer support	11.7%
More local resources	11%
More care for caregivers	10.3%
Easing caregiving responsibilities	9.7%
Resources for family members	9.7%
Financial assistance	9.7%
Household management	9.7%
Medical logistics	9.7%
Mental health care	6.9%

The most common response by post-9/11 caregiver respondents was a request for assistance in finding support. In this category, the caregivers said they need any and all help available. They didn't know where to look for support, and they would like help finding it. A spouse of an Army veteran said, *"When you call for support everyone gives you a number to a different department that they think can help, but they don't know what that department does. It's an endless circle of phone calls and misinformation."*

They would also like to have access to a support group where they can connect with peers and more local resources. A spouse of a Marine Corps veteran said, *"Group therapy sessions for caregivers, support in different activities just for the caregiver and/or children. Also realizing that we are caregivers even if our spouses are not considered physically disabled enough. PTSD is an invisible disability and affects the veteran and his family just like having a physical disability."*

An equal number of post-9/11 respondents receiving care said they did not need support programming as those who would like additional support. The support they need most is help accessing assistance and medical care. A Navy retiree simply said, “VA treatment.” An Air Force veteran said, “When I had surgery, we could have used some help at home. My parents are working, as are friends.”

While less than 10% discussed financial assistance as support they need, data show that some caregivers are struggling to put food on the table. A little less than one-third (28.9%) of post-9/11 caregiver respondents indicated they were experiencing hunger according to the USDA Six-Item Short Form Food Security Scale.

Caregivers and food insecurity will be discussed more in the section focusing on food insecurity. However, post-9/11 caregiver respondents were more likely to say they limited food or did not eat than that they sought assistance if they were having trouble getting enough food for themselves and their families.

A caregiver spouse of a post-9/11 Navy veteran said, “I skip meals often to make sure the kids get enough. I have two teens.”

A caregiver spouse of a post-9/11 Army veteran said, “I made sure my kids had balanced meals and made myself something simple just to curb hunger. I skip breakfast often and lunches if needed. We usually have dinner.”

These post-9/11 caregiver responses came from respondents who were experiencing hunger. The quotes do not illuminate whether they were unsure where to find assistance or if stigma may be holding them back from seeking assistance. Additional research may help gain an increased understanding of their reasons for not seeking assistance.

Children of caregivers and influences on their lives

About 53.3% of post-9/11 respondents who either give or receive care said they have children living at home who are younger than 18 years old. They described a mix of positive and negative effects on their children, but four of the top five effects were negative.

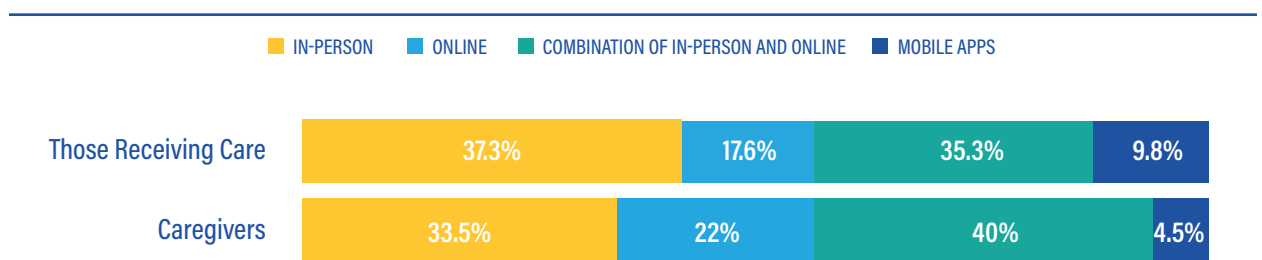
Effects of Caregiving on Children	Manifest Effect Sizes
Lack of time and attention	27.3%
Awareness of care needs	25.6%
Feelings of worry and fear	15.7%
Negative effects on family relationships	13.2%
Sacrifices	12.4%

First and foremost, 27.3% described feeling pulled between caregiving responsibilities and spending time with their children – they said they lack the time to give their children as much attention as they would like. A spouse of an Army retiree said, *“We’re seeing the effects of trauma on them in small ways. Clinginess at times with me and sometimes with dad. I don’t spend as much time with them because I’m often taking care of my husband or doing something in the house that needs to be done.”*

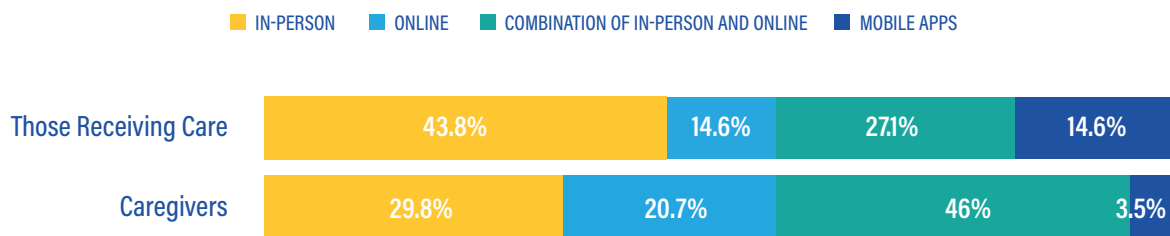
However, 25.6% said that being a part of a caregiving family has the positive effect of making their children aware of how to care for someone. It sets them up with the expectation that people need care, and it shows them that they are able to provide it. Yet, 15.7% of parents said that their children have increased worries and fears as a result of what they have experienced. Additionally, 13.2% said the caregiving structure has had negative effects on their family relationships, meaning that they have to be especially careful not to disturb the care recipient, and they have limited opportunities to do things as a family unit. A spouse of a Navy veteran said, *“My kids walk on eggshells. It’s not fair to them.”* Finally, 12.4% discussed the sacrifices that come with this family structure. The spouse of an Army veteran said, *“There is nothing normal in their lives. They are forced to juggle care for a parent or siblings on top of the normal struggles of navigating the world.”*

Preferred mode of participating in support programs as caregivers and as those receiving care
 Post-9/11 respondents who identified as care recipients preferred in-person support the most for self-care and their personal relationships, while post-9/11 caregiver respondents preferred a combination of in-person and online support the most for self-care and their personal relationships. Respondents were least likely to prefer online only and mobile apps as modes of support.

Preferred Mode of Support for Self-Care Among Caregiving Family Respondents



Preferred Mode of Support for Personal Relationships Among Caregiving Family Respondents



FINANCES

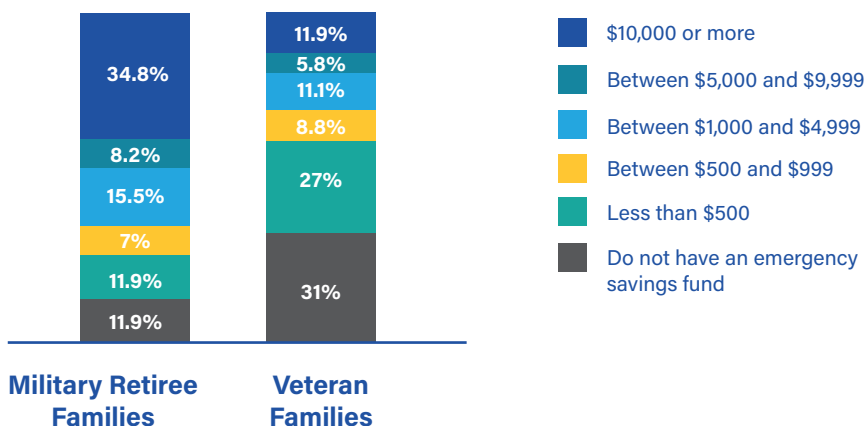
Exploring military and veteran family finances is a core research priority for MFAN. In the 2019 Military Family Support Programming Survey, the topic of finances was explored in depth by a series of qualitative and quantitative questions that were also compared and combined with information in other sections of the survey.

Emergency savings

One of the first steps toward becoming financially secure is the possession of an emergency savings fund. Financial experts recommend between three to six months of living expenses as being adequate. Unfortunately, many post-9/11 veteran families experience significant difficulty saving the recommended amount.

Nearly one-third (31%) of post-9/11 veteran family (no military pension) respondents reported they do not have an emergency savings fund at all; only 11.9% of post-9/11 military retiree family (have a pension) respondents reported the same. The data was nearly the opposite when looking at those with emergency savings of \$10,000 or more, with post-9/11 military retiree family (have a pension) respondents at 34.8% and post-9/11 veteran family (no pension) respondents at 11.9%.

