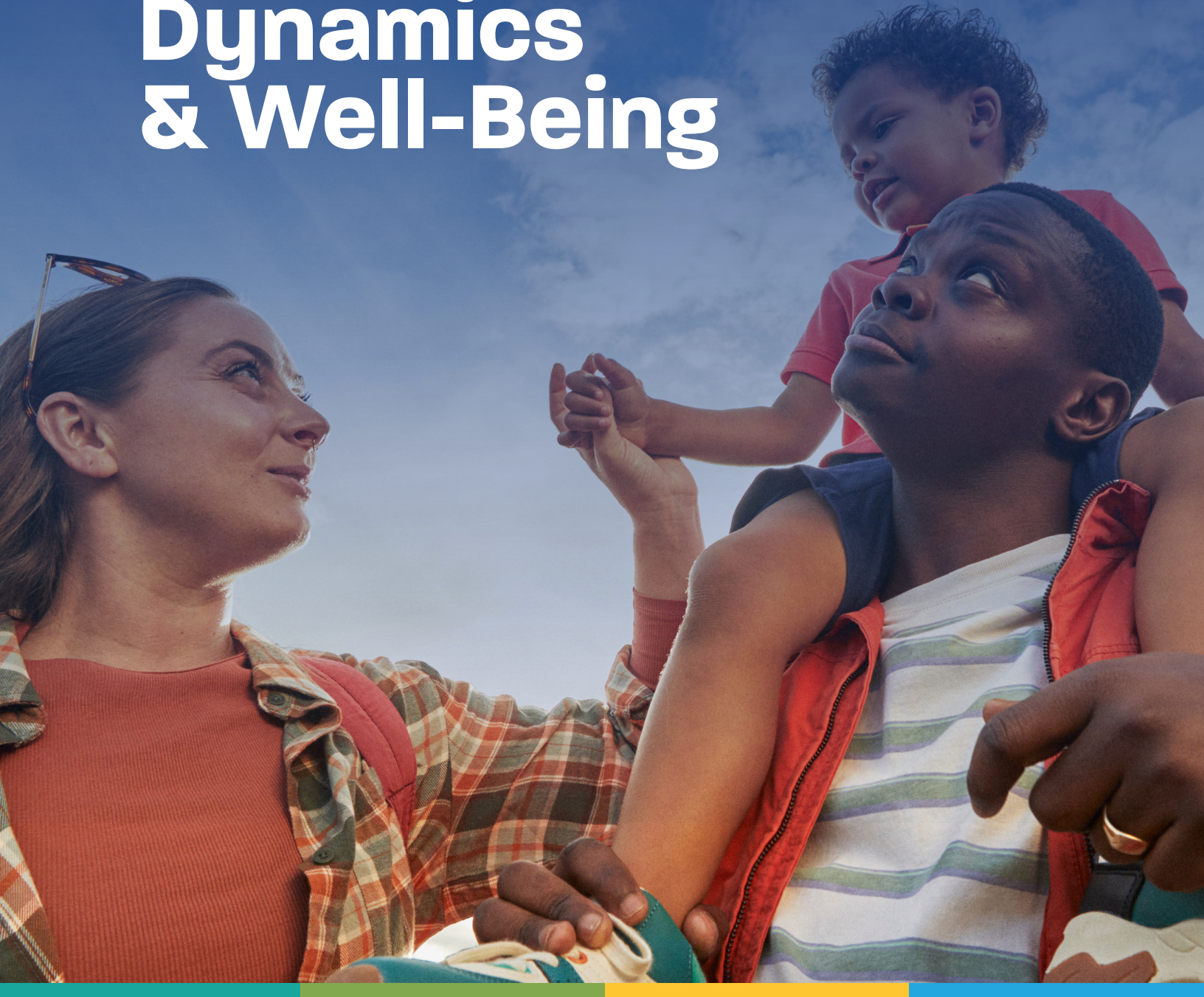


Warrior Family Dynamics & Well-Being



Military Family
Advisory Network

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Introduction

Military and veteran community members navigate unique and varied experiences, resulting in distinct differences in their journeys. Key subpopulation distinctions can be made between the experiences of currently serving military families and those who have transitioned from service. Thorough research exploring opportunities and challenges within various subpopulations enables targeted responses to the fundamental issues encountered by military and veteran families. The Military Family Advisory Network (MFAN) and the Wounded Warrior Project (WWP) are dedicated to gaining a deeper understanding of military and veteran families to support them effectively through data-driven approaches.

With the support of WWP, MFAN conducted the [2023 Military Family Support Programming Survey](#). The fifth iteration of this biennial survey provided insight into a wide range of support needs of military and veteran families, capturing the experiences of military and veteran families, including post-9/11 wounded warriors, veterans, retirees, and their families. Employing a mixed methods approach, MFAN offers an in-depth examination of the lived experiences of military and veteran families, addressing issues such as health and mental health care, family relationships, food security, financial readiness, caregiving, and transition. The partnership with WWP enhanced MFAN's research, expanding both its scope and relevance, enriching the exploration of perennial topics, and introducing new areas of focus such as morale and retention.

Additionally, WWP fielded the [13th Annual Warrior Survey \(AWS\)](#) in 2022, providing a 360-degree view of the warriors WWP serves to better understand and respond to their most critical needs around mental, physical, and financial wellness. The 2022 AWS featured survey questions covering aspects such as warrior demographics, military experience, service-related injuries, overall health, healthcare access, financial well-being, social connections, and support. Additionally, WWP's 2023 Women Warriors Report extended AWS data through focus groups to continue exploring the specific challenges faced by WWP women warriors.

This customized report, made possible by WWP's support of the 2023 Military Family Support Programming Survey, aims to align MFAN's post-9/11 veteran and retiree family findings to WWP's current research and strategic portfolio, bridging the family experience to the warrior experience. MFAN conducted a deeper analysis of this whole population but also examined retiree and veteran families separately to identify distinctions between these groups. Retirees and veterans often have different experiences after transition, given that veterans do not receive the same level of benefits upon leaving service as military retirees. Therefore, this report will mention findings from three key groups:

- **Full Warrior Family Population:** all post-9/11 veterans, retirees, and their spouses
- **Veteran Warrior Families:** post-9/11 veterans and post-9/11 veteran spouses
- **Retiree Warrior Families:** post-9/11 retirees and post-9/11 retiree spouses

To offer a comprehensive view of the full warrior family population, the analysis explored deeper subpopulation dynamics within the sample, including household dynamics, time since transition, caregiving homes, respondent race and ethnicity, as well as sexual orientation and gender identity within the household. Notable warrior family subpopulation distinctions will be included where relevant, reinforcing the need for support tailored to the nuanced post-9/11 veteran and retiree family experiences.



Background & Methodology

Although the methodologies differ, MFAN's rich findings about the experiences of post-9/11 veteran and retiree families are complementary to WWP's detailed research on the warrior experience. Before sharing MFAN's 2023 research on the full warrior family population, an overview of each organization's research and sample demographics will be presented to contextualize the findings that follow. Research from both organizations elevates the need for targeted responses to the specific challenges faced by warrior families and underscores the importance of support services tailored to their needs.

