The State of the American Veteran: The Southern California Veterans Study

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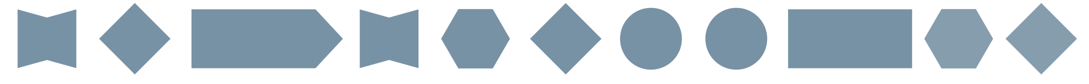


Foreword

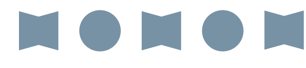
As a lifelong resident and business leader in Southern California who cares deeply about improving the health and well-being of our Nation's veterans, I would like to recommend that every leader and member of community organizations in Southern California that care about veterans read this report: *The State of the American Veteran: The Southern California Veterans Study.* This report is also beneficial to those at state and federal levels who are responsible for the well-being of our veterans.

This comprehensive research study was conducted by investigators from University of Southern California, and is the largest effort undertaken to date to better understand how veterans are faring in Southern California. Many may find the findings in this report surprising, expected, or even shocking. Regardless of how one perceives these findings, I am confident they can be used to guide communities in their efforts to ensure our nation's veterans and families receive the support they deserve.

While we have had many achievements in how we support our veterans as they transition from active military status back to our communities, and we have much to be proud of, considerable work remains. It's my sincere hope that those reading this report will appreciate the progress made while focusing on those areas that require our attention.

Our veterans served our nation when they were needed. Let us repay our debt to them by ensuring they receive all the services they need to rejoin us in our communities.

Daniel J. Epstein
RAND—VPRI BOARD MEMBER

Acknowledgements 

Community-based research can only be as successful and impactful as the community it aims to serve. We are fortunate to have conducted this work in Southern California, where so many are dedicated to the well-being of our veterans. We are truly grateful for the *Los Angeles County, Orange County* and *San Diego County communities* who made this work possible. To all the individuals, collaboratives, agencies and organizations who supported these efforts, especially those who assisted us in reaching Southern California veterans, please know how instrumental your partnership and contributions have been to this project. You have our profound appreciation.

We are especially grateful for our generous sponsors: *The Epstein Family Foundation, the Southern California Grantmakers, UniHealth Foundation* and *Cedars-Sinai*. Your support will have far-reaching impacts on Southern California veterans, as well as those across the nation.

Finally, we are indebted to the veterans who participated in this study, who opened up their lives to us and, through their self-disclosure, have enabled us to help all veterans.

This study and report were made possible by the generous support of:

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Executive Summary

The Southern California Veterans Study comprises the fifth study in *The State of the American Veteran* series. Our nation's veterans make extraordinary contributions to society, and while it is true that most veterans are doing well, it is also true that serving in the military, as well as the transition from service to civilian life, can create unique life stressors and challenges. The purpose of this study is to continue to examine how and where challenges occur and provide communities with the information needed to develop and expand support.

The sample comprised veterans living in Southern California, specifically veterans who live in Los Angeles County, Orange County and San Diego County. An online survey approach was utilized for data collection. Data was collected between July 2022 and June 2023. A targeted recruitment strategy was used to achieve maximum representativeness of the veteran population in Southern California.

In total, 3,188 Southern California veterans completed the survey. Forty-two percent resided in Los Angeles County, 19% in Orange County and 39% in San Diego County. The following represents the study key findings and recommendations.

Key Findings

No.1

There are still too many veterans unprepared for their transition from the military to civilian community. Below are the three key aspects of the veteran transition that requires immediate attention.

Findings 1a The majority of veterans continue to leave active duty without a job.

Findings 1b A significant number of veterans leave the military with inadequate or unstable housing plans.

Findings 1c Veterans reported many emotional challenges associated with transitioning to civilian life that they were unprepared to handle. Veterans struggled with feelings of having to start over and difficulty of no longer being in the military. Most didn't anticipate how hard the transition was going to be.

Recommendation Continued improvements to transition programs could begin to solve these issues. First, the goal of every separating service member should be to have a job offer before leaving the military. Second, while most veterans report having a place to live upon leaving the military, the long-term viability of post-service housing plans should be addressed. Separating service members should fully understand what constitutes stable housing and provided with realistic expectations about affordable civilian housing. Finally, transition programs should ensure that separating service members fully appreciate and are prepared for the emotional difficulty that often accompanies the transition from the military back to civilian life.

No.2

Many veterans in the study reported experiencing moderate to severe physical pain, especially pain associated with musculoskeletal problems.

Recommendation Screening for pain should be common practice, particularly in populations prone to musculoskeletal issues and injuries like military and veteran populations. Additionally, those serving the health care needs of veterans must ensure veterans have access to healthy and effective pain management tools.

No.3

A significant number of veterans in the study indicated experiencing loneliness and a lack of social support.

Recommendation The VA and other veteran supporting agencies should screen for loneliness in veterans. Transition programs should encourage building new social networks with veteran and non-veteran groups. Family members should be encouraged to routinely contact veterans for social check-ins.

No.4

Far too many veterans continue to remain at risk of dying by suicide. Nearly a quarter of the veterans in the current study were at risk of dying by suicide, with recently transitioning veterans being at the highest risk. Almost two-thirds of veterans in the study knew someone who died by suicide.

Recommendation Develop and implement upstream, holistic suicide prevention approaches with demonstrated efficacy.

No.5

Food insecurity among veterans is high.

Recommendation The VA and veteran support organizations should screen for food insecurity.

No.6

Military sexual trauma remains a major concern, particularly for women veterans.

Recommendation Continue to ensure veterans are screened for military sexual trauma and have access to safe environments and effective treatments. Create and improve disclosure opportunities for both men and women.

No.7

Veterans believe that their exposure to airborne toxins, such as burn pits, has caused them physical harm.

Recommendation The VA and veteran supporting agencies should employ a simple screen to determine whether veterans are eligible for compensation and refer them to the appropriate sources. All veteran-supporting agencies need to familiarize themselves with recent burn pit legislation.

No.8

Many veterans do not seek care for mental health issues, despite the health benefits of doing so and the numerous resources available to them. A majority of veterans believe they possess the necessary skills to manage their behavioral health problems on their own, which is a consistent and pervasive barrier for veterans getting the mental health care they need.

Recommendation The VA and veteran support organizations need to continue efforts to increase help-seeking behavior and reduce stigma and barriers associated with seeking mental health care, with emphasis on dispelling the pervasive view among veterans that they can handle problems on their own.

No.9

While the VA health care system is viewed very positively by most veterans, there are far too many veterans who report negative perceptions about the VA, as well as reporting logistical barriers to receiving VA care.

Recommendation The VA must continue to work to improve access to care and ensure that every veteran feels accepted and supported.

No.10

Despite challenges veterans may be experiencing, most reported living purposeful, fulfilled and meaningful lives. Many veterans are doing very well in their careers, financially, physically and mentally, and have the strength, skills and resources for challenges they may encounter.

Recommendation Continue to recognize and celebrate the contributions our veterans make to our communities. Acknowledge that while military service can leave lasting impacts, most veterans find a meaningful and fulfilling life after their military service.

Notable Additional Findings

- Being a veteran was an important part of self-image and had a lot of meaning; this was equally true for both women and men.
- Three out of four veterans had careers that were different from their military occupation.
- PTSD and depression remain major mental health issues among veterans.
- Problematic alcohol use was a concern among veterans in the study.
- Women were more likely than men to report severe physical health symptoms, although symptoms were high in both groups.
- Cannabis misuse was low in the study. Results were comparable to those in VA samples that demonstrate low but a potential rise in misuse.
- A significant number of veterans reported experiencing major sleep problems.

Study
Overview

Background

Military veterans comprise an important part of American society. Veterans' unique experiences enable them to make extraordinary contributions to their communities. They often serve their communities through volunteer work, mentorship, and leadership positions. Many choose to continue to serve by pursuing careers that focus on the well-being, safety, and prosperity of others. Some forge new and exciting paths, such as opening businesses or serving in office. The positive contributions of veterans to society are undeniable.

It is also true that serving in the military, as well as the transition from service to civilian life, can create unique life stressors and challenges. The conflicts in Iraq and Afghanistan rightly shed light on the difficulties that can come with military service. However, the effort to highlight such challenges has often resulted in messaging that our veterans are broken, as well as significant overestimations of the number of veterans experiencing challenges and the extremity of such issues. While it is true that military service can leave lasting impacts on those who serve, it is also true that most veterans are doing well. Our nation's veterans live positive and satisfying lives, with successful careers and strong connections to families and friends. While recent conflicts have resulted in significant mental and physical health challenges, many veterans receive the care they need and support for these issues. This does not mean that all veterans are doing well, or that many still do not face struggles.

It is for this reason that this *Southern California Veterans Study* was undertaken. Many veterans continue to face obstacles as they transition from the military into civilian communities. The purpose of this study is to continue to examine how and where challenges occur and provide communities with the information needed to develop and expand support. As such, this study will focus on the needs of the veteran community. However, it is also important to ensure the message of the strength, contributions, and success of our veterans does not get lost.

This study comprises the fifth study in our State of the American Veteran series. Previously, we have conducted community assessments of veterans in Los Angeles County, Orange County, San Francisco, and Chicago land. This study represents our largest effort to date, and the largest effort ever of veterans in Southern California, a region with one of the largest veteran populations in America.

Data Collection Procedures

The sample comprised veterans living in Southern California, specifically veterans living in Los Angeles County, Orange County and San Diego County. An online survey approach was utilized for data collection. Through various recruitment methods, veterans received an invitation to participate in the study and were provided with a link to complete the survey online. The survey took approximately 30 to 60 minutes to complete. All participants received a $25 gift card. When appropriate, standardized survey items and instruments were used (see Appendix A for a description of measure instruments). All data collection procedures were approved by the University of Southern California Institutional Review Board.

Data was collected between July 2022 and June 2023, and a targeted recruitment strategy was used to achieve maximum representativeness of the veteran population in Southern California. The first strategy involved partnering with collaboratives, agencies and organizations which served Southern California veterans. Utilizing their contact databases, partnering agencies emailed potential participants the survey invitation and/or shared the opportunity on social media. The second approach utilized national veteran organizations that identified Southern California veterans from their email lists. Members living within the sampling area were emailed by the organization and invited to complete the survey using an online survey link. The final sampling strategy used print advertisements and social media channels to build a presence within the Southern California community. Digital communication channels including Facebook, Instagram, Twitter, LinkedIn, mass emails and the survey website promoted the survey opportunity to potential participants.

In an effort to supplement the findings represented in the survey data, eight focus group interviews were conducted comprising 48 total veterans. Participants were recruited from the pool of survey respondents who agreed to be re-contacted regarding future research. Focus group interviews lasted approximately one hour. Participants were asked a series of questions regarding their transition out of the military and their experiences as a veteran and service member.

Fraudulent Data & Bot Technology Challenges. An evolving but persistent threat to community-based research is that of fraudulent data from bot technology or bad actors. Most often, this threat to data quality comes in the form of the use of virtual private servers run by opportunistic individuals completing surveys for profit. This study was met with significant data collection barriers due to fraudulent data attempts—some that were successful, unfortunately. The study was halted in order to develop and implement new study procedures to protect the integrity of the data, and all fraudulent data was identified and discarded. Updated study methods were successful in allowing the researchers to deter and easily identify fraudulent attempts and inaccurate data. These barriers caused a significant delay in the study and created barriers for recruitment. While the researchers were able to overcome these obstacles, funders and researchers must be aware of such difficulties and ensure preventing and detecting fraud is a research priority.

Findings

Veteran Sample Population

In total, 3,188 Southern California veterans completed the survey. Forty-two percent resided in Los Angeles County, 19% in Orange County and 39% in San Diego County (see Table 1). For data presentation and analyses, all participants were divided into three groups based on when they left the military. The first group were the Recently Transitioned Veterans (RTV) who left the military between 2017 and 2022. The second group were the Contemporary War Veterans (CWV) and included those who completed their military service between 2001 and 2016. The final group were the Legacy Veterans (LGV) who served prior to 2001.

We segmented these veteran groups for several reasons. First, we wanted to understand the needs of veterans who left the military relatively recently as this provides information on current transition experiences. Second, the post-9/11 veterans remain a group of interest since they fought the Nation's most recent wars in Afghanistan and Iraq. While some combat operations were still ongoing, most combat operations had ended by the end of 2016, notwithstanding the events that occurred in the full military withdrawal from Afghanistan. Finally, the last group of veterans and comprise those from the Gulf War, Vietnam War and the Cold War, although there are also a very small number of veterans from the Korean War and World War II. This latter group provided insight into the needs of our older veterans.

Table 1 Percent of Sample by County

COUNTY	N	%
Los Angeles County	1351	42%
Orange County	606	19%
San Diego County	1231	39%
Total Sample	3188	

Within the current sample, 18% were identified as RTV, 37% as CWV and 32% as LGV, with 13% failing to note when they served (see Table 2). Data throughout the report is presented in two ways. First with results of the entire sample followed by results by time of service. Only those who reported when they served are included in the latter analysis.

The majority of participants were male (82%), married (53%) and aged between 30 and 50 (45%). Over two out of five veterans in the sample were white (61%), 28% identified as Hispanic, Latino or Spanish Origin, and 16% identified as black or African American. Forty-five percent had a bachelor's degree or higher. All sample demographics can be found on Table 3.

The Army was the most represented branch in the sample (35%) followed by the Navy (29%), and Marine Corps (22%). While this distribution of service is not reflective of current veteran service nationwide, it does reflect the disproportionate number of Marine and Naval bases located in Southern California. Over three-quarters of the sample (77%) indicated deploying at least once during their military service, with 55% reporting having served in combat. Most participants indicated being active duty at the time of discharge (75%) and separating with an honorable discharge status (88%). The most common reason for separating from the military was the service member's commitment ended (56%), followed by retirement (17%), medical retirement or medical separation (5% and 7%, respectively), and administration or chapter separation (5%). Table 4 provides details on the military background characteristics of the sample.

Table 2 Percent of Sample by Era

VETERANS BY ERA	LEFT SERVICE YEARS	N	%
Recently Transitioned Veterans (RTV)	2017–2022	574	18%
Contemporary War Veterans (CWV)	2001–2016	1171	37%
Legacy Veterans (LGV)	Before 2001	1025	32%
Not Provided		418	13.1%
Total Sample		3188	

Table 3 Characteristics of Veteran Sample

AGE	18–29	10%
	30–39	25%
	40–49	20%
	50–59	16%
	60–69	15%
	70 and older	14%
GENDER	Man	81%
	Woman	18%
	Non-binary or third gender	0.5%
	Prefer not to say or self describe	0.9%
HISPANIC, LATINO OR SPANISH ORIGIN	Yes	28%
	No	72%
RACE	American Indian or Alaska Native	0.5%
	Asian	12%
	Black or African American	16%
	Native Hawaiian or Other Pacific Islander	0.3%
	White	61%
	Other	11%
SEXUAL ORIENTATION	Heterosexual or Straight	92%
	Gay, Lesbian or Bisexual	6%
	Prefer not to say or self describe	3%
MARITAL STATUS	Single	24%
	Married	53%
	Divorced	14%
	Separated	2%
	Widowed	2%
	Domestic Partnership	4%
EDUCATION	Some High School	0.6%
	GED or High School Diploma	8%
	Some College or Associates Degree	44%
	Bachelors Degree	25%
	Masters or Higher	20%
	Other	2%

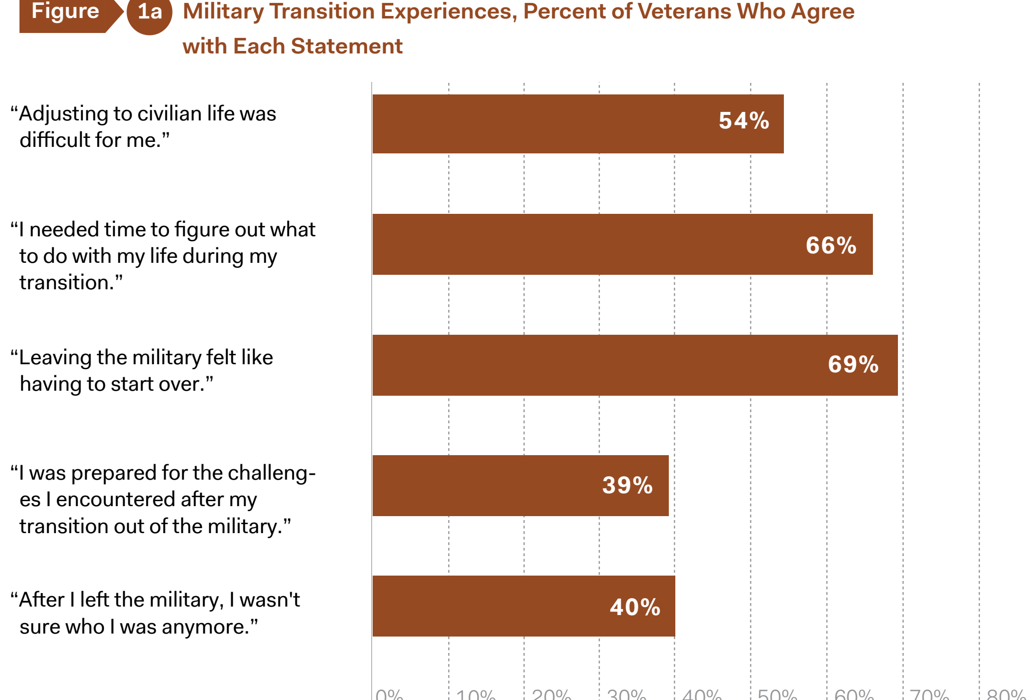
Table 4 **Military Background**

SERVICE BRANCH	Air Force	12%
	Army	35%
	Coast Guard	3%
	Marine Corps	22%
	Navy	29%
	Space Force	0.0003%
DEPLOYMENTS	None	23%
	1	25%
	2	18%
	3	12%
	4	6%
	5 or More	16%
SERVE IN COMBAT	Yes	55%
	No	45%
STATUS AT SEPARATION/ DISCHARGE	Active Duty	75%
	Reserve	20%
	National Guard	5%
RANK/PAY GRADE AT SEPARATION/ DISCHARGE	Junior Enlisted (E1-E4)	35%
	Non-Commissioned Officer (NCO; E4-E6)	43%
	Senior Non-Commissioned Officer (E7-E9/E9S)	9%
	Junior Officer (O1-O3)	6%
	Mid-Level Officer (O4-O5)	5%
	Senior-Level Officer (O6)	2%
	General/Flag Officer (O7-O10)	0.1%
	Warrant Officer (W1-W5)	1%
MILITARY DISCHARGE	Honorable	88%
	General, Under Honorable Conditions	10%
	Other Than Honorable	2%
	Bad Conduct Discharge	0.2%
	Dishonorable Discharge	0.1%
	Dismissal	0.1%
	Uncharacterized	0.3%
	Other	0.3%
SEPARATION/ DISCHARGE REASON	End of Military Commitment	56%
	Retirement	17%
	Medical Retirement	5%
	Medical Separation	7%
	Administrative/Chapter Separation	5%
	Other	10%

Military Transition

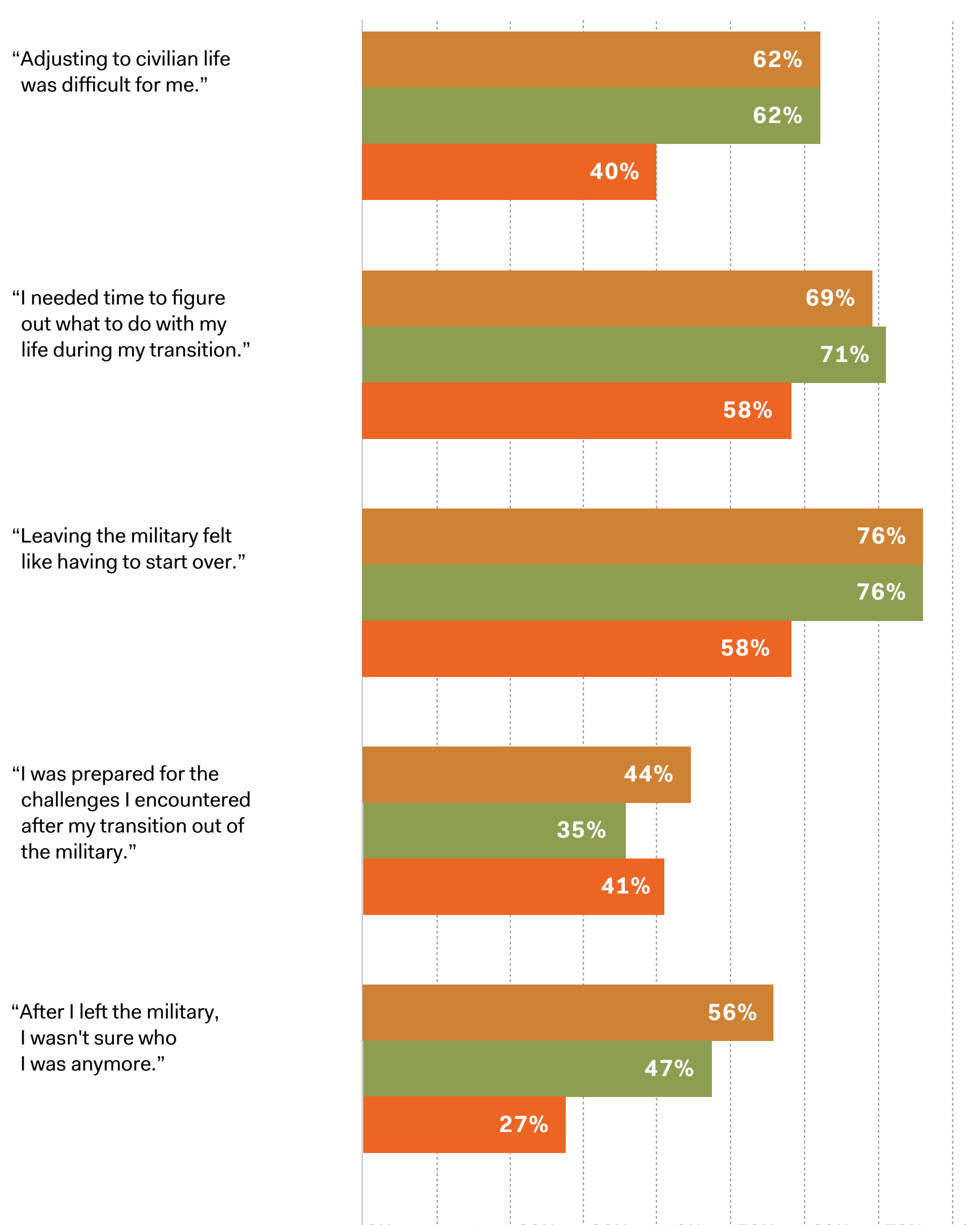
Military transition describes the process through which service members transition from military to civilian life. While all transitions bring uncertainty, leaving the military often includes a series of difficult adjustments (Castro et al., 2016). In the present study, over half of veterans reported difficulty adjusting to civilian life (54%). Over two-thirds reported leaving the military felt like having to start over (69%) and that they needed time to figure out what to do with their life (66%) (see Figure 1a).

Figure 1a Military Transition Experiences, Percent of Veterans Who Agree with Each Statement



RTV and CWV were more likely to report transition challenges than LGV (see Figure 1b). Both groups highly reported feeling like leaving the military felt like having to start over (76%). Additionally, RTV and CWV were more likely to report needing time to figure out what was next (69% and 71%, respectively). Around half of RTV (56%) and CWV (47%) indicated they weren't sure who they were anymore after leaving the military.

Figure 1b Military Transition Experiences, Percent of Veterans Who Agree with Each Statement by Era



RTV
CWV
LGV

Veterans were also asked to indicate the usefulness of the Transition Assistance Program (TAP). A quarter of veterans (24%) agreed that TAP was useful while 31% disagreed (see Figure 2a). RTV were more likely to agree that TAP was useful (45%) than CWV (30%). Unsurprisingly, LGV were least likely to have attended TAP (see Figure 2b).

Figure 2a TAP (Transition Assistance Program) was Useful in Helping Me Transition to Civilian Life

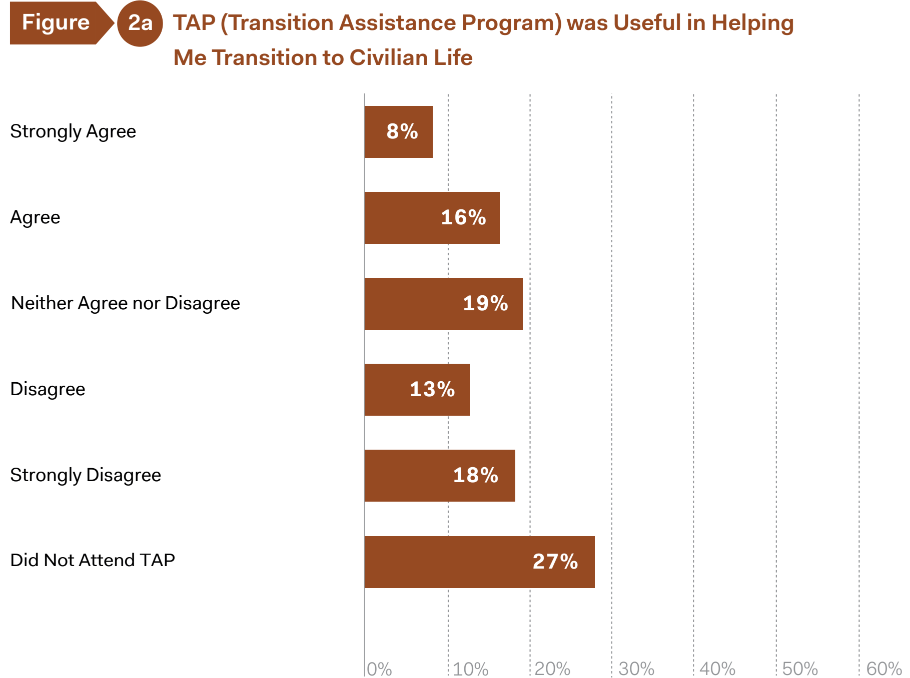
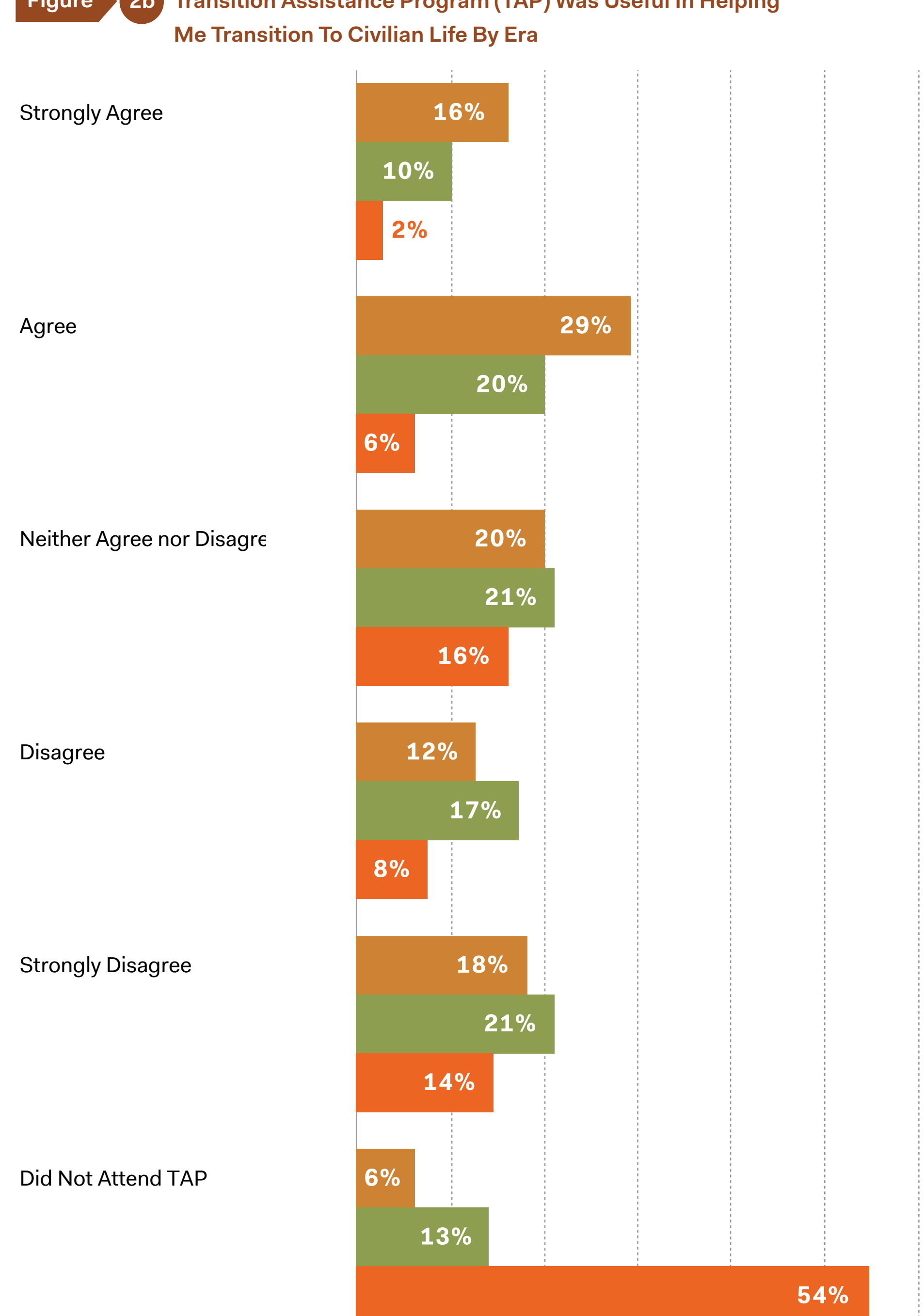
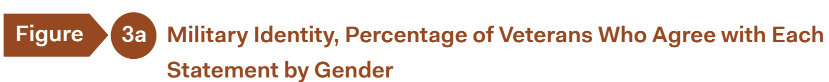


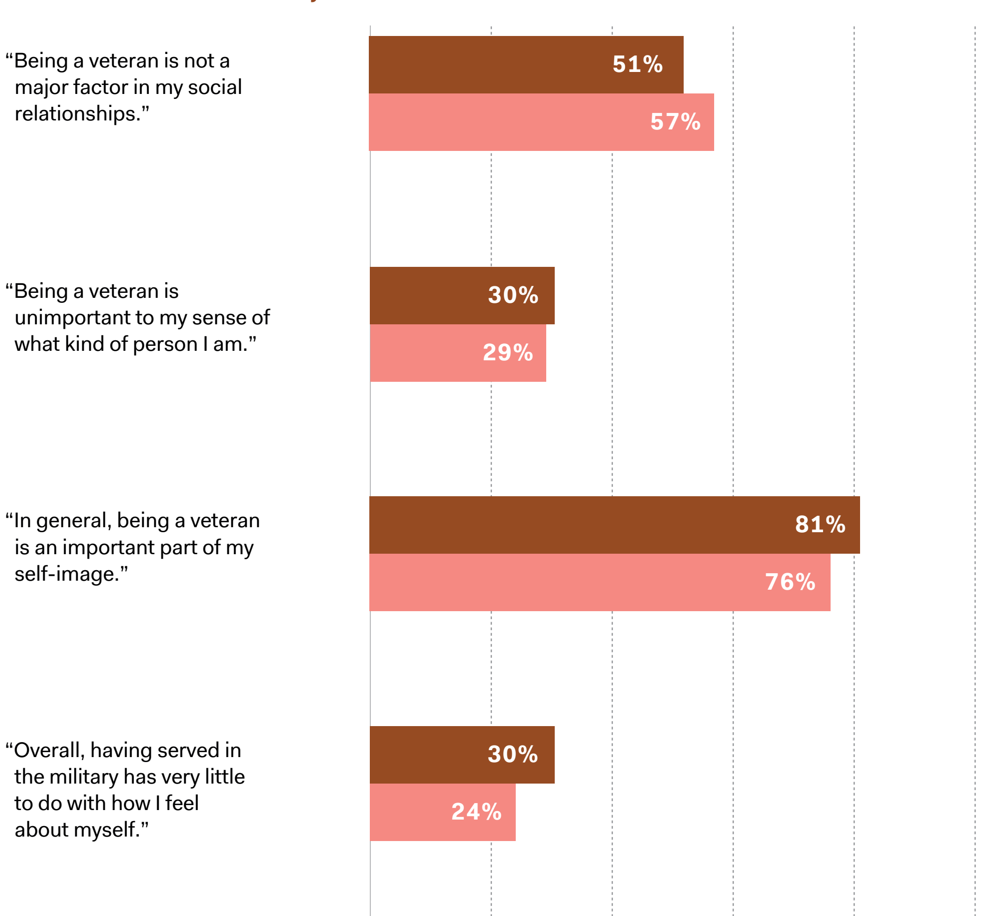
Figure 2b Transition Assistance Program (TAP) Was Useful In Helping Me Transition To Civilian Life By Era



Military Identity

For many veterans, the beliefs, values and norms learned in the military continue to be prominent post-service. This military identity plays an important part in how veterans see themselves (Lancaster & Hart, 2015). Indeed, 80% of the veterans in the present study reported that being a veteran is an important part of who they are and this was true for both men (81%) and women (76%) (see Figure 3a). Remarkably, this was most highly endorsed by LGV as 90% of respondents reported feeling this way, followed by 76% of CWV and 71% of RTV (see Figure 3b).