Post-9/11 Respondents and Amount in Emergency Savings Fund



Barriers to saving

Since some families struggle to build their emergency savings, it is critical to understand the specific barriers these families face. Consequently, respondents were asked, "What are your barriers to saving money?" There were ten primary themes post-9/11 respondents cited as barriers to saving.

Barriers to Saving	Manifest Effect Sizes
Amount coming in is inadequate	26.4%
No barriers to saving or methods used to save	19.6%
Barriers related to expenses and bills	11.4%
Spending and financial management barriers	10.5%
Barriers related to cost of living	9.7%
Barriers related to cost of raising children	8.9%
Barriers related to health care and medical needs	8.4%
Barriers related to debt	7.6%
Barriers related to employment or only one income	6.3%
Barriers related to retirement and aging	3.6%



1. Amount coming in is inadequate (26.4%)

Respondents said that they simply did not have enough money, and that it is difficult to save or they are unable to save. They said they live paycheck to paycheck, they have low income or they lack income, or their expenses are nearly equal to or more than the amount that they bring in each month. One spouse of an Army veteran said, *“Not enough of it, we barely can pay basic bills. We only have his disability income. I can’t work due to needs of him and kids.”*

2. No barriers to saving or methods used to save (19.6%)

Some respondents said that they did not have any barriers to saving, they make an effort to save as much as they can, they budget, and they live within their means. Additionally, they provided examples of methods that they use to save, such as using coupons, buying in bulk, and eating out less. A spouse of a Marine Corps veteran said, *“We actually do pretty well. We are both financially responsible and work with a financial advisor. I manage most of the finances.”*

3. Barriers related to expenses and bills (11.4%)

Participants mentioned various expenses and bills that impeded their ability to save, such as utilities, internet, cable, phone, insurance, taxes, and pet costs. A Navy veteran said, *“Not enough to pay bills and save.”*

4. Spending and financial management barriers (10.5%)

Spending habits, including impulsive spending and overspending, are another barrier. Participants said they needed to make better spending choices, they disagreed or failed to communicate about household spending, and that they lacked general knowledge related to money management, budgeting, and investing. A spouse of a Marine Corps retiree said, *“Nobody ever taught us how to balance a checkbook or how to be responsible with money. Now we struggle to control impulse buying and the security of his military pay is gone. We don’t have any savings. Also – every time I mention saving for the future, he doesn’t think it’s important because he has a pension. Makes no sense to me.”*

5. Barriers related to cost of living (9.7%)

The cost of living, living in high cost areas, not receiving or receiving insufficient cost of living adjustment (COLA), and prices, the economy, and inflation are obstacles to saving.

6. Barriers related to cost of raising children (8.9%)

Respondents cited the costs of raising children, child care costs, and general education costs, including preschool, K-12, tutoring, and higher education costs.

7. Barriers related to health care and medical needs (8.4%)

Health care and medical needs that are out-of-pocket costs are barriers for some post-9/11 respondents. A spouse of a Navy veteran said, *“Still have medical expenses (dental) even though we have additional coverage. Braces are thousands of dollars with our expensive dental plan, as are my dental surgeries. We can’t get ahead.”*

8. Barriers related to debt (7.6%)

Certain debts — mainly mortgage debt, credit card debt, and car loans — are barriers. The spouse of an Army retiree said, *“Too many debts.”*

9. Barriers related to employment or only one income (6.3%)

Respondents said that it is difficult to save due to relying on one income, general work inconsistency, and income instability issues. A spouse of an Army retiree said, *“Switching jobs and being chronically underpaid.”*

10. Barriers related to retirement and aging (3.6%)

Some post-9/11 respondents mentioned retirement and aging issues that are barriers to saving. The spouse of a Navy retiree said, *“Retirement and social security income is inadequate when major purchases/home repair is needed. Saving is very difficult on our income.”*

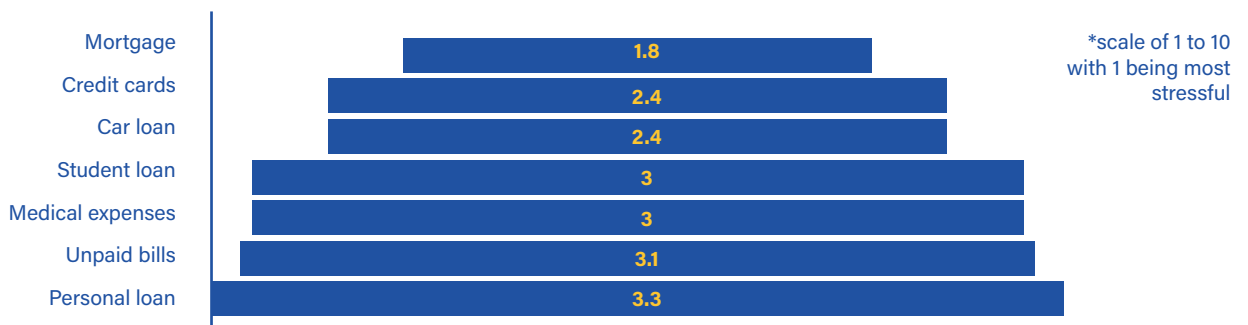
Current debt

Post-9/11 military retiree and veteran family respondents identified debt as one of their top ten themes for barriers to saving. Previous studies by MFAN have also shown that debt is a financial burden for many military and veteran families.

The majority of post-9/11 respondents, 82.3%, said they are currently carrying debt. Of the post-9/11 respondent groups, military retirees were the least likely to carry current debt (76.6%) and veteran spouses were the most likely to carry current debt (88.2%).

The sources of debt and the levels of stress respondents felt due to the debt sources were analyzed to build a clear picture of existing financial strain among post-9/11 military retiree and veteran families. Mortgage debt was the most stressful debt source, and it was the source of debt for the highest frequency of post-9/11 respondents.

Post-9/11 Respondents Most to Least Stressful Sources of Current Debt



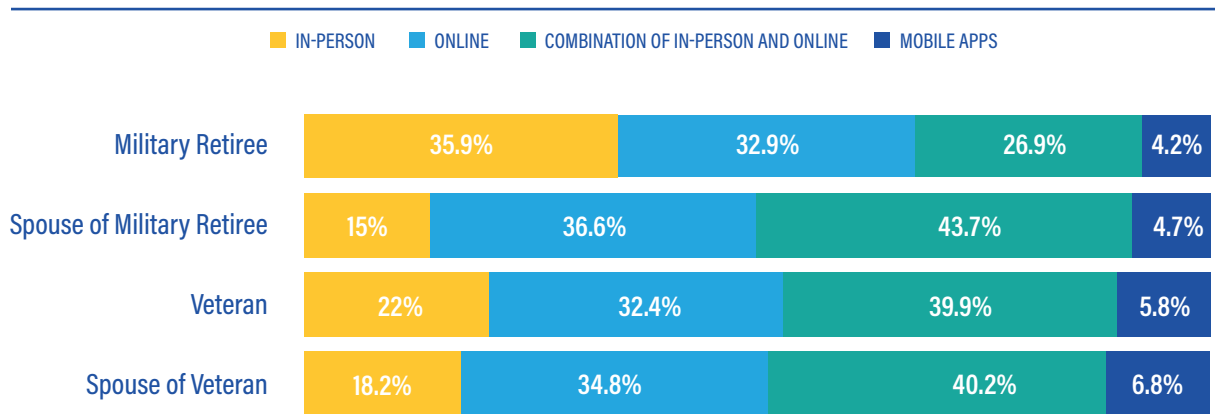
Non-bank borrowing

Non-bank borrowing was not a stressful debt source for most survey respondents, and the majority of post 9-11 respondents reported they had not used any non-bank borrowing in the past two years. However, the percentage varied based on the respondent group: 78.7% of military retiree family respondents said they had not used any non-bank borrowing while 51.8% of veteran family respondents said the same. When post-9/11 family respondents did seek loans or borrowing outside of traditional bank loans, they were most likely to ask their friends or relatives for assistance.