2023 Military Family Support Programming Survey

In its fifth iteration, MFAN's 2023 Military Family Support Programming Survey (MFSPS) aimed to illuminate military families' experiences, assess their well-being, and understand their support needs and preferences. Using a mixed methods approach with both quantitative and qualitative analysis, the survey provides comprehensive insights into diverse military and veteran family experiences. Approved by the Institutional Review Board at Wayland Baptist University, the MFAN Insights Team utilized Qualtrics for data analysis, applying descriptive statistics and crosstabulation to quantitative data. Qualitative responses were analyzed for themes by a doctoral-level research team. For the qualitative analysis below, percentage totals will not add up to 100% because responses may be tagged with more than one theme. The survey was in the field from October 2 to December 10, 2023.

Once closed, MFAN's Insights team analyzed 10,149 survey responses using Qualtrics data analysis software. Participants were entered into a gift card prize drawing as an incentive. MFAN employed a convenience sampling method, leveraging its network and the networks of military families to gather a broad and diverse set of responses. While this non-probability approach introduces sampling bias, the large sample size helps mitigate this issue. While not predictive, the data provides a snapshot of military and veteran family experiences and facilitates informed recommendations around support programming needs.

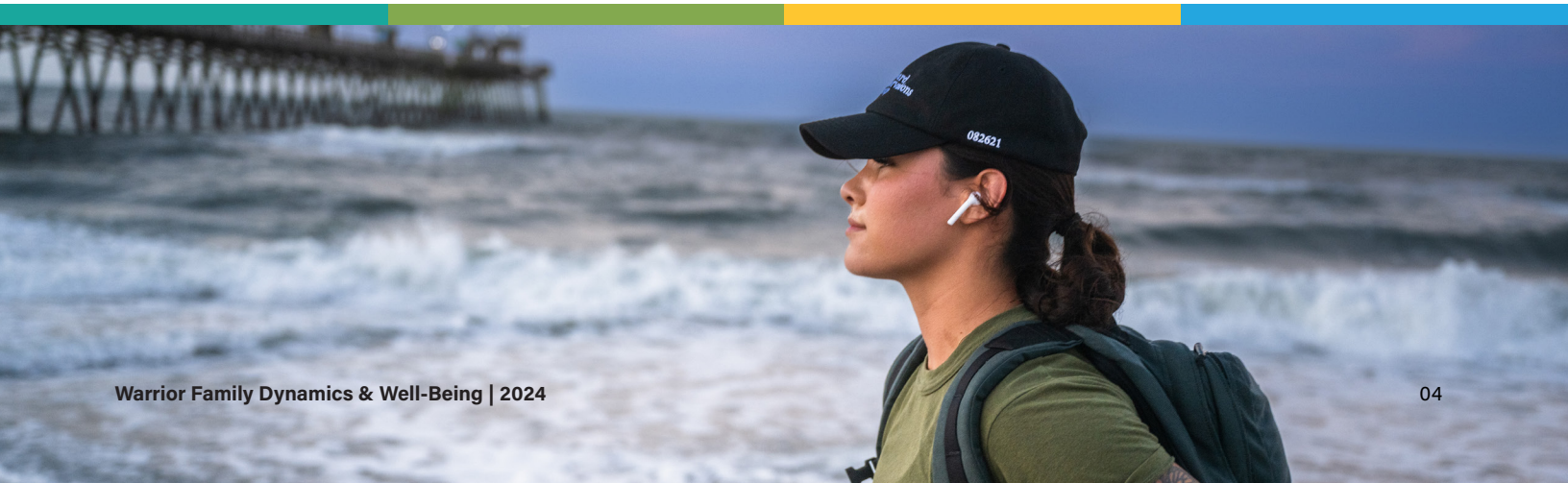
WWP Annual Warrior Survey Wave 2

In its thirteenth administration, the 2022 Annual Warrior Survey (AWS) covered warrior demographics, military experience, service-connected injuries, whole health, healthcare access, financial wellness, social connection, and support. WWP uses AWS data to enhance its services and advocacy efforts for warriors. Administered by NORC, the 2022 AWS was sent to 94,781 WWP warriors using email, text, and postal reminders from June 15 to August 24, 2022. Incentives were offered to boost participation. The final response rate was 20.4%, with 19,303 completed surveys, representing 165,967 WWP-registered warriors as of April 2022. As a longitudinal sample survey, the AWS is sent to a randomly selected subset of the warrior population to ensure statistical representation. Women and young adults were oversampled to ensure their adequate representation in the analysis.

WWP Women Warriors Report

The 2023 Women Warrior Report examined WWP women warriors' experiences using quantitative data from the 2022 AWS and qualitative data from 2023 focus groups. Exploratory mixed methods were employed to compare the experiences of women warriors with their male counterparts and to understand their specific needs as veterans, with the methods for the 2022 AWS outlined above. From March to May 2023, nine focus group sessions (five in-person, four virtual), each lasting about 90 minutes and guided by a semi-structured format, were conducted to explore mental health and access to care among WWP Reports. The discussions were recorded, transcribed, and analyzed thematically.

Results were validated by coauthors and adjusted through team consensus. Of the 62 participants, eight focus groups included women veterans and one included active duty service members. Participants received thank you gifts and invitations to additional events. While this is the largest study on post-9/11 women veterans and represents WWP women warriors, it has limitations, including project awareness, focus group access, and question order in the guide. The findings are not generalizable but provide valuable insights into the experiences of WWP women warriors.



Demographic Comparison

While post-9/11 warriors comprise the entire AWS and Women Warrior Report sample populations, nearly a quarter (24.2%) of respondents to the 2023 MFSPS were post-9/11 family members (veterans, retirees, or their spouses). Among MFAN's full warrior population, veterans (32.8%) and retirees (30.9%) made up about a third, with retiree spouses at 21.9% and veteran spouses at 14.3%.

The AWS had a higher proportion of enlisted respondents (91.5%) compared to MFAN's full warrior population (78.5%). The AWS also had a greater proportion of Army respondents (64.5%) than MFAN's sample (54.2%), though MFAN's full warrior population had slightly more representation from other branches. The 2023 Women Warrior Report included 2022 AWS data and focus groups from all branches except Space Force. As a family sample that included spouses, just over half of MFAN's full warrior family population were female (52.8%), and 45.3% were male. Comparatively, the majority of WWP warriors identified as male (82.7%), while 17.3% identified as female. As additional clarity to MFAN's sample, of all post-9/11 former service members, 28.9% were women warriors, with a higher proportion of female veterans (35.2%) than female retirees (22.1%).

AWS wounded warriors had an average of 9.5 years since their transition, while respondents in MFAN's full warrior family population typically left service 6-10 years ago (23.4%) or 0-2 years ago (20.9%). AWS respondents averaged five deployments, compared to MFAN's three. AWS warriors were 41 years old on average, with 79.4% being 35 or older. Focus group participants for the 2023 Women Warriors Report had an average age similar to the AWS of 42, while the MSFSP full warrior family population had a slightly higher average age of 46.4, with 84.7% being 35 or older. MFAN's 2023 full warrior population most commonly had two members per household (27.5%), averaged 3-4 members, and more than half (54.2%) reported having children under 18. About 60.6% of WWP warriors had at least one child, averaging two children per household. Racial and ethnic diversity was comparable between MFAN's full warrior family population and AWS, though AWS had a higher proportion of minorities.

While WWP's research focuses on examining the overall well-being of warriors, MFAN's research provides complementary data to present a comprehensive picture of health considerations for the entire warrior family. Despite differences among study participants, both MFAN and WWP aim to deepen the understanding of these groups to inform the best support. The remainder of this customized report will examine dimensions of family well-being for the post-9/11 full warrior family population.