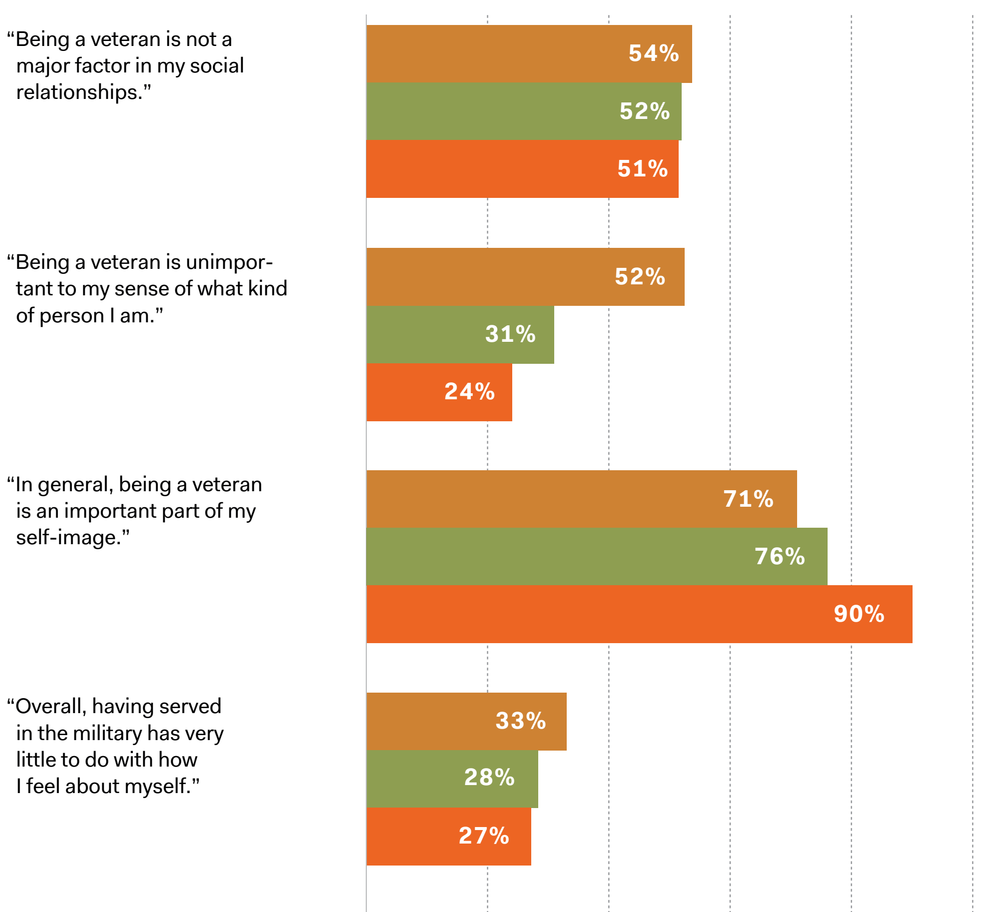




Men

Women

Figure 3b Military Identity, Percentage of Veterans Who Agree with Each Statement by Era



RTV

CWV

LGV

Employment

Post-service employment is one of the most important factors related to well-being and transition success (Kintzle & Castro, 2018). Just over one-third (34%) of the veterans in the study served in a combat specialty, with the remainder serving in a support occupation (66%) (see Figures 4a–b). As previously documented, most veterans did not have a job when they left the military (Castro et al., 2016). Only 34% reported having a job upon leaving the military compared to 66% who did not (see Figures 5a–b).

Figure 4a Military Occupation During Service

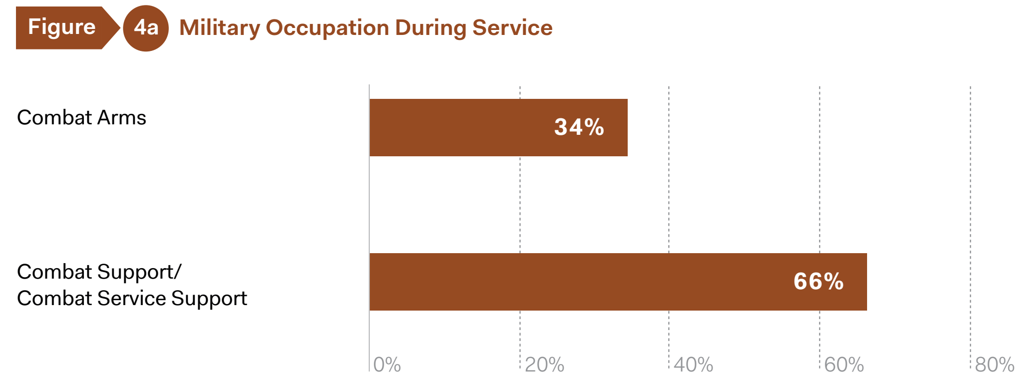
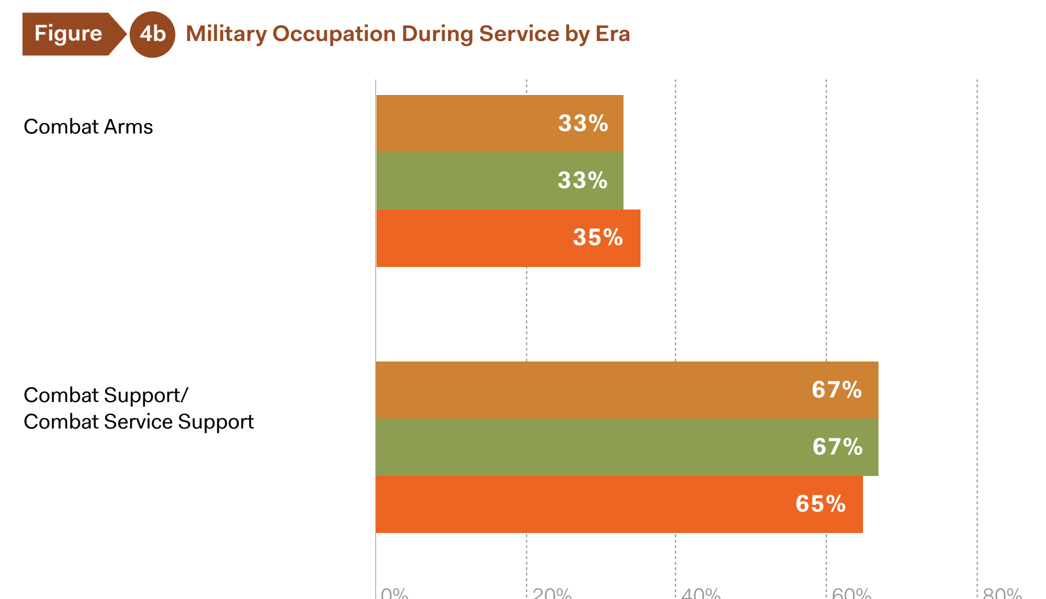


Figure 4b Military Occupation During Service by Era



RTV
CWV
LGV

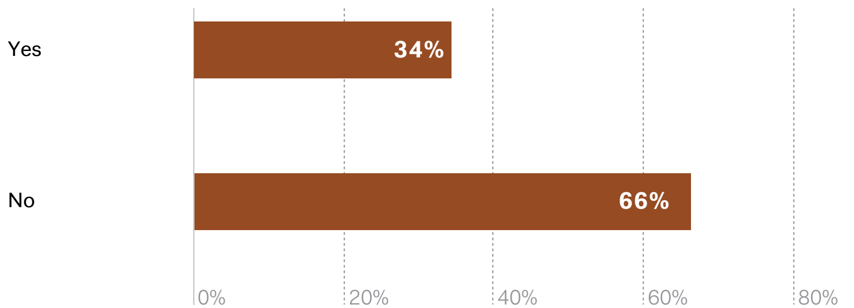
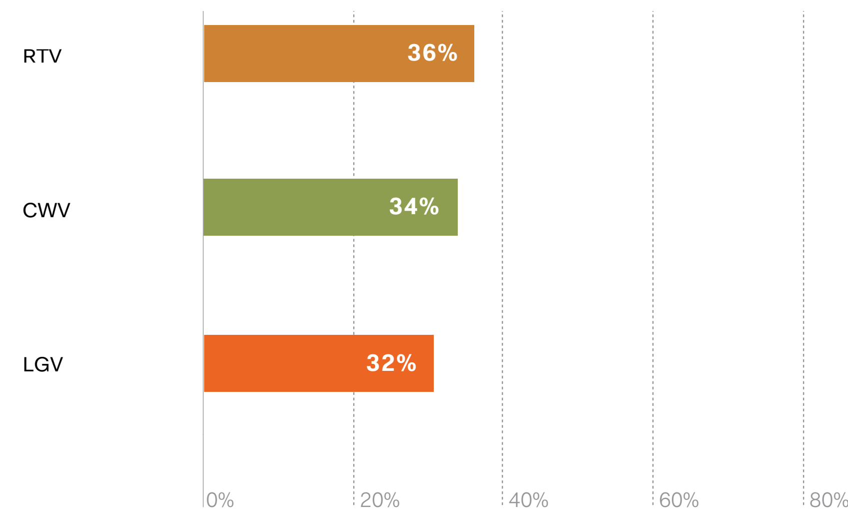


Figure 5b Percent of Veterans Who Had a Job When They Left the Military by Era



For those veterans who did not have a job, the top three reasons for not having a job were: they didn't have time (33%); it was too difficult to look for a job while still serving (28%); and they needed time to figure out what they wanted to do (26%). Not surprisingly, nearly one in five veterans (18%) thought that it would be easy to find a job after their military service (see Figures 6a–b). Only 25% of all veterans reported working in a job similar to the one they had in the military (see Figures 7a–b).

Figure 6a Reasons Veterans Endorsed for Why they Did Not Have a Job When They Left the Military

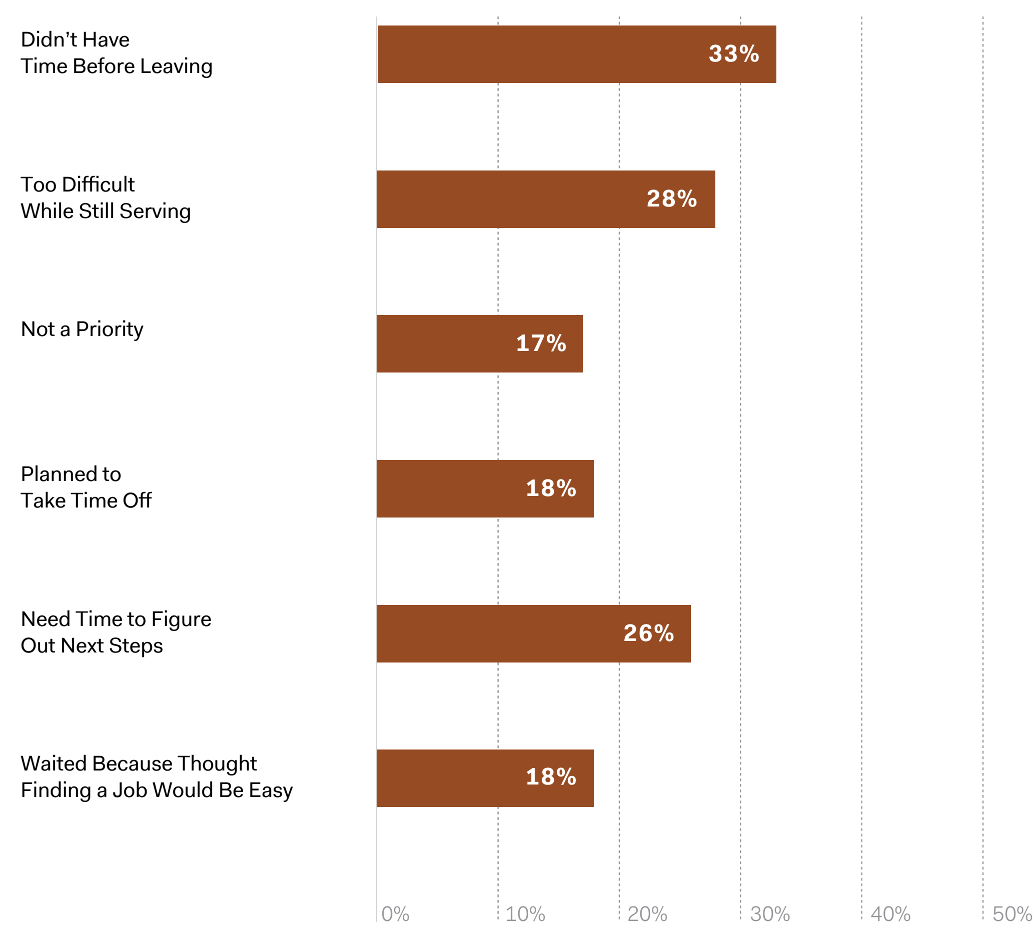
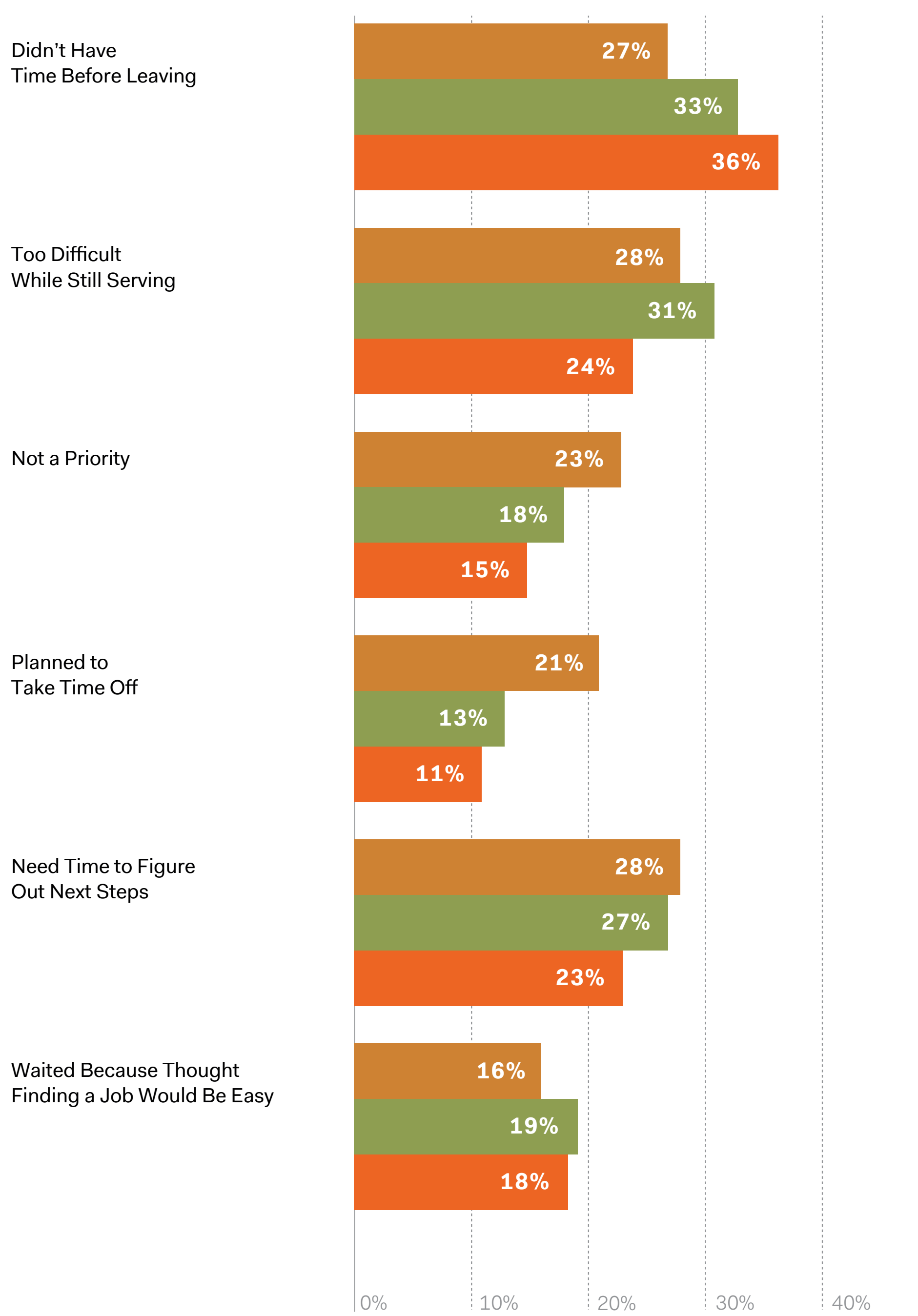


Figure 6b Reasons Veterans Endorsed for Why they Did Not Have a Job When They Left the Military by Era



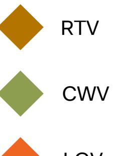


Figure 7a Employed Veterans Who Report Their Current Job is Similar or Different than Their Military Occupation

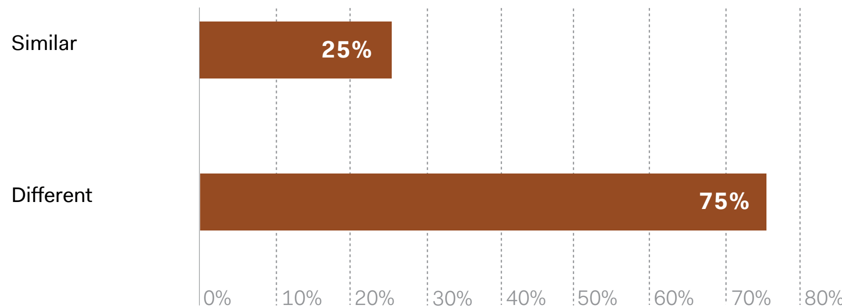
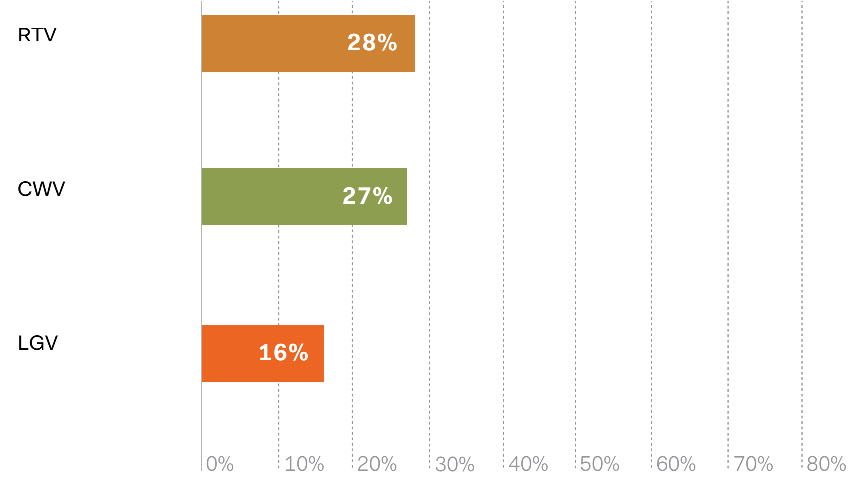
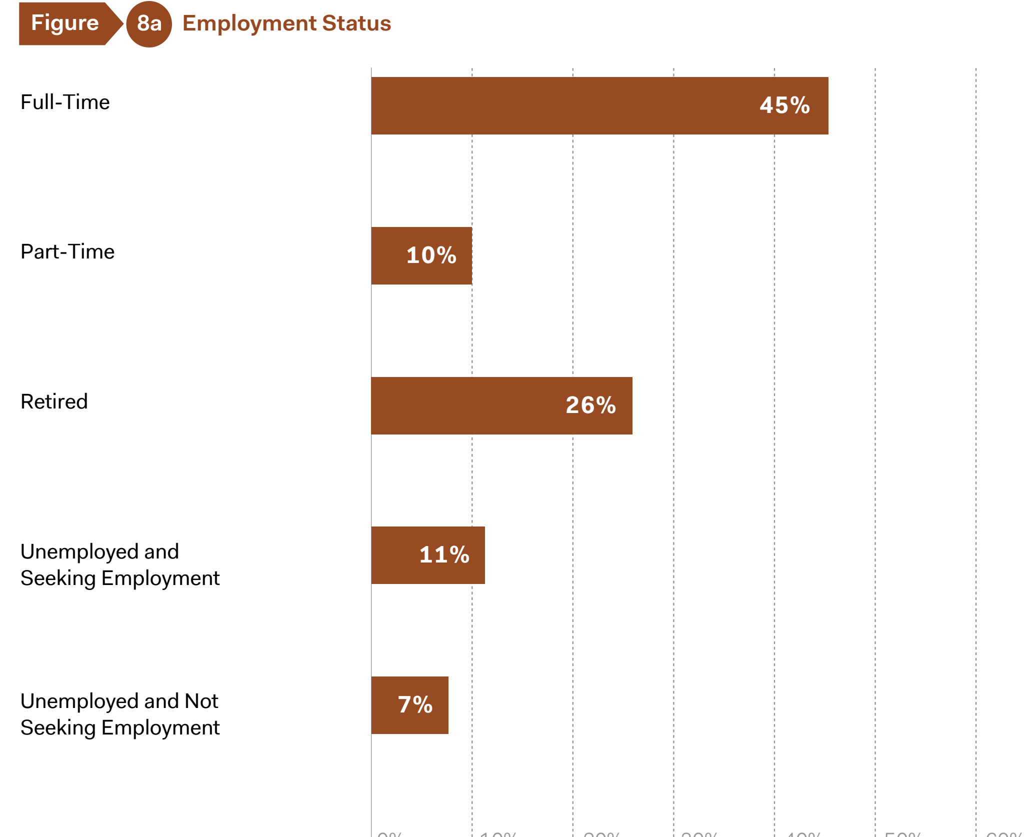


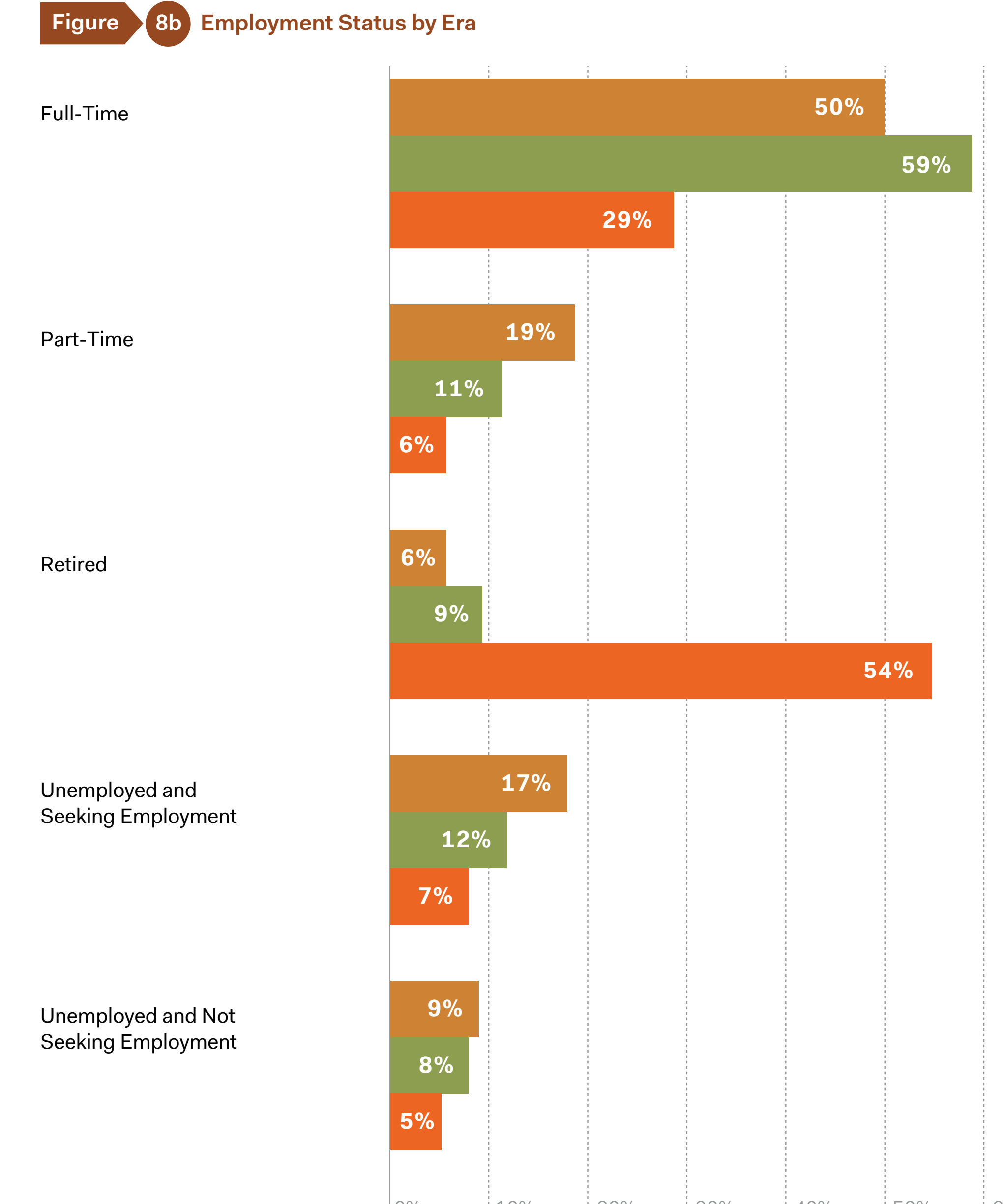
Figure 7b Employed Veterans Who Report Their Current Job is Similar to Their Military Occupation by Era



Among all the veterans in the present study, 71% were either working full-time (45%) or were retired (26%) (see Figure 8a). Of the remaining veterans, 10% worked part-time and 7% were unemployed and not seeking employment. Only 11% were unemployed and seeking employment, a rate considerably higher than previously reported by the Department of Labor (Department of Labor, 2023). RTV were more likely to be unemployed and seeking employment (17%) than CWV (12%) and LGV (7%) (see Figure 8b). Approximately 12% of the veterans in the study were full-time students with 5% being part-time students (see Figures 9a–b).

