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**Military and Veteran Family Needs Assessment and Literature Review:  
Considerations for Arts Providers and Creative Arts Therapists**

**Summary Report: Service Members and Veterans**

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# SERVICE MEMBERS AND VETERANS

Current and former military service members—members of the Army, Air Force, Navy, Marine Corps, Coast Guard, as well as National Guard and Reserve members—face a multitude of challenges related to their service. These can present problems in their personal and professional aspirations and everyday interactions as they transition into civilian life. However, service members and veterans also can have a wealth of experience in community-building and collaboration and have the potential to experience more positive outcomes when they are given opportunities to use this skillset.

This report will explore current and former service members' strengths, challenges, and unique needs in order to provide information that can be used to inform more effective arts programs that respond to identified needs of service members and veterans.

## NEEDS AND CHALLENGES

### Service Members

Among active-duty service members, 82.4% are enlisted members while 17.6% serve as officers (U.S. Department of Defense 2020). Most active-duty members (82.8%) are male. Of these, 17.2% are Hispanic or Latino and 31.1% belong to racial minority groups. The average age among enlisted service members is 27 while officers have an average age of 34.4 (U.S. Department of Defense 2020). Marriage is also prevalent, with more than half of active-duty service members married during their enlistment.

While not all service members develop complications such as post-traumatic stress disorder (PTSD), a large portion of the population, especially Afghanistan and Iraq veterans, experience the disorder during service because of the trauma they have faced during deployment. Other challenges faced by service members typically include more complex health conditions than those faced by the general population, including psychological, cognitive, physical, and behavioral issues (Hull et al. 2015). Much of this stems from traumatic brain injury (TBI) resulting from combat injury or training. TBI is associated with adverse conditions such as memory loss, dizziness, headaches, and sleep deprivation (Nworah et al. 2014).

Frequent separations from family are another challenge for service members. These separations occur due to training, schooling, and deployments and on average last between 10 to 18 months total (Wenger, O'Connell, and Cottrell 2018). Half of all soldiers deployed since 2001 were married and half of those had children (Wenger, O'Connell, and Cottrell 2018). Separations can impact bonding with children and affect partner intimacy, among other issues. These circumstances can add stress for the entire family while service members are serving away from home or when they return.

### Veterans

Veterans, numbering some 20 million in the United States, are women and men who have served in the U.S. Armed Forces for any length of time. Veterans make up less than 10% of the U.S. civilian population, with just 7% of adults in 2016 having served (Bialik 2017). This number is expected to decrease in coming years, however, the number of female veterans is set to double from 9% to 18% by 2045 (Bialik 2017). The veteran population is also expected to become more racially and ethnically diverse, with the number of African American and Hispanic members anticipated to increase by 4% and 6%, respectively, by 2045.

Studies on veterans show increasing rates of mental health disorders, including bipolar disorders, drug and alcohol dependence, anxiety, PTSD, TBI, and adjustment disorders (Hunt et al. 2015). The largest increases were in PTSD and depression. Rates for mental health issues among veterans are significantly higher than for the general U.S. population which could be partially attributed to increased screening rates and efforts to destigmatize mental health services among veterans and increase access to services (Hunt et al. 2015). However, research shows an increased need for services for veterans within the Veterans Health Administration and in community-based organizations.

## **National Guard & Reserve**

National Guard and Reserve service members include all branches of service with the Army National Guard representing the largest portion. Guard and Reserve personnel serve in one of three categories: the Standby Reserve, the Ready Reserve, and the Retired Reserve. The Ready Reserve is comprised of service members who served Active Duty or as Selected Reserve members, has 1,021,613 members (U.S. Department of Defense 2020), and is increasingly diverse, reflecting changes in service member demographics. National Guard and Reserve members live as civilians until they are called for deployment, and for the last 20 years have increasingly been deployed overseas in combat areas. They face challenges transitioning back and forth between military and civilian life, in addition to experiencing long separations from family. National Guard and Reserve members have higher suicide rates than the general U.S. population (U.S. Department of Defense 2019). National Guard and Reservists report that civilian support agencies are not equipped to effectively address their needs (Sonethavilay et al. 2019).