Military & Veteran Family Well-Being

To ensure continued care and support for those who have served, it is essential to understand the well-being of veteran and retiree families. MFAN and WWP aim to deepen understanding of their respondents' lives, and to that end, each employs validated measures of well-being that shed further light on the domains of well-being. Though the selected scales that each organization utilizes are different, both MFAN and WWP leverage those respective measures with their broader survey findings to examine the populations in focus. The analysis presented in this report highlights the complementary nature of MFAN's and WWP's research, presenting a holistic picture of warrior family well-being.

WWP: Quality of Life Scale and Key Findings

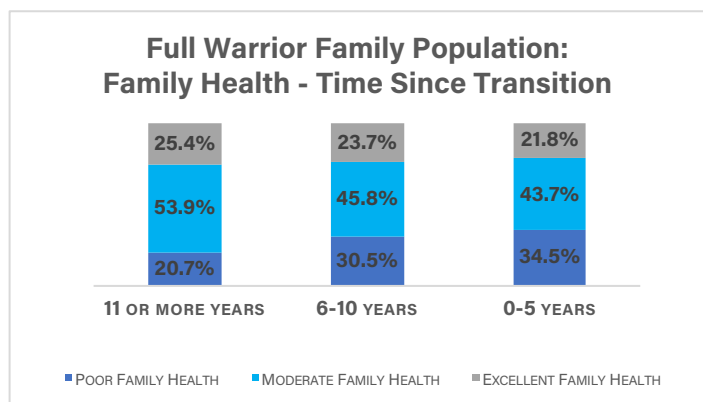
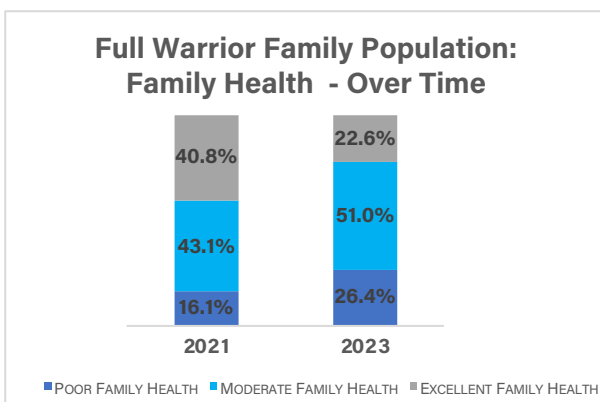
In defining quality of life, WWP considers how health and wellness support both participation and enjoyment in warriors' lives. To understand the quality of life components, including mental, physical, financial, social connection, and spiritual, WWP leverages the widely used quality of life measure, the Veterans RAND 12-Item Health Survey (VR-12). The VR-12 focuses on individual physical and mental health, assessing general and mental health perceptions, physical functioning, pain, energy, role limitations resulting from physical or mental health problems, and social functioning. The scale generates two summary scores – physical and mental – that collectively provide a Quality of Life (QoL) measure offering important insight into warriors' overall health status when comparing them to a reference population. Higher combined scores can be interpreted as a higher quality of life, offering a “multidimensional framework” for analysis and interventions (Iqbal, et al., 2007). As a touchpoint for findings throughout the 2022 AWS, the QoL scale was examined in connection to quality of life components, which in turn, shaped the focus group guide for the 2023 Women Warrior Report. The 2022 AWS findings suggest that warrior mental health QoL scores decline as time passes since leaving service, though the 2023 Women Warrior Report elevates the consistently low Mental Health QoL scores reported by women warriors over time. Additionally, women warriors have slightly lower QoL scores than men in both physical and mental components.

MFAN: Family Well-Being Scale and Key Findings

Comparatively, MFAN adopted the Family Health Scale in the 2021 and 2023 iterations of the MFSPS due to the overlap of the Family Health scale measures with MFAN’s pre-existing body of research. To the organization’s knowledge, 2021 was the first time that this validated scale was used to understand the military family population. Affirming that families are “producers and central contexts for health,” the Family Health scale captures the health of the family unit by measuring dimensions of family health (family relationships, health care, lifestyle, financial health, housing) at three levels: excellent, moderate, and poor (Crandall, et al., 2020). MFAN’s integration of the Family Health Scale, analyzed alongside robust qualitative data and other validated scales, has consistently provided insightful findings that aid understanding of connections between the key domains of family health and offer valuable insight to inform support for the entire military family unit. New findings about MFAN’s full warrior family population in relation to this validated measure of well-being are below.

Like MFAN’s 2023 full sample of respondents, the full warrior family population’s health scores have declined since 2021. Family health scores were comparable between veteran warrior families and retiree warrior families—collectively comparable to the full survey population—with 28.7% reporting family health as excellent, 43.9% reporting moderate, and 27.4% indicating poor family health. A significantly higher proportion of retiree warrior families reported excellent family health (36.3%) than veteran warrior families (19.4%). Similarly, retiree warrior families were less likely to report poor family health (24.2%) than veteran warrior families (31.4%). There was additional variance between post-9/11 former members and their spouses. Veteran warriors were the most likely to report poor family health (39.6%), while veteran warrior spouses were less likely to report the same. Retiree warrior spouses were the most likely to report excellent family health (42.0%), while retiree warriors reported poor, moderate, and excellent family health in nearly even proportions.

When examining time since transitioning from active duty, the full warrior family population proportion of respondents reporting excellent family health rose over time since active duty, while the proportion reporting poor family health declined, as detailed in the chart below. Interestingly, more male warriors reported poor family health the further they were from active service. Comparatively, women warriors reported slightly higher proportions of moderate family health with increased time since separation, with both poor and excellent health reported in smaller proportions.



MFAN's findings suggest that there is a relationship between household dynamics and family well-being. Among the full warrior family population, married respondents reported better well-being than those who were divorced or never married. Families with children under 18 often reported moderate health, while those without children were more likely to report excellent health. Households with two members reported the highest level of excellent health (37.5%), whereas those living alone were most likely to report poor health (41.5%).

Examining subpopulations within the full warrior family population showed further connections between those dimensions of lived experiences and family health. Caregiving families reported slightly lower levels of excellent family health compared to non-caregivers, with those serving as caregivers being much less likely to report excellent health. White respondents were more likely to report excellent health (32.3%) than minority respondents, and LGBTQ families generally reported poorer health (46.8%) and were significantly less likely to report excellent health (11.4%).

The remainder of the report examines the dimensions of family well-being including physical, mental, social, financial, and spiritual well-being. Family health findings remain a touchpoint throughout, highlighting how family health is interconnected with the full warrior family's lived experiences.