Figure 8a Employment Status

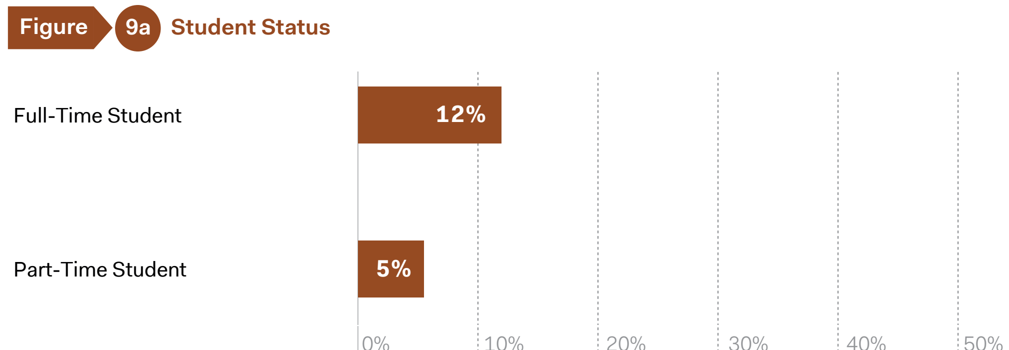


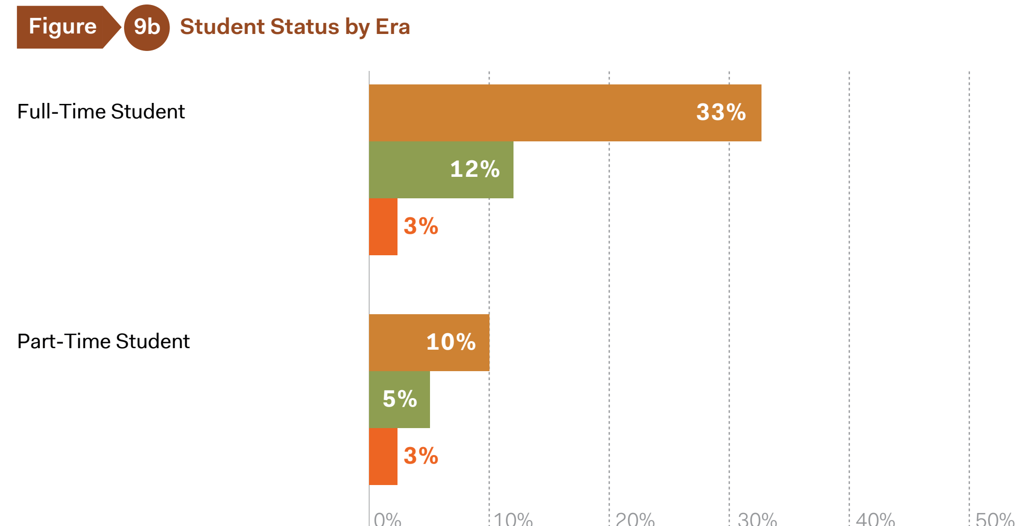


RTV

CWV

LGV





RTV

CWV

LGV

In total, 63% of all veterans working reported being satisfied or very satisfied with their current employment, with only 14% reporting being either dissatisfied or very dissatisfied. Among the three groups of veterans, the RTV were the least satisfied with their current employment (17%) (see Figures 10a–b). Two-thirds of veterans reported feeling appreciated at work (67%) and two out of five veterans reported being close to people at work (60%) and having people they can talk to at their job (59%) (see Figures 11a–b).

Figure 10a Employed Veterans' Satisfaction with Current Job

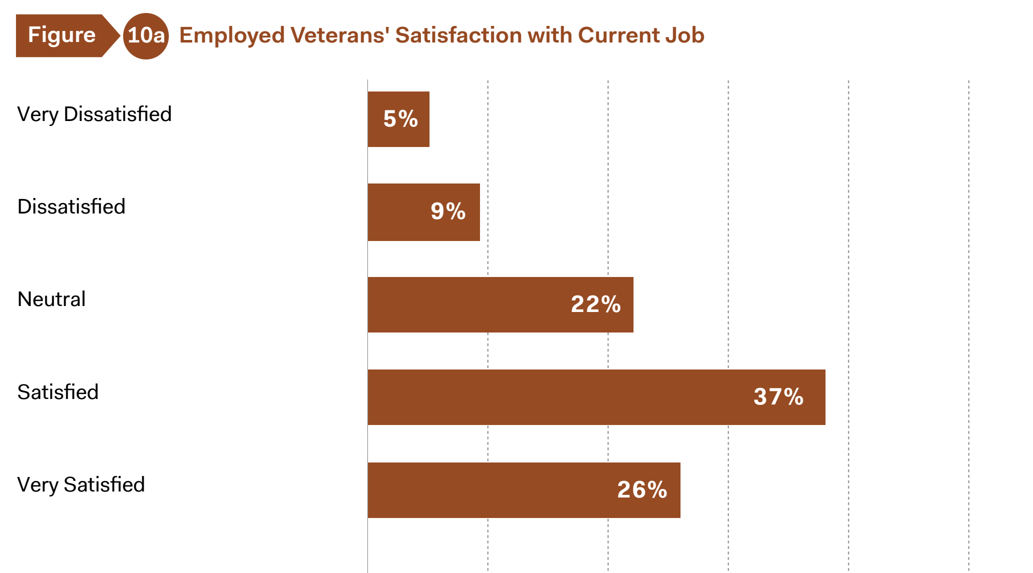
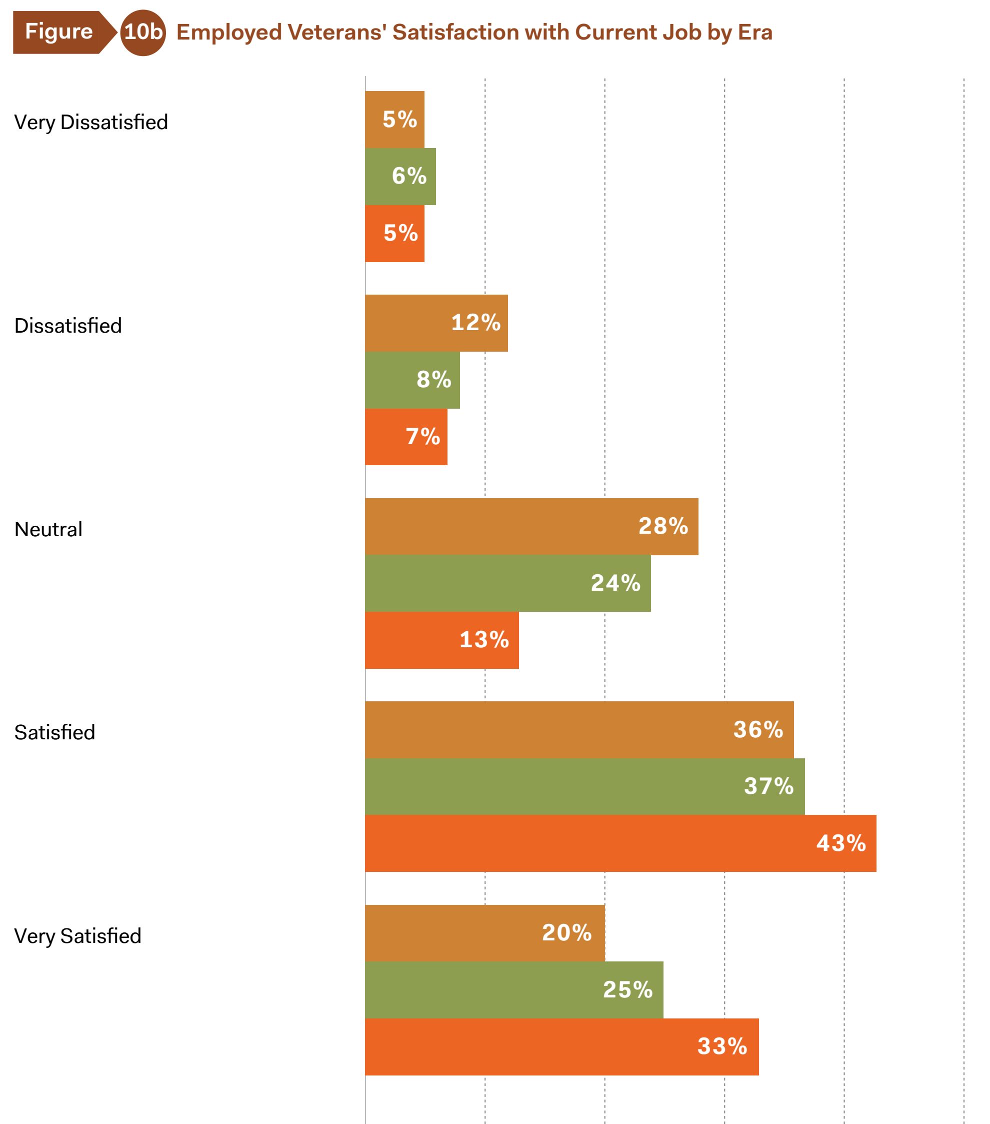


Figure 10b Employed Veterans' Satisfaction with Current Job by Era



RTV

CWV

LGV

Figure 11a Job Connectedness, Percentage of Veterans Who Agree with Each Statement

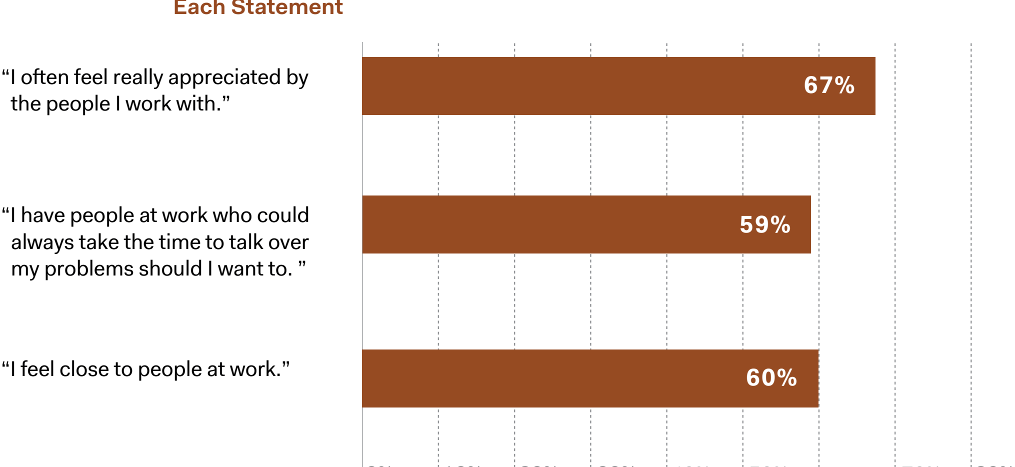
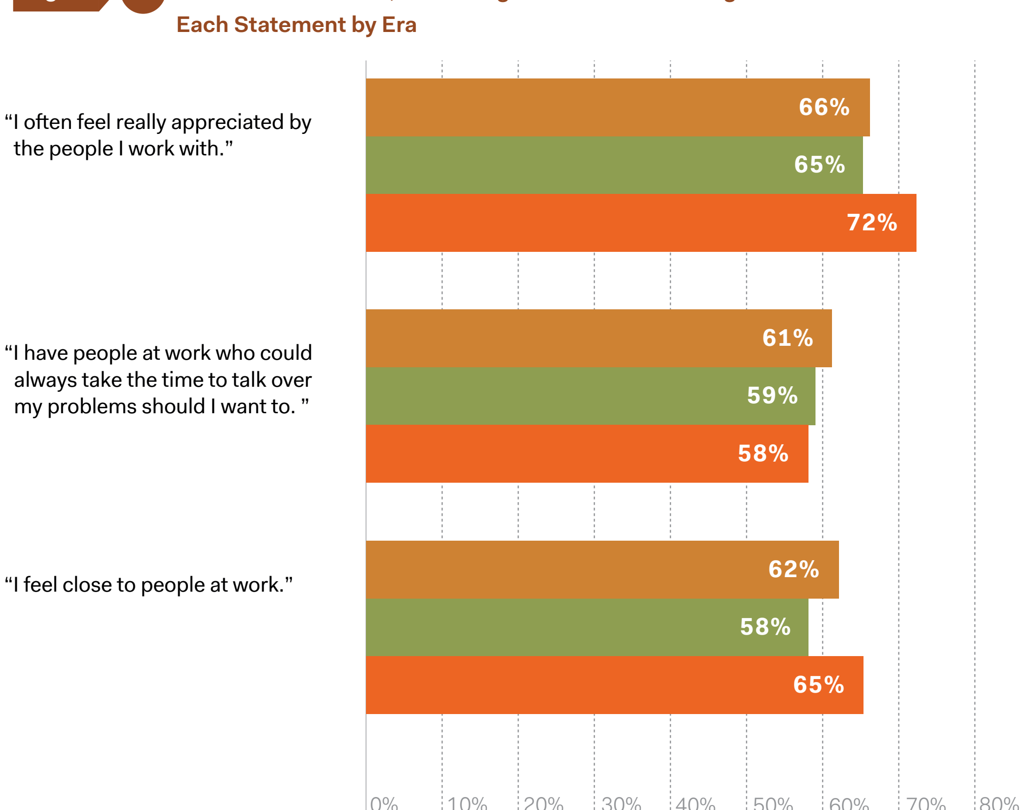


Figure 11b Job Connectedness, Percentage of Veterans Who Agree with Each Statement by Era



RTV

CWV

LGV

Housing

Housing stability is another essential element to well-being, post-transition. Most veterans (83%) reported having a place to live when they left the military (see Figures 12a–b). Not surprisingly, the most common housing solution employed by veterans was moving back home with their parents (36%), followed by renting a place (24%) (see Figures 13a–b). Approximately 19% of veterans reported a relatively unstable transition housing situation or no housing at all, with 7% reporting staying with friends, 9% staying with a partner, 2% reporting living in their car and 1% staying in a hotel room.

Figure 12a Percent of Veterans Who Had Place to Live When They Left the Military

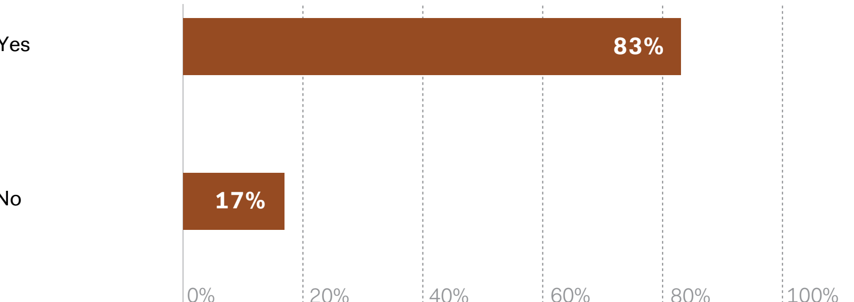
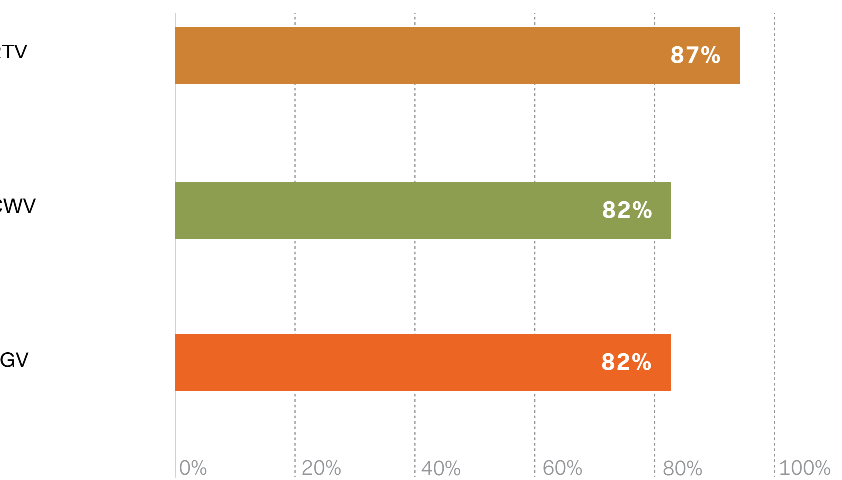


Figure 12b Percent of Veterans Who Had Place to Live When They Left the Military by Era



Living Arrangement After Leaving the Military

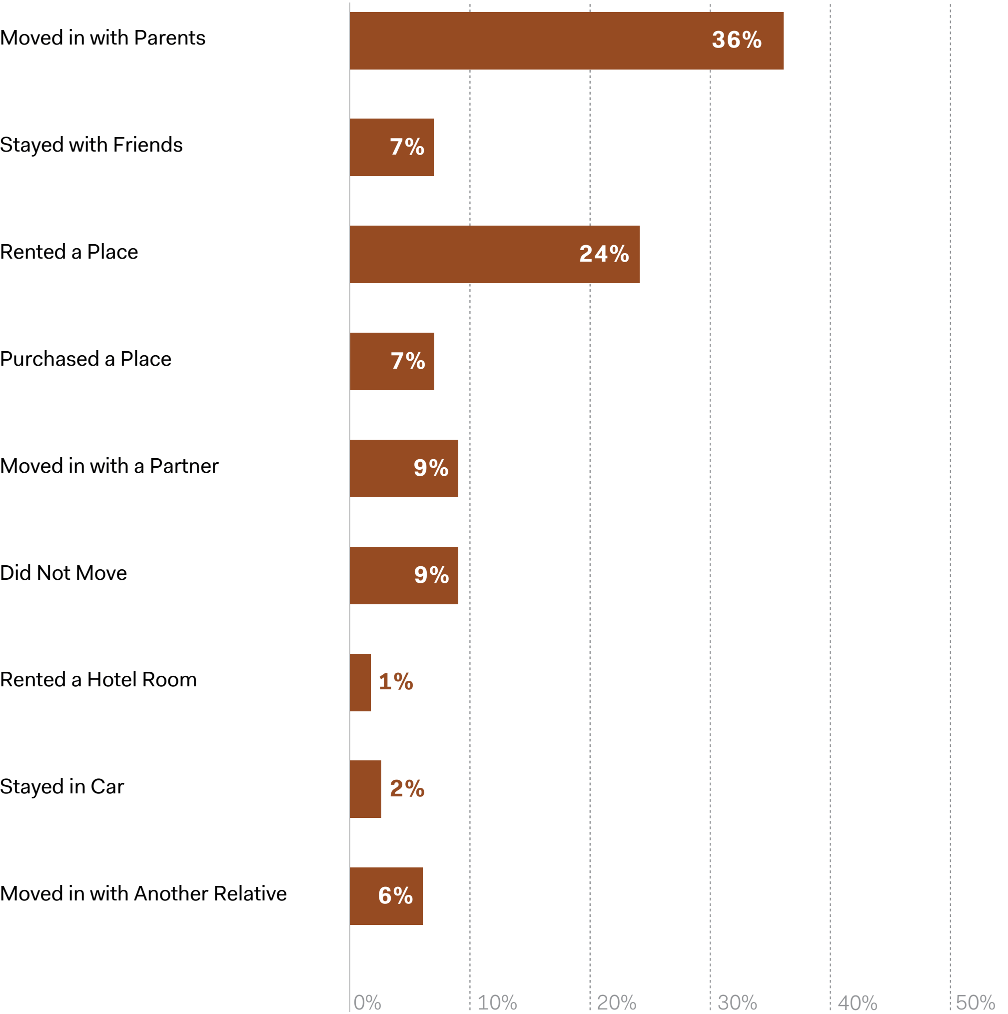
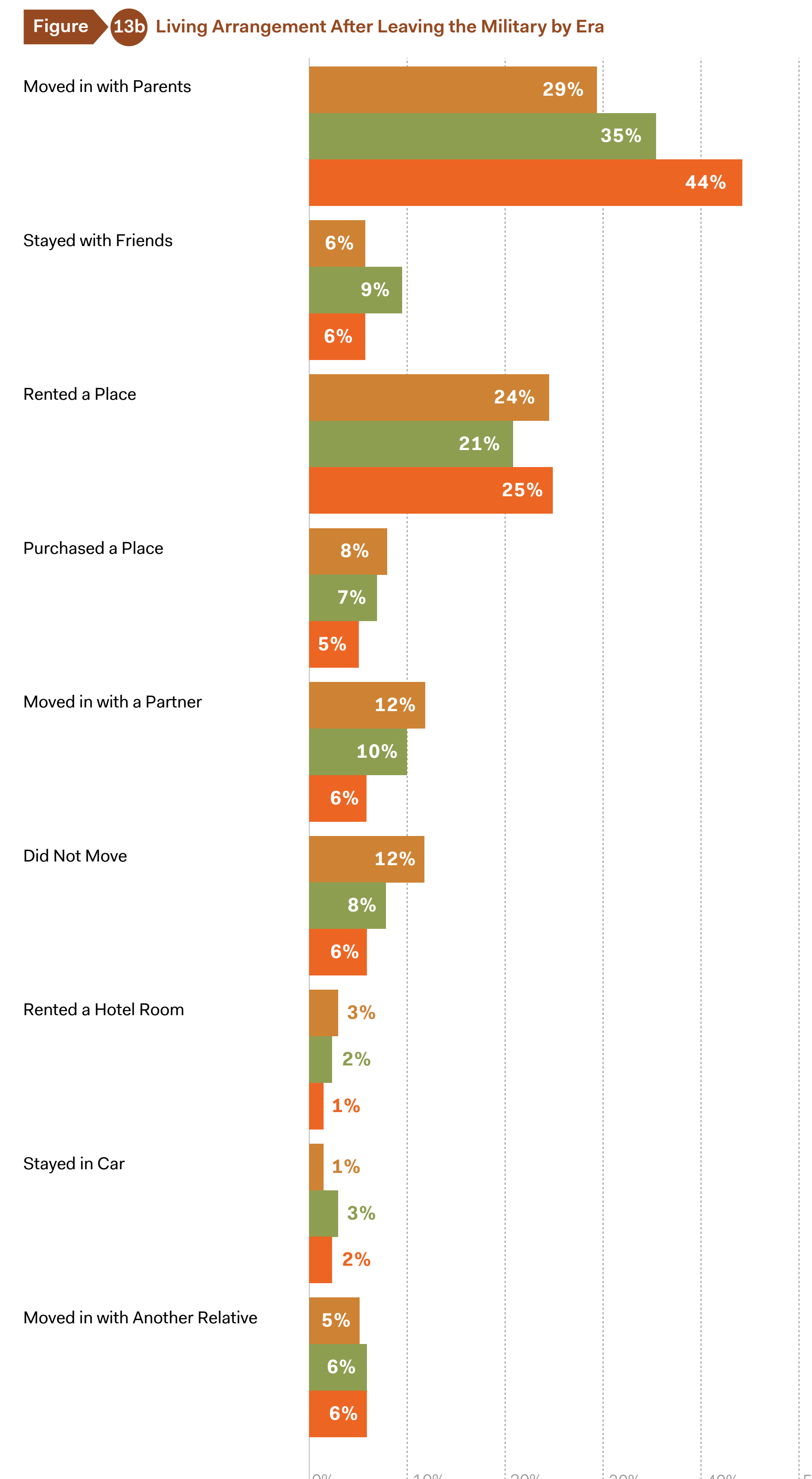


Figure 13b Living Arrangement After Leaving the Military by Era



Ten percent of veterans in the sample reported not having consistent housing in the past two months or having been without housing at least one night in the past year (see Figure 14a). One in seven veterans in the study (14%) reported being worried about having housing in the next two months. RTV were more likely to report not having consistent housing within the last two months (15%) than CWV (13%) and LGV (6%). No differences were seen between the groups regarding concerns about housing over the next two months (see Figure 14b).

Figure 14a Housing Security

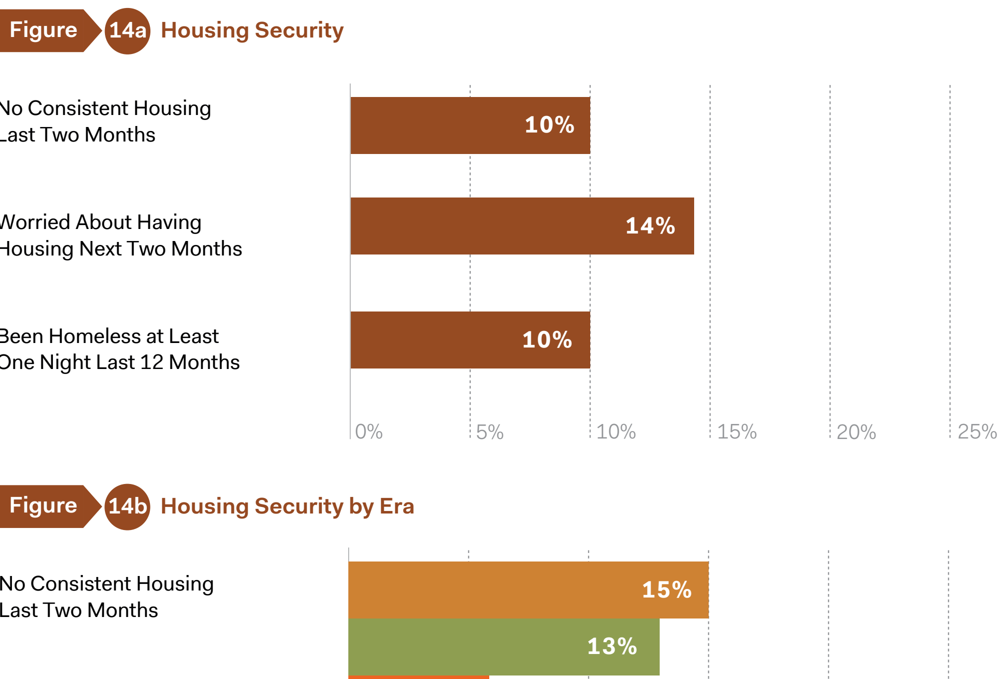
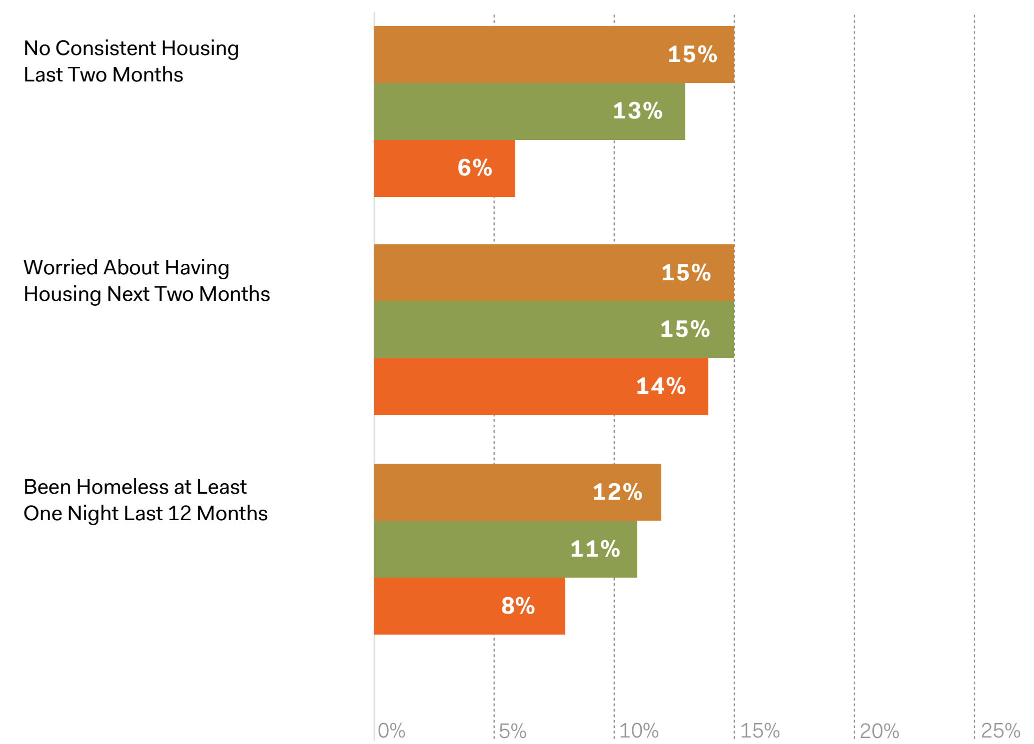


Figure 14b Housing Security by Era



Financial Health

Financial health is defined as one's ability to manage expenses, overcome financial shocks, avoid significant debt and build wealth (Weida et al., 2020). In recent years, the importance of financial health has been recognized as an essential element for overall well-being (Netemeyer, 2018). One-third of veterans in the study reported that they are securing their financial future. Thirty-one percent of veterans reported they could handle a major unexpected expense while 38% reported they have money left over at the end of the month (see Figure 15a).