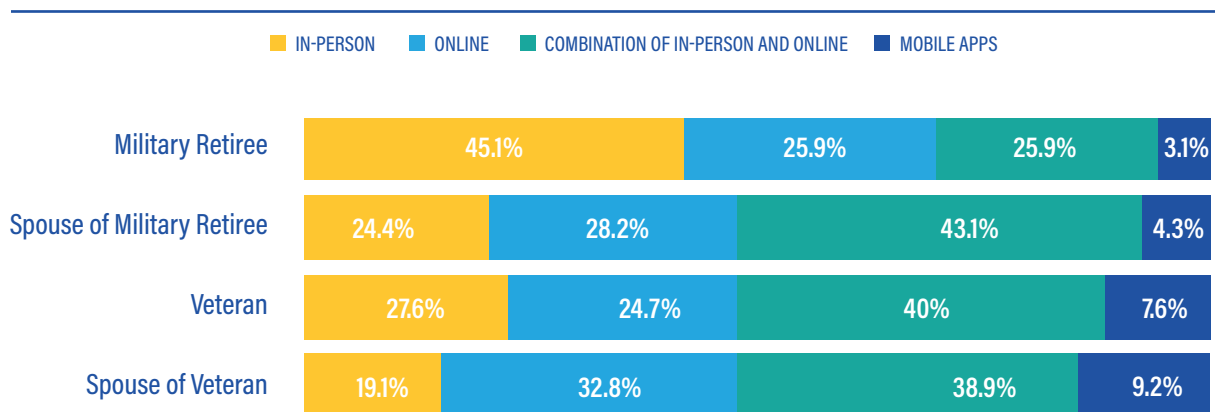
Preferred mode of support for financial education and financial counseling

After building a more complete picture of post-9/11 military retiree and veteran families' financial readiness, the next step is to understand these families' preferred mode of support for financial education and financial counseling resources. Among the post-9/11 demographic groups, the preferred mode of support was a combination of in-person and online, with the exception of military retiree respondents, who preferred in-person support. These preferences were true for both financial education and financial counseling. Of note, mobile apps were not preferred across financial education and financial counseling for each demographic group.

Preferred Mode of Support for Financial Education



Preferred Mode of Support for Financial Counseling



EMPLOYMENT AND ENTREPRENEURSHIP

MFAN has explored military family employment needs in every support programming survey it has produced. In the 2019 survey, MFAN not only incorporated some perennial employment questions but also added a new section on entrepreneurship.

Military- and veteran-friendly employers

While the qualities that contribute to employers being viewed as military-friendly vary depending on the post-9/11 respondent group, they identified a common theme: military- and veteran-friendly employers are understanding. Post-9/11 veterans and retirees want employers to understand what their service means in terms of both their professional goals and their personal lives. Post-9/11 spouses of both veterans and retirees spoke of military-friendly employers in ways that reflected how helpful it would have been to have employers that understood the unpredictability that accompanied their military lives and their need for flexibility.

The top qualities of military- and veteran-friendly employers were slightly different when looking at the post-9/11 military retiree and veteran respondent groups. Post-9/11 veteran and military retiree respondents agreed that military-friendly employers value military service and provide a work environment where they can contribute. A Marine Corps veteran said, *“A more traditional culture centered on discipline, logic, and mission accomplishment with a strong sense of community. A good employer is a tribe.”*

However, post-9/11 veteran respondents were also more likely to say that they have not found any military- and veteran-friendly employers yet; whereas, post-9/11 military retiree respondents were more likely to say that military-friendly employers value the skills and experience they bring to the position. An Army retiree said, *“Understand the military mindset and the qualities and skills you bring.”*

Spouses of both post-9/11 veterans and military retirees shared the same top qualities of military-friendly employers: flexibility and understanding; flexible schedule and leave time; and understanding the military lifestyle and its unpredictability. A spouse of an Air Force retiree said, *“Flexibility and creative thinking. The flexibility to allow for unorthodox work solutions at times and the creativity to work with the employee to help them be an effective, successful employee.”* A spouse of a Navy retiree said, *“More transfer options or more remote options.”*

Employment experiences and support needed

In an open-ended question asking about their experiences finding employment, the majority of post-9/11 military retiree spouses, veteran spouses, and veteran respondents, 65.4%, described difficulties. More post-9/11 military retiree respondents talked about the ease of finding employment, 41.5%, than the difficulties, 30.2%, they experienced.

A spouse of an Army retiree said, *“Very difficult. Underemployed most of his career. Difficult to recertify from state to state.”*

A Navy veteran said, *“Very hard to find work.”*

An Air Force retiree in Oklahoma said, *“Good, companies here prefer veterans, they feel we are more disciplined.”*

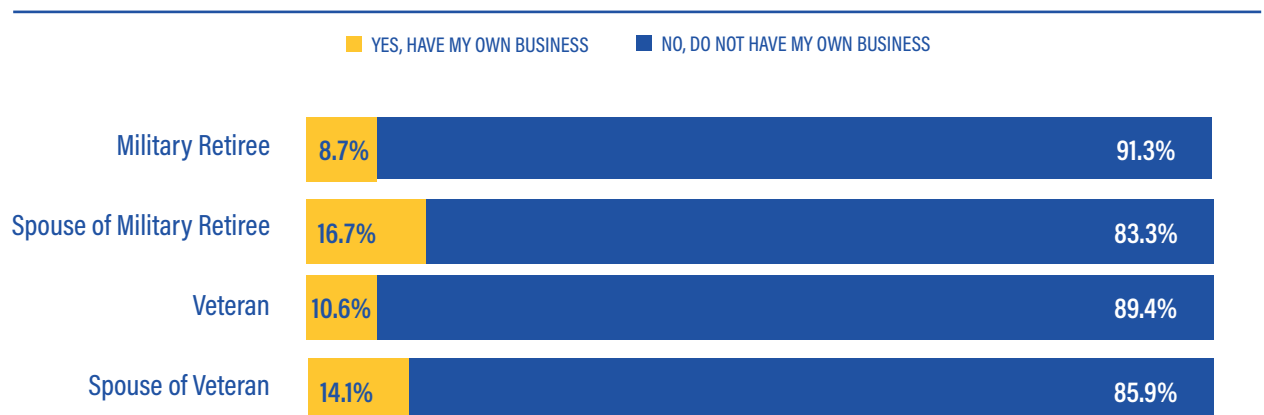
Interestingly, the top employment support needed by all post-9/11 respondent groups was the same: help finding positions. A spouse of a Navy veteran said, *“I need placement just to be given a chance to prove myself.”* An Army veteran said, *“Help to find one.”* A Coast Guard retiree said, *“I’m at a loss for what to do. I could use an agent, an advocate, a headhunter. Someone to bring me in and nurture me. Would have been easier at 42. Now I’m 49. Military ‘transition’ is a huge joke. You either get lucky or you rot on the sideline for years.”*

Entrepreneurship experiences: Reasons for starting businesses, obstacles, and support

Many military and veteran support organizations have identified entrepreneurship as a viable option for military spouses and veterans to reduce the pervasive level of unemployment among these populations. In the 2019 survey, we explored the topic of entrepreneurship from the viewpoint of those who have their own businesses, as well as those who do not but who may be interested.

Most post-9/11 veteran and military retiree family respondents do not have their own businesses. Veteran spouse and military retiree spouse respondents reported having their own businesses at higher rates, 14.1% and 16.7% respectively, than veteran (10.6%) or military retiree respondents (8.7%). Of those who have their own businesses, most (60%) described themselves as service providers, such as hairstylists, lawn maintenance, and travel agents. E-commerce, defined as business that is strictly internet-based, was used by 11.7% of the post-9/11 respondents. Respondents were least likely to select franchise, brick-and-mortar, or manufacturer; only 3.3% did for each of those business models.

Entrepreneurship Among Post-9/11 Respondents



The most common reasons post-9/11 entrepreneur respondents chose for building their own businesses were flexible hours and to balance work and family life. They did not choose this path to avoid working for others or because they always had dreams of starting a business. However, their entrepreneurial paths were not very lucrative; reported revenues of \$15,000 or less.