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Physical Well-Being

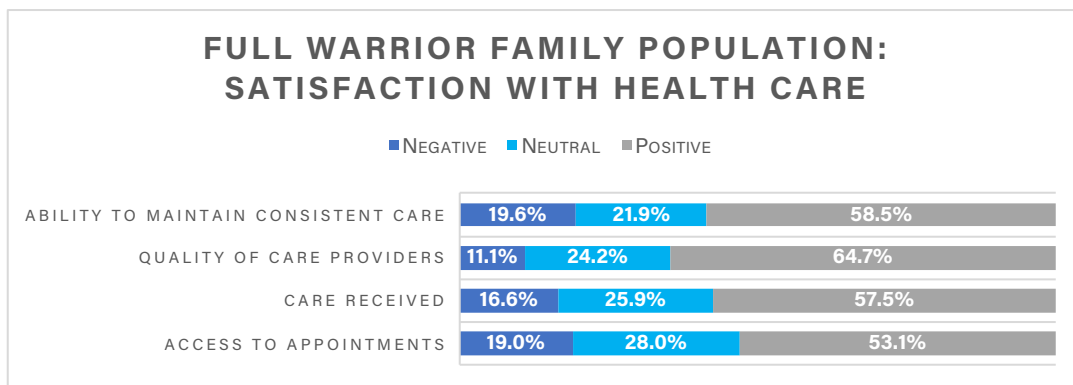
The most fundamental level of well-being, MFAN examines family physical wellness through health care experiences and food security—highlighting how each intersects with overall family health. Understanding these experiences is crucial for improving support for warriors and their families.

Satisfaction with Healthcare

MFAN’s respondents have consistently elevated their healthcare experiences, offering insight into how their care needs are being met. In the 2023 Military Family Support Programming Survey, respondents shared where they received their healthcare and rated their healthcare experiences—such as appointment access, care consistency, and telehealth use—on a 5-point scale.

Of the full warrior family population, 39.1% reported that they received most of their health care at a non-military hospital or doctor’s office, followed by 35.3% who reported a VA medical center as their primary location of care. Military Treatment Facilities (MTFs) were reported by 19.8% of the full warrior family population. Yet, distinct differences between subpopulations emerged, with retiree warrior families most likely to report non-military hospitals or doctor’s offices (44.9%, while veteran warrior families were most likely to receive care at VA Medical Centers (43.9%).

The majority of the full warrior family population respondents indicated positive experiences across areas of measured healthcare satisfaction, with the quality of care providers reflecting the highest positive ratings (64.7%). Their negative experiences were most frequently with maintaining consistent care (19.6%) and access to appointments (19.0%), with their full ratings detailed below.



Interesting relationships emerged when comparing the location of care to care satisfaction ratings for the full warrior family population. Respondents who received care in the civilian sector were more likely to report positive ratings across areas of satisfaction, while those who primarily accessed VA medical centers were somewhat more likely to indicate negative ratings for their ability to maintain consistent care and the quality of care providers. Unsurprisingly, families who reported positive experiences with health care were more likely to have excellent family health, while negative ratings were linked to poor family health.



Obstacles to Health Care

Retiree warrior families and veteran warrior families reported top obstacles to health care in similar proportions. Among the top obstacles were a reported lack of appointments (40.5%), provider availability (35.2%), administrative obstacles (33.6%), as well as challenges with referrals (32.7%) and specialty care (31.2%). Veteran warrior families were more likely to indicate work-related challenges and challenges accessing pharmacies/pharmaceuticals. Retiree warrior families were more likely to report challenges with electronic medical record (EMR) systems or portal challenges.

Among the subpopulations that were examined across the full warrior family population, significant differences became apparent. Those with children were more likely to report work-related challenges to health care and somewhat more likely to report cost/insurance limitations, and poor quality of care. Further challenges were reported by parents who indicated that their child(ren) identified as LGBTQ+ emerged, as they were significantly more likely to report challenges with quality of care, accessing specialty care, establishing care in a new location, and EMR system or portal challenges.

Caregiving families and families who had transitioned in the past five years faced most obstacles to healthcare in generally higher proportions among the full warrior family population, and caregiving homes were less likely to report no obstacles to healthcare. Identifying these healthcare barriers within the full warrior family population highlights opportunities to improve support in obtaining needed care.

Consistent Medical Care

Respondents were asked to describe their experiences maintaining consistent medical care in an open-ended question. Analysis revealed six top themes for the full warrior family population, as described below. Retiree and veteran warrior families reported top themes in comparable proportions, except where noted.

The top theme from the full warrior family population's family respondents was Successful Consistent Care (46.4%), capturing positive experiences with appointment access, responsive providers, and smooth referrals. Some attributed this to their own advocacy, while others noted variations based on timing or location. The spouse of an Army retiree shared location-specific details that facilitated continuity, *"At Madigan AMC, they use the team approach. We have lived in this area for 11 years. Our children have been able to maintain the same team for at least the past 5 yrs. While we sometimes see different providers, the team approach has provided continuity for when providers are absent due to leave or deployments."* Respondents who shared these positive healthcare experiences were more likely to have excellent family health. However, families also elevated Inconsistent Care and Challenges (29.1%). Many comments revealed challenges and inconsistencies in care, with some respondents reporting negative experiences and unmet needs. The spouse of an Army veteran explained, *"My spouse has fallen through the cracks more times than I can count. Or has been transferred repeatedly to different medical providers with no notice."*

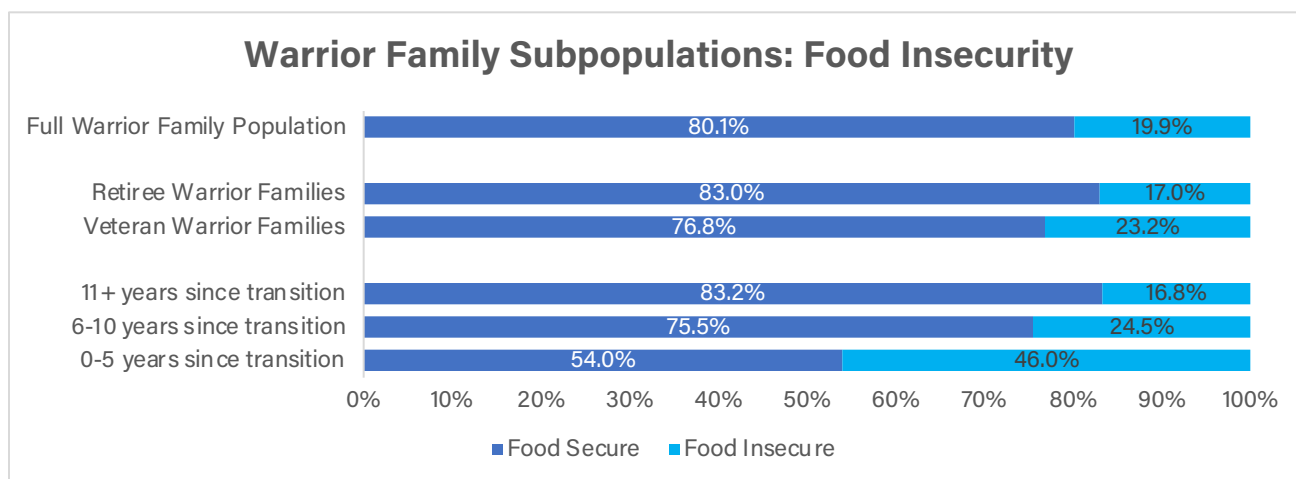
Respondents in the full warrior family population also elevated Difficulty with Access to Care (25.6%) in their qualitative responses. Women warriors were slightly more likely to indicate this theme than their male warrior counterparts. Neutral responses (10.4%) emerged as the fourth top theme, most often detailing the type of care received. Also echoed from the quantitative responses were TRICARE Challenges (10.1%), more likely to be reported by retiree warrior families. They explained coverage and approval issues, as well as delays in referrals and prescription approvals and a shortage of providers accepting military insurance. In equal proportion to TRICARE Challenges, family respondents explained the competing demands between work and home in Work and Family challenges (10.1%), with retiree warrior families again being more likely to report this theme. Notably, for some families, caregiving responsibilities compound challenges to meeting their own needs even further. One spouse of a retired Marine shared, *"I am a full time caregiver, and as such, there are many times when my medical needs take a back seat. When my husband is having major medical issues, that consumes all of my time, and there is no time for my appointments."*



Food Security

MFAN has been investigating food insecurity within the military population since 2017 and consistently utilizes the USDA Six-Item Short Form Food Security Scale. This section will present new findings on food insecurity among post-9/11 veteran and retiree families, highlighting the demographic factors linked to food insecurity. The results indicate that food insecurity is associated with lower levels of family well-being, with families experiencing low and very low food security reporting poorer overall family health.