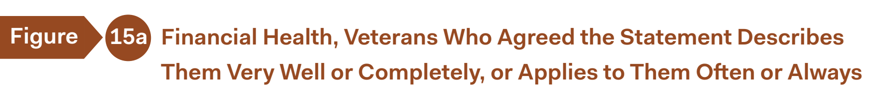
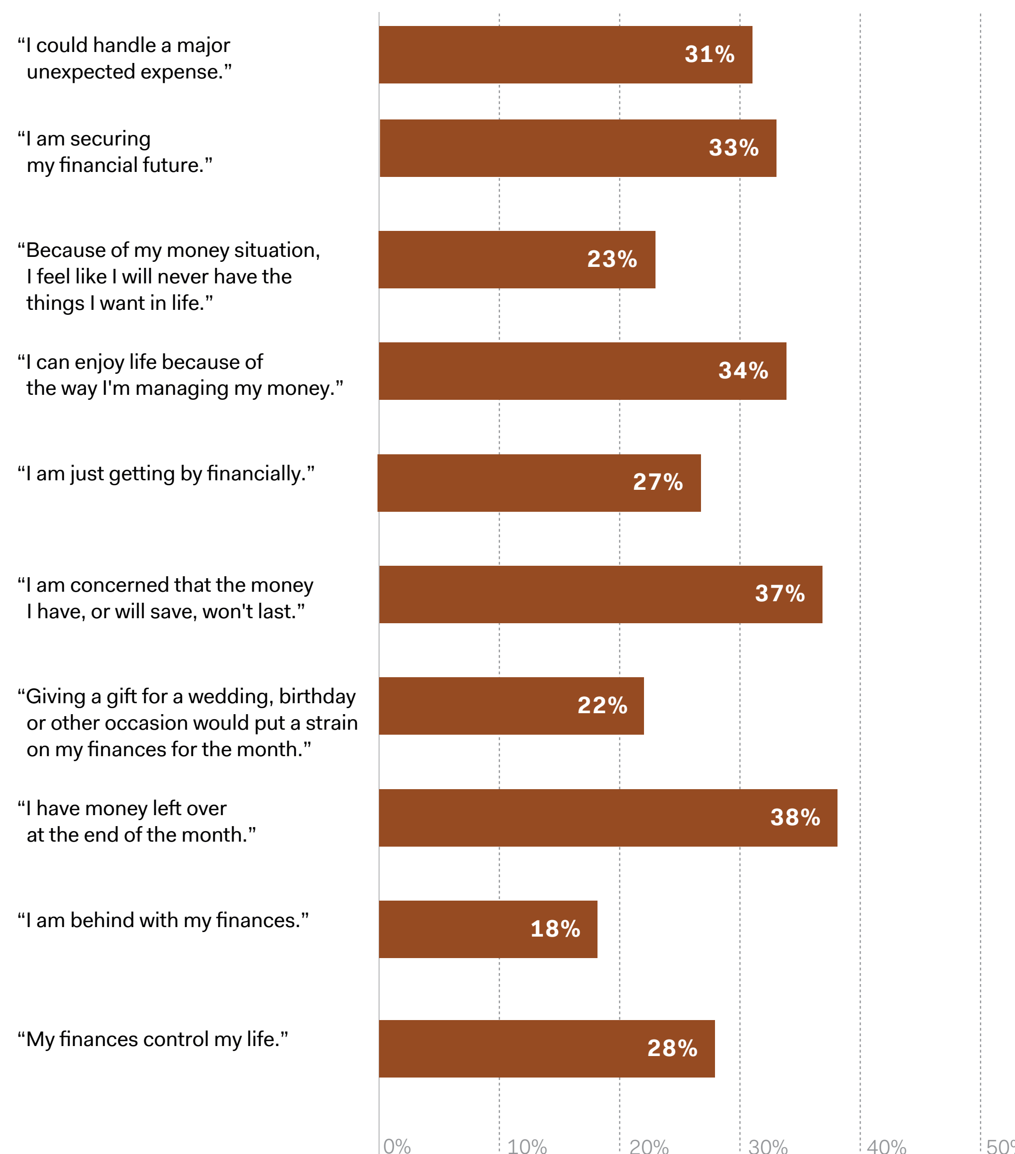


Figure 15a Financial Health, Veterans Who Agreed the Statement Describes Them Very Well or Completely, or Applies to Them Often or Always



RTV

CWV

LGV

Among the three groups of veterans, RTV and CWV report being the least financially secure. Over one-third of RTV (39%) and two of every four CWV (41%) report concerns that their money would not last. This does not mean, however, that LGV are financially set. Indeed, nearly a third (32%) of LGV report concerns about their money not lasting (see Figure 15b).

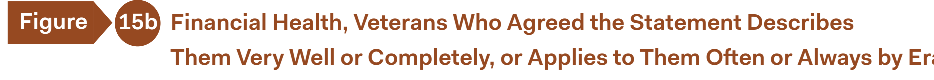
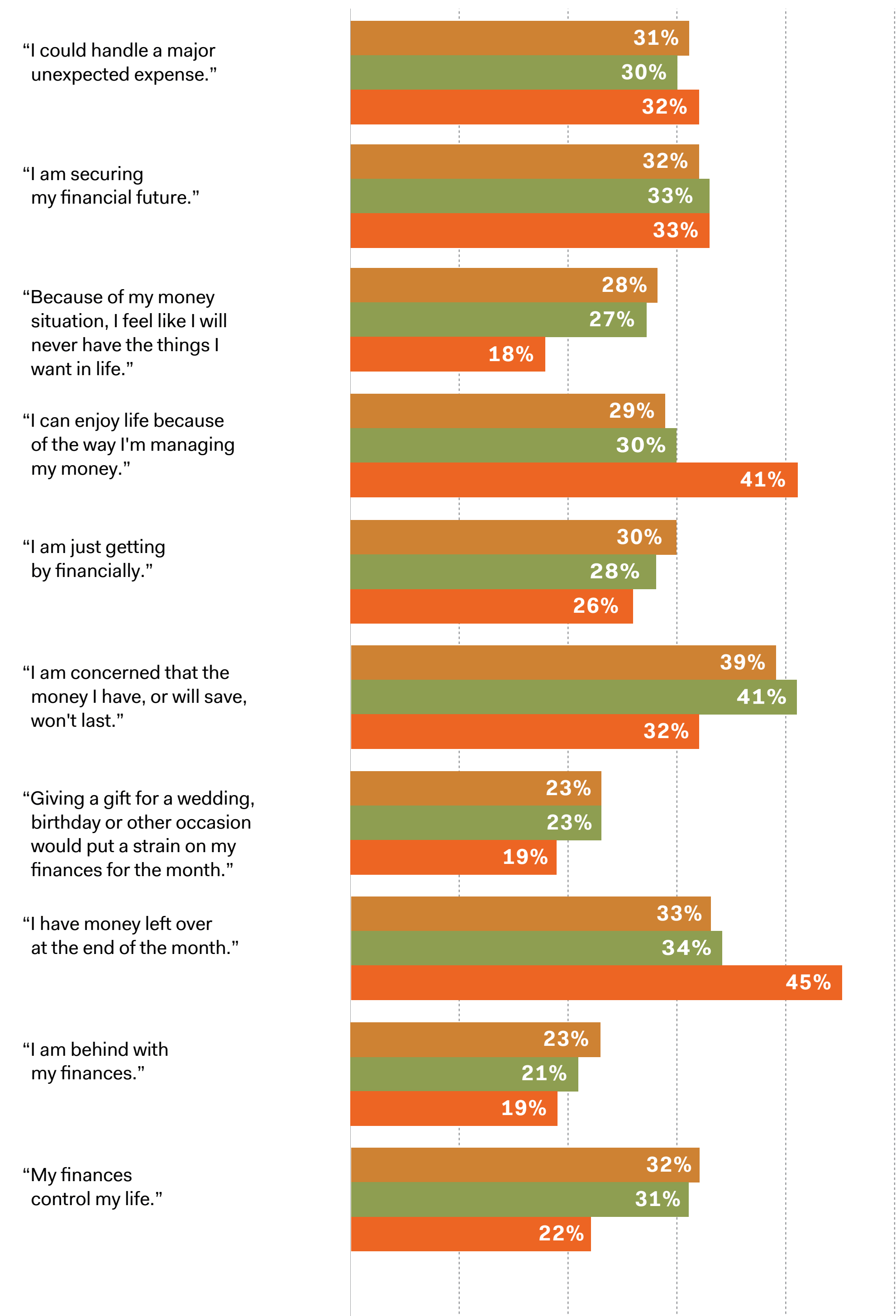


Figure 15b Financial Health, Veterans Who Agreed the Statement Describes Them Very Well or Completely, or Applies to Them Often or Always by Era



Food Insecurity

Food security is defined by having physical and economic access to food (Department of Agriculture, 2023). There was a surprisingly large percentage of veterans from all three groups who reported difficulty with food security. Overall, 30% of veterans met the criteria for food insecurity. LGV were slightly less likely (26%) than RTV (30%) and CWV (33%) to experience food insecurity (see Figures 16a–b).

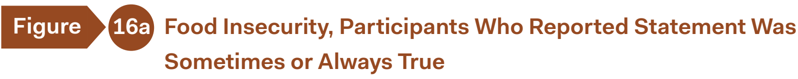


Figure 16a Food Insecurity, Participants Who Reported Statement Was Sometimes or Always True

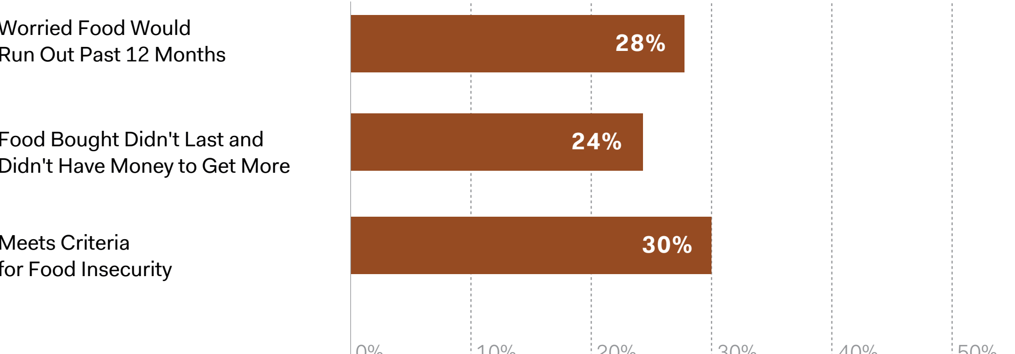
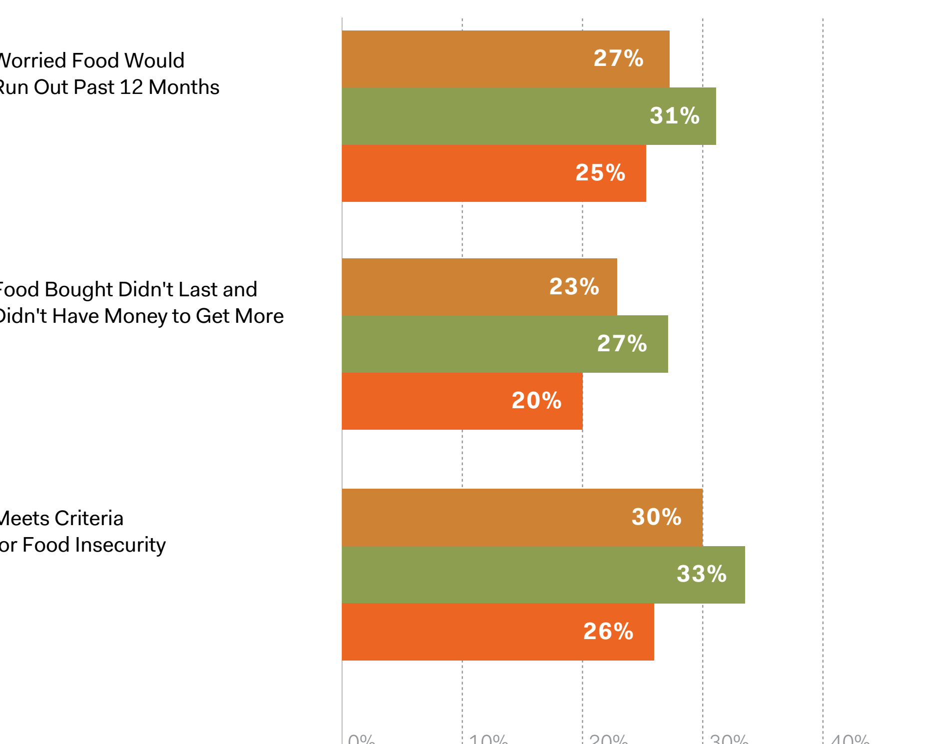
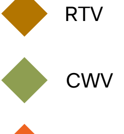


Figure 16b Food Insecurity, Participants Who Reported Statement Was Sometimes or Always True by Era





Loneliness, Social Support, & Social Connectedness

Connectedness is a critical element of health and well-being. Individuals who are socially connected and have relationships that provide support are more likely to have positive mental and physical health outcomes, possess higher self-esteem and empathy, and increased life expectancy (Haslam et al., 2015; Lee and Robbins, 1998; Ottmann et. al., 2006). Approximately half of participants reported experiencing loneliness and lacking social support. Fifty-four percent of participants met the cutoff for experiencing loneliness while 48% met the cutoff for having low social support. LGV were less likely to report loneliness (LGV – 45%; RTV – 57%; CWV – 58%) and slightly less likely to have low social support (LGV – 44%; RTV – 50%; CWV – 49%) (see Figures 17a–b).

Figure 17a Loneliness and Social Support, Veterans Who Meet the Criteria for Experiencing Loneliness and Low Social Support

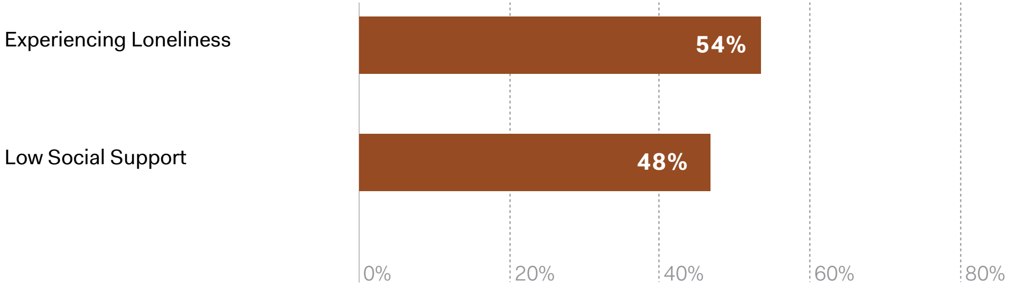
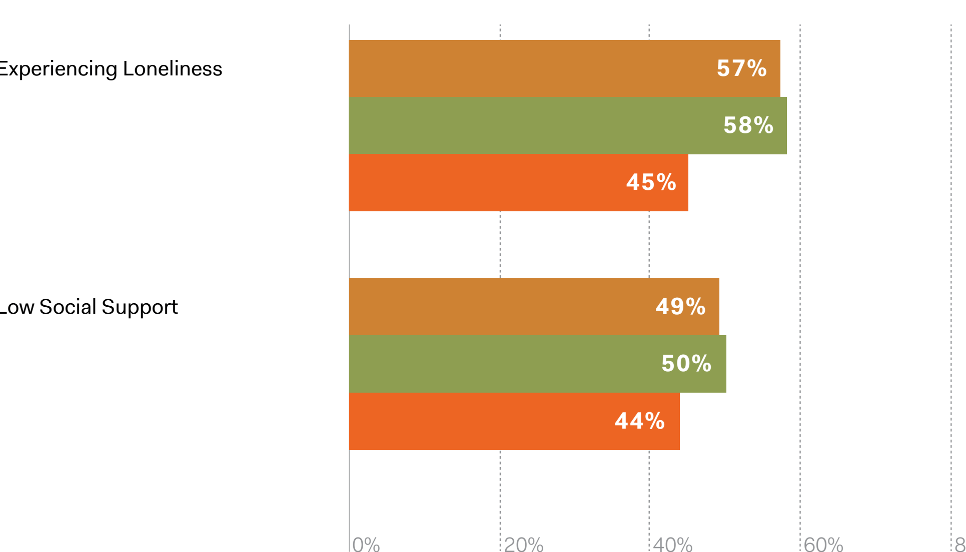


Figure 17b Loneliness and Social Support, Veterans Who Meet the Criteria for Experiencing Loneliness and Low Social Support by Era



RTV
CWV
LGV

Approximately 18–25% of participants endorsed being socially disconnected, including feeling distant from people (25%) and disconnected from the world around them (24%). RTV were most likely to report disconnectedness, followed by CWV and LGV (see Figures 18a–b).

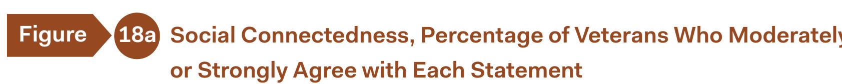


Figure 18a Social Connectedness, Percentage of Veterans Who Moderately or Strongly Agree with Each Statement

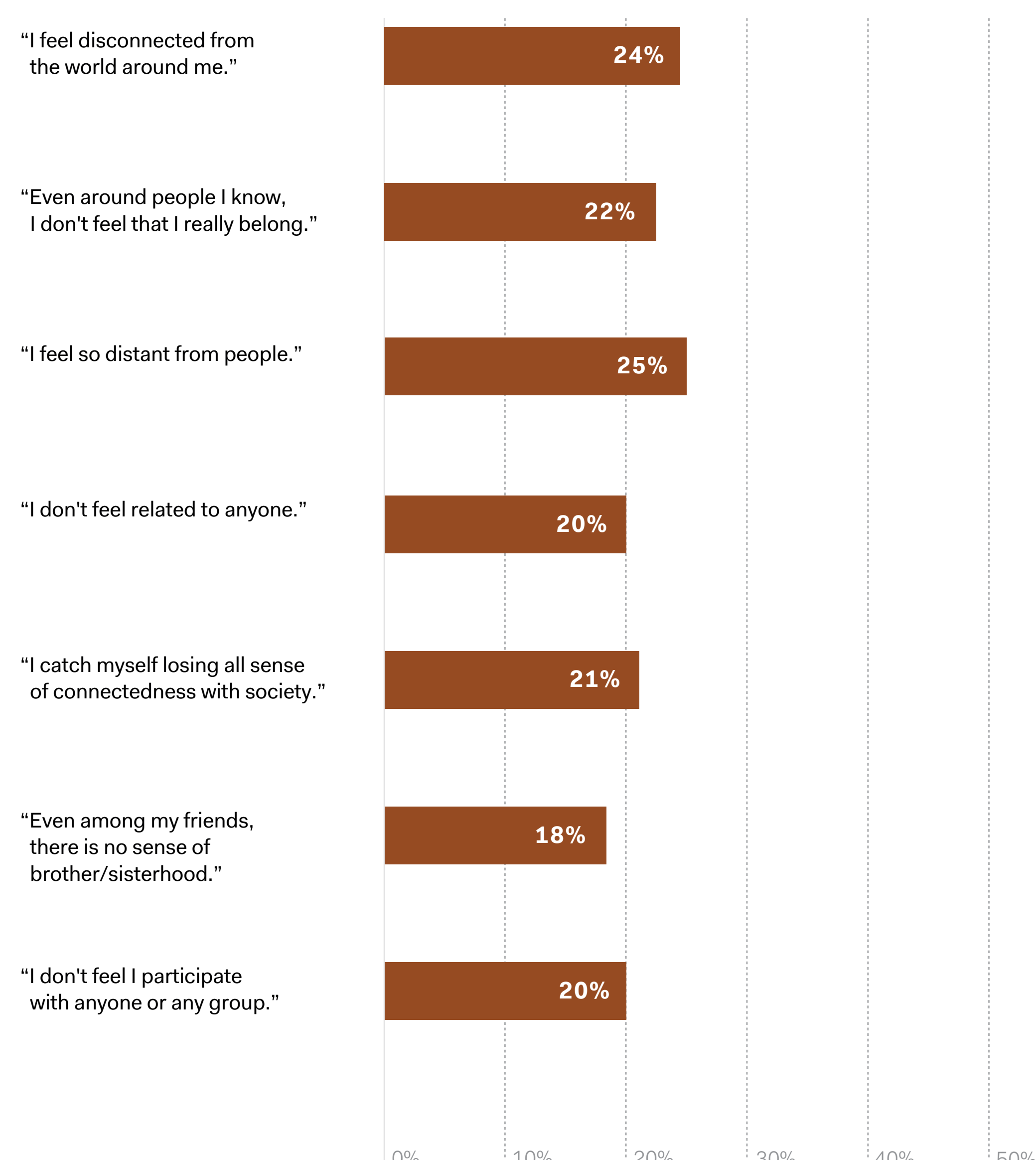
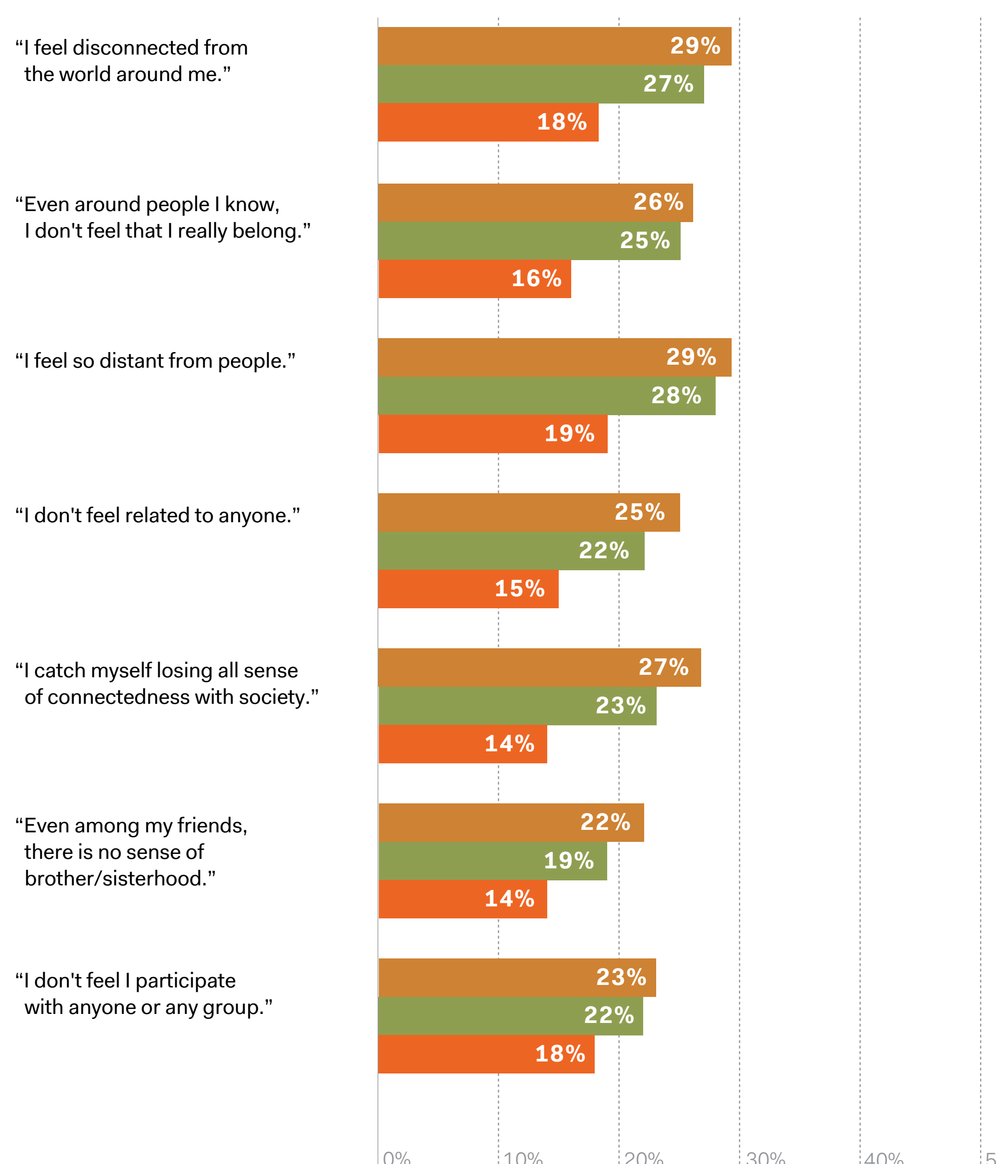
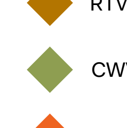


Figure 18b Social Connectedness, Percentage of Veterans Who Moderately or Strongly Agree with Each Statement by Era





Meaning & Purpose

Military service provides its members a sense of purpose and meaning. Finding a new sense of purpose and meaning is a significant part of transition success. In this study, over two-thirds of participants reported having a sense of purpose (67%), having enjoyable interests and hobbies (68%) and having found people to connect with through shared interests and beliefs (59%). Among our three veteran groups, LGV were more likely to answer each question positively with RTV and CWV endorsing items at similar rates. CWV and RTV were less likely to report having found people to connect with (54% and 48%, respectively) than LGV (70%) (see Figures 19a–b).

Figure 19a Meaning and Purpose, Percentage of Veterans Who Agree with Each Statement

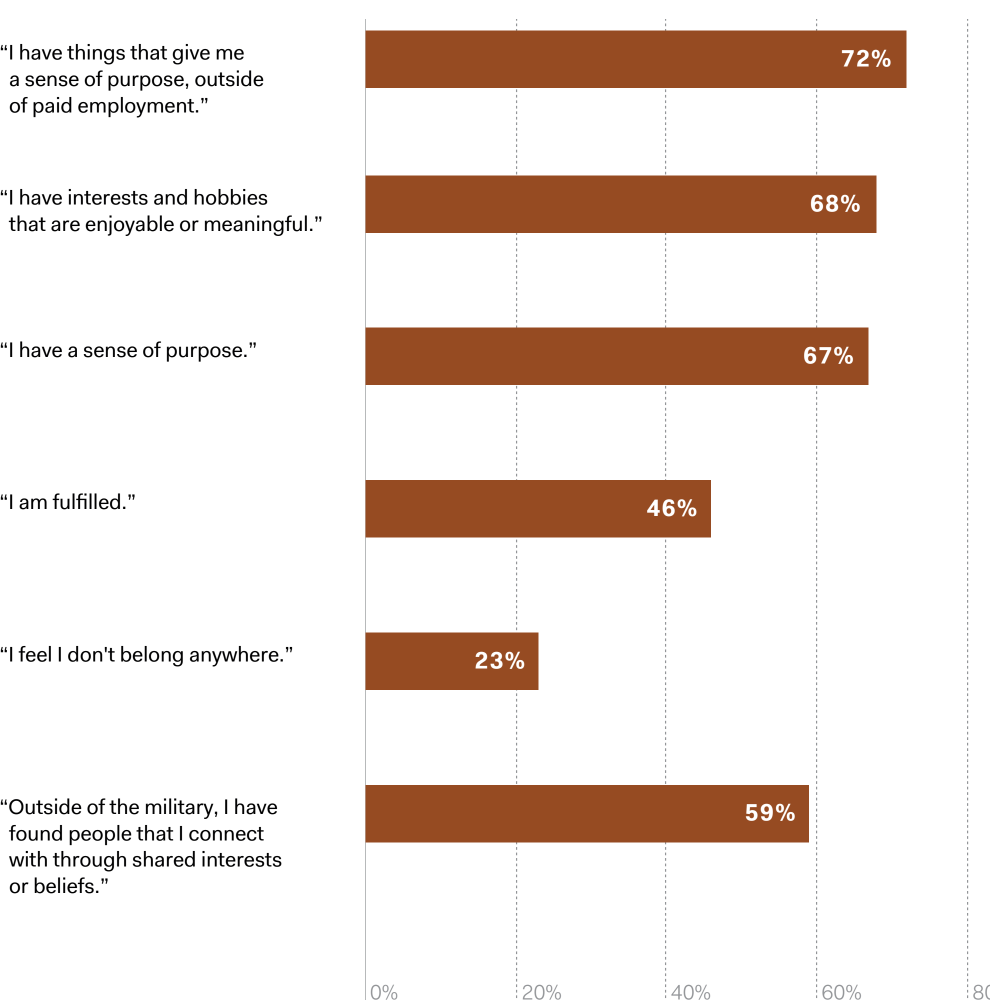
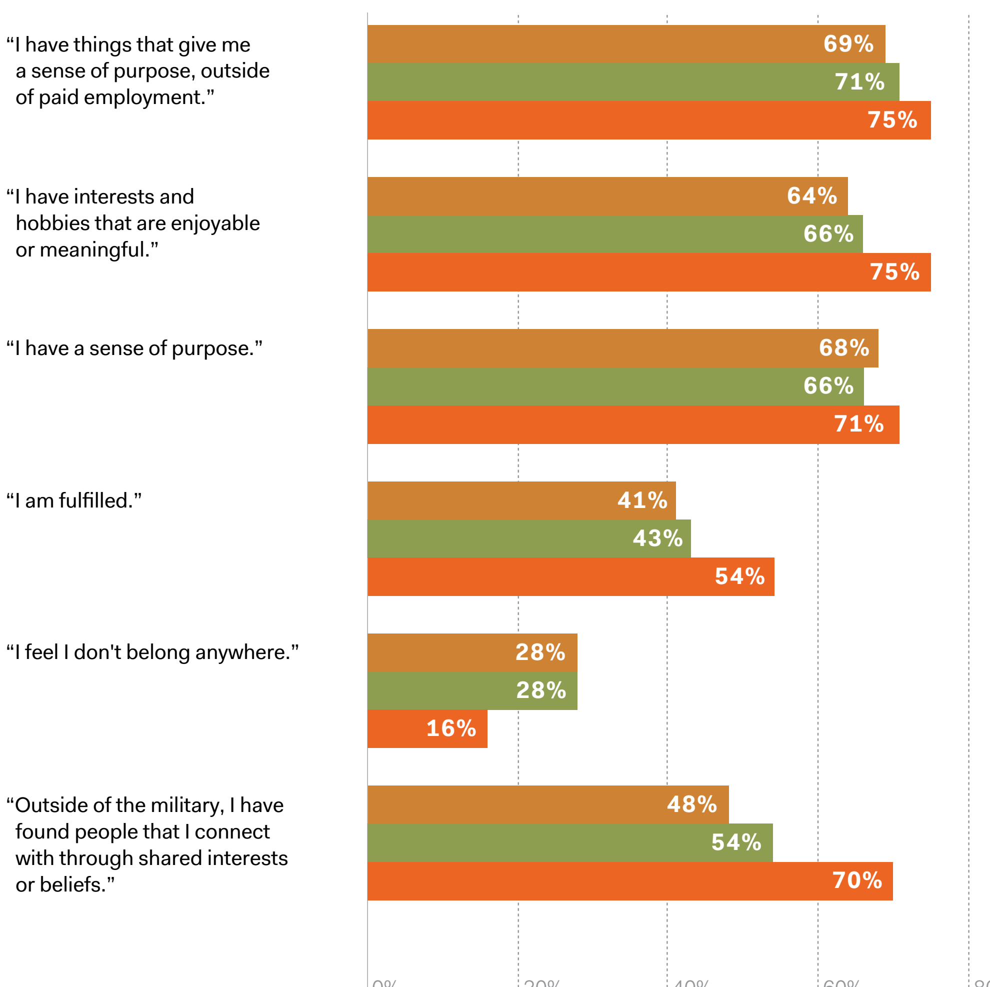


Figure 19b Meaning and Purpose, Percentage of Veterans Who Agree with Each Statement by Era



RTV

CWV

LGV

Substance Use

Alcohol Use. Alcohol misuse is well documented among active-duty personnel and veterans (Fuerlein et al., 2016; Judkins et al., 2022). One in three veterans in this sample met the clinical threshold for problematic drinking behaviors. When examining alcohol use by era served, RTV and CWV were significantly more likely to meet the diagnostic criteria for problematic drinking, with around 50% of veterans in each of these groups meeting the clinical threshold (see Figures 20a–b).