When asked about the support they received, 16.7% of post-9/11 entrepreneur respondents said that they did not receive support. A spouse of an Army veteran said, *“None....need it but can’t find it. I’m on a wing and a prayer here.”* Civilian, community, and government support were cited 10% each, and business contacts were discussed by 8.3%. A spouse of a Coast Guard retiree said, *“Other entrepreneurs within the military community.”*

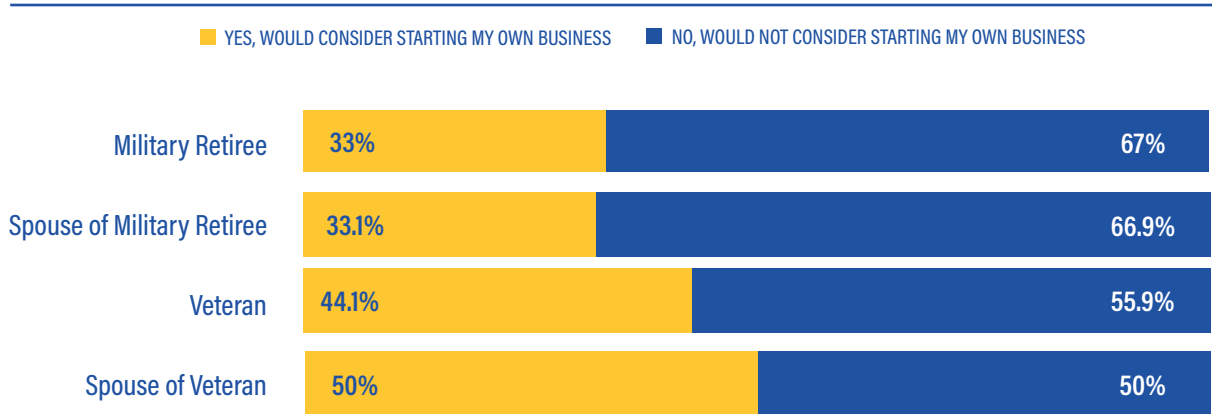
Respondents who identified as entrepreneurs and those who might be interested in starting their own businesses were asked about the obstacles they encountered and the ones that deter them, respectively. The top three obstacles experienced by post-9/11 respondents who started their own businesses were related to knowledge, experience, and support (21.7%); financial (20%); and, regulatory (8.3%). The obstacles that deter post-9/11 respondents from starting their own businesses included financial (60.6%); knowledge, experience, and support (27.7%); and, personal (18.7%). A spouse of a Navy veteran said, *“I have no idea how to do the taxes or to even get everything set up. Also I have no revenue to start one.”*

A general description of each theme category provides additional insight into the obstacles, both experienced and those that deter.

Theme	Description
Financial obstacles	Startup costs, a general lack of funding, and debt
Knowledge, experience, and support obstacles	Not knowing how to begin the process in general, and then how to effectively position a business in the market and build their network
Personal obstacles	Time, motivation, confidence, and health reasons
Regulatory obstacles	State and local regulations, licensure, business licensing, tax implications depending on location of business and where the owner resides, legal hurdles, and obtaining appropriate insurance

Of those who do not currently have a business, 38.4% of post-9/11 respondents said they would consider starting one. Veteran spouse respondents were slightly more likely than other demographics to consider entrepreneurship. When developing or modifying entrepreneur support programming and resources, the obstacles identified previously will be critical considerations to determine appropriateness and fit.

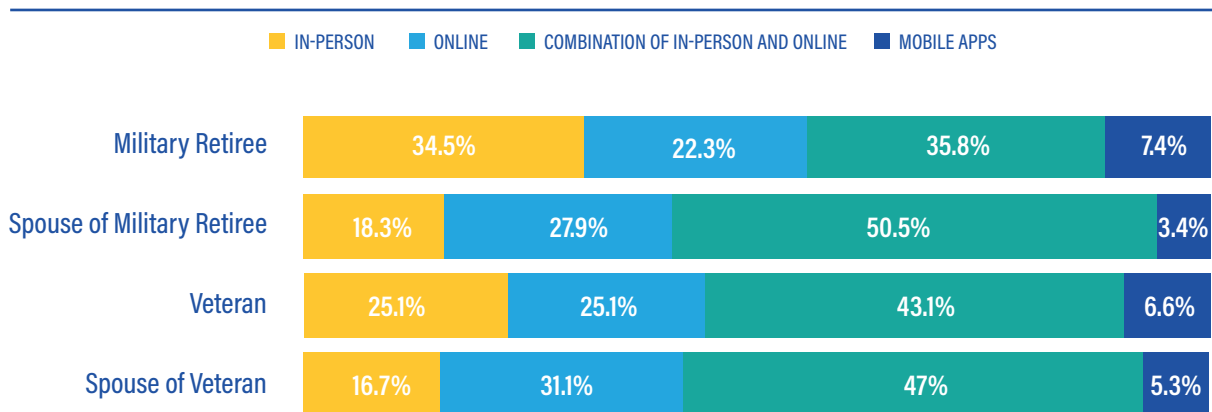
Willingness to Consider Entrepreneurship Among Post-9/11 Respondents



Preferred mode of support for employment resources

Among the post-9/11 demographic groups, the preferred mode of support for employment resources was a combination of in-person and online. Mobile apps were the least preferred mode of support.

Preferred Mode of Support for Employment Resources



FOOD INSECURITY

In the 2019 survey, MFAN used the USDA Six-Item Short Form Food Security Scale to capture the scale of hunger and evaluate the demographic make-up of groups experiencing food insecurity. Using the scale also allows comparison to other studies using the same method.

The USDA scale uses six statements and questions to evaluate food security. When respondents answer affirmatively, it shows that they are having trouble getting enough food for their families in some way. Food insecurity is indicated when respondents answer affirmatively to two or more items. Hunger is indicated when respondents answer affirmatively to five or more items.

Incidences

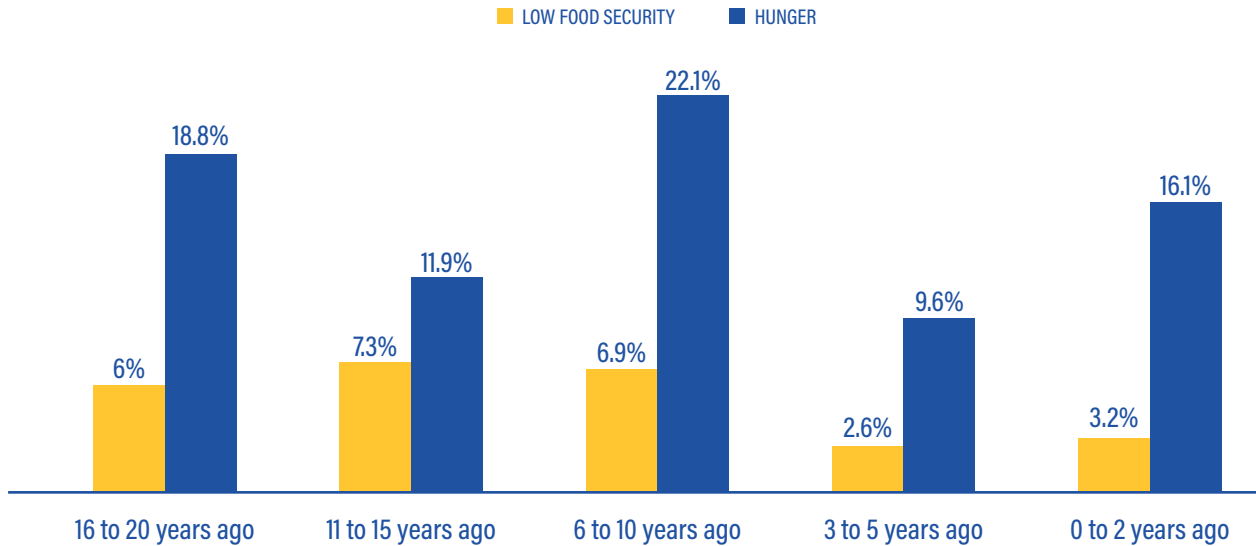
The findings showed that 15.6% of post-9/11 veteran and military retiree family respondents have low food security, meaning they answered affirmatively to at least two of the scale items. Of those, 10.8% are on the highest end of the scale, experiencing hunger. Comparatively, 15.2% of active duty family respondents were experiencing food insecurity (2 or more affirmative responses); of those active duty family respondents, 6.5% were experiencing low food security (2 to 4 affirmative responses) and 8.7% were experiencing hunger (5 to 6 affirmative responses).

Incidences of Food Insecurity

Affirmative Responses	Designation	All Post-9/11 Respondents	Post-9/11 Veteran Family Respondents	Post-9/11 Military Retiree Family Respondents
2 to 4 affirmative responses	Low food security	4.8%	5.4%	4.3%
5 to 6 affirmative responses	Hunger	10.8%	16.1%	6.4%
Total food insecure		15.6%	21.5%	10.7%

However, when focusing solely on post-9/11 veteran family respondents, these percentages increase to 5.4% experiencing low food security and 16.1% being hungry for a total of 21.5% being food insecure. There were variances noted when looking at food insecurity among post-9/11 veteran family respondents and the time since they left military service; those who left six to ten years ago reported the highest percentages of food insecurity at 29%.

Food Insecurity Among Post-9/11 Veteran Family Respondents by Time Since Leaving Military Service



Post-9/11 caregiver respondents indicated they were experiencing higher rates of food insecurity (37.2%) than both their non-caregiver counterparts (averaged 22%) and pre-9/11 caregiver respondents (22.8%).