In 2023, most of the full warrior family population's families indicated that they were food secure (80.1%). Food insecurity (19.9%) was reported by this population in slightly higher proportion than in 2021 (18.9%).



Life experiences vary across different military subpopulations, with food insecurity rates reflecting families who thrive and those who struggle. The chart above captures notable distinctions within the full warrior family population, highlighting the concerning proportion of recently transitioned families experiencing food insecurity (46.0%). Additionally, food security struggles were more pronounced among women warriors, recently transitioned families (the past five years), caregiving families, families with children, and respondents who were white. Families with two members were most likely to be food secure, while larger households reported lower levels of food security, with very low security common in homes with six to seven members.

Food Resources

When food insecure respondents among the full warrior family population were asked if they had experienced any barriers to seeking food support resources, encouragingly, nearly half (47.8%) reported that they had not experienced any barriers. The top obstacles that did emerge from their responses included eligibility issues (18.8%) uncertainty (14.5%), and stigma (15.9%). They most frequently used friends and family (35.1%), community food banks (28.2%), faith-based organizations (28.8%), and school meal programs (20.4%). Nearly a quarter of the full warrior family population indicated that they do not use any food support (24.7%).



In an open-ended question asking about their experiences with food resources, post-9/11 veteran and retiree warrior families reported the top themes in similar proportions. Positive experiences were most often cited (64.6%), though negative experiences and limitations were captured by nearly a third of respondents (32.9%). One spouse of an Army retiree shared the intersection of both themes, *“They are helping for a week or so but most of the time do not handout enough to help us with full meals.”*

Data from the 2023 Military Family Support Programming Survey continues to highlight pain points in physical wellness for the full warrior family population, shedding light on the ongoing challenges they face and the contexts that complicate their access to needed resources. Findings across the physical well-being section reflect broader challenges that these families face, reinforcing the significance of this foundational dimension of family health.



Mental Well-Being

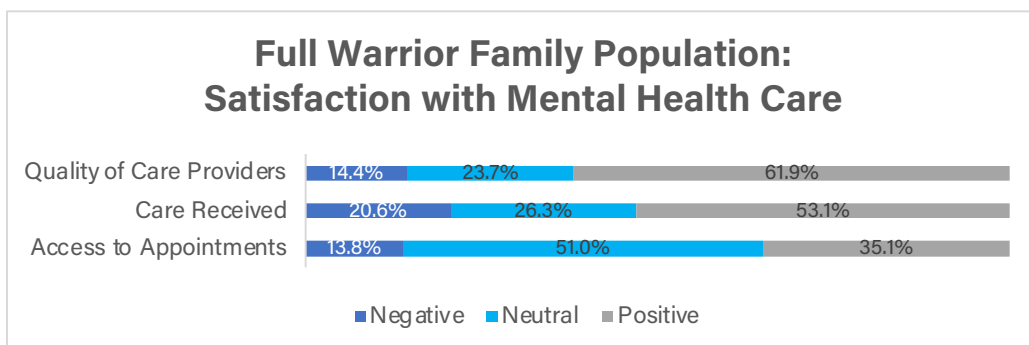
In recent years, there has been a notable increase in awareness of mental health challenges and the need for appropriate care. Warrior families have added context in consideration of mental well-being, given the intersection of their military experiences. This section will review the survey’s quantitative mental health findings, highlight significant results, and delve into the personal experiences of the full warrior family population seeking mental health care through qualitative analysis of their stories. Particularly relevant to mental health concerns, findings related to caregiving families among this population will also be presented.

Mental Health Care Access

Among the 2023 full warrior family population, 64.1% reported that someone in their household accessed mental health services in the past two years, rising from the 56.1% reported in 2021. They were also asked to indicate which family members received mental health care, as multiple family members may have utilized it. Nearly half reported the service member as the recipient (46.8%), while spouses (24.2%), children (21.1%), and other dependents (2.7%) were reported in smaller proportions. Retiree warrior family respondents reported the member having accessed mental health care services in higher proportions (48.0%) than veteran warrior family respondents (40.2%). Additionally, statistically more women warriors reported seeking mental health care compared to male warriors, as did family members in caregiving homes compared to non-caregiving homes.

Satisfaction with Mental Health Care

The MFSPS thoroughly examined this crucial aspect of healthcare, focusing on access to mental health care appointments, the effectiveness of care, and the utilization of emergency crisis services.



Satisfaction with mental health care for the full warrior family population is presented in the chart above. Unsurprisingly, negative mental health care ratings were linked to moderate and poor family health. Retiree and veteran warrior families rated the quality of care providers similarly but had significant variations in ratings for access to appointments and care received. Retiree warrior families were most likely to report access to appointments as positive (56.7%), while veteran warrior families were more likely to offer neutral ratings (40.3%). Retiree warrior families were also most likely to report positive ratings for care received (58.3%), while veteran warrior families were more likely to report negative care received (26.9%).

Obstacles to Mental Health Care

MFAN also asked about obstacles to mental health care to add further context to the mental health care experiences of the full warrior family population. Echoing top obstacles to general health care, provider availability and appointment access were reported in equal proportion (33.0%), followed by poor quality of care (30.3%), and challenges obtaining care in a new location (27.2%). While retiree and veteran warrior families reported most obstacles in similar proportions, poor quality of care and establishing care in a new location were more likely to be reported by veteran warrior families and families who had transitioned within the past five years.

Mental Health Care Experiences

Qualitative data deepens the quantitative findings, highlighting common obstacles in mental health care, such as the limited availability of specialized treatments and high costs. Respondents from the full warrior family population shared stories of struggles with access to appointments and in-network providers (32.5%), unresolved issues and negative experiences with care (20.8%), and positive factors making a difference in mental health (18.1%). The spouse of a Navy retiree shared, *"It's not [a] secret that the US has a problem with access to mental health care. There are enough providers, they don't take insurance, if they do take insurance, they likely don't take Tricare. The uncertainty of paying out-of-pocket and getting reimbursed is unmanageable for many household budgets. If THAT process could be better, it would help folks."*

Nevertheless, the benefits of mental health care are enormously important. An Air Force retiree shared, *"I'm seen by the Billings Vet Center who do amazing work for veterans. I also take part in equine therapy, which does nearly as much. My wife sees a counselor, private pay, who is very helpful. We both take mental health meds."*