The most common reasons for drinking in RTV and CWV were as a means to escape (40% and 43%, respectively), to forget problems (36% and 31%, respectively) and to avoid thinking about things (35% and 32%, respectively). LGV's most frequently reported reasons for drinking were the following: to escape (29%); help with sleep (20%); and forget problems (19%) (see Figures 21a–b).

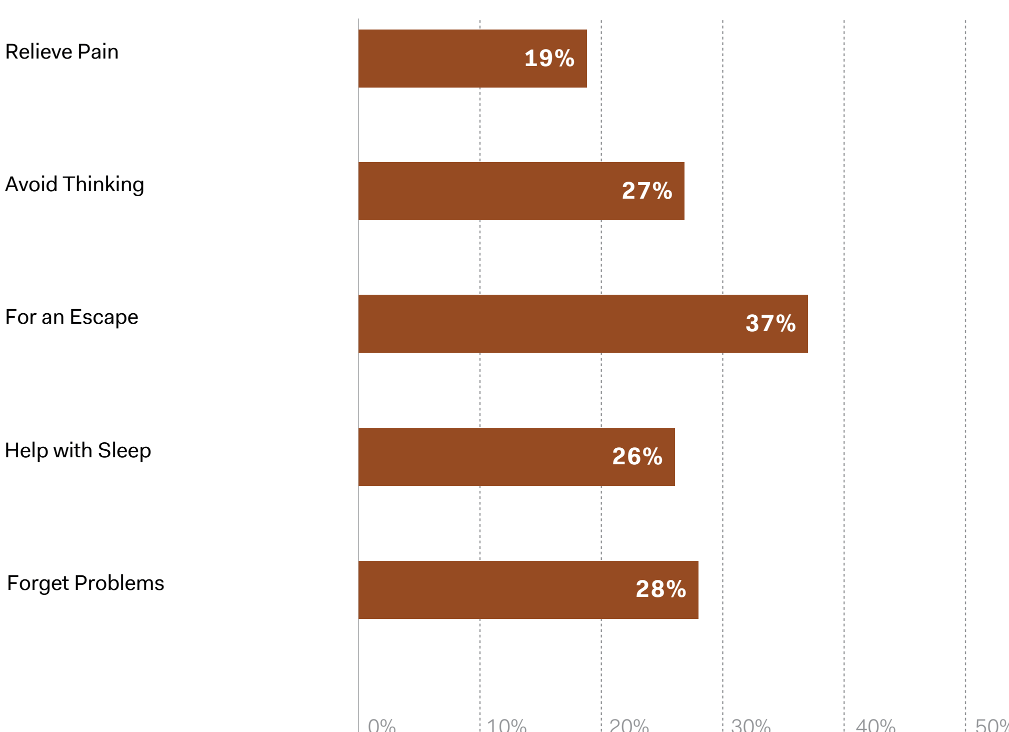
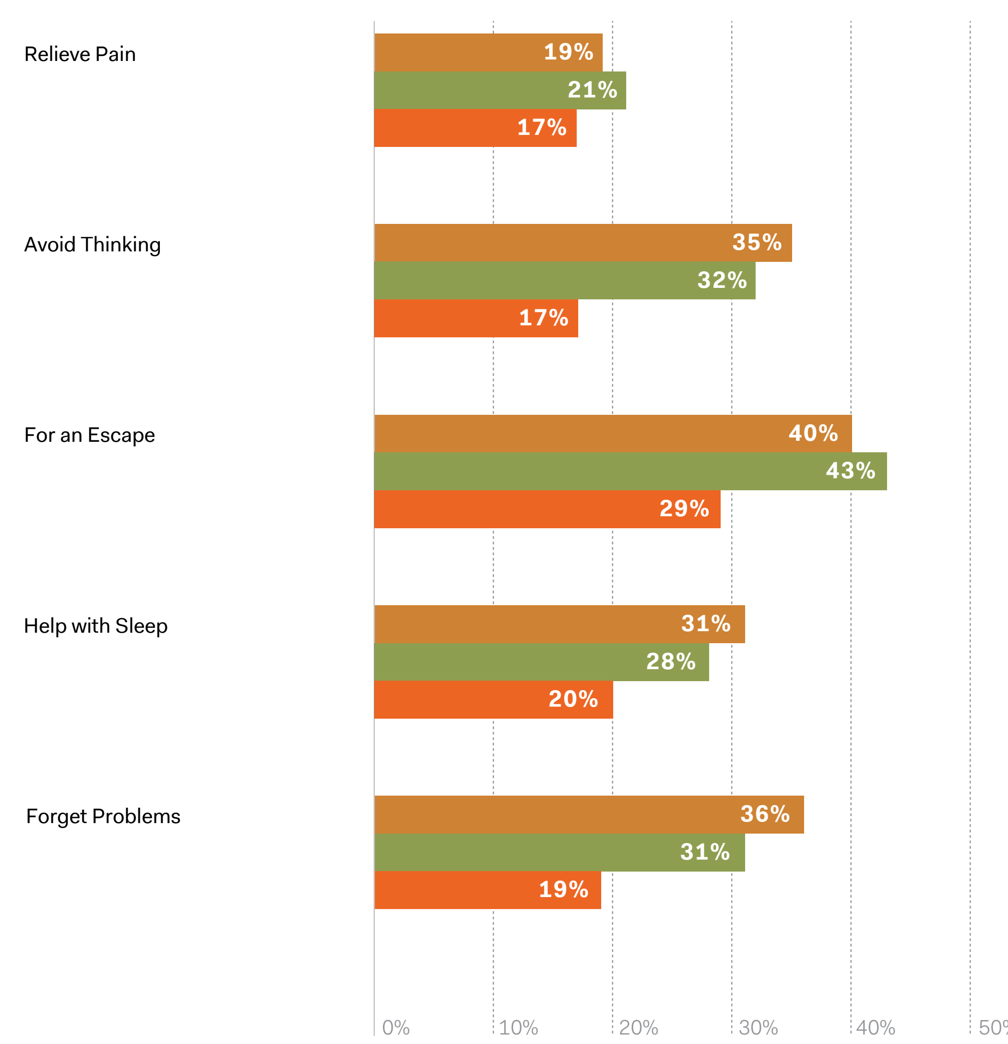


Figure 21b Reasons for Alcohol Use, Veterans Who Reported Statement Was a Reason for Alcohol Use by Era



RTV

CWV

LGV

Cannabis Use. Policy changes in California have resulted in increased access to cannabis for medical and recreation use. As veterans are disproportionately impacted by physical and mental health challenges, where cannabis is often used for relief, its use and impact have become of interest (Turna and MacKillop, 2021). In the current study, over 23% of veterans (RTV – 28%; CWV – 24%; LGV – 20%) reported social or frequent use of cannabis. Of those veterans who used cannabis, 18%, or approximately 2% of the total study sample, met the criteria for problematic use. RTV and CWV were more than twice as likely than LGV to report problematic use (RTV – 26%; CWV – 21%; LGV – 10%) (see Figures 22a–b).

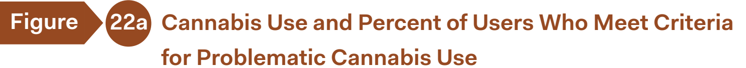


Figure 22a Cannabis Use and Percent of Users Who Meet Criteria for Problematic Cannabis Use

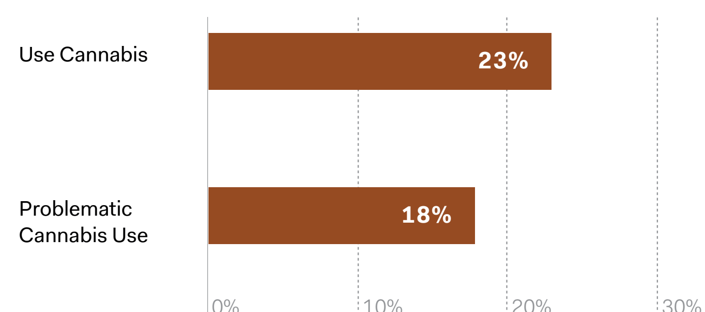
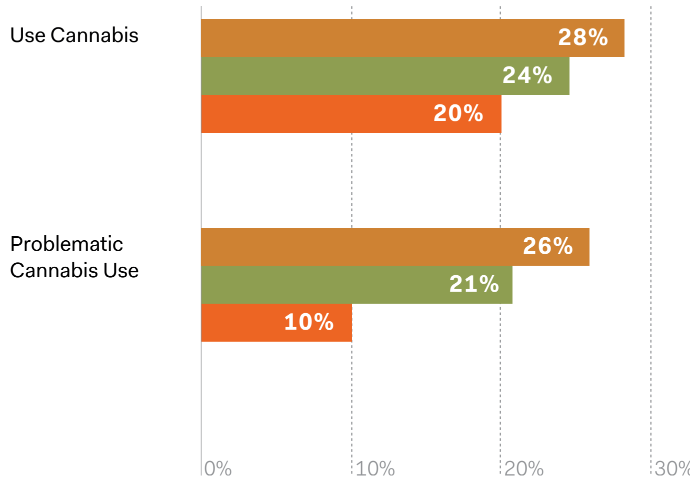


Figure 22b Cannabis Use and Percent of Users Who Meet Criteria for Problematic Cannabis Use by Era



RTV

CWV

LGV

The most frequently reported reasons for using cannabis for all three veteran groups included: to help them sleep (RTV – 56%; CWV – 63%; LGV – 56%) and/or to relieve pain (RT – 49%; CWV – 57%; LGV – 49% (see Figures 23a–b).

Reasons for Cannabis Use, Veterans Who Reported Statement Was a Reason for Cannabis Use

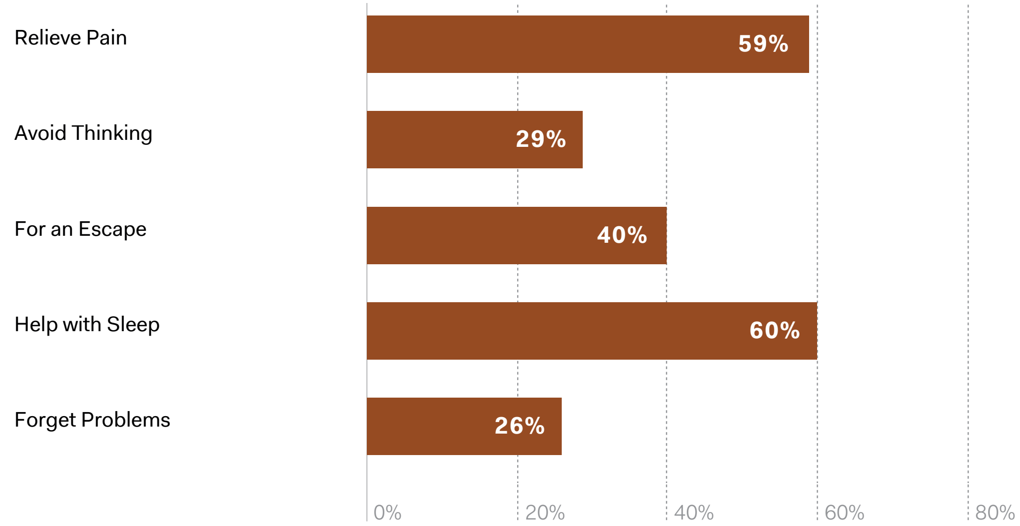
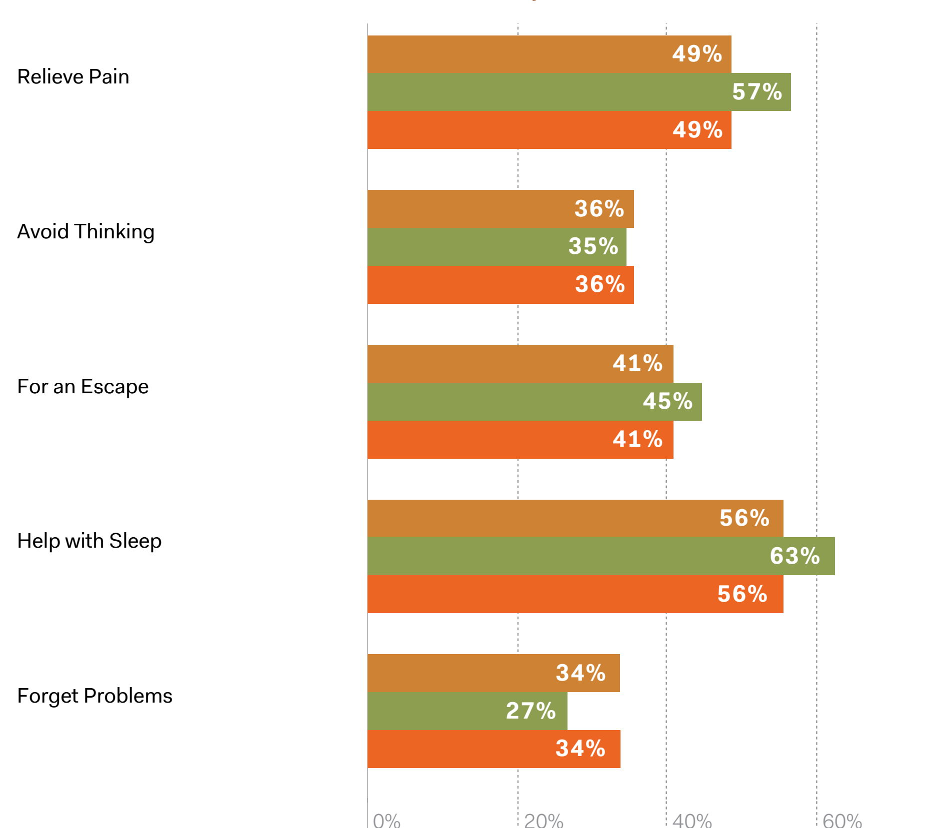


Figure 23b Reasons for Cannabis Use, Veterans Who Reported Statement Was a Reason for Cannabis Use by Era



Risky Behaviors

Risk-taking behavior is an often-reported behavior among military veterans, especially those who experienced combat (Thomsen et al., 2011). Risk-taking behaviors have been linked to significant mental health issues (Borders et al., 2012). In this study, veterans were asked to indicate whether they engaged in a number of risky behaviors over the last 12 months. The most frequently endorsed risk-taking behaviors were the following: taking unnecessary health risks (22%); driving recklessly (19%); taking unnecessary risks to life (18%); and driving after several drinks (18%). Some slight differences were observed among the veteran groups, with CWV being more likely to take unnecessary health risks, and LGV being less likely to engage in most risky behaviors compared to RTV (see Figures 24a–b).

Figure 24a Risky Behavior Engaged in the Last 12 Months

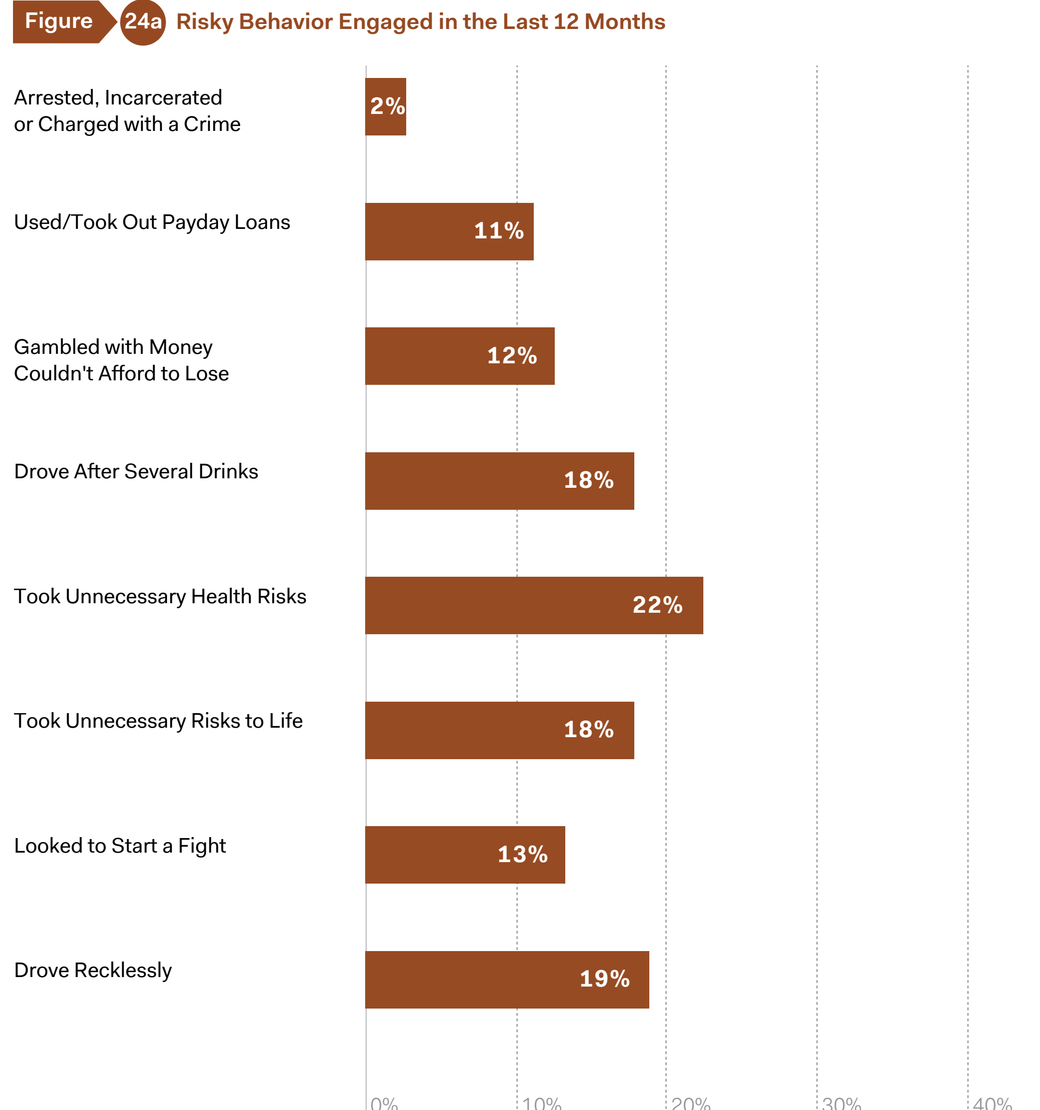
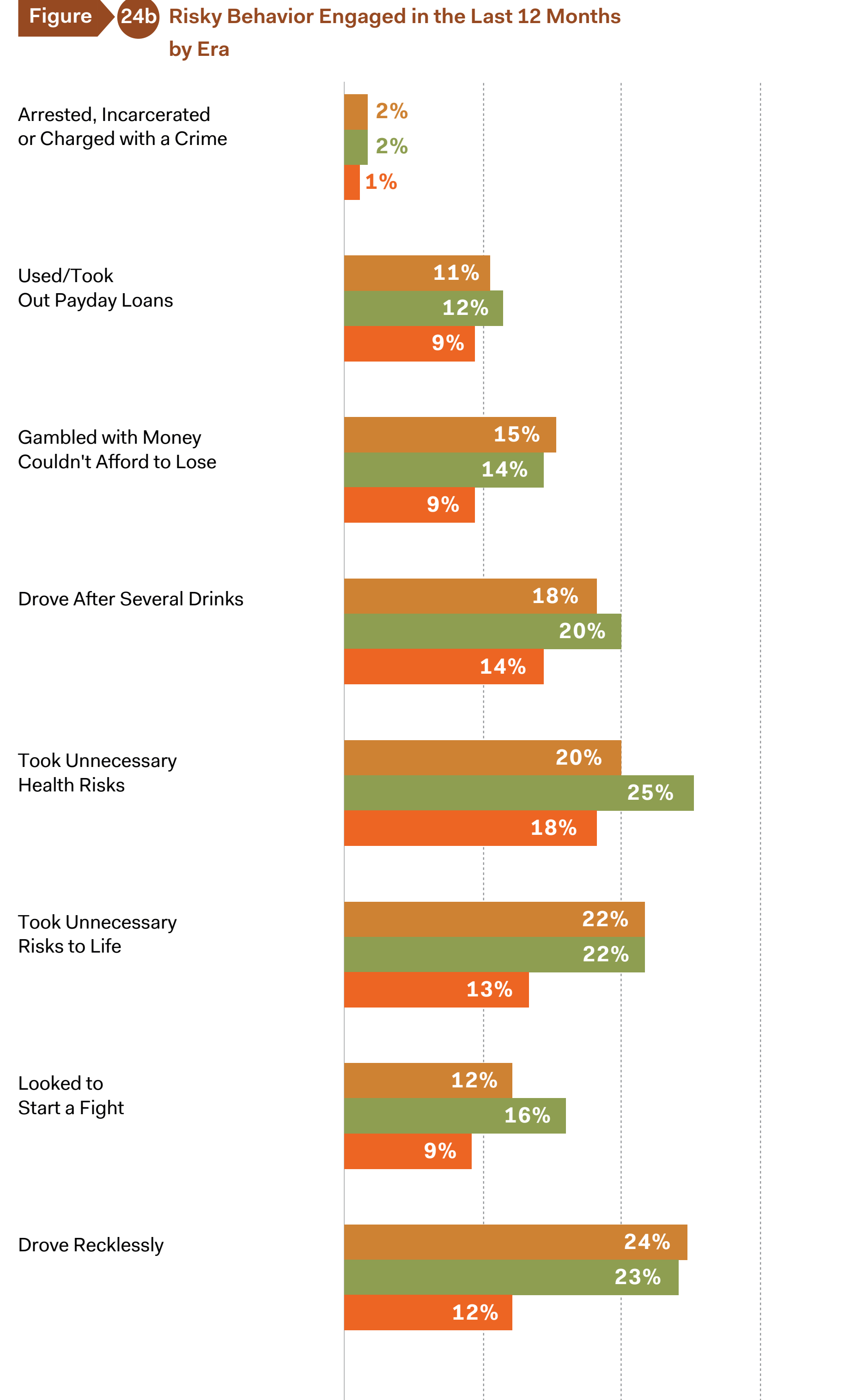


Figure 24b Risky Behavior Engaged in the Last 12 Months by Era



Physical Health

Overall, two-thirds (68%) of the veterans in this study rated their overall health from good to excellent. A quarter (25%) rated their overall health as fair. Eight percent of the veterans rated their health as poor (see Figure 25a). RTV were more likely to rate their health as excellent (22%) than CWV (13%) and LGV (8%) (see Figure 25b).

Figure 25a Self-reported Overall Health Past 30 Days

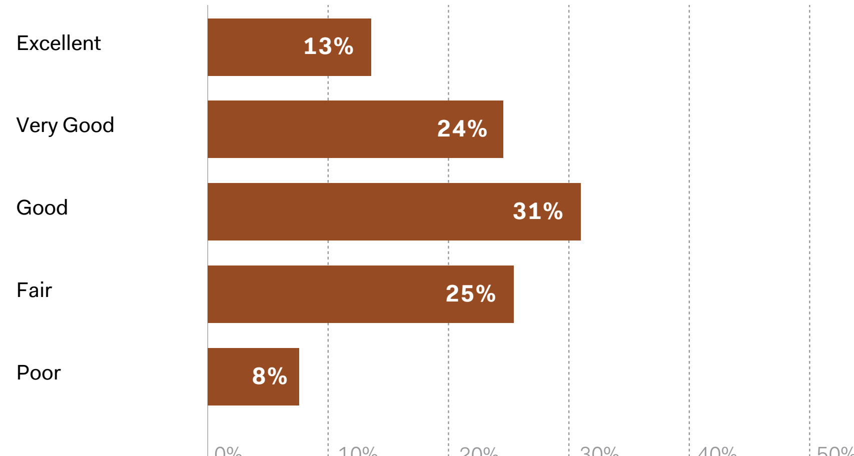
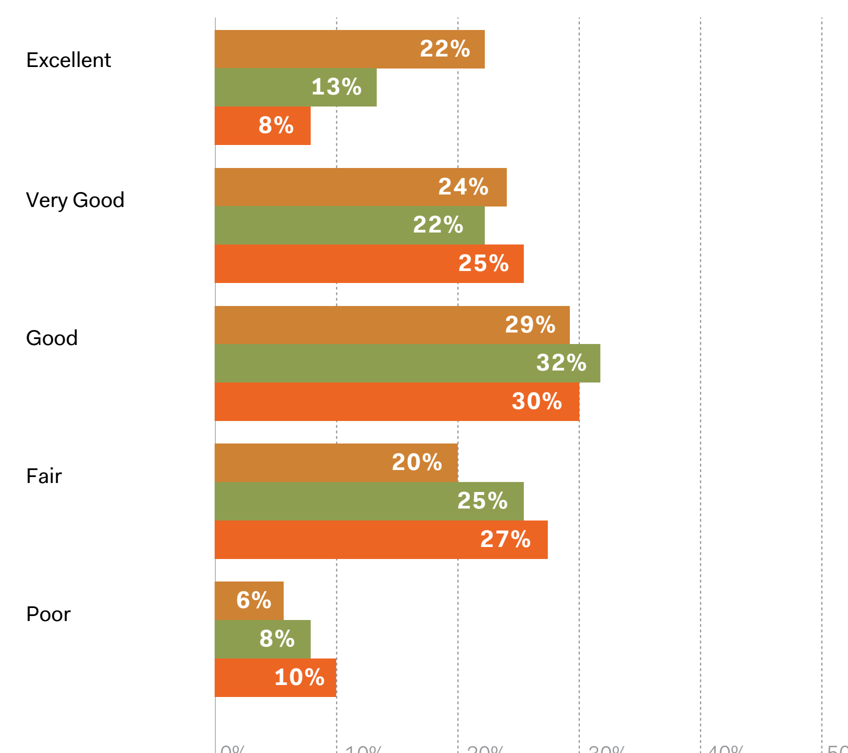
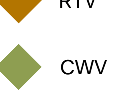


Figure 25b Self-reported Overall Health Past 30 Days by Era





RTV

CWV

LGV

Forty-five percent of veterans had clinical levels of moderate to severe somatic physical health symptoms. This includes 44% of RTV, 47% of CWV and 38% of LGV (see Figures 26a–b).

Figure 26a Physical Health, Veterans Who Meet the Diagnostic Criteria for Moderate to Severe Physical Health Symptoms

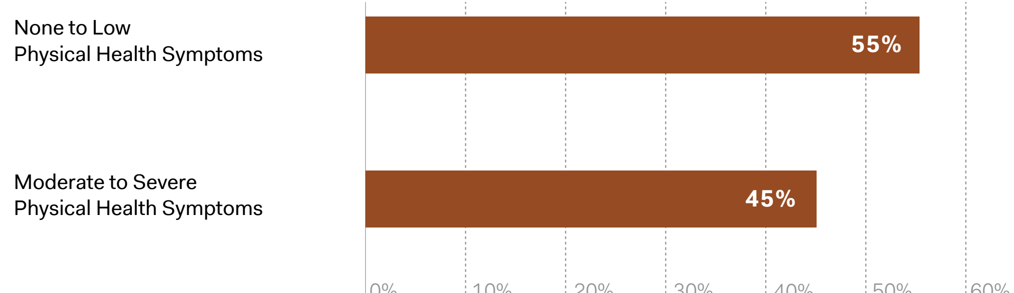
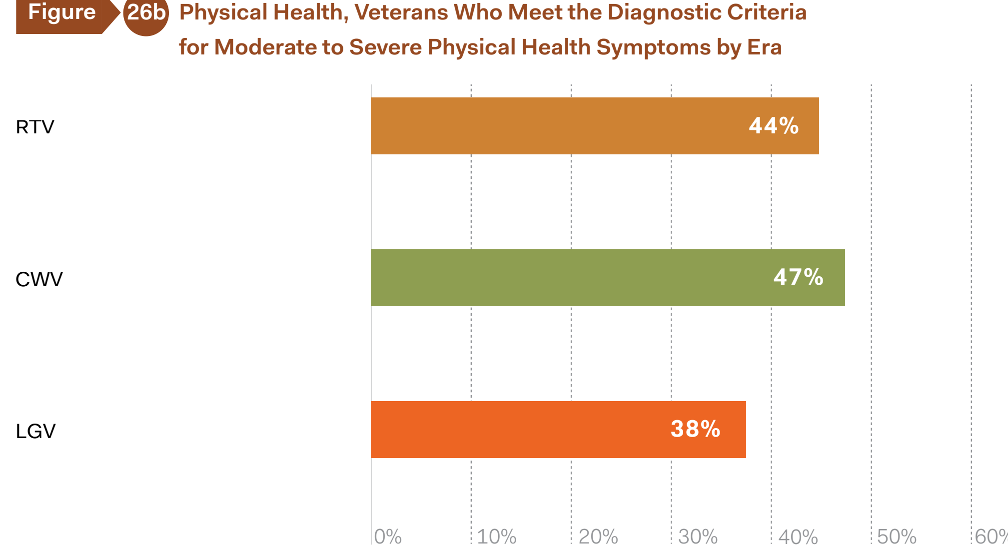


Figure 26b Physical Health, Veterans Who Meet the Diagnostic Criteria for Moderate to Severe Physical Health Symptoms by Era



Veterans in all groups were bothered most by pain in the arms, legs, or joints (knees, hips, etc.) (43%), back pain (40%), trouble sleeping (37%) and feeling tired (36%). Overall, women were more likely to endorse experiencing physical health symptoms than men (see Table 5a–b).