Incidences of Food Insecurity Comparing Pre- and Post-9/11 Caregiver and Non-caregiver Respondents

Designation	Post-9/11 Caregiver Respondents	Pre-9/11 Caregiver Respondents	Post-9/11 Non-caregiver Respondents	Pre-9/11 Non-caregiver Respondents
Low food security	8.3%	5.7%	8%	9.5%
Hunger	28.9%	17.1%	14.1%	12.7%



Response to lack of food

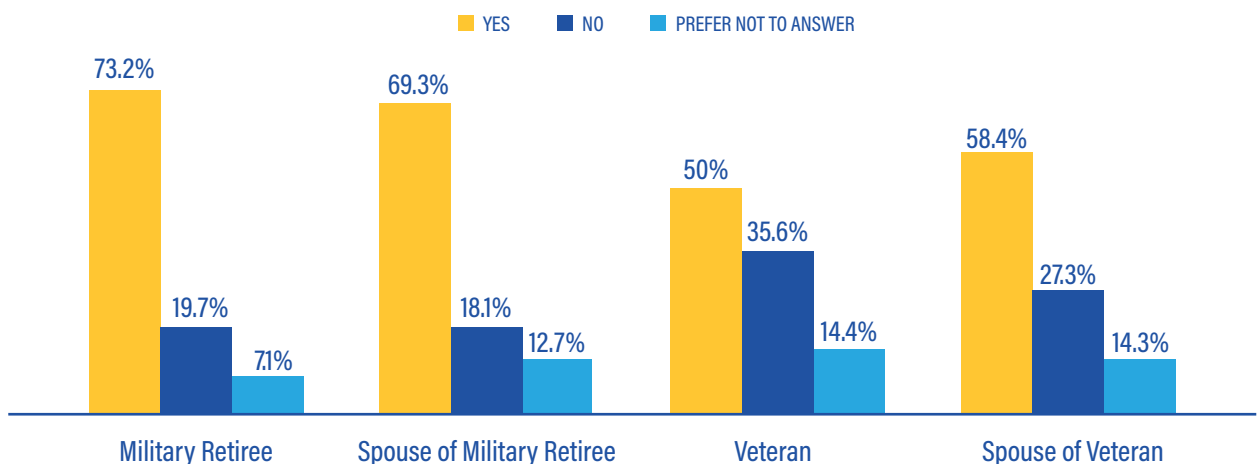
When responding to their lack of available food, post-9/11 respondents would engage in a variety of solutions. The three most common were: sought assistance (40.8%); limiting food or not eating (36.2%); and financial creativity, such as using credit cards, selling belongings, or finding extra work (7.3%). A post-9/11 Marine Corps veteran said, *“Food pantry, churches.”* A spouse of a post-9/11 Army veteran said, *“Went to pantries. Ask family. Or instead of having 3 meals a day we ate 2. Sometimes we slept until late so we can beat the hunger and eat once a day.”*

FAMILY DYNAMICS

The post-9/11 family looked different depending on the post-9/11 respondent’s demographic group. Approximately half of military retiree spouse respondents and veteran respondents had children younger than 18 years old, while 69.5% of veteran spouse respondents did. Only 19.8% of military retiree respondents indicated they had children younger than 18 years old.

While post-9/11 veterans and their spouses were less likely to recommend marriage to a service member than post-9/11 retirees and their spouses, veterans were statistically significantly less likely to do so. Among all post 9/11 respondents, the top three categories of effects of military life on their marriages were negative: stress and strain, repeated time away from each other, and difficulties and challenges. *“We lost a lot of time together as a family through pregnancy and births. The distance strained our marriage but we got through it. I feel like a lot of families might not get through things we went through. I have seen most of our friends divorce during or after service,”* said a Marine Corps veteran’s spouse.

Whether Post-9/11 Respondents Would Recommend Marriage to a Service Member

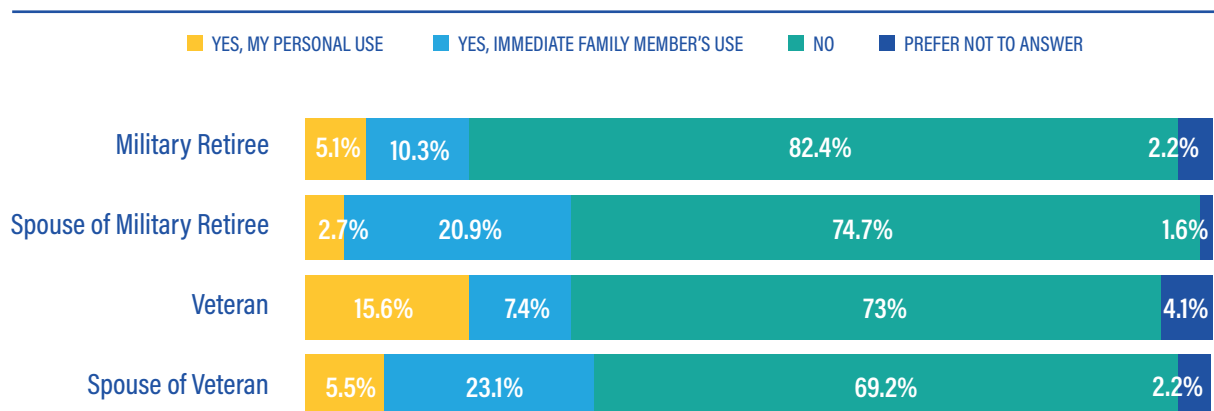


Alcohol use

The culture of alcohol use in the military is widely known. According to a RAND study, the VA conducts population-based alcohol screening annually.² MFAN was interested in learning more about alcohol use and whether post-9/11 respondents sought help when concerned.

Most post-9/11 respondents said they have not been concerned about their own alcohol use or the alcohol use of someone in their immediate families during the past two years. Spouses of post-9/11 veterans (23.1%) and spouses of post-9/11 military retirees (20.9%) were more likely to say they were concerned about alcohol use by someone in their immediate family; in comparison, a lower percentage (16.1%) of active duty spouse respondents said the same. Veteran respondents were the most likely of the post-9/11 respondent groups to say they were concerned about their personal use of alcohol, at 15.6%; whereas, only 9% of active duty service member respondents said they were concerned about their own alcohol use.

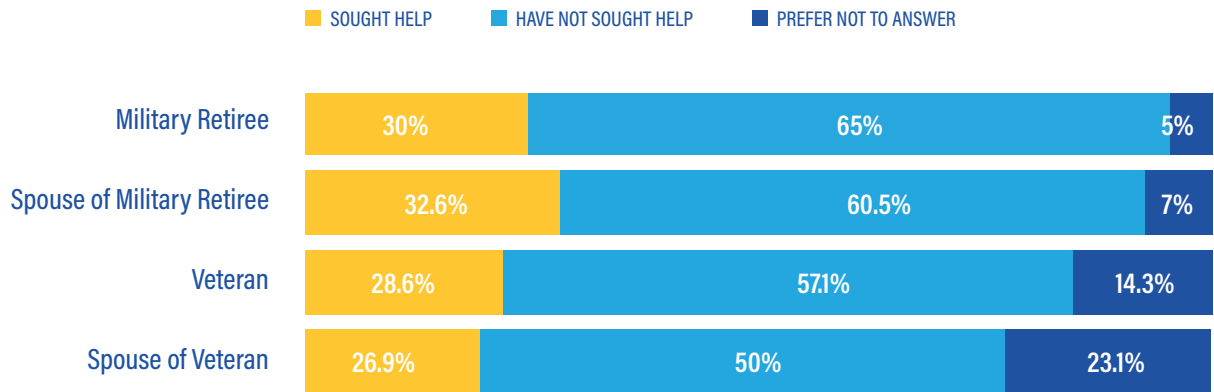
Concern about Alcohol Use Among Post-9/11 Respondents



Of those respondents who indicated they were concerned about their personal use or an immediate family member's use of alcohol, all post-9/11 respondent groups were more likely to say they had not sought help.

² Teryn Mattox, et al., Candidate Quality Measures to Assess Care for Alcohol Misuse: Technical Specifications (2016), https://www.rand.org/content/dam/rand/pubs/tools/TL100/TL197/RAND_TL197.pdf.