## **Women Veterans & Service Members**

Millions of veterans and service members identify as women and/or LGBTQIA. And despite progress towards a more diverse military, service members and veterans from these populations face many challenges and stigma associated with their identities. These difficulties cover almost every facet of life, from discrimination faced in VA hospitals based on sexual orientation or sexual identity to a lack of targeted healthcare designed to address their unique experiences while serving or transitioning to civilian life.

Nearly 20% of service members are women, and due to policy changes since the 1990s the number of women who are combat veterans has increased to 10% nationally (Maury et al. 2018). Still, women are underrepresented in the literature, programming, and research around the military community, which obscures their gender-specific needs (Hawkins and Crowe 2018). As a result, they often find it difficult to access services and programs even while serving. Further, transitioning to civilian culture presents challenges for women. Women service members face greater financial challenges and depression compared to male service members. Women take longer to find employment than male veterans. Women transitioning from military to civilian life find their identity is also in transition. They must find a new sense of purpose which may contribute to feelings of anxiety, frustration, fear, and loss. They also struggle more with social isolation than their male counterparts, especially over the long term (Maury et al. 2020) and find that civilian culture places gender-specific misrepresentations on female veteran experiences.

Military sexual trauma (MST) is a significant concern for female service members, with one in five veterans between 55 and 64 years of age reporting experiences of MST and one in ten veterans ages 65 and above reporting the same (Gibson et al. 2020). MST has been linked to increased instances of PTSD, something female service members are already more likely to experience yet less likely to be diagnosed than men (Heineman 2017). They are also more likely than men to experience depression, sleep disorders, suicidal ideation, and pain conditions (Gibson et al. 2020).

## LGBTQ+ Veterans & Service Members

Between 66,000 and 75,000 service members belong to the LGBTQIA community, and the transgender military population is two to three times higher than the transgender civilian population. More than one million veterans identify as LGBTQIA (Ahlin and Douds 2018). LGBTQIA service members experience unique challenges, such as concealing their sexual orientation and gender identity, concerns over being discharged because of their gender identity or sexuality, and harassment from fellow service members (Ahlin and Douds 2018). The former challenge has been tied to an increase in mental health concerns post-discharge (Cochran et al. 2013). LGBTQIA service members are at an increased risk of experiencing MST, as well as sexually transmitted diseases, substance abuse, and smoking (Ahlin and Douds 2018; Ruben et al. 2019).

## STIGMA AROUND SEEKING SERVICES

The stigma surrounding mental health and seeking services presents unique challenges to service members, veterans, and National Guard and Reserve. Military culture emphasizes self-reliance and an ethic of strength that deters service members and veterans from seeking services because they do not want to look weak (Teeters et al. 2017). In addition, concerns over how mental health needs may impact their military career also prevent many military personnel and veterans from seeking services.

LGBTQIA service members face unique challenges when seeking physical and mental healthcare due to discrimination in healthcare settings (Ruben et al. 2019) and fear their sexuality will not be accepted. Transgender service members and veterans are particularly at risk for this type of discrimination (Chen et al. 2017), and face higher rates of biased hiring and firing, police harassment, incarceration, and eviction. Often LGBTQIA service members and veterans delay seeking services because of these challenges, and fear of being discharged from the military. This puts them at increased risk for mental health issues, anxiety, and suicidal ideation.

## TRANSITIONING TO CIVILIAN LIFE

Transitioning to civilian life presents many challenges for departing service members, as well as sometimes ongoing difficulty for veterans. This transition from military structure to civilian life is sometimes referred to as cultural transition, shifting from one culture (the military) to another (civilian life) and the cultural loss that comes with the change (DeLucia 2015).

This transition affects multiple aspects of life such as social, financial, familial, occupational, and personal identity. Adjusting expectations in personal relationships, both from the service member as well as their partners, is often necessary to reestablish close relationships in the wake of active service. Veterans depart from the values, rules, traditions, and supports to which they have become accustomed while serving. This renegotiation can sometimes be a slow process, potentially leading to disillusionment about transitioning back to civilian life.