Table 5a Physical Health Symptoms

PHYSICAL HEALTH SYMPTOMS	% BOTHERED A LOT	% BOTHERED A LITTLE
Pain in arms, legs, or joints (knees, hips, etc.)	43%	38%
Back pain	40%	37%
Trouble sleeping	37%	35%
Feeling tired or having low energy	36%	41%
Menstrual cramps or other period problems (women only)	24%	24%
Headaches	19%	38%
Constipation, loose bowls or diarrhea	17%	31%
Nausea, gas or indigestion	16%	–
Pain or problems during sexual intercourse	11%	16%
Stomach pain	10%	35%
Heart racing or pounding	10%	29%
Shortness of breath	9%	30%
Dizziness	7%	31%
Chest pain	4%	23%
Fainting spells	2%	9%

Table 5b Top Physical Symptoms by Era and Gender

VETERANS BY ERA	SYMPTOMS	% BOTHERED A LOT
RTV	Pain in arms, legs, or joints (knees, hips, etc.)	42%
	Back pain	40%
	Trouble sleeping	38%
	Feeling tired or having low energy	38%
	Headaches	24%
CWV	Pain in arms, legs, or joints (knees, hips, etc.)	40%
	Trouble sleeping	40%
	Feeling tired or having low energy	39%
	Back pain	38%
	Headaches	23%
LGV	Pain in arms, legs, or joints (knees, hips, etc.)	45%
	Back pain	38%
	Trouble sleeping	33%
	Feeling tired or having low energy	30%
	Constipation, loose bowls or diarrhea	14%
WOMEN	Feeling tired or having low energy	51%
	Trouble sleeping	50%
	Pain in arms, legs, or joints (knees, hips, etc.)	49%
	Back pain	47%
	Headaches	23%

Pain is one of the most common physical health diagnoses among military veterans (Nahin et al., 2017). In the current study, three out of five participants reported experiencing moderate or severe pain. LGV experiencing pain were more likely to rate their pain as severe (34%) than moderate (26%). For RTV and CWV, 31% and 33% reported moderate pain respectively, and 26% and 29% (respectively) reported severe pain (see Figures 27a–b).

Figure 27a Pain, Percentage of Veterans Who Reported Moderate or Severe Pain

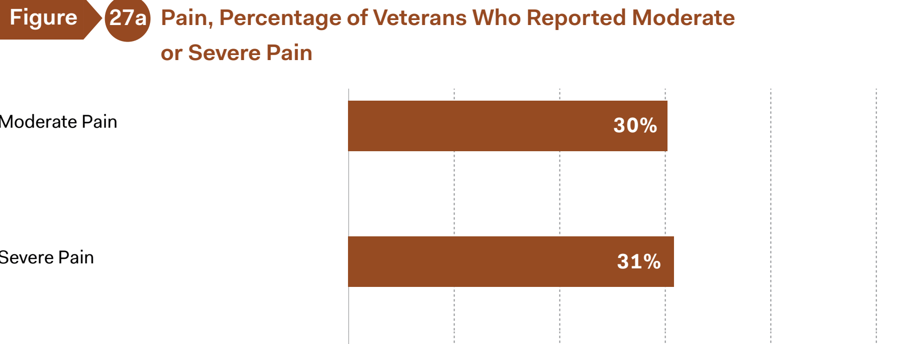
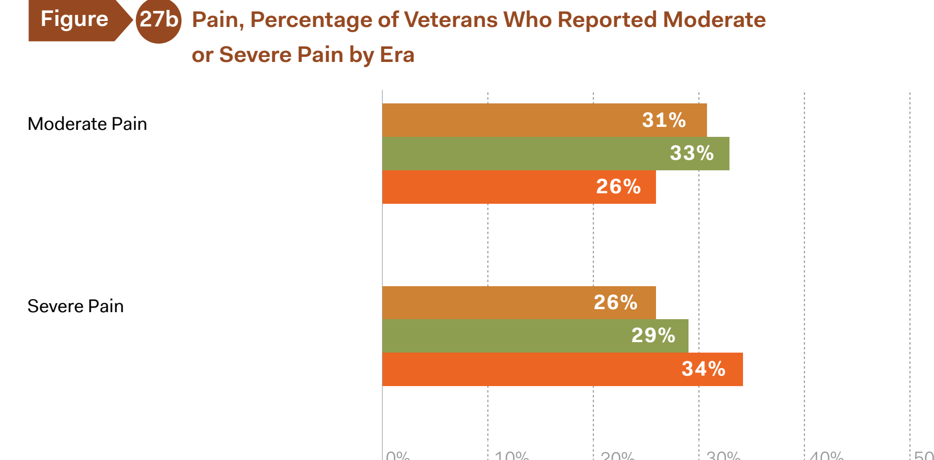


Figure 27b Pain, Percentage of Veterans Who Reported Moderate or Severe Pain by Era



RTV
CWV
LGV

Airborne Hazards & Burn Pit Exposures

During military service, members may be exposed to contaminants or toxic airborne substances that can impact health (Poisson et al., 2020). One-third (34%) of veterans believe they have at least one physical symptom as a result of exposure to airborne toxins such as burn pits, pollution, sand, dust or other airborne particles. Among the three groups by era, CWV were slightly more likely to believe their health was adversely impacted by airborne toxins (36%), followed by LGV (34%) and RTV (24%) (see Figures 28a–b).

Figure 28a Airborne Hazards and Burn Pits, Veterans Who Report Physical Health Symptoms That They Believe Are a Result of Exposure to Airborne Toxins

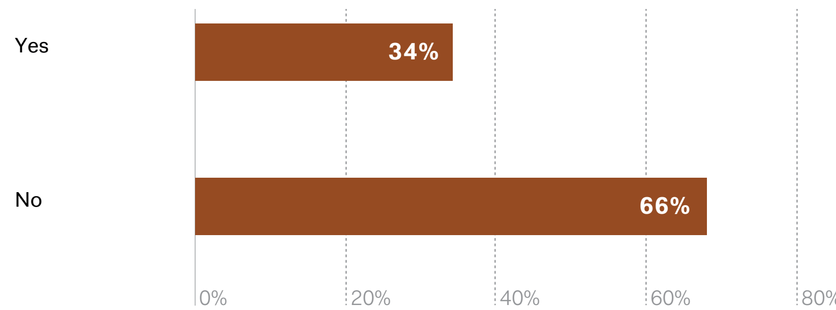
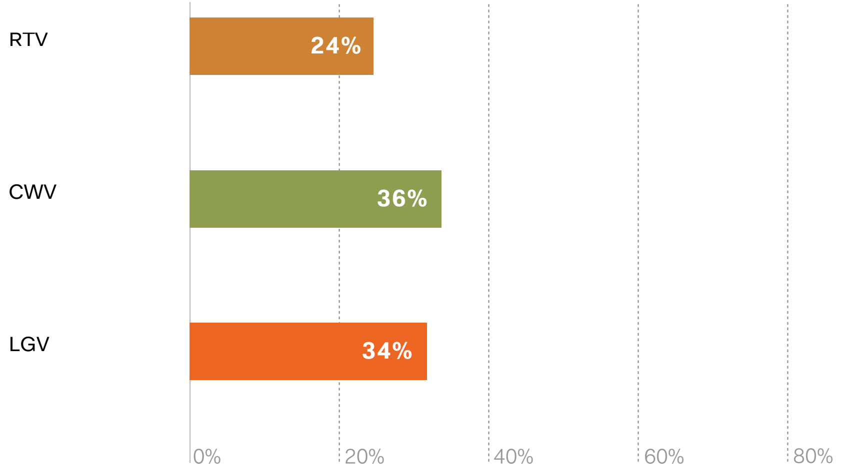


Figure 28b Airborne Hazards and Burn Pits, Veterans Who Report Physical Health Symptoms That They Believe Are a Result of Exposure to Airborne Toxins by Era



Mental Health

PTSD and depression are among the most common mental health issues experienced by veterans (Finnegan & Randles, 2022) and among the most common mental health diagnoses reported by the VA (Veterans Benefits Administration, 2022). Almost 40% of all veterans in the current study met the diagnostic criteria for probable PTSD (38%) and probable depression (39%), rates similar to those reported in other studies (Castro et al., 2014; Kintzle et al., 2016) (see Figure 29a). Among the three veteran groups, LGV were less likely to meet the threshold for probable PTSD (28%) and depression (30%). RTV and CWV experienced similar rates of PTSD and depression, with 43% of RTV and 45% of CWV meeting the criteria for probable PTSD, and 42% of RTV and 43% of CWV meeting the criteria for likely depression (see Figure 29b).

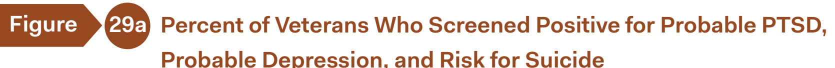
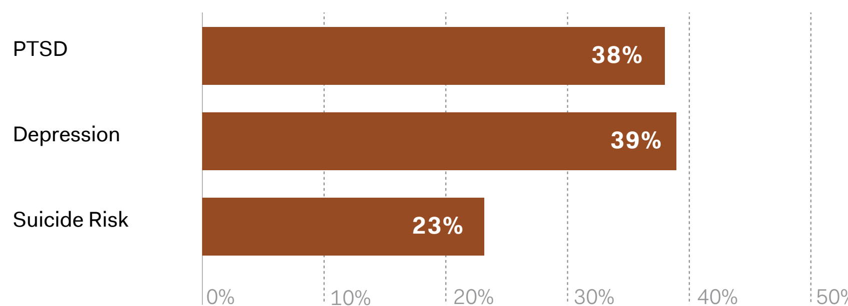


Figure 29a Percent of Veterans Who Screened Positive for Probable PTSD, Probable Depression, and Risk for Suicide



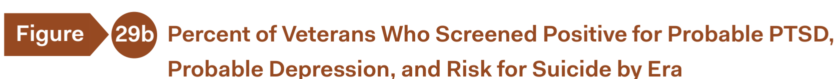
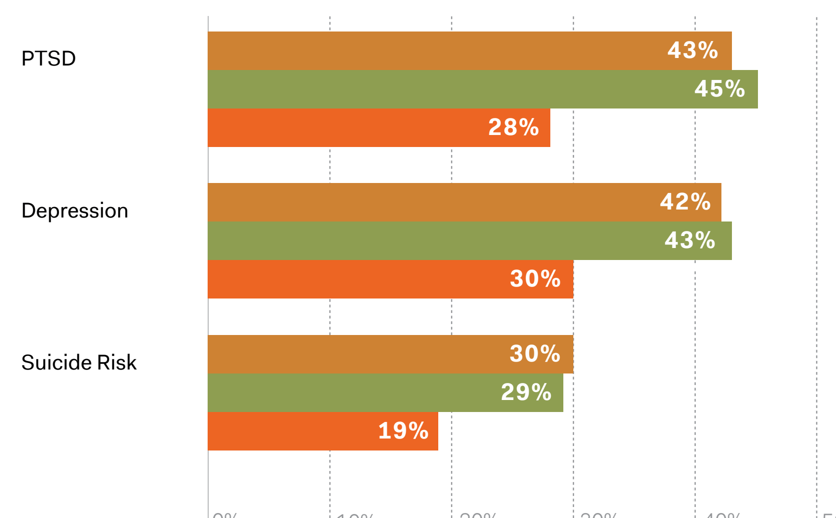
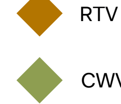


Figure 29b Percent of Veterans Who Screened Positive for Probable PTSD, Probable Depression, and Risk for Suicide by Era





Suicide among veterans remains high (Veterans Affairs, 2022.). In the current study, 23% of veterans met the criteria for being at risk for suicide (see Figures 29a–b). Suicide risk was highest among RTV (30%) and CWV (29%) and lowest for LGV (19%). Sixty percent of veterans in the current study reported knowing someone who died by suicide. This included 55% of RTV, 60% of CWV and 59% of LGV (see Figures 30a–b).

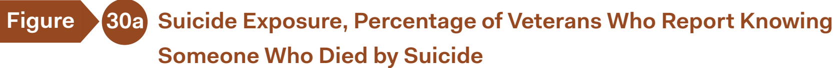


Figure 30a Suicide Exposure, Percentage of Veterans Who Report Knowing Someone Who Died by Suicide

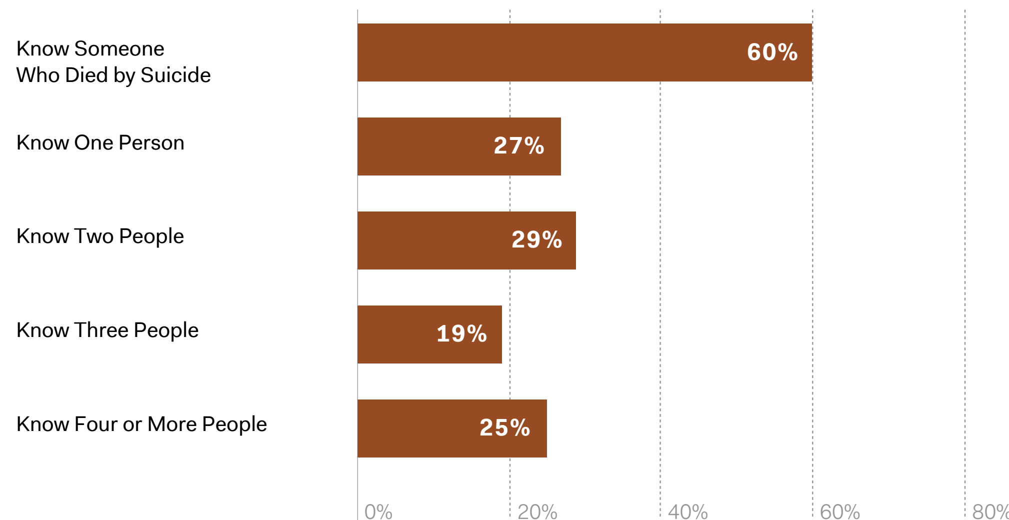
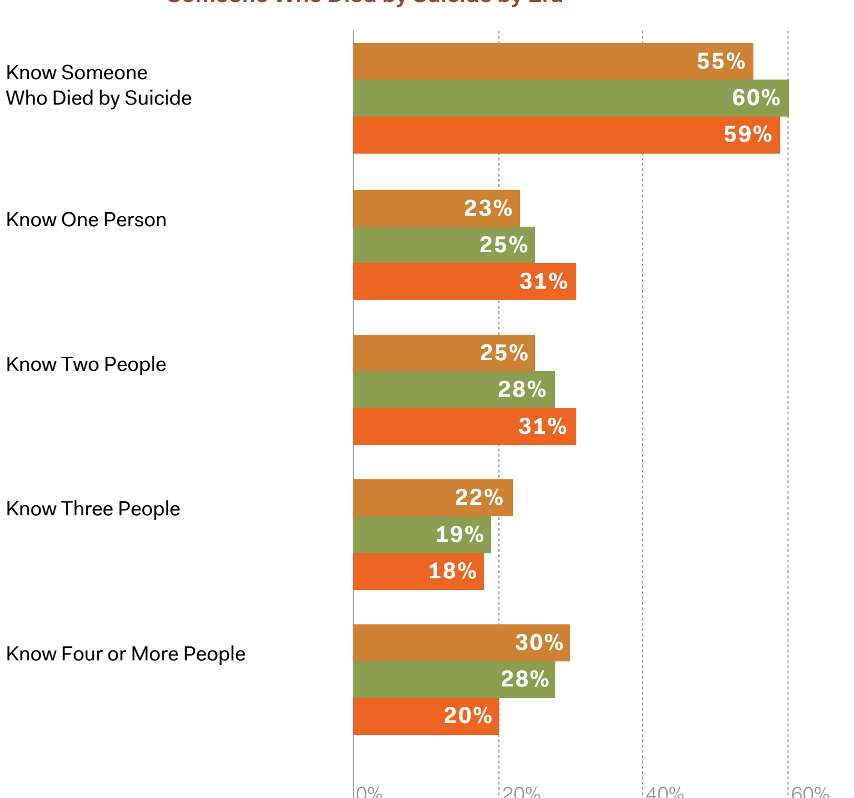


Figure 30b Suicide Exposure, Percentage of Veterans Who Report Knowing Someone Who Died by Suicide by Era



Sleep

Sleep is a critical component to overall health and well-being, having impacts on both physical and emotional health (Zee, 2006). Strong associations between sleep and mental health have been well documented (Baglioni et al., 2011; Kobayashi et al, 2007), with recent research indicating that improvements in sleep can lead to improvements in mental health (Scott et al., 2001). Almost two-thirds of the sample reported sleep difficulty (63%), with 32% of participants meeting the criteria for sub-threshold insomnia, 21% moderate clinical insomnia and 10% severe clinical insomnia (see Figure 31a). LGV were more likely to fall in the subthreshold insomnia category (35%) than RTV (27%) and CWV (32%). RTV and CWV were more likely to report moderate clinical insomnia (24% and 23%, respectively) and severe clinical insomnia (11% and 13%, respectively) (see Figure 31b).

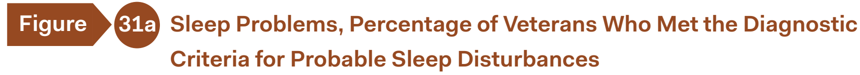


Figure 31a Sleep Problems, Percentage of Veterans Who Met the Diagnostic Criteria for Probable Sleep Disturbances

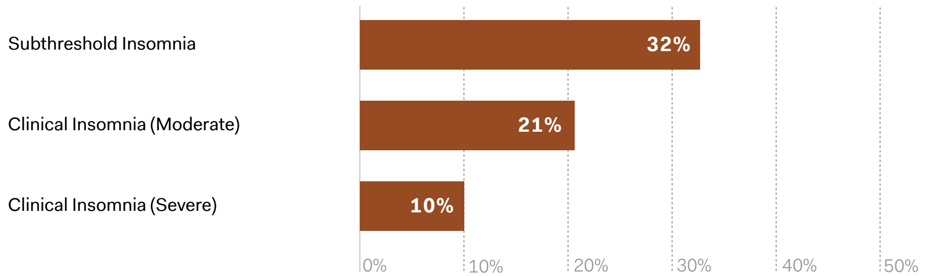
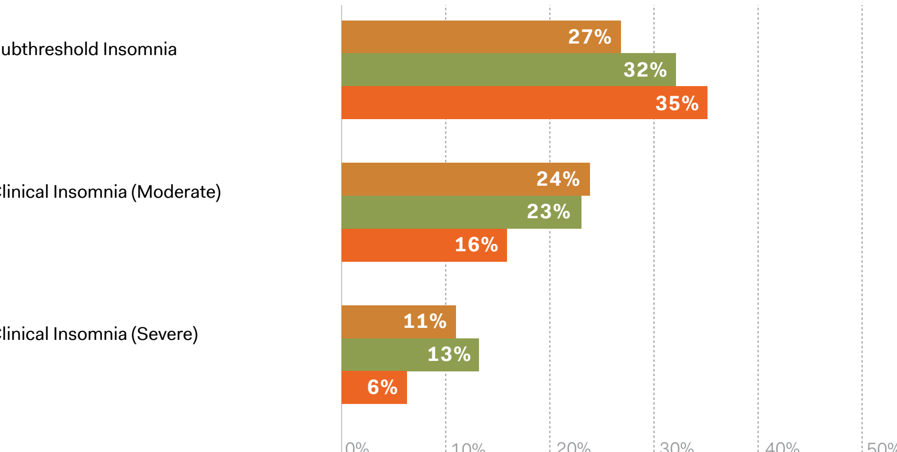


Figure 31b Sleep Problems, Percentage of Veterans Who Met the Diagnostic Criteria for Probable Sleep Disturbances by Era



RTV

CWV

LGV

Sexual Harassment & Sexual Assault

Sexual assault and harassment are endemic in the military, with these experiences shown to have harmful effects among those transitioning from the military back to their civilian communities (Galovski, 2022). In the current study, nearly three-quarters of women (73%) and 13% of men reported sexual harassment. For sexual assault, 43% of women and 6% of men reported experiencing sexual assault (see Figure 32a). For men veterans, RTV and CWV reported similar rates of sexual harassment (16% and 15%, respectively), followed by 11% of LGV. All three men groups reported similar rates of sexual assaults starting at 7% for RTV, 6% for LGV and 5% for CWV. RTV women were less likely to report sexual harassment (66%) than CWV (76%) and LGV (74%), and less likely to report sexual assault (38%) than CWV (43%) and LGV (48%) (see Figure 32b).

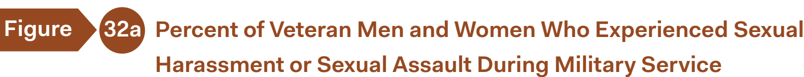


Figure 32a Percent of Veteran Men and Women Who Experienced Sexual Harassment or Sexual Assault During Military Service

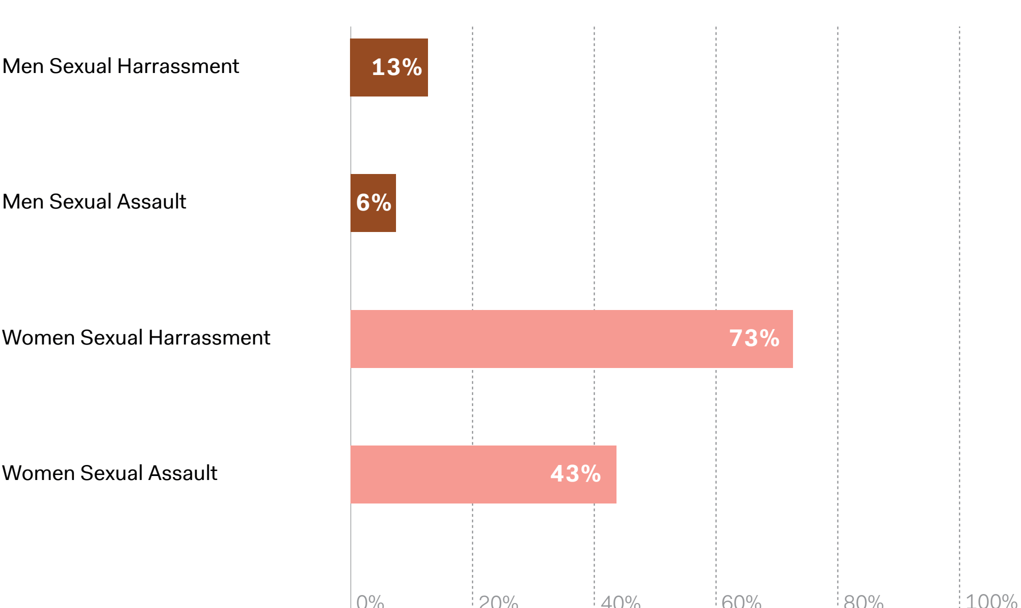
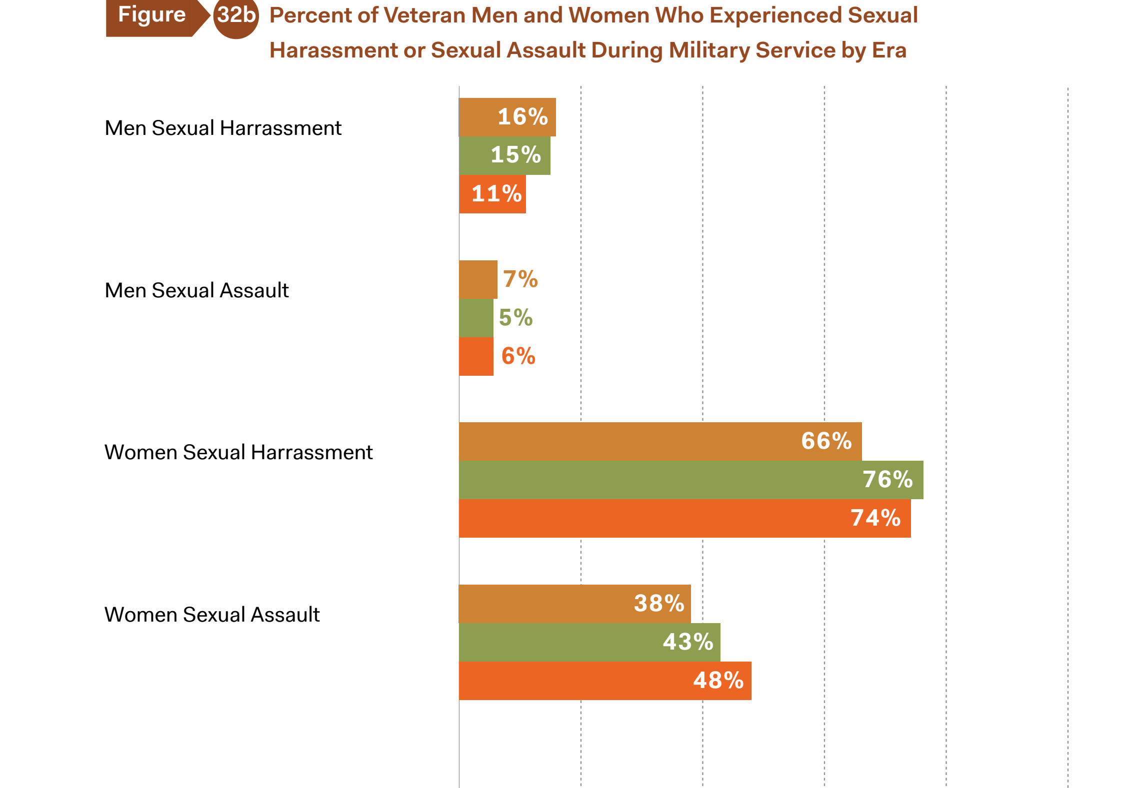


Figure 32b Percent of Veteran Men and Women Who Experienced Sexual Harassment or Sexual Assault During Military Service by Era



VA Disability Benefits

The VA disability program provides compensation to veterans for service-connected injuries. Three-quarters of the sample reported having previously filed a disability claim. LGV and CWV were more likely (76%) to have filed a disability claim than RTV (65%). Over half (57%) of the veterans in the current study indicated a disability rating of over 70% (see Figures 33a–b).

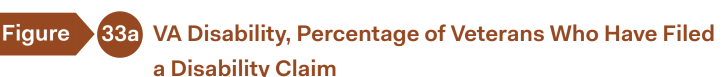


Figure 33a VA Disability, Percentage of Veterans Who Have Filed a Disability Claim

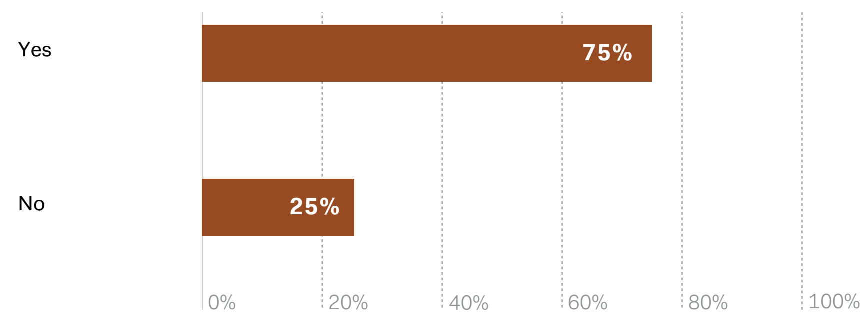
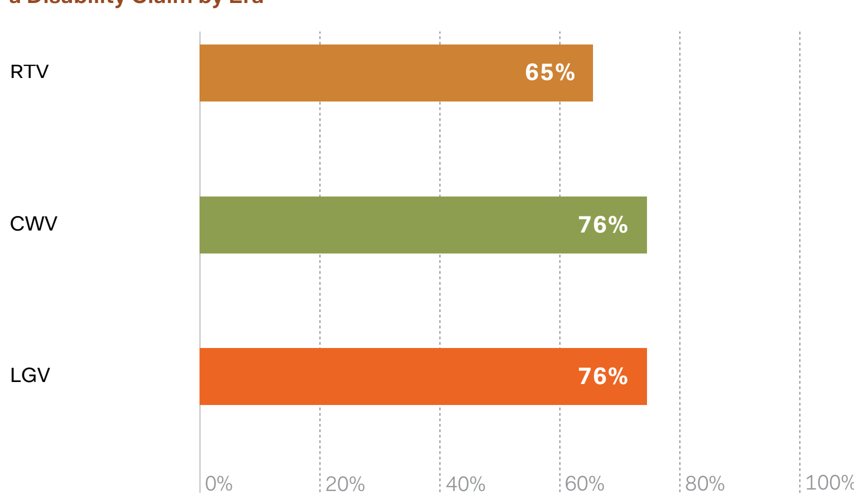


Figure 33b VA Disability, Percentage of Veterans Who Have Filed a Disability Claim by Era



Generally, there were not significant differences in disability rating among the three groups. However, two-thirds of RTV (66%) had disability ratings of 70% or more while 59% of CWV and 57% of LGV had a disability of 70 percent or higher (see Figures 34a–b).