Post-9/11 Respondents Concerned About Alcohol Use More Likely to Say They Had Not Sought Help Than to Say They Had Sought Help



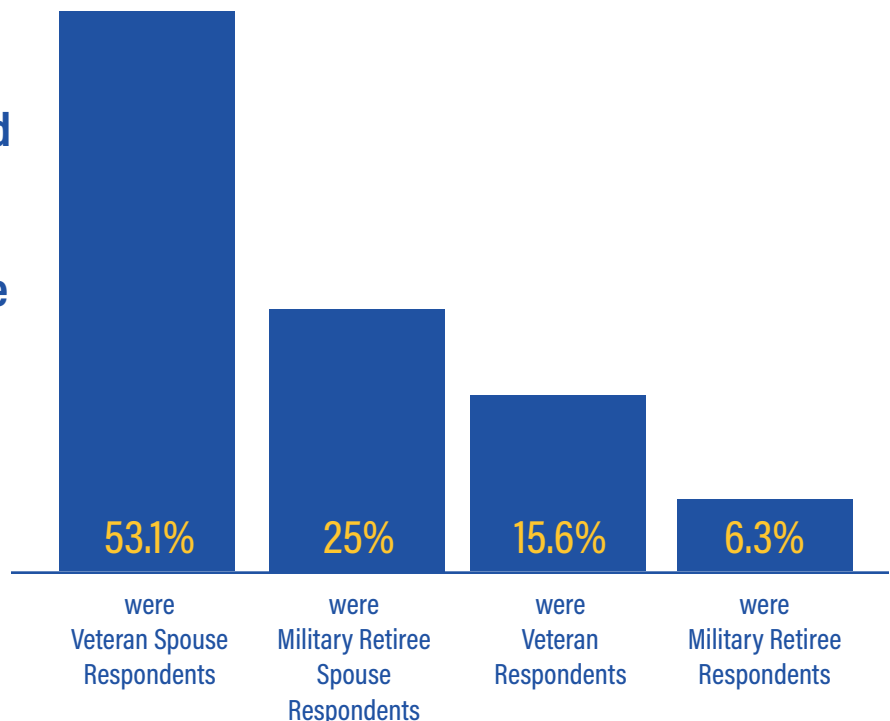
When asked about the reasons why they had not sought help, a spouse of a post-9/11 veteran said, "I have tried talking with my husband about his use of alcohol but get the typical response of 'I'm fine, I can handle it, it's not that bad.' He has been better since leaving the Army, though." A post-9/11 Marine Corps veteran said, "He will not accept help. I cannot get him to even listen to me or understand how I feel about it."

Post-9/11 respondents who indicated concern about their own alcohol use or an immediate family member's use of alcohol were statistically more likely to say they had sought support for a domestic dispute (physical, emotional, or verbal) with their partner in the past two years. Those who were not concerned about alcohol use were statistically more likely to say they had not sought support for a domestic dispute.

Intimate Partner Violence (IPV)

For the first time in the Military Family Support Programming Survey, questions related to the topic of intimate partner violence (IPV) were included. Among post-9/11 veteran and retiree family respondents, approximately 1 in 15 (6.8%) reported that they had sought support as a result of a domestic dispute (physical, emotional, or verbal) with their partner in the past two years. Of the respondents who said they had sought support, 53.1% were spouses of veterans, 25% were spouses of military retirees, 15.6% were veterans, and 6.3% were military retirees. When isolating the veteran spouse respondent group, that data showed 20.7% reported seeking support; this rate was very clearly statistically significant when compared to the other post-9/11 respondent groups, as the other rates were 5% or less.

Of the post-9/11 respondents who had sought support due to a domestic dispute with their partner in the past two years...



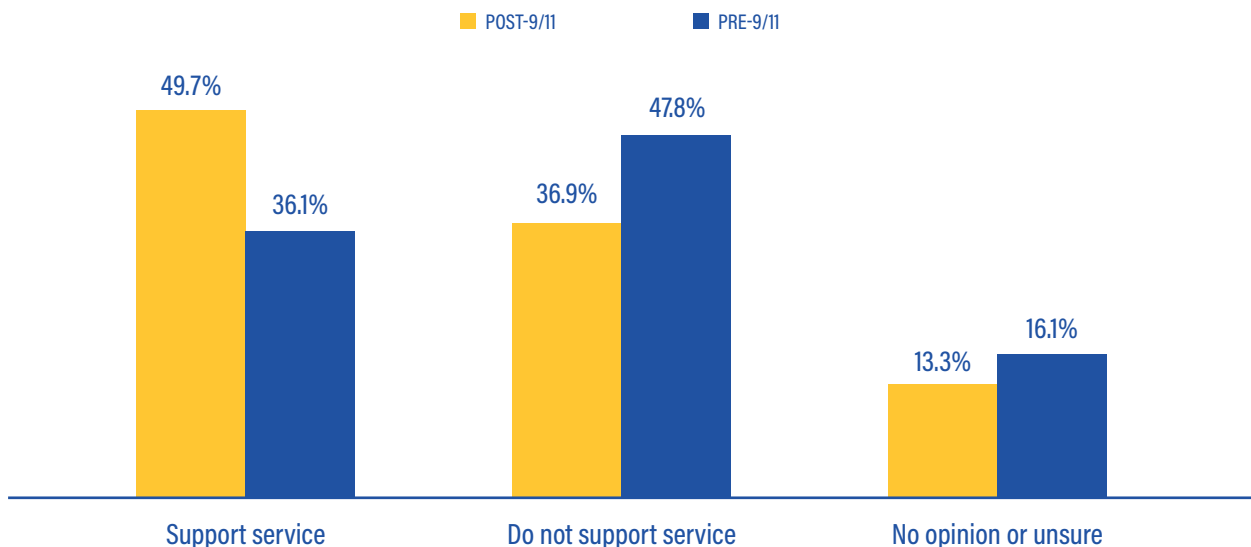
LGBTQ+

MFAN has included lines of questioning devoted to lesbian, gay, bisexual, transgender, and queer (LGBTQ+) military family members in its past two support programming surveys. Most post-9/11 military retiree and veteran family respondents, 95.9%, said they did not identify as LGBTQ+, while 3.1% said they did, and 1% said they preferred not to answer. Although the number of post-9/11 LGBTQ+ respondents was low, there were some commonalities. More respondents identified as bisexual and gay than lesbian, queer, or transgender. The majority of post-9/11 LGBTQ+ respondents said they have not felt supported by their military community.

When asked about their thoughts on transgender troops serving in the military, 49.7% of the full population of post-9/11 respondents who answered the question said they would support transgender service. A Marine Corps veteran said, *"I think they have the right to be there."* For comparison, 68% of active duty families said they supported transgender service. In the full population of respondents, age seemed to be an indicator – older respondents were less likely to support transgender service. Those who were older than 60 years old were statistically significantly less likely to support transgender service, whether they were pre-9/11 or post-9/11 veterans.

When comparing pre- and post-9/11 veteran and retiree family respondents, the post-9/11 respondents were more likely to support transgender service and the pre-9/11 respondents were more likely to say they do not support transgender service. Slightly more pre-9/11 respondents (16.1%) said they were unsure or had no opinion than post-9/11 respondents (13.3%).

Comparison of Support for Transgender Service Between Post-9/11 and Pre-9/11 Respondents



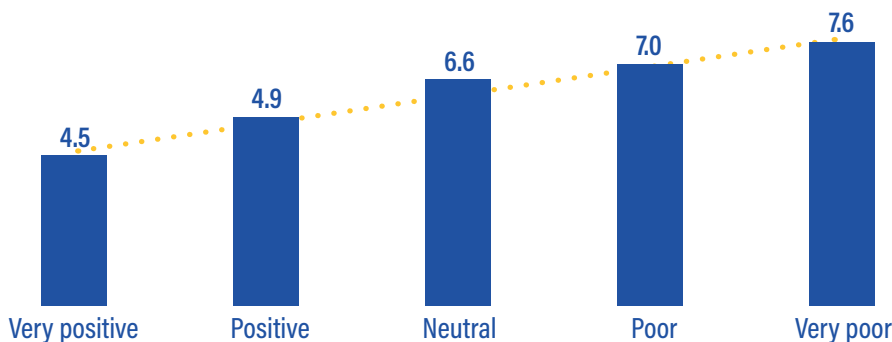
LONELINESS AND COMMUNITY

Through research, it is widely accepted that loneliness can be a health and lifestyle risk. To provide greater insight into respondents' experiences, the research team included the UCLA Loneliness Scale to understand and evaluate a variety of responses. Among post-9/11 respondents, veteran family respondents were statistically more likely to rate as lonely on the UCLA Loneliness Scale than military retiree family respondents. Scores between 6 to 9 are considered "lonely" and scores between 3 to 5 are considered "not lonely" on the UCLA Loneliness Scale. Military retiree respondents and spouses of military retiree respondents rated as "not lonely" with 4.96 and 5.48 averages respectively, while veteran and veteran spouse respondents rated as "lonely" with 6.27 and 6.58 averages respectively.