Mental Health Care Crises

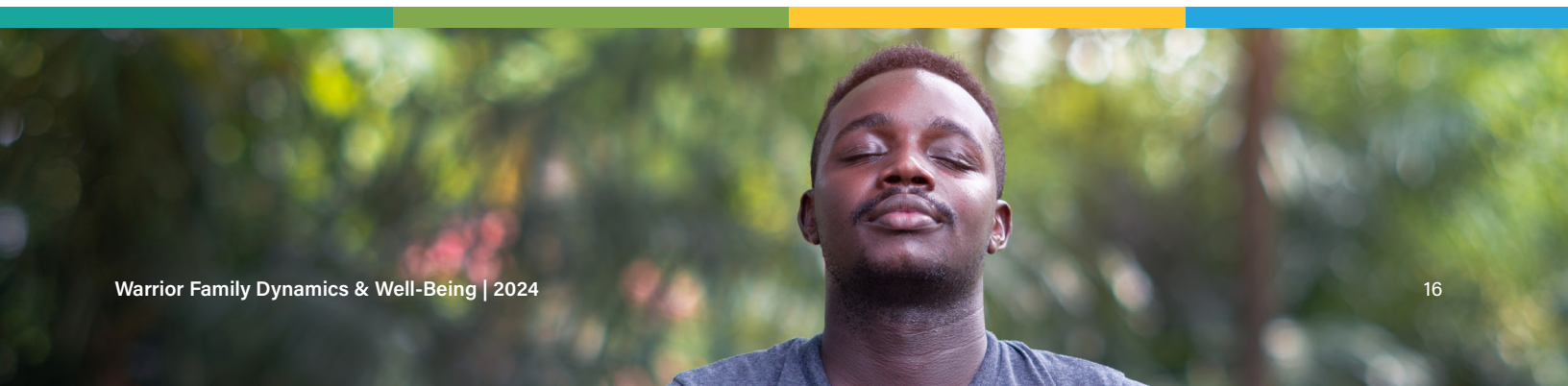
MFAN asked respondents about their experiences accessing care for mental health crises, a critical area of concern for the military and veteran community. In 2023, the majority (77.8%) of respondents from the full warrior family population reported not accessing emergency mental health care (EMHC) recently (in the past two years), as opposed to 17.0% who had accessed mental health crisis resources. Statistical analysis showed that some warrior family subpopulations were more likely to report recently accessing EMCH, including families experiencing very low food security, those who transitioned 6-10 years ago, those with children under age 18, and caregiving families. Of further note, respondents who recently accessed EMCH were more likely to report poor family health.

Among the most concerning mental health crises is suicidal ideation, reported by 13.4% of the full warrior family population. Concerningly, a higher proportion (17.1%) of warriors themselves reported suicidal thoughts compared to their spouses, with women warriors reporting slightly higher proportions (16.8%) than male warriors (16.2%). A deeper understanding of this issue is essential for effective suicide prevention and addressing the care needs of those who are struggling.

Caregiving

Caregiving homes are a special consideration within the dimension of mental well-being, as caregiving responsibilities affect the family in numerous ways, and caregivers are among the warrior family subpopulations more likely to access mental health care services and emergency mental health care. This section will explore the caregiving-related insights from the 2023 MFSPS, highlighting connections to family well-being.

Caregiving households were reported by nearly half of the full warrior family population, with 24.5% reporting that they served as a caregiver. A similar proportion (23.8%) indicated that they receive care. Veteran and retiree warrior families report caregiving responsibilities in similar proportions, nearly a quarter (24.5%) of the collective sample, most commonly indicating caregiving for their spouse (52.7%), followed by a parent (13.3%). Caregiving for children was also reported, for those under age 18 (6.4%) and over age 18 (4.9%). When asked about the caregiving support they received, the highest proportion indicated that they were not receiving any (38.3%). The top reported resources utilized were family and friends (45.6%) and military-connected programs (24.2%).



Caregivers among the full warrior family population who were not receiving support were asked if they experienced barriers to caregiving support, and 18.2% indicated that they encountered no obstacles. Those that did indicate obstacles most commonly reported challenges with the cost of support (23.8%) and the effort needed to access support (22.9%). Other top challenges included deferring support to families who they perceived needing more help than theirs (17.8%), that they were unaware of support availability (17.3%), and not having enough information (15.4%).

The 2023 Military Family Support Programming Survey also asked caregivers among the full warrior family population who had received support about their experiences, and the majority shared positive stories (60.4%). These included the unstructured support of their network and structured support of programs, as told by the spouse of an Air Force veteran, *“I really appreciate the support and resources the program provides. They have coordinated options for us when my husband was hospitalized and recovering. The stipend I receive is a financial lifeline since I am not working.”* In another top theme, respondents elevated the need for additional support that would reduce caregiver burden (18.9%), including resources like transportation, information, peer-support networks, and generally increased access and availability of resources.



Caregiving homes among the full warrior population face compounding challenges, being much more likely to experience very low food security and loneliness. Further, they are less likely to report excellent family health as compared to the full warrior family population. Their nuanced support needs require a clearer understanding of their context and barriers to support.

Findings across the mental well-being section underscore the critical need for mental health resources and emergency care, while also highlighting the importance of supporting overall family well-being to prevent military and veteran family challenges from escalating.



Social Well-Being

MFAN and WWP focus on social wellness, exploring the interconnectivity of relationships to overarching well-being. MFAN's findings from the UCLA Loneliness Scale are enhanced with qualitative data to present a clearer picture of the full warrior family population's experience.

Loneliness

The MFSPS has utilized the UCLA Loneliness Scale since 2019 to gain deeper insight into military and veteran family experiences. This nine-point scale, which identifies loneliness with scores of six or higher, provides independent insights and additional context for considerations of family health.

Reported loneliness among the full warrior family population was higher than in 2021 (52.7%), with 59.8% of 2023 respondents indicating loneliness. Veteran warrior families reported loneliness in a significantly higher proportion (67.3%) than retiree warrior families (53.5%). The concerning connection between family health and loneliness draws even more attention to these striking findings. Those who reported not being lonely were more likely to have excellent family health and less likely to have moderate or poor family health. Conversely, those reporting loneliness were more likely to report moderate and poor family health. Additional scale connections were found between loneliness and food security in the full warrior family population. Food secure families were more likely to indicate that they were not lonely. However, families who were experiencing low or very low food security were more likely to report loneliness.

Warrior family subpopulations that had the highest rates of loneliness included families with LGBTQ+ respondents (77.2%), caregiving families (68.8%), and families who transitioned within the last five years (65.7%). Women warriors were more likely to report loneliness (65.8%) than their male counterparts (53.7%). Loneliness was linked to an increased likelihood of using mental health and emergency mental health services for the full warrior family population. These findings show social well-being as pivotal for mental well-being and underscore the interconnected aspects of family wellness.

Connections

MFAN's inquiry into family relationships and community experiences offers important considerations to social well-being for the full warrior family population. First, MFAN asked respondents about the impact of military life on their family relationships and their marriages in separate open-ended questions. Top themes dovetailed, as presented in the chart below. The themes reflecting positive family/relationship dynamics were strongly connected to higher family well-being scores and lower reported loneliness.