Figure 34a Disability Ratings

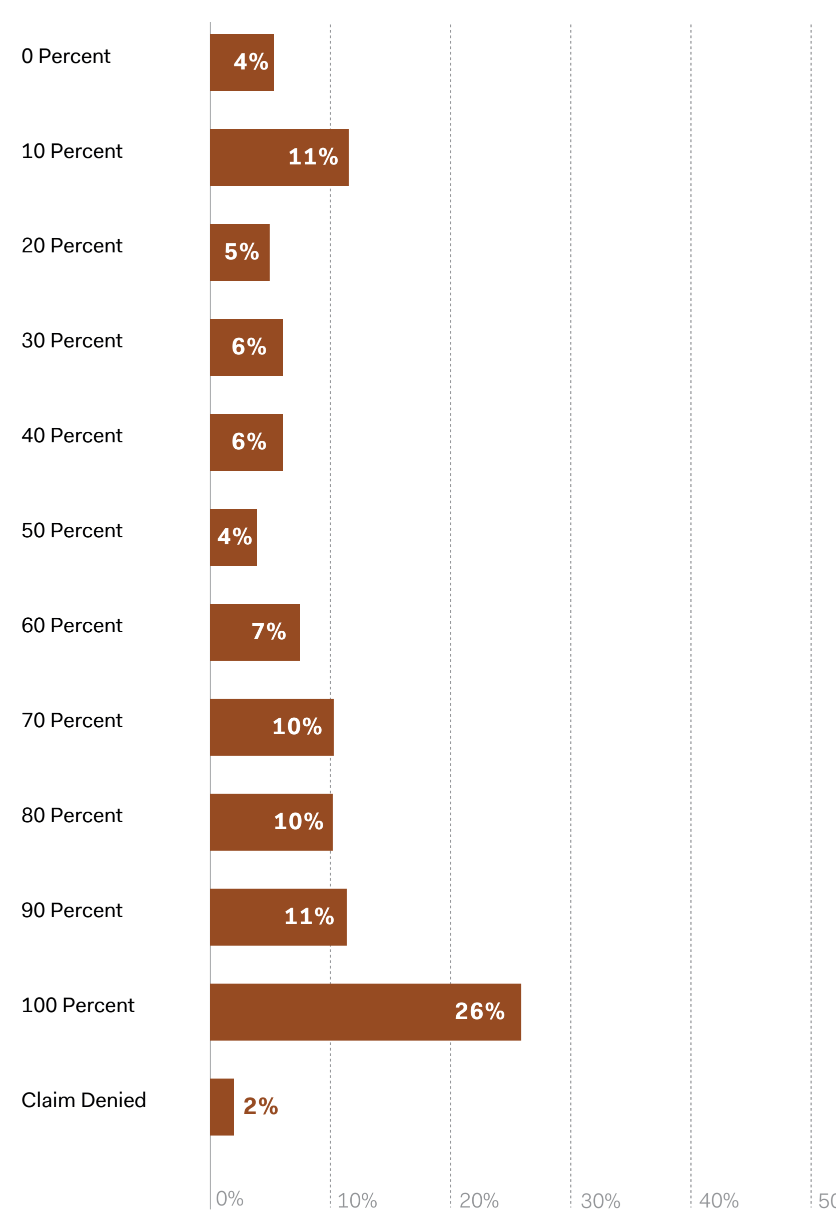
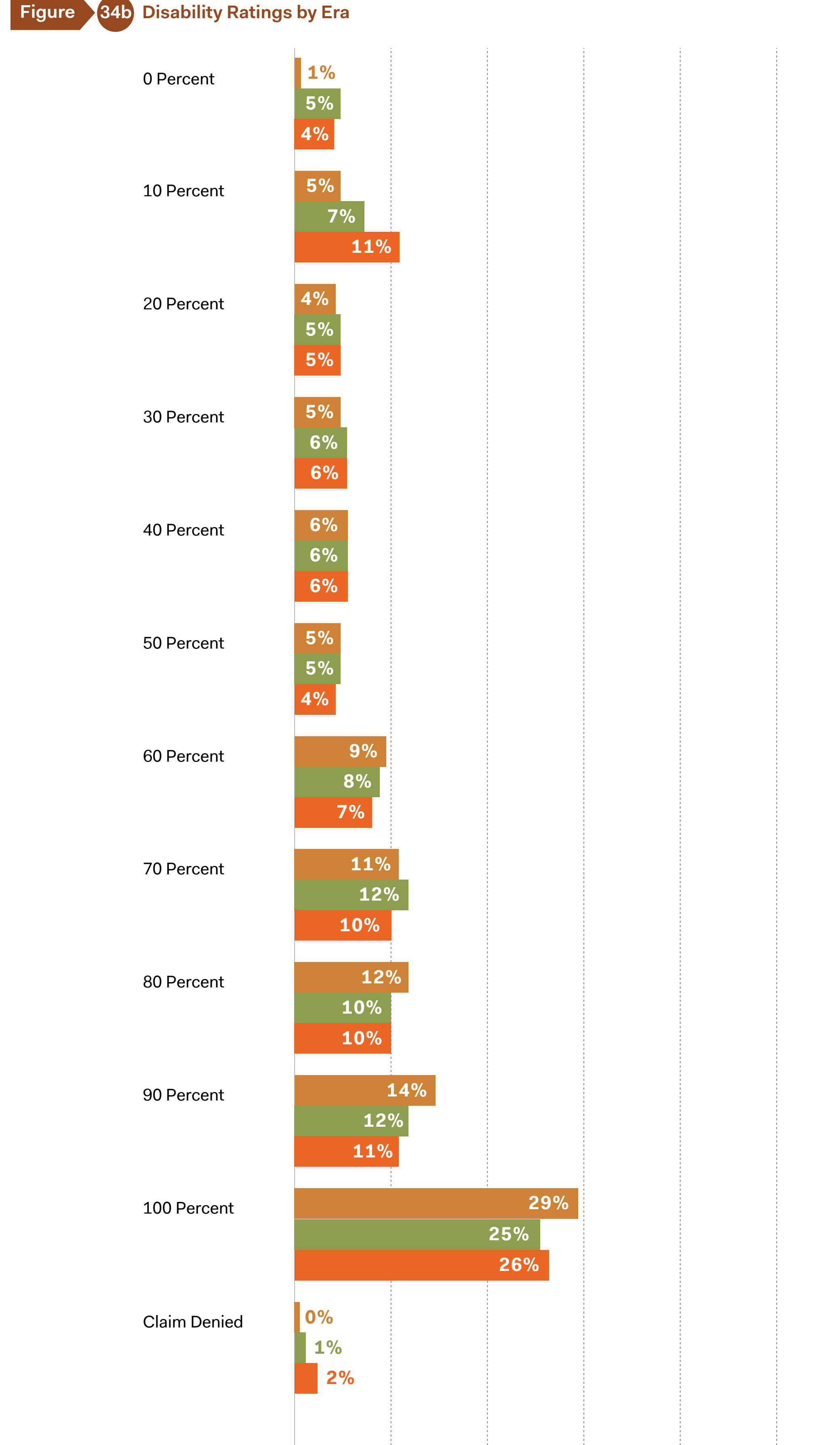


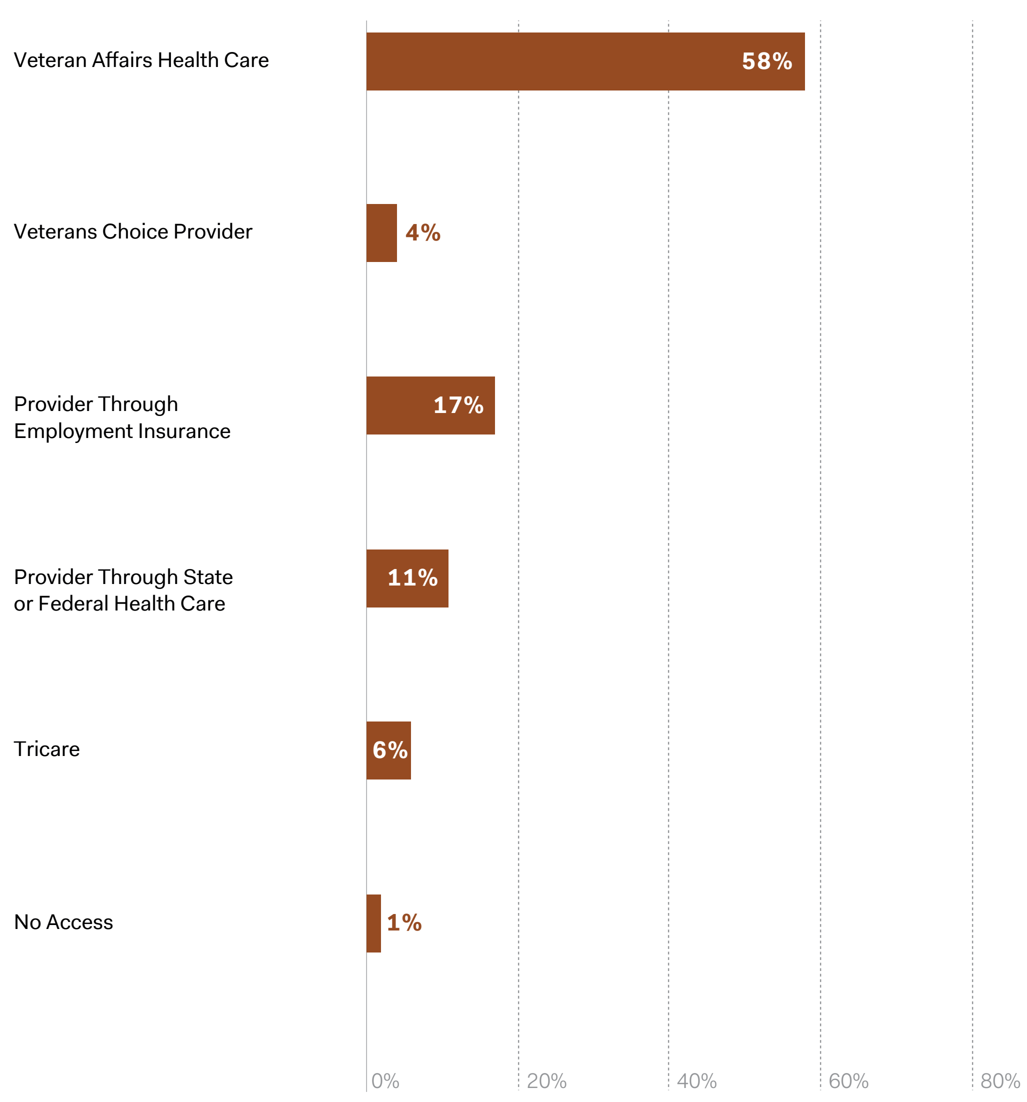
Figure 34b Disability Ratings by Era



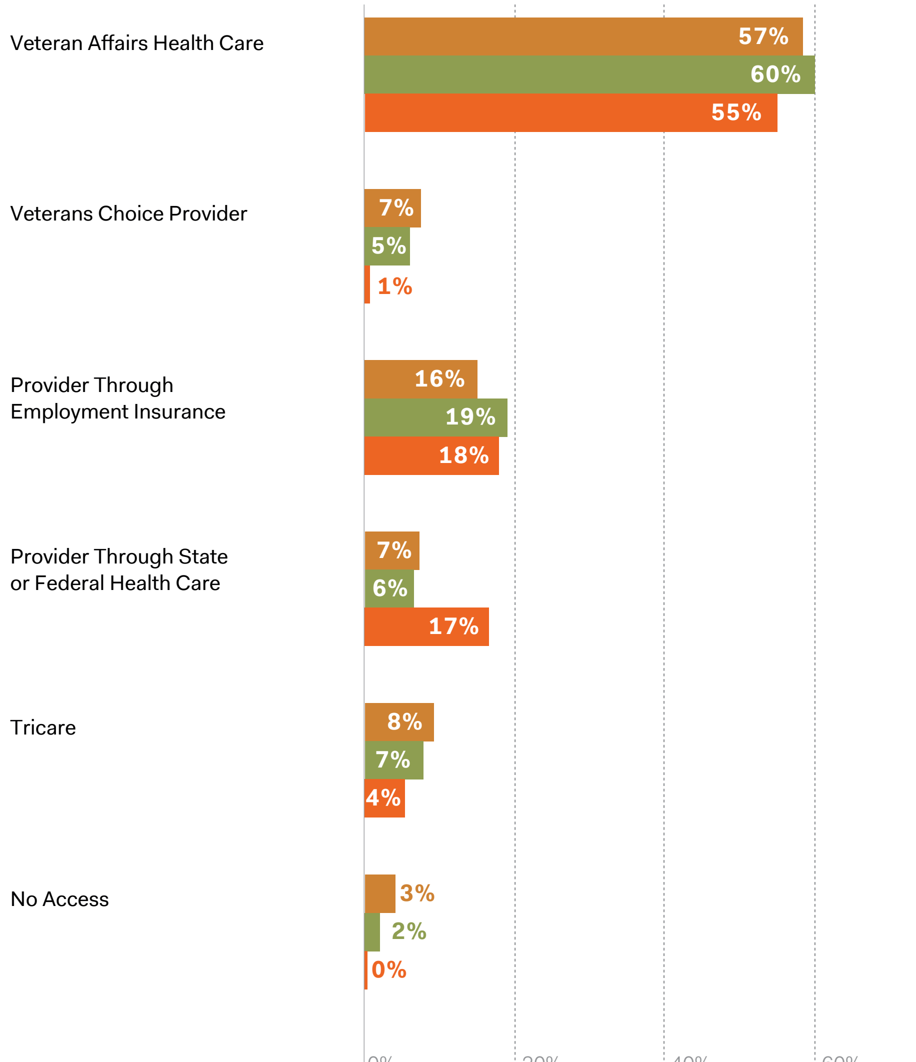
Utilization, Service Satisfaction and Needs, & Barriers to Care

Health Care. Over half of participants (58%) reported Veteran Affairs as their primary source of health care. This was followed by 17% who utilized a provider through employment insurance and 11% who utilized a provider through state or federal health care. Veterans Affairs was the primary health care for 60% of CWV, 57% of RTV and 55% of LGV. LGV were much more likely to report use of a provider through state of federal health care (Medicare, Covered California, etc.) (see Figures 35a–b).

Primary Source of Health Care

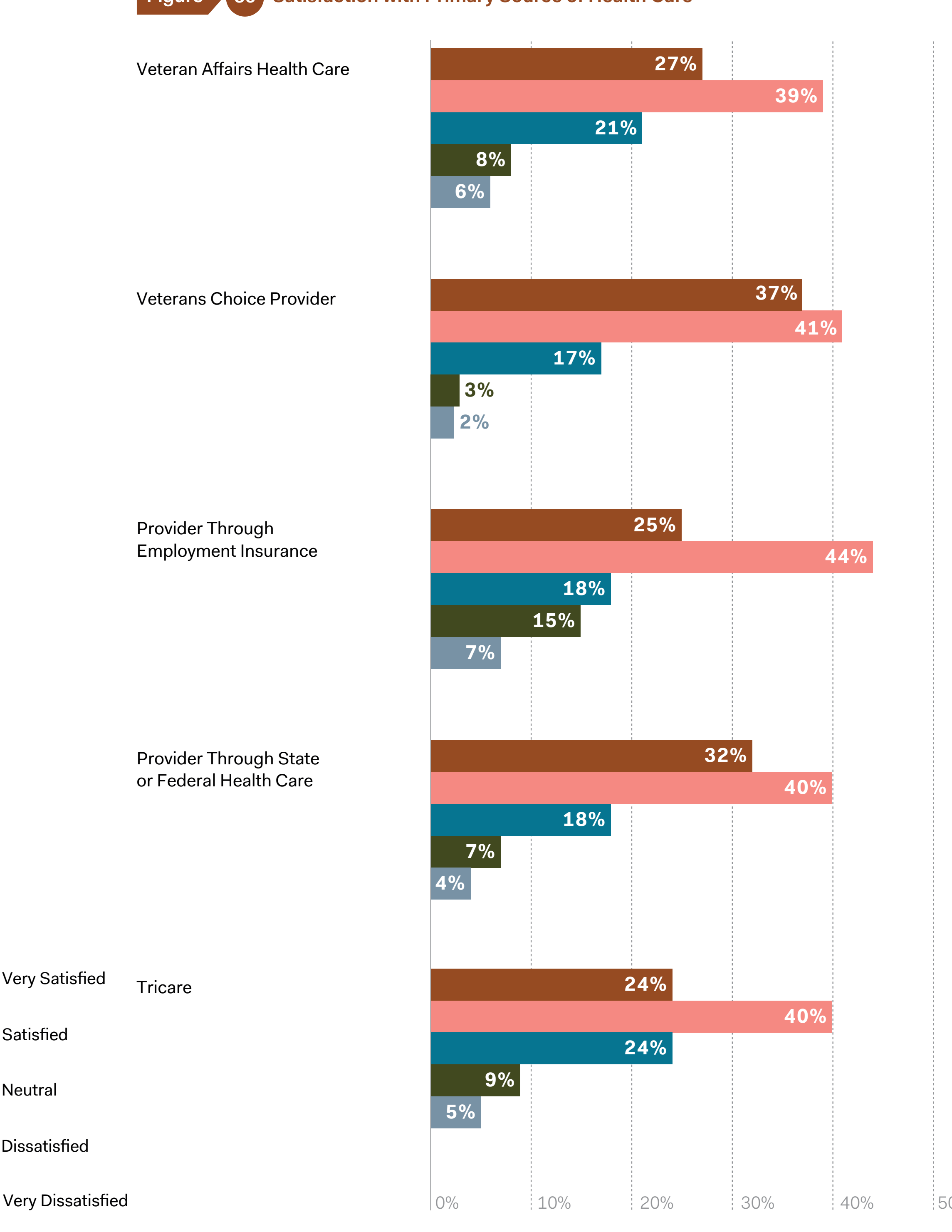


Primary Source of Health Care by Era



Most participants were satisfied with their health care regardless of their choice of primary provider (see Figure 36). Two-thirds of those using Veterans Affairs for health care were satisfied with their care (66%); 78% of those using a veterans choice provider; 69% of those using a provider through employment insurance; 72% of those using a provider through federal or state health care; and 64% of those using Tricare were also satisfied with their health care.

Figure 36 Satisfaction with Primary Source of Health Care



VA Use. Two-thirds of veterans reported using the VA within the past year, regardless of their primary care provider. One-third of those sought care at the VA for physical and mental health care while 28% and 4% used it for physical health care or mental health care only, respectively (see Figure 37a). RTV were more likely not to have used VA care in the past year (40%) than CWV (34%) and LGV (35%). CWV were most likely to use the VA for both physical and mental health care (39%) while LGV were much more likely to use the VA for physical health care only (see Figure 37b).

Figure 37a VHA Use, Percentage of Veterans Who Used Veterans Affairs for Physical (PH) and Mental Health (MH) Care in the Past Year

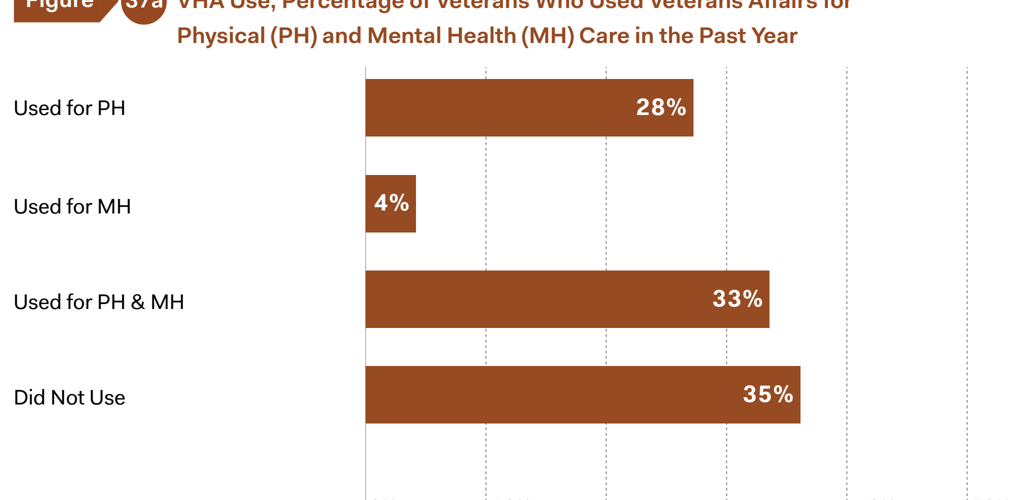
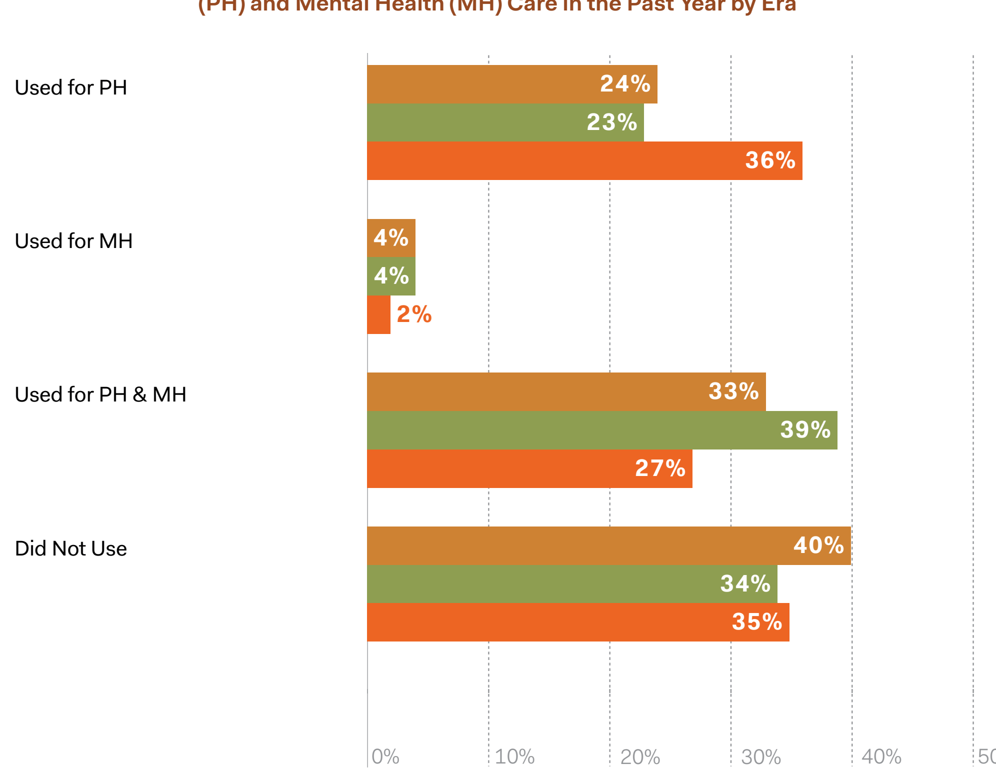


Figure 37b VHA Use, Percentage of Veterans Who Used Veterans Affairs for Physical (PH) and Mental Health (MH) Care in the Past Year by Era



The most common reasons reported for not using the Veterans Affairs were: "VA health care is not as good as health care that is available elsewhere" (48%); "Too much trouble or red tape" (45%); and "VA care is difficult to access" (42%). In general, men and women reported similar rates of reasons for not utilizing VA care. However, women were more likely to endorse logistical barriers such as "Too much trouble or red tape" (50% women vs. 40% men); "VA care is difficult to access" (47% women vs. 37% men); and "Difficult due to distance" (36% women vs. 29% men). Women were also more likely to report that they do not feel welcome at the VA (24% women vs. 18% men) and that the VA is not sensitive to their background (18% women vs. 13% men) (see Figure 38a).

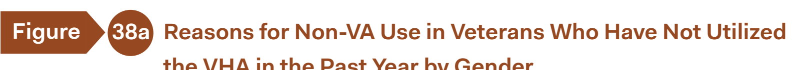
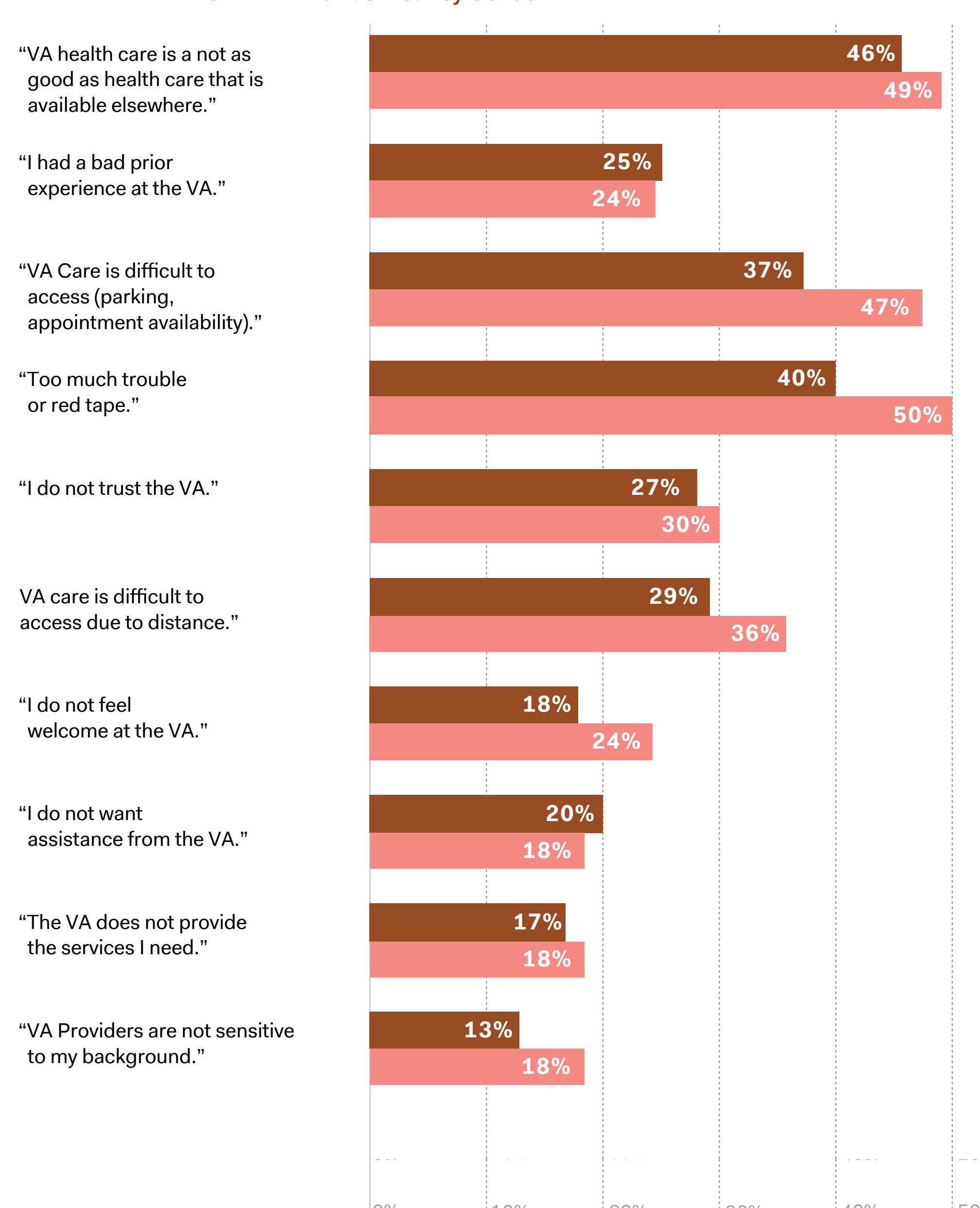
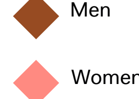


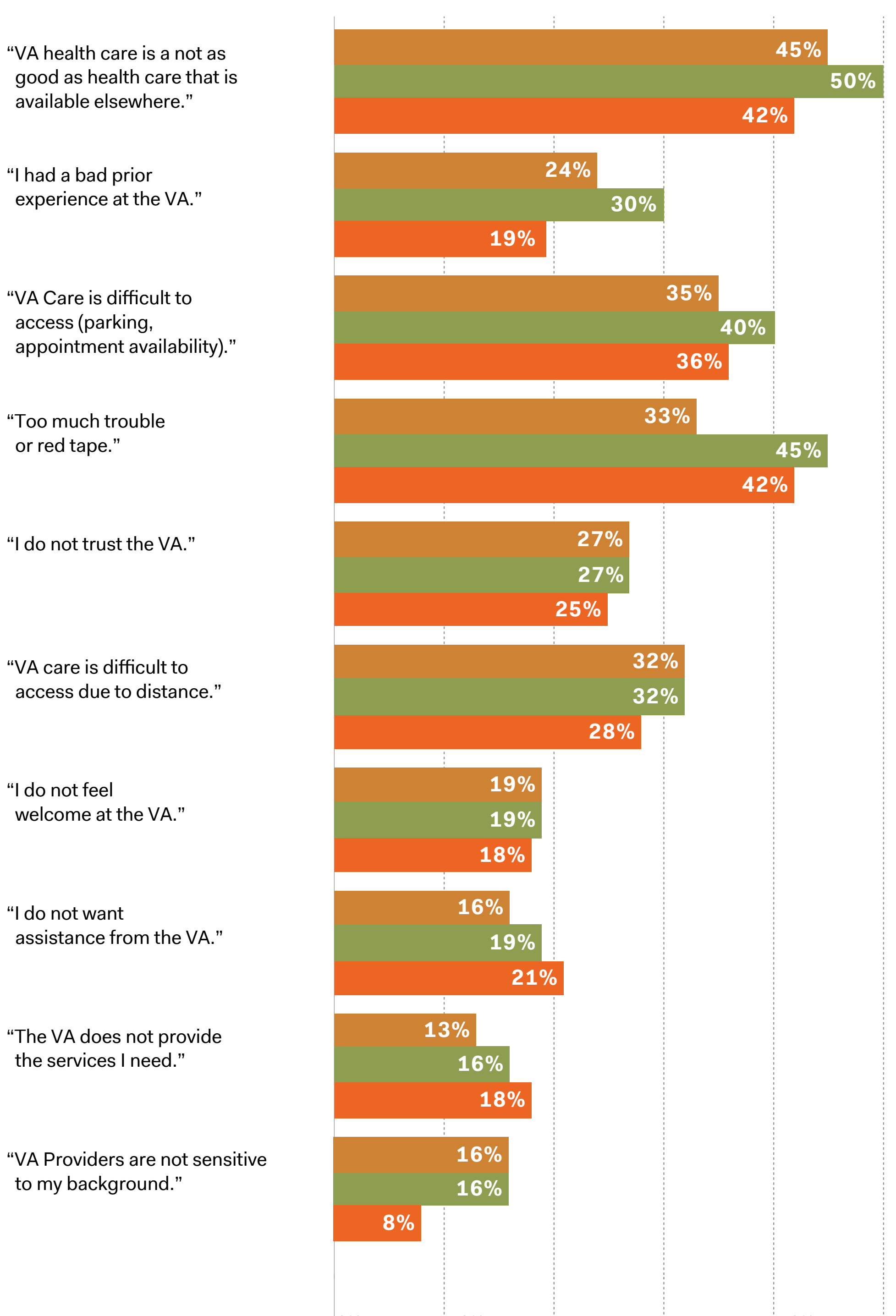
Figure 38a Reasons for Non-VA Use in Veterans Who Have Not Utilized the VHA in the Past Year by Gender





All three groups reported the same top three reasons for non-use of VA as described above. CWV were more likely to report feeling that VA health care is not as good as health care available elsewhere (CWV – 50%; RTV – 45%; LGV – 42%), that it is too much trouble or red tape (CWV – 45%; RTV – 33%; LGV – 42%) and to report a prior bad experience at the VA (CWV – 30%; RTV – 24%; LGV – 19%) (see Figure 38b).