Additional analysis of the geographic locations of respondents who rated as lonely on the scale showed that they were evenly distributed across the nation, with no clear concentrations in either rural or urban areas. The post-9/11 military retiree and veteran family experience is impacted by their experience with the civilian community in which they reside. While (53.8%) of post-9/11 respondents rated their civilian community experience in the past two years as positive or very positive, a statistically significant relationship exists with military retiree family respondents being more likely to rate their experience as positive than veteran family respondents.

Analyzing the UCLA Loneliness Scale responses and the ratings of civilian community experiences for post-9/11 respondents, a strong statistically significant relationship was also found between the civilian community experience rating and the UCLA Loneliness Scale raw score for post-9/11 veteran and retiree family respondents. Those who rated their civilian community experience as *very poor* were more likely to rate as "lonely" on the UCLA Loneliness Scale than those who rated their community experience as *very positive*. The upward trendline in the corresponding graphic clearly illustrates the relationship between civilian community experience ratings and scores on the UCLA Loneliness Scale for post-9/11 veteran and retiree family respondents.

Relationship Between Civilian Community Experience Rating and UCLA Loneliness Scale Raw Score for Post-9/11 Veteran and Retiree Family Respondents

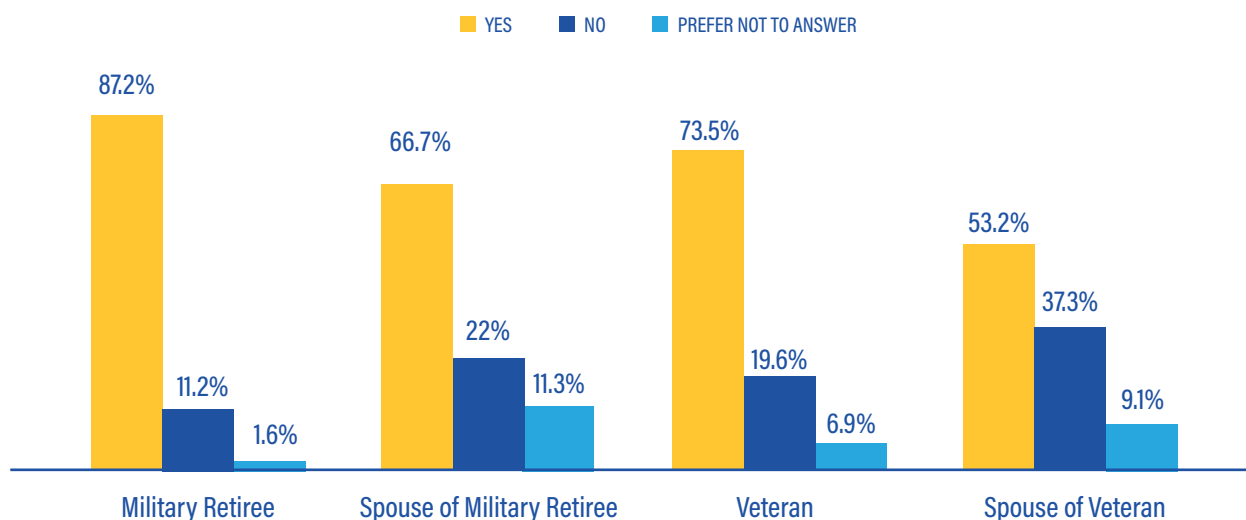


When reflecting on their civilian community experience in the past two years, a spouse of a post-9/11 Marine Corps retiree said, “We are now a retired military family, so we are completely ensconced in our community. We know we’re not going anywhere anytime soon, and we are able to put roots down and make long-term commitments. We really are a part of the community now.” A post-9/11 Navy veteran had a more negative experience: “Homeless for a year. People were not very helpful.”

RECOMMENDING MILITARY LIFE

One of the final questions respondents receive, after detailing all of the trials and tribulations during and after military service, is: “Would you recommend military life to someone you care about?” In the past two Military Family Support Programming Surveys, results showed that military-connected families were more likely than civilian families to recommend service. This report takes a more granular look at post-9/11 veteran and retiree families’ willingness to recommend service and the reasons for their perceptions. Most, 71.5%, said they would recommend military life to someone they care about, but as has been a theme throughout this report, there were distinctions between veteran and retiree families. Spouses were less likely than service members to recommend military life, and veterans were less likely than retirees to recommend it. Veteran spouses were least likely to recommend service.

Post-9/11 Veteran and Military Retiree Family Respondents and Recommendations of Military Service



Although the majority of post 9/11 respondents said they would recommend military life, of those who did not, the top three reasons were:

1. **Negative impacts to service member**
2. **Benefits not worth it**
3. **Negative impacts to family**

A veteran said he would not recommend military service because, *“the culture is toxic, it destroys your health, and the job opportunities aren’t nearly as lucrative as those found in the private sector.”*

A veteran spouse said, *“It is difficult if you are someone who wants to be an independent person. The military life is full of rules and expectations from the spouse. Careers are difficult because of the constant moving. Children do have a hard life even though I presented each move as an ‘adventure.’ If you could keep a family in one spot indefinitely, I would recommend it.”*

Another veteran spouse said, *“Unless you are very passionate about joining the military there are much better careers out there. Even going to trade school can get you better jobs. It’s not worth the mental strain and overall toxic culture.”* The spouse of a retiree said, *“It is a great career, don’t get me wrong. But it is a hard life for families. Not everyone can be that kind of person to stay strong and carry on with everyday life without their spouse. When you get out, the health care is not good. You’re a number, and the VA doesn’t have time for you or your problems. They are not willing to figure out what’s wrong. It’s sad.”*

Additionally, spouses of veterans, who were the least likely to recommend service, were statistically significantly more likely to say the effects of military life on the veteran were not worth it in the balance. One veteran spouse said she would not recommend military life *“because of the life afterwards.”* Another veteran spouse said, *“My husband’s experience had changed him forever. My dream of life with him has had to change substantially and most days it’s the hardest thing I’ve done in my life to stay married.”*

Post-9/11 military retirees were statistically significantly most likely to recommend a career in military life to someone they cared about, while spouses of post-9/11 veterans were statistically significantly least likely to recommend military service. For comparison, 61% of active duty service members and 60.5% of active duty spouses said they would recommend military life.

The top three reasons to recommend military life among the full group of post-9/11 families who had left service were:

- 1. Rewarding careers**
- 2. Honor, civic duty**
- 3. Pay and benefits**

A retiree said, *“It is an honorable profession of service and sacrifice. It requires and reinforces the very best qualities in mankind.”* The spouse of a retiree said, *“Because it is a stable life that also cares about family values and the importance of bonding. Housing, paid leave, full medical, dental, and vision benefits, secure living on installation.”* A veteran said, *“Helps you grow as a person, teaches you about responsibility and how to take care of yourself, how to be selfless.”*

Additionally, military retirees were statistically significantly more likely to say personal growth, and the post-military life in retirement as reasons they would recommend military life.

One retiree said, *"The military trains you to be reliable and resourceful. They help pay for your schooling and training. It provides you with a pretty stable career."* Another said, *"It is the best way to build experience and a foundation for personal and professional life. It teaches all the skills needed for success as well as developing social networking and interactive skills."*



Conclusion and Recommendations

Throughout this report, the data illustrated the difficulties post-9/11 veterans and their families are facing. A common theme clearly surfaced: veterans and their spouses reported more negative experiences than retiree respondents regardless of the topic. A one-size-fits-all approach when developing solutions will not adequately meet the varied needs of post-9/11 veterans, retirees, and their family members.

Partnerships between organizations like MFAN and WWP show that collaboration can yield new insights and solutions, and the data provide a roadmap for opportunities for improved support for post-9/11 veterans and their families. The Military Family Advisory Network continues to research the needs of all military families, including post-9/11 veterans and retirees to determine where support is most effective for each demographic. This insight helps others ensure that programming meets the needs of the families being served.

Wounded Warrior Project understands that each warrior's path to recovery is unique, WWP serves warriors and their families wherever they are in their journey. The programs and services that WWP provides augment existing resources available at the Department of Defense (DoD), Department of Veterans Affairs (VA), and other agencies and organizations. These services in mental health, physical health, peer connection, career counseling, and financial wellness change lives.