Transitions can be especially difficult for service members who joined the military while they were young. Many of them are accustomed to a highly structured environment including housing, medical care, a stable income, and even educational benefits. Moving from this predictable schedule into the more chaotic routines civilians experience can be especially jarring when all the service members have known as an adult is rigid order.

Veterans and service members might also find their values in direct contrast with those embraced by civilians. The emphasis on personal performance and distinction, for example, is at odds with the importance service members place on acting for the benefit of the group, not the individual. The loss of group values and the identity service members had within that community—identities that are often tied to specific tasks, duties, or station—can lead to difficulty establishing personal identity outside of the military.

Veterans and enlisted service members may also face challenges relating to more practical matters such as transportation, housing security, health care, and financial difficulties. These challenges can negatively impact their quality of life.

## STRENGTHS AND RESILIENCE

One of the most common strengths of service members and veterans is their pride in their work. This combines with other prevalent strengths relating to their desire to work collaboratively, learn and improve new skills, and build strong communities. Social connections and social support are critical components of resiliency, including support gained from family cohesion.

## CONSIDERATIONS FOR ARTS PROVIDERS

Early outreach to service members and veterans facing a transition—a post-military civilian life or a return home after a deployment—can significantly ease the cultural loss many feel during that transition. A common barrier to arts participation is difficulty finding information about available programs. Close collaboration with other service and arts providers in the community is therefore recommended so that proposed arts programming will be well aligned and complementary to other arts and non-arts engagement opportunities offered in the community. Ideally, arts providers should:

- Help educate service members and veterans about the different arts programs available.
- Enable organizations to better create programs that combine seamlessly with other initiatives to offer comprehensive services.
- Develop programs and resources that meet the needs of veterans in the community in a way that complements existing resources.

Equally important is incorporating veteran strengths, such as those described above, into the basis of community arts programs. Holistic services that emphasize new skill acquisition, reinforcement, and collaborative work, and educating staff and teaching artists about military culture are two approaches that can be used to incorporate veteran strengths into these programs.

Community is another critical component to include in programming. Veterans often face isolation as they transition back into civilian life, and group art sessions can offer them a valuable physical space in which they can offer and receive social support. This supportive environment also frees veterans to express their struggles and desires for the future through their artwork. Feeling safe enough to “get lost” in the process of creating art while allowing participants to take “safe” risks with their projects in ways they might not be able to do in their everyday lives has been tied with positive results.

Arts providers should build organizational skills in the following areas:

- Using evidence-based practices and evaluating programs.
- Increasing understanding of military culture.
- Collaborating with existing veteran or military serving organizations, and other community-based organizations.
- Conduct continuous outreach to military-connected participants and family members.

## CONSIDERATIONS FOR CREATIVE ARTS THERAPISTS

When working with veterans and service members, Creative Arts Therapists should consider:

- Working from a strengths-focused approach. Engaging people in a strengths-focused approach can help to build upon existing successes and strengths.
- Involving the full family whenever possible. Full family engagement in programming is important to consider as the family is also affected when a service member is preparing for deployment, is deployed, or transitions out of the military.
- Developing opportunities for peer-to-peer mentorship. Consider creating opportunities for veterans to mentor other veterans by giving back through advocacy, volunteering, and engaging in programming in support of other transitioning veterans.
- Using engagement with creative arts therapies to help break through barriers to treatment. Engagement with creative arts therapies can help veterans and service members begin to talk about their experiences. Creative arts-based interventions can provide an approach to therapy that reduces barriers to engagement.

## RESEARCH METHODS

Researchers compiled a literature and data review about stressors, challenges, and experiences of veterans, service members, veteran and military family members, and caregivers. The team searched for existing peer-reviewed content, reports, and white papers to glean valuable data and explore any apparent connections between them. They then created a selection matrix of key individuals and organizations across various delivery settings, intervention type, and target subgroup, from which 19 subject matter experts were surveyed about their insights regarding service and support methods. Population statistics have been updated in this summary to reflect the most recent 2020 data.

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