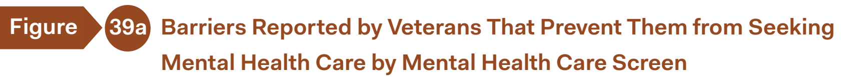
Figure 38b Reasons for Non-VA Use in Veterans Who Have Not Utilized the VHA in the Past Year by Era



RTV
CWV
LGV

Barriers to Mental Health Care. The top three reasons for not seeking mental health care were: “I know how to help myself” (58%); “I prefer to manage my problems on my own” (54%); and “I would rather get information on how to deal with the problem on my own” (53%). These were the biggest barriers regardless of whether a participant screened positive or negative for a mental health issue. However, those that screened negative for mental health issues were more likely to endorse each item. Participants who screened positive for a mental health issue were more likely to say they do not trust mental health professionals (29% vs. 14%), they do not know where to get help (18% vs. 8%), have a lack of adequate transportation (17% vs. 6%), difficult to schedule and get an appointment (38% vs. 16%), that services are not available (16% vs. 6%) and that they do not have time due to their workload (27% vs. 17%) (see Figure 39a).

All three groups reported the same top three reasons for not seeking mental health care as described above. For each of the most reported barriers to mental health care, LGV are most likely to endorse the item, followed by CWV, with the least endorsement by RTV. For example, “I know how to help myself” was endorsed by 67% of LGV, 57% of CWV and 54% of RTV. Similar trends can be seen in many of the barrier items (see Figure 39b).



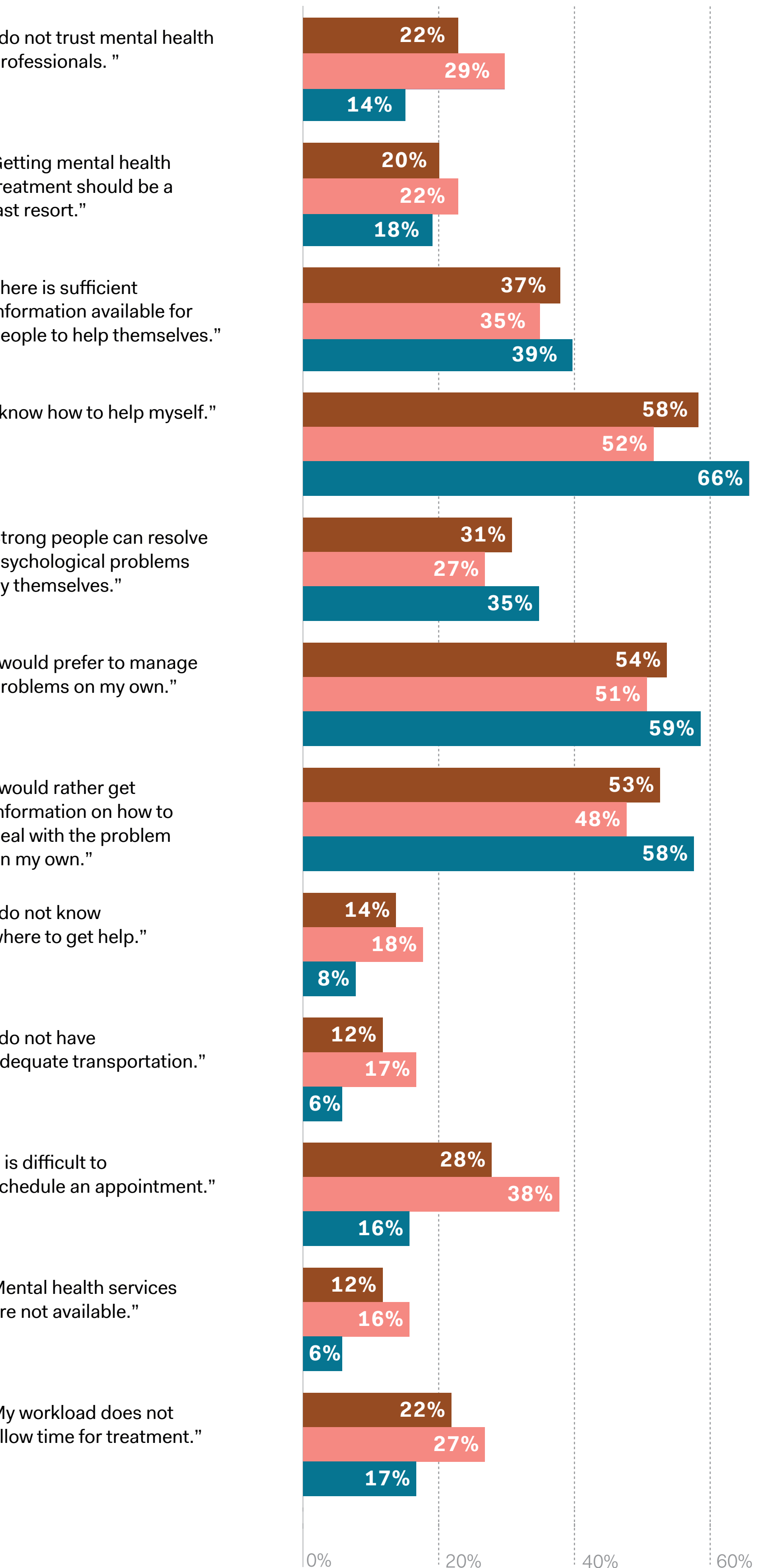
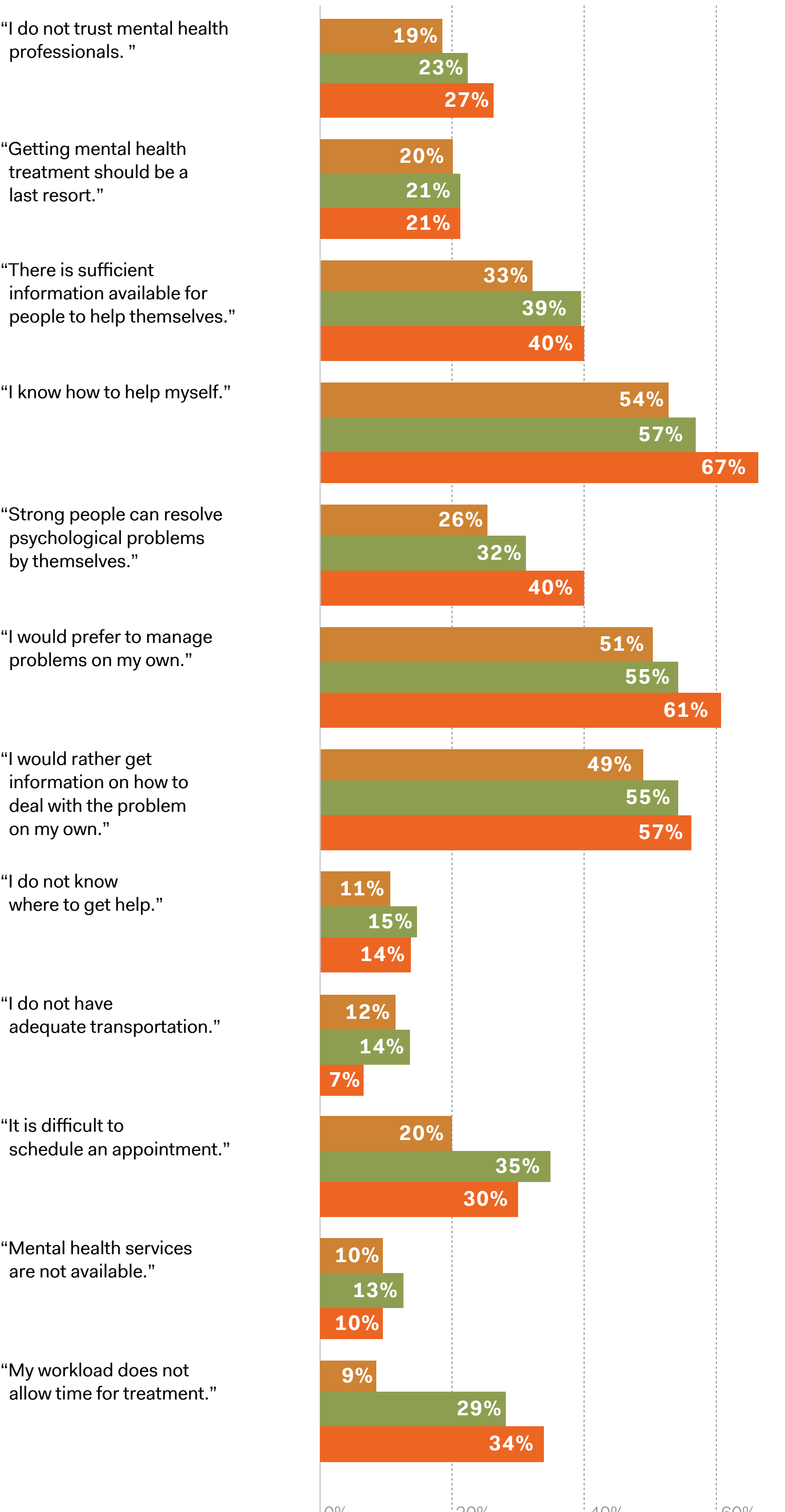


Figure 39b Barriers Reported by Veterans That Prevent Them from Seeking Mental Health Care by Era



Use of and Satisfaction with Services. Table 6 outlines the use of community services by participants over the last 12 months. Participants were most likely to have used employment services (23%), food assistance (20%), disability claim assistance (20%) followed by housing assistance (11%). Participants overwhelmingly reported they were satisfied or had neutral feelings about the services they received. No significant differences were found among the three groups.

Needs. Participants were most likely to report they would like help with physical health issues (28%), disability rating (28%), mental health issues (23%), finances (18%) and employment (14%). The top five needs were slightly different for each group. RTV reported wanting assistance with mental health (29%), physical health (26%), finances (25%), employment (25%) and disability rating (22%). CWV reported wanting assistance with disability rating (30%), physical health issues (27%), mental health (26%), finances (20%) and relationship issues (19%). LGV veterans reported wanting assistance with disability rating (30%), physical health (25%), mental health (18%), finances (14%) and legal issues (9%) (see Table 6).

Table 6 Use, Satisfaction, and Needs of Community Services

USED COMMUNITY SERVICES LAST 12 MONTHS	ALL	RTV	CWV	LGV
Employment	23%	29%	22%	19%
Housing	11%	11%	11%	11%
Food Assistance	20%	20%	19%	19%
Disability Claims	20%	21%	19%	20%

SATISFIED / NEUTRAL WITH SERVICES USED LAST 12 MONTHS	ALL	RTV	CWV	LGV
Employment	43% 33%	48% 31%	40% 37%	40% 28%
Housing	52% 21%	47% 28%	47% 25%	60% 13%
Food Assistance	61% 27%	61% 25%	58% 28%	66% 24%
Disability Claims	52% 25%	59% 26%	51% 25%	50% 26%

WOULD LIKE HELP	ALL	RTV	CWV	LGV
Physical Health	28%	26%	27%	25%
Mental Health	23%	29%	26%	18%
Relationship	15%	21%	19%	8%
Family Child	9%	11%	13%	4%
Legal	10%	8%	11%	9%
Transition	4%	8%	4%	2%
Financial	18%	25%	20%	14%
Employment	14%	25%	16%	8%
Education Benefits	13%	20%	16%	7%
Discharge Upgrade	5%	4%	6%	6%
Disability Rating	28%	22%	30%	30%

Key Findings & Recommendations

While hundreds of recommendations could be drawn from *The Southern California Veterans Study*, we have limited the number of recommendations to ten.

We focused on pressing issues confronting veterans where recommendations could be most impactful. This, however, should not preclude any community or agency from highlighting other recommendations and seeking to address them.

Indeed, we hope that every community does so, as this is one of the main reasons for conducting community-based research.

Following the recommendations, we have included a short list of additional notable findings.

No.1 Key Finding

There are still too many veterans unprepared for their transition from the military to civilian life. Below, we have outlined three key aspects of the veteran transition process that requires immediate attention.

Finding 1a The majority of veterans continue to leave active duty without a job.

Finding 1b A significant number of veterans leave the military with inadequate or unstable housing plans.

Finding 1c Veterans reported many emotional challenges associated with transition that they were unprepared to handle. Veterans struggled with feelings of having to start over and difficulty of no longer being in the military. Most didn't anticipate how hard the transition was going to be.

Recommendation Continued improvements to transition programs could begin to address these issues. First, the goal of every separating service member should be to have a job offer in hand before leaving the military. Second, while most veterans report having a place to live upon leaving the military, the long-term viability of post-service housing plans should be addressed. Separating service members should fully understand what constitutes stable housing and have realistic expectations about affordable civilian housing. Finally, transition programs should ensure that separating service members are prepared for the emotional difficulty that often accompanies the transition from the military back to civilian life.

Discussion We appreciate the complexity of recommending that service members have a job before leaving the military. There is often limited time available to search for a job, apply and go through the interview process. Many

employers might not be willing to hold a job open until a service member completes their military obligation. We also appreciate that veterans report needing a break after service, and time to figure out what they want to do next. However, having a job is one of the best means towards ensuring a successful transition and positive well-being post-service. Likewise, service members leaving the military need to fully consider how inadequate housing may create instability post-transition and understand the costs of long-term stable housing, especially in areas with high costs of living such as Southern California. Finally, there is an important emotional toll that leaving the military often creates. There might be a loss of identity, the loss of a community, changing relationships, feeling anger about having to start over, and dealing with rejection by those who did not serve. It is not uncommon for many veterans to wonder if they made a mistake by leaving the military, with some considering rejoining the military. It is important for veterans to understand the normalcy of these feelings. Being prepared for such thoughts, emotions and behaviors as well as providing tools for overcoming these emotional challenges may lessen their negative impact on transition. Emotional preparation is an essential element of separation preparedness that is missing from most transition programs. The community that the veteran is moving to can also play an important role in aiding the veteran in the transitioning process.

No.2 Key Finding

Many veterans in the study reported experiencing moderate to severe physical pain, especially pain associated with musculoskeletal problems.

Recommendation Screening for pain should be common practice, particularly in populations prone to musculoskeletal issues and injuries like military and veteran populations. Additionally, those serving the health care needs of veterans must ensure veterans have access to healthy and effective pain management tools.

Discussion Pain is one of the most common physical health diagnoses among veterans in the VA, and has been for decades. It is a fact that military service is physically demanding, which leads to many veterans becoming injured, resulting in lifelong pain issues. That pain can be difficult to effectively manage is readily acknowledged, highlighting the need for pain management strategies. Many cannabis users, and some alcohol users, reported using these substances to aid with pain management. While such self-care might be effective, each has been shown to also have negative health consequences. It is important to ensure veterans have access to, and knowledge of, effective long-term pain management strategies.

No.3 Key Finding

A significant number of veterans in the study indicated experiencing loneliness and a lack of social support.

Recommendation The VA and other veteran supporting agencies should screen for loneliness in veterans. Transition programs should encourage building new social networks with veteran and non-veteran groups. Family members should be encouraged to routinely contact veterans for social check-ins.

Discussion Transitioning from the military and adjusting to civilian culture can create disruptions in social networks. Loneliness and the lack of feeling socially connected has been linked to poor mental health and physical health, including risk-taking behaviors and dying by suicide. Some recently transitioned and contemporary veterans are reluctant to join traditional veteran organizations. Veterans should be encouraged to build a new community of their choosing. Peers, VSOs, and families can assist. Veteran service organizations that provide opportunities for connections are important, and might consider expanding and diversifying events that may attract veterans with different backgrounds and interests. Hosting connection opportunities that are tied to tasks, interests or events instead of veteran status may assist in overcoming hesitancy. It is also important for VSOs to hold events that appeal to women.

No.4 Key Finding

Far too many veterans continue to remain at risk of dying by suicide. Nearly a quarter of the veterans in the current study were at risk of dying by suicide, with recently transitioning veterans being at the highest risk. Almost two-thirds of veterans in the study knew someone who died by suicide.

Recommendation Develop and implement upstream, holistic suicide prevention approaches with demonstrated efficacy.

Discussion Ending veteran suicides is one of the most pressing and challenging tasks faced by veteran service organizations, researchers and policy makers. Ending veteran suicides will not be easy, particularly as there are no population level, evidence-based strategies to ending veteran suicide. Keeping this in mind, novel, innovative approaches are needed. Current efforts by the VA to address veteran suicides, while encouraging, employ strategies that have not been effective when employed among active-duty populations. Suicide is a complex social, psychological and cultural problem, which requires holistic solutions. Reducing suicide risk means implement-ing approaches that target an array of issues, many of which are outlined in this report. Financial health, connectedness, social support, loneliness, physical health, mental health, sleep, exposure to suicide, and employment are all issues related to suicide risk. The additive impact of experiencing several of these challenges simultaneously may heighten suicide risk. Upstream interventions that aim to set veterans on a positive path in each of these categories can reduce risk before problems occur. Increasing social connectedness is also an essential element that is often missing in suicide prevention programs. One promising approach that deserves greater attention is the Veteran Peer Support Program that is currently implemented in Los Angeles County.

No.5 Key Finding

Food insecurity among veterans is high.

Recommendation The VA and veteran support organizations should screen for food insecurity.

Discussion The high cost of living in Southern California is likely a major driver of food insecurity among veterans and non-veterans alike. It is important to note that this data was collected during a time of high food cost inflation. However, screening for food insecurity with a quick two-item screen can assist in identifying veterans who may benefit from receiving additional food resources. For elderly veterans, Meals On Wheels can be an important resource. It should be noted that many veterans might initially be reluctant to admit they need help or accept help when it is offered. Those approaching veterans should be sensitive to this issue.

No.6 Key Finding

Military sexual trauma remains a major concern, particularly for women veterans.

Recommendation Continue to ensure veterans are screened for military sexual trauma, and have access to both safe environments and effective treatments. Create and improve disclosure opportunities for both men and women.

Discussion As the military continues to struggle to address instances of sexual harassment and sexual assault during service, veteran communities will continue to see the impact of such trauma during and after military service. Service organizations have done exceptional work in providing support and treatment for veterans who have experienced sexual trauma during their time in the military. Screening should continue and expand wherever possible. It is of the utmost importance to provide avenues where vet-erans feel comfortable disclosing. Improving support and treatment opportunities for men should be considered as men become more inclined to disclose and seek help.

No.7 Key Finding

Veterans believe that their exposure to airborne toxins, such as burn pits, has caused them physical harm.

Recommendation The VA and veteran supporting agencies should employ a simple screen to determine if the veterans they are supporting might be eligible for compensation and refer them as appropriate. All veteran supporting agencies need to be familiar with recent burn pit legislation.

Discussion This study only used a single item to assess veteran belief around the hazards of airborne toxins on their health, yet overall endorsement was high. Veterans who served in Iraq and Afghanistan are most likely to attribute exposure to burn pits to some or many of their health concerns, other veterans, such as those who served in Vietnam, are more likely to attribute Agent Orange to their health status. Those who served in the Navy might attribute their poor health to asbestos exposure and those who served in the Air Force might identify exposure to jet fuel as the primary agent. Indeed, many vet-erans are likely to have been exposed to numerous airborne toxins that could adversely impact their health. Given the large endorsement by veterans that believe their health has been significantly impacted by such exposures, further research is needed and resources will be required to fully implement the new legislation.

No.8 Key Finding

Many veterans do not seek care for mental health issues, despite the health benefits of doing so and the numerous resources available to them. A majority of veterans believe they possess the necessary skills to manage their behavioral health problems on their own, a consistent and pervasive barrier for veterans getting the mental health care they need.

Recommendation The VA and the veteran support organizations need to continue efforts to increase help-seeking behavior, reduce the stigma and barriers associated with seeking mental health care, particularly dispelling the pervasive view among veterans that they can handle problems on their own.

Discussion Being self-reliant and resilient is a hallmark of military training. The military seeks to develop highly resilient service members who can perform at high levels in extremely stressful situations. This is an instance where military culture can continue to exert a negative impact on the well-being of veterans. If veterans refuse to seek care for mental or behavioral health issues, then it matters very little if resources are available to them. The veteran must be willing to seek care, even overcoming the stigma associated with doing so, in order for care to be successful. Changing a culture is extremely difficult and will be slow. Unfortunately, only a limited number of effective models for increasing help-seeking behaviors exists. Tools such as improving mental health literacy, reducing stigma and logistical barriers, providing public examples of success stories, increasing knowledge of treatment effectiveness and using non-diagnostic labeling may help increase veterans' willingness to seek mental health care (Brown et al., 2022).

No.9 Key Finding

While the VA health care system is viewed very positively by most veterans, there are still far too many veterans who report negative perceptions about the VA, as well as logistical barriers to receiving VA care.

Recommendation The VA must continue to improve access to care and ensure that every veteran feels accepted and supported.

Discussion Most veterans recognize that the VA is a world-class health care organization. However, there are still some veterans who believe the health care provided by the VA is substandard. The VA must actively work to communicate and demonstrate to the veteran population that this is not the case. The VA, the DoD, and the numerous veteran support agencies must communicate success stories of the VA and emphasize the quality of care the VA health care system provides. Further, the VA health care system and the benefits office needs to continue to work to ensure that every veteran they see feels honored and supported. For veterans who have formed negative opinions or have had negative experiences when using the VA, the VA should consider reaching out to these veterans and acknowledge shortcomings, gather feedback, and ask for another chance to make a good impression.

No.10 Key Finding

Despite challenges veterans may be experiencing, most report living purposeful, fulfilled, and meaningful lives. Many veterans are doing very well in their careers, financially, physically and mentally, and have the strength, skills and resources for challenges they may encounter.

Recommendation Continue to recognize and celebrate the contributions our veterans make to our communities. Acknowledge that while military service can leave lasting impacts, most veterans find a meaningful and fulfilling life after their military service.

Discussion As indicated earlier, the purpose of this report is to highlight where and what we can do better to support the veteran community. The needs outlined in this report should convey the message that military service and military transition is difficult, and is expected to come with some challenges. Despite these challenges, the majority of veterans in the study reported satisfying careers where they feel appreciated. Most have adequate housing and are working towards financial security. Overwhelmingly, veterans reported having interests and hobbies that are meaningful, having a sense of purpose, and have found people to connect with. Veterans are proud of their service, and their military service provides a strong sense of who they are. Many veterans seek services when needed and are satisfied with the help they receive. In our initial studies almost ten years ago, many veterans reported not knowing where to get help. Today, this is no longer a significant barrier. While there is a lot of work to be done, there is much to celebrate as well.

Notable Additional Findings

I. Being a veteran was an important part of self-image and had a lot of meaning. This was equally true for both women and men.

II. Three out of four veterans had careers that were different from their military occupation.

III. PTSD and depression remain major mental health issues among veterans.

IV. Problematic alcohol use was a concern among veterans in the study.

V. Women were more likely than men to report severe physical health symptoms, although symptoms were high in both groups.

VI. Cannabis misuse was low in the study. Results were comparable to those in VA samples that demonstrate low but potentially rising misuse.

VII. A significant number of veterans reported experiencing major sleep problems.

Appendix A: Study Measures

AUDIT Consumption Scale (AUDIT-C)

The AUDIT-C (Alcohol Use Disorders Identification Test - Consumption) (World Health Organization, 2001) is a brief screening tool used to assess alcohol consumption patterns. This is a widely used,quick and easy method for assessing alcohol consumption patterns and can be useful in identifying individuals who may benefit from further intervention or treatment. In men, a score of 4 or more is considered posi-tive, optimal for identifying hazardous drinking or active alcohol use disorders. In women, a score of 3 or more is considered positive.

Consumer Financial Protection Bureau (CRPB) Financial Well-Being Scale

The CFPB Financial Well-Being Scale (Consumer Financial Protection Bureau, 2015) is a self-report measure designed to assess an individual's level of financial well-being. It was developed by the Consumer Financial Protection Bureau (CFPB) in the United States and consists of 10 items that assess various aspects of financial well-being, including an individual's ability to pay bills, handle unexpected expenses, and plan for their future.

Household Food Security Survey Short Form

The Household Food Security Survey Short Form (HFSS)(Swindle et al., 2013) is a self-report questionnaire that assesses the degree to which a household experiences food insecurity. Households with The HFSS can be useful in identifying households that may be at risk for food insecurity, and evaluating the effectiveness of interventions aimed at improving food security. Endorsement of either of the items indicated food insecurity.

Insomnia Severity Index

The Insomnia Severity Index (ISI) (Bastien et al., 2001) is a brief self-report questionnaire that assesses the severity of insomnia symptoms and the impact of insomnia on daily functioning. The ISI can be useful in identifying individuals who may be experiencing insomnia symptoms, and in monitoring the effectiveness of treatments aimed at reducing insomnia symptom severity and improving daytime functioning.

Mental Health Treatment Seeking

The Mental Health Treatment Seeking scale (MHTS) (Alder et al., 2015) is a self-report measure designed to assess barriers to seeking mental health treatment. It includes 12 items and asks participants to indicate whether each item is a reason for not seeking mental health care.

Military Centrality Subscale of the Warrior Identity Scale (WIS)

The Warrior Identity Scale (WIS) (Lancaster & Hart, 2015) is a self-report measure designed to assess the extent to which individuals identify with the role of a warrior or soldier. It consists of 17 items that ask respondents to rate their agreement with statements related to warrior identity. This measure can be useful for understanding the psychological and social factors that influence the well-being and adjustment of individuals who have served in combat roles. The Military Centrality Subscale consists of four items that measure how veterans view their service in relation to their identity.

Military-Civilian Adjustment and Reintegration Measure (M-CARM) Purpose and Connection Subscale

The Military-Civilian Adjustment and Reintegration Measure (M-CARM) (Romaniuk et al., 2020) is a self-report questionnaire that assesses the adjusment and reintegration experiences of military service members and veterans into civilian life. The measure has 21 questions and five domains – purpose and connection, help-seeking, beliefs about civilians, resentment and regret, and regimentation. The purpose and connection subscale was utilized for this survey and included six items regarding meaning and purpose.

Numeric Pain Rating Scale

The Numeric Pain Rating Scale (NPRS) (Ferraz et al., 1990) is a simple tool for assessing pain intensity. Patients are typi-cally asked to rate their level of pain on the scale, with the numerical rating indicating the intensity of their pain. The NPRS can be used to assess pain intensity at a single point in time or over a period of time and can be used to monitor changes in pain levels and to guide treatment decisions.

Oslo Social Support Scale (OSSS-3)

The Oslo Social Support Scale (OSSS-3) (Kocalevent et al., 2018) is a 3-item self-reported measure of the level of social support. It consists of three items that ask for the number of close confidants, the sense of concern from other people, and the relationship with neighbors with a focus on the accessibility of practical help. The OSSS-3 sum score can be operationalized into three broad categories of social support: a) 3–8 poor social support; b) 9–11 moderate social support; c) 12–14 strong social support.

Patient Health Questionnaire 9 (PHQ-9)

The Patient Health Questionnaire 9 (PHQ-9) (Kroenke, 2002) is a self-report questionnaire that assesses the presence and severity of depression symptoms. This measure can be useful in identifying individuals who may be experiencing depression symptoms, and in monitoring the effectiveness of treatments aimed at reducing depression symptom severity. A score of 10 or higher indicates probable depression.

Patient Health Questionnaire 15 (PHQ-15)

The Patient Health Questionnaire 15 (PHQ-15) (Kroenke et al., 2002) is a self-report questionnaire that assesses somatic symptom severity. This measure is useful in identifying individuals who are experiencing somatic symptoms that may be related to a medical or psychiatric condition, and in monitoring the effectiveness of treatments aimed at reducing somatic symptom severity. A score of ten or above indicates medium to high somatic symptoms.

PTSD Checklist for DSM-5 Short Form

The PTSD Checklist for DSM-5 Short Form (PCL-5)(Zuromski et al., 2019) is a self-report questionnaire that assesses the presence and severity of post-traumatic stress disorder (PTSD) symptoms according to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) criteria. It is a shortened version of the PCL-5, developed by the National Center for PTSD. The PCL-5 can be useful in identifying individuals who may be experiencing PTSD symptoms, and in monitoring the effectiveness of treatments aimed at reducing PTSD symptom severity. A score of 7 and above was used to indicate probable PTSD.

Severity of Dependence Scale (SDS) for Detecting Cannabis Dependence

The Severity of Dependence Scale (SDS) (van der Pol et al., 2013) for detecting cannabis dependence is a self-report questionnaire that assesses the severity of dependence on cannabis. This measure can be useful in identifying individuals who may be at risk for problematic cannabis use, and monitoring the effectiveness of interventions aimed at reduing dependence on cannabis. Authors established an optimal differentiating cutoff as a score of 4 or higher.

Sexual Harassment and Assault VA Screen

The Sexual Harassment and Assault, two item VA screening (Mengeling et al., 2019) consists of two questions that assess a single construct, which includes both sexual harassment ("While you were

in the military, did you exper-ience any unwanted sexual attention, such as verbal remarks, touching, or pressure for sexual favors?") and sexual assault ("Did anyone ever use force or threat of force to have sex with you against your will?").

Social Connectedness Scale

The Social Connectedness Scale (Lee & Robbins, 1995) is a self-report measure designed to assess an individual's sense of social connectedness or be-longingness. This scale consists of 8 items that ask respondents to rate the extent to which they feel connected to others and the world.

Suicide Behaviors Questionnaire-Revised (SBQ-R)

The Suicide Behaviors Questionnaire-Revised (SBQ-R) (Osman et al., 2001) is a brief self-report questionnaire that assesses suicidal ideation, be-havior, and related factors. The SBQ-R can be useful in identifying individuals who may be at risk for suicide, and monitoring the effectiveness of treat-ments aimed at reducing suicidal ideation and behavior. Scores of seven and above indicate risk for suicide.

Three Item Loneliness Measure

The Three Item Loneliness Measure (Hughes et al., 2004) is a brief self-report measure designed to assess an individual's subjective sense of loneli-ness. This measure consists of three items that ask respondents to rate their level of agreement with statements related to loneliness. The measure can be useful in identifying individuals who may be at risk for poor health outcomes due to loneliness, and in evaluating the effectiveness of interventions aimed at reducing loneliness. A score of six or above indicated loneliness.

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Appendix C: County Level Data

While the focus of this study is on Southern California veterans, we understand there may be times where county level data could be helpful. As such, analyses in this report have also been examined at the county level. The county-level data for Los Angeles, Orange and San Diego counties can be found on *The Southern California Veterans Study* website. The website also provides information on data analysis requests and presentation requests.

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