Impact of Military Life on Family Relationships		Impact of Military Life on Marriage	
Top Themes	Manifest Effect	Top Themes	Manifest Effect
Challenging Family Dynamics	28.4%	Challenging Relationship Dynamics	32.0%
Challenging Health and Healthcare	19.3%	Challenging Military Life	21.5%
Challenging Military Life and Culture	19.2%	Positive Relationship Dynamics	18.1%
Challenging Home Life	18.6%	Challenging Feelings and Perceptions	15.3%
Positive Family Dynamics	13.8%	Challenging Health and Wellness	12.8%

Across these related questions, respondents from the full warrior family population painted compelling pictures that showcased how their relationships and well-being intersect. One Army veteran shared, *"I am disabled and divorced, I feel like I am being punished for not dying during combat."* Respondents highlighted changed family dynamics as a result of their service, captured by an Air Force veteran, *"I isolate myself from the world. I wish I could give my kids the same dad they had before the war."* Yet other respondents shared stories of deepened connections despite the hardships of military life.

Continuing to explore connections, MFAN first asked the full warrior family population to rate their experiences with the civilian community. The majority (60.9%) reported positive or very positive interactions, while only 9.0% indicated negative or very negative experiences. Findings reflected an unsurprising connection between community experiences and both loneliness and family health. Positive experiences were linked to excellent family health and not being lonely, while negative community experiences were linked to loneliness and poor family health.

Social connections offer informal support and enhance feelings of belonging, protective factors for families who are often facing compounding challenges. Given the connections between loneliness and the broader connections to overarching family well-being, the social well-being of the full warrior family population should continue to be explored in the research ahead.



Financial Well-Being

Financial stability reduces stress, facilitates access to resources, and allows families to plan for their futures. Connected to the ability to thrive, financial well-being is a crucial and ongoing focus in discussions about military and veteran families. This section will examine contextual factors that impact the full warrior family population's financial experiences, leveraging the family health scale to add dimension to MFAN's quantitative and qualitative data. The analysis includes financial well-being scores, gross family income, financial stress and emergencies, and employment experiences.

Financial Well-Being Scale Scores

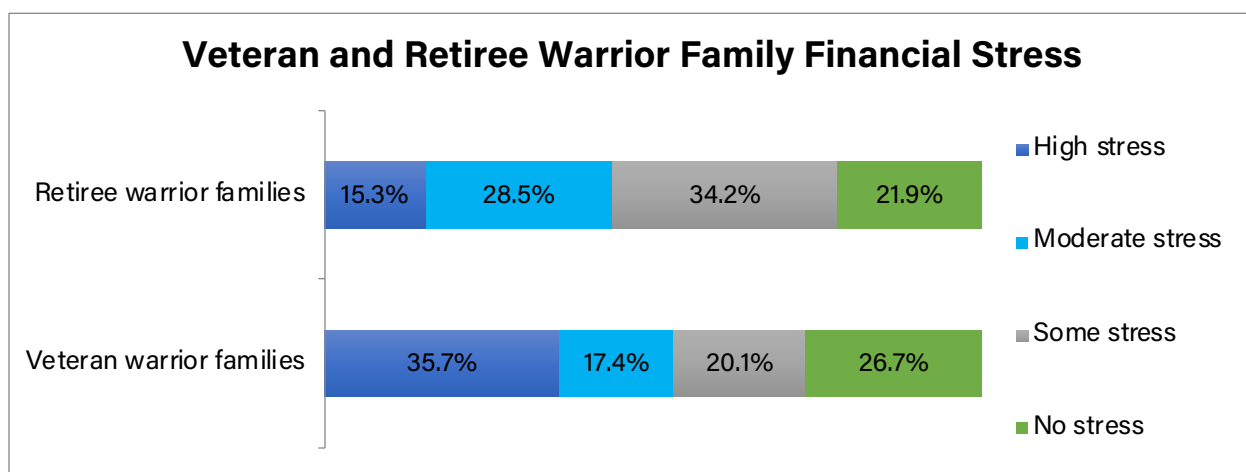
In 2023, MFAN deepened data collection and analysis by incorporating the Consumer Financial Protection Bureau's (CFPB) Financial Well-Being Scale. MFAN's Insights team sorted scores into quartiles around the median score (51): very low, low, high, and very high.

Distinctions between retiree and veteran warrior families were significant, with 70.6% of the veteran warrior family subpopulation reporting low or very low financial well-being compared to 47.6% of retiree warrior families. Findings showed that financial wellness is inextricably linked to other domains of well-being. Against all other scale measures, low scores reflected compounding challenges with food security, satisfaction with life, loneliness, and overarching family health while high scores reflected fewer struggles in these dimensions.

Given the differences in financial well-being scores among subpopulations in the full warrior family sample, differences in reported gross household income are unsurprising. Nearly two-thirds (62.5%) of veteran warrior families reported making less than \$75,000 per year, compared to retiree warrior families (30.2%). More than half (58.0%) of the full warrior family population's respondents were employed, 46.1% full-time and 11.9% part-time. Compared to veteran warrior families, retiree warrior family respondents were more likely to report being unemployed and not looking for work, while veteran warrior family respondents were more likely to report being unemployed and wanting to work. These unemployed veteran warrior family respondents were more likely to have low or very low financial well-being scores.

Financial Stress and Financial Emergencies

MFAN also asked the full warrior family population how much stress their finances caused them, on a scale from high to low stress. Veteran warrior families were more likely to report high financial stress, reflected in the chart below. A connection between financial well-being and financial stress emerged for families with children under age 18 and households with 5 members, each more likely to report low financial well-being and high financial stress compared to their counterparts. While financial well-being scores were reported in comparable proportions for women warriors and their male counterparts, women warriors were more likely to report no financial stress (33.3%). Caregiving families were more likely to report high or moderate financial stress. Respondents who were unemployed but wanted to work were more likely to indicate high financial stress.



Providing depth to the quantitative financial findings, MFAN asked respondents an open-ended question about the impact of financial stress on their lives. For the full warrior family population, the top theme that emerged was related to impacts on mental or physical health, reported by nearly a third of respondents (32.4%), and in higher proportion for veteran warrior families (39.1%). They shared the physical manifestations of stress, including headaches, high blood pressure, trouble sleeping, and impacts on their eating habits. They explained that financial stress degraded their mental health, causing anxiety, depression, and feelings of hopelessness. One Army veteran captured the intersection between the physical and mental impacts on health, *“Not able to go anywhere. No, [enjoyment] in life. Little to no food. Can’t think, having hard time sleeping. Don’t want to open the Mail. Wearing the same old clothes.”* Among the top themes were stories of changes that families made to their spending habits (22.2%), which indicated additional stress for some and a path forward for others.

Adding to a comprehensive picture of their financial well-being, respondents were asked whether they had experienced a recent financial emergency and how much – if any – they had in emergency savings. Again, there were significant differences among warrior family subpopulations when examining financial emergency data. Retiree warrior families were more likely to report financial emergencies more than five years ago (27.6%) or that they had never experienced a financial emergency (29.0%). Recent financial emergencies, within the past year, were more likely to be reported by veteran warrior families (27.5%), caregiving families (27.2%), and respondents who were unemployed but wanted to work (27.1%). Coupled with data on available emergency funds for subpopulations, their ability to navigate potential financial emergencies is strikingly different, as noted in the chart below.

Subpopulation	<\$500 in emergency funds or no fund
Veteran Warrior Families	35.7%
Veteran Warrior Families who transitioned 11+ years ago	48.2%
Caregiving Warrior Families	25.9%
Unemployed and want to work	37.7%

Financial well-being intersects across dimensions of warrior family health in powerful ways. Of further concern are the differences between the full warrior family population's experiences. The distinct challenges of military life and transition, along with the nationwide issue of inflation, make financial security a critical aspect of ensuring that all warrior families can thrive.