The unique perspectives and experiences of veteran families and military retiree families must be carefully considered as service providers create conditions where all post-9/11 families can thrive. Targeted solutions are necessary to effectively address the areas where post-9/11 families need the most support. Recommendations for each topic are included to guide the appropriate response to meet these needs.

HEALTH CARE AND MENTAL HEALTH CARE

Among post-9/11 respondents, veteran respondents and veteran spouse respondents indicated greater need for mental health care than their military retiree counterparts. Spouses of veterans had a higher percentage (30.8%) saying they had accessed mental health crisis resources in the past five years, while veteran respondents were statistically more likely to say they had suicidal thoughts in the past two years than the other respondent groups. Additionally, post-9/11 caregiver respondents identified support groups (11.7%) and mental health care (6.9%) among their needs.

Wounded Warrior Project mental health programs are an example of how organizations can help fill gaps in care and get veterans the help they need. Warrior Care Network® is one such program providing veterans living with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI),

and related conditions a path to long-term wellness. Warriors receive care from one of four world-renowned academic medical centers, receiving a year's worth of mental health care during a 2-3-week intensive outpatient program. This program provides evidence-based mental health treatment tailored to help warriors manage their post-traumatic stress disorder, traumatic brain injury, and related conditions. Clinical outcomes show that 77% of warriors who complete the program have seen a reduction in PTSD symptomology, leading to happier, more fulfilling lives. Family members are also included in treatment planning and delivery and receive psychoeducation about PTSD and ways to improve family relationships. Warrior Care Network is also contributing to future innovation in mental health treatment by examining and conducting research on the relationship between PTSD symptoms and suicidal ideation. The Warrior Care Network treatment model provides veterans with a path to long-term wellness and improves the way warriors are treated today and for generations to come.

Warrior Care Network is also contributing to future innovation in mental health treatment by examining the relationship between PTSD symptoms and suicidal ideation, with current research projects focused on decreasing PTSD symptoms in the veteran population and their correlation to decreasing suicide ideation. The Warrior Care Network treatment model provides veterans with a path to long-term wellness, and it improves the way warriors are treated today and for generations to come.

Recommendations:

- Assist veteran spouses, especially caregivers, in finding the mental health support they need.
- Increase the study of suicidal ideation among veteran spouses and continued attention to veteran's mental health needs.

CAREGIVERS

Post-9/11 caregiver respondents reported their greatest need was support finding assistance. Furthermore, post-9/11 caregiver respondents had higher rates of food insecurity than their non-caregiver counterparts and pre-9/11 caregiver respondents, according to the USDA Six-Item Short Form Food Security Scale. Also, they were more likely to say they limited food or did not eat than that they sought assistance. MFAN is expanding its food insecurity research to develop a clear picture of the root causes. While the top priority is assisting post-9/11 caregiving families with locating food resources if they are having difficulty providing adequate healthy portions for all members of their families, MFAN also recognizes that by understanding root causes, families can be assisted before they experience food insecurity or hunger.

Wounded Warrior Project has been working to expand caregiver support and resources through programming and partnerships. Recently WWP announced an initiative to expand direct caregiver support and programs, offering caregivers wellness programs, increased access to mental health care, increased respite services, and opportunities to interact with other caregivers. WWP has partnered with the Rosalynn Carter Institute for Caregivers (RCI) which supports both family and professional caregivers through efforts of advocacy, education, research, and service. This collaboration will provide one on one coaching for WWP caregivers through RCI's Operation Family



Caregiver program to develop strategies and establish coping skills to build confidence, manage stress, and make decisions. RCI will also develop and implement a caregiver group program to build networks of caregiver support and cover topics such as managing emotions, mitigating stress, safety planning, anticipatory grief, and community resource development.

Wounded Warrior Project also has a long-standing partnership with the Elizabeth Dole Foundation (EDF) to support the military caregiver community. The Elizabeth Dole Foundation empowers, supports, and honors our nation's 5.5 million military caregivers: the spouses, parents, family members, and friends who care for America's wounded, ill, or injured veterans. The partnership between WWP and EDF supports their Community Navigators Program, which helps caregivers engage more deeply in their local community, the Caregiver Community Connection virtual community webinar program, and their new Respite Relief for Military and Veteran Caregivers program. The Respite Relief for Military and Veteran Caregivers program offers family caregivers of veterans or service members access to no cost, short term relief with the help of in-home care professionals.

Recommendations:

- Develop clear paths for caregivers to find support.
- Conduct additional research on post-9/11 caregiving families and their experiences with food insecurity.
- Help post-9/11 caregiving families experiencing food insecurity locate food assistance resources in their local communities.

FINANCIAL NEEDS

The top barrier to saving among post-9/11 respondents was that the amount coming in was inadequate for them to be able to save. Post-9/11 veteran family (those without a military pension) respondents reported they do not have an emergency savings fund at higher rates than their military retiree counterparts. Moreover, veteran spouse respondents were the most likely to carry current debt; 88.2% said they did.

MFAN convenes the Military Family Financial Readiness Coalition (MFFRC), which works collaboratively to ensure military and veteran families have access to financial education and support. The MFFRC allows participants to work together to better understand military families' and veterans' financial needs. The MFFRC's greatest impact comes from the information sharing that occurs among participants, providing the opportunity to present useful information about upcoming events, programs, and priorities, which can then be shared throughout the coalition's many networks.

WWP recently launched a Financial Education program that empowers warriors to take charge of and manage their finances to build a strong foundation for themselves and their families. The program offers a variety of opportunities such as educational seminars, one-on-one counseling, and online resources that equip warriors with the tools and support they need to achieve financial wellness today, for a better tomorrow.

Recommendation:

- Assist post-9/11 veteran families with both debt management and building emergency savings.

FOOD INSECURITY

Using the USDA Six-Item Short Form Food Security Scale, the data showed that more than one in five (21.5%) post-9/11 veteran family respondents were food insecure. Post-9/11 veteran family respondents (those without a military pension) were more likely to be experiencing food insecurity than military retiree family respondents (those with a military pension).

MFAN is making a concerted effort to combat military hunger in 2021 and beyond. To meet immediate needs, MFAN hosts food distribution events for both active duty and veteran families. It is also seeking to find the root causes of food insecurity through a research effort of military and veteran families in Texas so that service organizations, policymakers, and stakeholders can more effectively serve these populations before they are hungry.

Recommendation:

- Increase efforts to assist post-9/11 veteran families experiencing food insecurity and connect them to food assistance resources in their local communities.

ALCOHOL USE

Spouses of military retirees and spouses of veterans were more likely to be concerned about an immediate family member's alcohol use, while veteran respondents were more likely to be concerned about their personal use of alcohol in the past two years. However, those who were concerned about alcohol use—their own or a family member's—were more likely to say they had not sought help than that they had.

Recommendation:

- Help post-9/11 families who are concerned, about their own or an immediate family member's alcohol use, locate resources available online and/or in their local communities.

LONELINESS AND COMMUNITY

Loneliness, as a social determinant of health, can affect both mental and physical health. The data show that post-9/11 veteran family respondents showed higher levels of loneliness on the UCLA Loneliness Scale than military retiree family respondents. Additionally, among all respondents, there was a relationship between loneliness and their experiences with their civilian communities: Those who rated their community experiences as very poor were more likely to be lonely than those who rated their experiences with the civilian community as very positive. During military service, veterans and their families form bonds that are as strong as family ties. It can be difficult to maintain those connections after leaving military service and feel that connection within civilian communities.

WWP offers opportunities for warriors, caregivers, and family members to connect through events (both virtual and face to face) and through peer support groups. For wounded veterans, that connection is often the first step on a path toward recovery.

The Military Family Advisory Network's MilMap™ is an online community-building program that allows users to find the connections and resources they need in their geographic locations.

Recommendations:

- Community involvement in welcoming and associating with post-9/11 veteran and retiree families can have lasting positive effects.
- Develop additional outlets for post-9/11 veteran and retiree family populations to connect with each other, especially considering the extended isolation due to COVID-19.
- Communicate the health and wellbeing risks associated with loneliness both to veteran and retiree families, as well as to the communities in which they live.

As illustrated through the recommendations, it is vital that organizations work to improve the lives of veterans, retirees, caregivers, and families. The partnership between MFAN and WWP embodies the benefits of collaboration between military and veteran support organizations. No single organization can meet the needs of all veterans and their families alone. Collaboration between military and veteran support organizations, as well as State and Federal agencies, is necessary to continue to make positive impacts on the post-9/11 generation. By working together, we can all continue to understand the evolving needs of the population and develop innovative programs and services that address them holistically.