Spiritual Well-Being

Following WWP’s definition, spiritual well-being encompasses how warriors find purpose in their lives and demonstrate the resilience necessary to overcome challenges. This section will examine the full warrior family population’s perceptions of purpose and meaning in their lives through MFAN’s complementary research. Satisfaction with Life Scale (SWLS) scores coupled with qualitative data unpack how these respondents define what family well-being means to them and the impact of military life on their family well-being.

Satisfaction with Life

In the 2023 Military Family Support Programming Survey, MFAN included the Satisfaction with Life Scale (SWLS) for the first time. This five-item scale measures global judgments of life satisfaction, quality of life, and well-being as reported by the respondent. Unsurprisingly, reported family well-being is strongly connected to SWLS scores. Among the full warrior family population, families who had excellent family health were more likely to report high satisfaction with life, while those with poor family health were more likely to have low life satisfaction.

The largest proportion of the full warrior family population indicated high life satisfaction (40.0%), with another 23.9% indicating average life satisfaction. However, more than a third of family respondents (36.1%) reported low life satisfaction. Retiree warrior families were more likely to report high or very high satisfaction with life (50.1%) compared to veteran warrior families (27.9%). Conversely, veteran warrior families were significantly more likely to report low or very low satisfaction with life (45.5%) compared to retiree warrior families (28.3%).

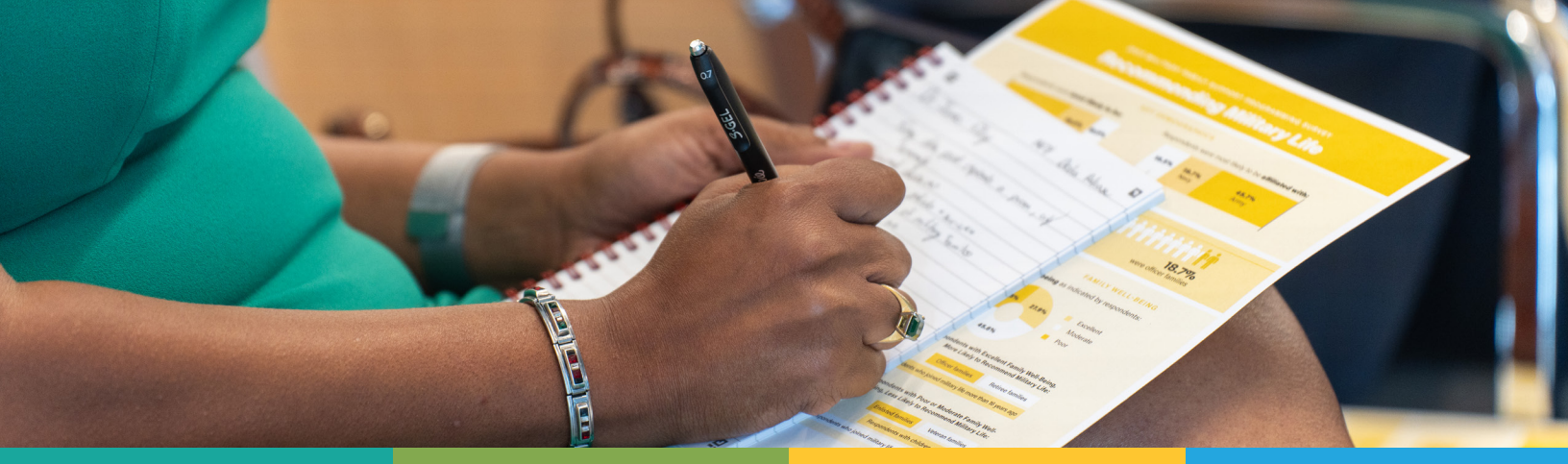
Examining subpopulations continued to reveal significant differences in life satisfaction among the full warrior family population. Higher life satisfaction was reported by married respondents, those with two household members, those with no children under 18, caregivers, and those identifying as white. In contrast, lower life satisfaction was more common among separated or divorced individuals, those living alone, multiracial respondents, and those who transitioned over 11 years ago. Additionally, lower satisfaction was noted among LGBTQ+ individuals and those identifying as Black or African American.

When asked to describe what family well-being means to them in an open-ended question, the top theme that emerged from the full warrior family population's responses elevated the priority of meeting their family's basic needs, having safe homes and lives, and being able to provide for their families and have financial security (32.1%). An Army retiree explained how compounding financial strains impact family well-being, *"Abilities to feed entire family and pay bills having funds left over. I don't. I live paycheck to paycheck."*

A similar proportion of the full warrior family population spoke about mental and emotional well-being (31.0%), and they most often expressed a desire for happiness and mental stability for themselves and their family members. They also told MFAN that good overall health (30.7%) was also a key component of wellness, indicating a general desire for their families to be healthy. An Army veteran highlighted these intersecting priorities, *"Family well-being to me means the emotional mental and physical status of everyone in the said family. Having them all in positive health. Having all the necessary needs met and with luck a little of the wants as well. Also, the safety of them all as well."*

The full warrior family population further shared that supporting one another and being together were key elements of their definition of family well-being (21.9%). They prioritized shared time, traditions, and responsibilities. A final related theme captured the importance of well-being (20.6%), indicating that it "meant everything" to them and was a primary concern/focus in their lives. A spouse of an Air Force veteran stated, *"It is the core of my soul. My family means everything to me. So health, abilities, and self sufficiency are really core needs."* While the main themes rose to the top, smaller but notable sentiments included healthy relationships and opportunities for success in school, work, and community. Some respondents also viewed their ability to handle challenges as a key aspect of family well-being.

Family stories and their own indicators of satisfaction with life provide important clarity to how the full warrior family population finds meaning in their lives. With the potential to reinforce other dimensions of well-being, the spiritual component warrants enhanced understanding and support.



Recommendations & Conclusion

The insights from MFAN's 2023 Military Family Support Programming Survey, detailed throughout this report, highlight the significance of comprehending the full warrior family population's experience. Findings presented here suggest that family experiences – positive and negative – have rippling effects across these interconnected dimensions. Their experiences amplify current post-9/11 veteran and retiree family concerns and those that will be relevant for the currently serving military community as they transition to become warrior families. Collaborations of organizations like MFAN and WWP are essential to these insights to provide an understanding of warrior family well-being from the perspectives of both warriors and their family members. They are most valuable when translated into data-informed solutions.

Given these findings, and the striking distinctions between warrior family subpopulations, MFAN suggests further research into post-9/11 veteran and retiree family well-being, focusing on several upstream areas:

- **Recent Transition:** Examine how recently transitioned families navigate support resources
- **Demographic Differences:** Explore how experiences differ among subpopulations
- **Caregiving Dynamics:** Understand the caregiving experience from both the perspective of the wounded warrior and their caregiver
- **Warrior Relationships:** Investigate the impact of military service on family and community connections for transitioned families

This report highlights both areas for improvement and the struggles faced by post-9/11 warrior families, while also pointing to support successes for families who have served. Warrior family well-being is comprised of interrelated domains and their journeys are impacted by varied contextual factors. Understanding and addressing these issues requires a comprehensive approach, leveraging expertise across organizations and entities invested in supporting the entire family's service journey.

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